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Attachment-focused interventions for care experienced children in primary schools
A design and implementation study of 'The Attach Project'

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Attachment-Focused Interventions for Care Experienced Children in Primary Schools: A Design and Implementation Study of 'The Attach Project'

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Acknowledgments

"The greatest thing you'll ever learn, is just to love, and be loved in return."
Moulin Rouge

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Abstract

This thesis involves a design and implementation study of The Attach Project (TAP). TAP is a school-based, relational-focused intervention that was developed to improve the academic attainment and psychosocial outcomes for children in care in Northern Ireland. Through the conceptual lens of Design-Based Implementation Research, the current study explored TAP's 'implementation as conducted' so that the programme's evidence of promise for effectiveness could be assessed and so that the programme could be refined and optimised for possible future implementation.

This mixed methods study involves the use of questionnaires, interviews and focus groups. The sample included 554 school staff who completed a Whole School Training Questionnaire immediately before attending TAP Whole School Training and 84 participants at follow-up, 6-9 months later. Seventy-nine participants who attended TAP Key Adult Training, completed a Training Quality Questionnaire immediately after the training. Observational measures were also employed over six Key Adult training sets. Ten semi-structured interviews were completed with designated 'TAP Staff' from six different schools, and four focus groups involving 24 'whole school staff' from four different schools. Three members of the Children Looked After Education Project- 'TAP Team' also completed semi-structured interviews.

The findings indicate that TAP has the potential to improve the social and emotional wellbeing of children in care; facilitating a readiness to learn. Through adequate training and support, significant adults in schools can become attachment figures for children in care. Improving school staff's awareness and understanding regarding trauma and attachment, can facilitate the development of attachment friendly practice in schools and a supportive whole school ethos. However, it is noted that ongoing support is critical to ensuring effective implementation. Furthermore, this type of intervention must be approached cautiously, as further relational loss has potential negative implications for this group of children.

Context to the Thesis

Children and young people in care are a particularly disadvantaged and vulnerable group within our society. 'Disadvantaged groups' refer to groups of individuals who are 'at risk' of developing later psychopathologies, having reduced cognitive or educational attainment or having more negative psychosocial outcomes (Wasik et al., 2013). Although the poorer outcomes associated with children in care have long been recognised (O'Higgins, Sebba and Luke 2015; Evans, Brown and Rees, 2017; O'Sullivan and Westerman, 2007; York and Jones, 2017), it is only more recently that researchers, professionals, and policy makers have developed a better understanding of why poorer outcomes seem to persist, and what can be done to effectively intervene (Liabo, Gray and Mulcahy, 2013; Mannay et al., 2017; O'Higgins, Sebba and Gardener 2017).

The renewed focus on improving outcomes for disadvantaged groups, including care experienced children and young people, reflects the recognition that an effective education is key to a positive future (DHSSPS, 2007; DoE, 2009). There is a line of argument to suggest that receiving a good education can be considered as a 'graduate staircase' to success in adulthood in terms of occupation, income, and lifestyle (Bradshaw and Mayhew, 2005). Within this context, it is not surprising to find that developing interventions and strategies to improve the educational outcomes of care experienced children and young people, is a specific focus (Palinkas et al., 2011; O'Higgins, Sebba and Gardener, 2017; Evans, Brown and Rees, 2017).

Inextricably linked to the growing interest in intervention research, is a focus on implementation science; a body of work that aims to develop our understanding of what makes an intervention effective and how its impact can be maximised (Little, et al., 2012; Durlak, 2015). It is argued in this thesis that implementation research should be considered as an essential step in the development and introduction of any evidence-based intervention or programme.

Developments in Northern Ireland reflect these broader themes, with the government investing substantial finances in an Early Intervention Transformation Programme

(EITP). The EITP consisted of four workstreams that were home to several projects, all concerned with developing evidence-based interventions to improve the lives of children and their families (DoH, 2020). The Children Looked After Education Project (CLAEP) was one of these projects and was developed with an aim to improve the academic attainment and educational outcomes of care experienced children.

Driven by the Department for Education Northern Ireland (DENI), who were responsible for the overall Project, and led by the newly appointed Children Looked After (CLA) Champion within the Education Authority in Northern Ireland (EA), The Attach Project (TAP) was introduced in a sub-sample of primary schools within two of the five Health and Social Care Trusts in Northern Ireland. Namely, the Belfast Health and Social Care Trust and the South-Eastern Health and Social Care Trust. From 2017-2020, TAP was one of several interventions that were piloted as part of the wider CLAEP.

Some of the key contributors, in the initial development of TAP, were Dr Mark Conachy, a consultant clinical psychologist working in Belfast Therapeutic Support Services, Anne-Marie Bagnall, the current CLA Education Champion in Northern Ireland and Cathy McHugh, the current TAP coordinator. These professionals, working within the health and education sectors in Northern Ireland, aspired to take concrete steps in improving the lives and outcomes for care experienced children and young people, by improving multidisciplinary service provision and increasing support for schools. TAP's development was also supported by two trainee educational psychologists (Dr Agnes Travers and Dr Hassan Regan) from Queens University Belfast (QUB), who were on placement in Belfast Therapeutic Support Services at the time. Premised on attachment theory (Ainsworth and Bowlby, 1991) and an attachment-focused therapeutic intervention called Dyadic Developmental Psychotherapy (DDP) (Becker-Weidman and Hughes, 2008), TAP was developed with the aim of supporting care experienced children in school, through an attachment friendly, trauma informed approach.

While an early feasibility study conducted in the secondary school setting indicated that TAP showed some evidence of promise (Sproule and Regan, 2014), it was

recognised that Key Stage Two represented a significant decline in academic attainment scores for care experienced children (DoH, 2017). Therefore, TAP was adapted for implementation in the primary school setting. While the core principles of TAP remained the same when it was adapted to target primary aged children, instead of those in secondary school (for example through the introduction of Key Adult-Key Child pairings and whole school awareness training on trauma and attachment), the Key Stage Two version of TAP introduced the 'Trauma and Attachment Informed School Model' (see figure 5.1) to help to ensure that TAP Named Contacts and Key Adults were being fully supported in their school and that the 'TAP ethos' could filter throughout the whole staff team.

Additionally, due to the introduction of the EITP-CLAEP project, TAP was integrated into a wider suite of interventions and therefore, additional support for schools was made available through the appointment of designated Education Project Workers, who acted as an additional point of contact for TAP schools. Other changes to TAP's delivery model, from the original version to the current primary school version, included changes to the training, characterised by increased emphasis on the needs of children in care in middle childhood, resilience and blocked care. There was also an increased emphasis on the PACE (Playfulness, Acceptance, Curiosity and Empathy) model (Becker-Weidman and Hughes, 2008) for supporting care experienced and otherwise complexly traumatised children, giving participants at training more opportunity to practise these skills. In order to ensure that TAP could be effectively implemented in a primary school setting, and to assess if the programme showed sufficient evidence of promise, the current design and implementation study was commissioned by the Children Looked After (CLA) Education Champion.

The Children Looked After Education Project (CLAEP) represented the first real attempt by policy makers and practitioners to design, implement and evaluate evidence-based interventions for children in care in the education sector in Northern Ireland. Consequently, the current design and implementation study represented a unique opportunity to improve the educational attainment and psychosocial outcomes of children and young people in care. Furthermore, by conducting a robust

implementation study, within the context of wider strategy and policy developments, the aim of the current study was to help ensure that there would not be a 'science to service' gap if TAP were to be scaled-up and introduced in primary schools throughout Northern Ireland.

The design and implementation study of TAP also seeks to address a number of related issues. Firstly, it is acknowledged in this thesis that school-based interventions for children in care, have previously been under-utilised in intervention development, dissemination and wider government strategy. TAP is a school-based intervention that builds on the fact that children spend a significant amount of time in school and accepts that professionals working with children in schools, can have a significant and positive influence on children's development and progress. Secondly, it has been argued that an education system cannot exceed the quality of its teachers (DoE, 2009; McKinsey, 2007). This means that, in order for children to thrive in their education, those teaching must be sufficiently trained and supported to effectively teach all children in their classroom. The design and implementation of TAP is premised on the centrality of training and ongoing support.

Thirdly, it is argued in this thesis that developing our understanding of how teachers and other staff in schools can be trained and supported to intervene in the lives of children in care, is crucial to the future development of educational interventions, for this group of vulnerable children. Furthermore, it is recognised that, in general, pre-service teacher training and continued professional development courses do not prioritise the specific needs of children in care (Perry, 2014), or other children who have experienced complex trauma and adversity in childhood. Perhaps more conspicuously, non-teaching staff, who interact with children on a daily basis, seldom receive any training at all.

TAP builds on these fundamental points by facilitating 'whole school training' (WST) and ongoing implementation support for schools. By increasing staff awareness and understanding, around the needs and experiences of children in care, it is hoped that they can engage in more attachment friendly, trauma informed practice. Further to the universal approach to training, TAP provides more intensive training and ongoing

support for several, specified members of 'TAP Staff' in each school. It is theorised that these 'Key Adults' can become equipped to build secure, attachment-like relationships with the 'Key Child', helping the child to feel safe and as though they belong in school, ultimately enabling them to settle to learn (Bomber, 2007; Bomber and Hughes, 2013). While the main aim of TAP is to support schools, to support children, through training and ongoing consultation, TAP also provides an avenue for children in care to receive in-depth clinical assessment and formulation.

My Motivation for Undertaking this Research

After gaining an interest in the Psychology of Childhood Adversity through a stand-alone module studied in my undergraduate Psychology Degree, I gained further insight into the field by completing an MSc in the subject at QUB Belfast in 2016-2017. Through various modules included in the master's degree, I was struck by the inequalities experienced by children and young people in care. Not only do many of these young people experience considerable trauma prior to birth and throughout their childhood and adolescence, but they are also likely to experience considerable relational inconsistency, betrayal and loss throughout their lives, making it especially difficult for them to thrive in education and beyond.

A further challenge experienced by children and young people in care, which I became aware of when I studied a 'Children's Rights' module during my MSc, was that children and young people in care often have little agency or effective voice in decisions made about their care and education. Furthermore, they have historically had limited 'voice' in the development of education, health, and social care policies and practices that directly impact on their lives. Despite this, I also became aware of the remarkable resilience shown by so many children in care, and the factors that can contribute to their wellbeing. Considering the relative influence that education can have for all children, and children from more disadvantaged circumstances in particular, I felt that improving the educational experiences of children in care could be critical in improving their outcomes and wellbeing throughout their lives.

It was for these reasons, that I inquired about a named PhD award associated with TAP, that was advertised by the School of Social Sciences, Education and Social Work (SSESW), at QUB. Before applying to undertake this degree and for the associated funding, I met with Dr Liam O'Hare (second supervisor on this thesis) to discuss the overarching aims of the research. It was explained that while it was a named award and would involve developing a working partnership with the CLAEP team within EA, the nature of the research was flexible, allowing for adaptions to the aims and direction of the research, depending on the author's judgment. Following this, I met with Anne-Marie Bagnall, the current CLA Education Champion in Northern Ireland, to discuss the research and the aims from an EA perspective. It was at this meeting that it became clear that EA's aims and priorities were in line with my own. Specifically, there was a drive to elicit real world change to improve the educational outcomes and experiences of children in care, through an attachment friendly and trauma informed approach, with the voice of the child being central to the research. While hearing the voice of the child directly through this research proved remarkably difficult, the ethos within the CLAEP team emphasised the centrality of this in every aspect of their work. I therefore applied and was accepted to conduct the current research through a full time PhD award, funded by DfE.

Conducting Research in the Context of Post-Conflict Northern Ireland

The Northern Irish conflict, which is also commonly referred to as 'the Troubles', refers to a significant period of civil unrest and conflict in Northern Ireland, that was characterised by political divides and violence (Austin, 2019). The Troubles began in 1969 and continued for nearly thirty years, before a ceasefire and plight for peace was established through the Good Friday Agreement and the beginning of power sharing between Nationalist and Loyalist political parties in 1998. In broad brushstrokes, the two opposing sides in the conflict were the Protestant Loyalists or Unionists, who identified as British and wanted to remain a part of the U.K., and the Catholic Republicans or Nationalists, who identified as Irish and desired a united Ireland. While the history of the Northern Irish conflict can be traced back to the 17th Century, with

political divisions being somewhat apparent since then, significant tensions began to rise following the (mainly peaceful) establishment of the Northern Ireland Civil Rights association (NICRA), which was met with reluctance by the Protestant communities who held the majority of power in Northern Ireland at the time (Austin, 2019).

Consequences of the political and religious divisions in Northern Ireland are particularly apparent in the education system; with 95% of students still attending segregated schools, despite a range of formal and non-formal educational initiatives being introduced to promote peace and reconciliation, and to reduce the ever present social and cultural divides (O'Connor, Anderson Worden and Bates, 2020). A further, and perhaps more concerning, legacy of the Troubles in Northern Ireland is the remarkably high prevalence rates of mental health disorders that can be directly or in-directly related to Troubles-related violence (McKenna and Bunting, 2015). Notably, of all 27 countries surveyed by the World Mental Health Survey Initiative, Northern Ireland had the highest lifetime prevalence of Post-Traumatic Stress Disorder (PTSD) (8.8%) (Bunting et al., 2013). Experiencing PTSD was most often attributable to conflict related events, such as the sudden unexpected death of a loved one, being witness to death, a dead body, or a serious injury, and being threatened with a weapon (Ferry et al., 2014). Additionally, the rate of suicide, particularly in the male population in Northern Ireland is significantly higher than in England, Scotland, Wales and in the Republic of Ireland (Sims et al., 2019), with suicide rates increasing most among the cohort of men who were between the ages of five and 24 during the worst years of the conflict in the 1970s (Tomlinson, 2012).

While the current study does not further research the legacy of the Troubles with regards to the impact on children's education, their mental health or the impact on Child Protection Services, it must be acknowledged for a variety of reasons. Firstly, and with regards to methodology, it was considered important to explore the implementation of TAP in the different school 'types' in Northern Ireland, differentiating between Catholic Maintained schools (where a proportion of the school's capital is provided by the Catholic Church), State controlled schools for which the Northern Irish Government are fully responsible, and Special Education

Schools (which may be Catholic Maintained or Controlled). Secondly, the legacy of the Troubles must be considered, given the additional risks of exposure to paramilitary groups that is ever-present for children and young people from more disadvantaged, interface areas (areas where loyalist and nationalist communities meet) in Northern Ireland (Browne and Dwyer, 2014). Lastly, and significantly, the ever-growing body of research associated with the transgenerational transmission and impact of Troubles-related trauma (Austin, 2019; McKenna and Bunting, 2015), indicates that children and young people in care in Northern Ireland, are at further risk of experiencing poorer life outcomes when compared to their counterparts in other parts of the UK, particularly with regards to their mental health and wellbeing.

The Impact of the COVID-19 Pandemic on the Current Study

In December 2019, a novel coronavirus, now named as SARS-CoV-2, caused a series of acute atypical respiratory diseases in Wuhan, Hubei Province, China. The disease caused by this virus was termed COVID-19. The virus is transmittable between humans and caused a worldwide pandemic (Yuki, Fujiogi and Koutsogiannaki, 2020). Given the severity and transmittable nature of the virus, a large number of countries, including Northern Ireland, experienced extensive periods of social distancing and formal lockdowns. As such, schools in Northern Ireland were closed for significant periods of time, from March 2020 to March 2021, with a move to online home learning. This was a difficult period for children and schools, with evidence indicating that the Covid-19 pandemic had increased negative implications for the most disadvantaged groups in our society (United Nations, 2020).

While the majority of data included in the current study had been collected prior to the first lockdown period in March 2020, two interviews with the ‘TAP team’ were conducted virtually, to ensure the safety of the researcher and the participants. Furthermore, the up-hill battle that was fought to include children in care as participants in this research, ended with the two interviews that had been scheduled with children who wanted to participate, being cancelled.

The Covid-19 pandemic caused considerable stress, fear, loss and isolation throughout the world, and the full implications of the disease are still not fully understood. Nevertheless, it is reasonable to assume that the COVID-19 pandemic added to the challenges and difficulties that were already being experienced by children and young people in care. Therefore, developing and introducing educational interventions to improve the experiences and outcomes of children in care in Northern Ireland is more critical now than ever before.

Thesis Aims and Objectives

This thesis aimed to set TAP within the context of national and international evidence-based educational interventions for children and young people in care. There is a prominent gap in the research literature surrounding targeted, school-based interventions for this group of children. Additionally, there is limited research reflecting the development and implementation of attachment-focused interventions in schools, or how teaching and non-teaching staff could be utilised to improve the lives of care experienced children.

Through the lens of Design-Based Implementation Research (DBIR) (Fishmen et al., 2013) and informed by attachment theory, this thesis provides a critical analysis of TAP; its theoretical underpinnings, its implementation process and barriers to implementation, its evidence of promise, and its 'readiness' for being 'scaled-up' and evaluated. Furthermore, the current study aimed to explore the 'capacity for sustaining change in systems' in Northern Ireland, in order to ensure that TAP could be effectively implemented on a larger scale, and on an ongoing basis.

Given that TAP was implemented in primary schools during the research phase, the research methodology presented a unique opportunity to influence the design and implementation of TAP on an ongoing basis. This meant that the benefits to the schools participating and the children receiving the intervention were maximised throughout. It is hoped that, following this design and implementation study, a larger scale, Randomised Controlled Trial can be conducted to test the effectiveness of the intervention.

The overarching aims and objectives of the current study were to: explore TAP's 'implementation as conducted'; ensure (where possible) that TAP could be implemented with fidelity; identify and resolve any potential barriers to the programme's implementation; explore the up-take of TAP in schools; and develop a system to ensure that the ongoing implementation of TAP could be adequately facilitated and 'scaled-up' through organisational routines and effective leadership.

Research Questions

The specific research questions explored in the current study were as follows: **RQ1:** What are TAP outputs and outcomes and how can they be assessed?

RQ2: What are the relations between TAP outputs and outcome change (what is the programme's theory of intervention)?

RQ3: What are the relations between the initial, medium, and long-term outcomes of TAP (what is the programme's theory of change)?

RQ4: What implementation factors are associated with outcome change?

RQ5: How was the emerging TAP logic model updated and what does the finalised logic model look like?

Outline of the Thesis

Chapter One outlines the varied characteristics of children in care, with regard to their care statuses and experiences. Chapter One also outlines what is known about the outcomes for children in care throughout the UK. Chapter Two outlines leading child development theories, with respect to education in particular, and recent scientific advances in understanding the implications of Adverse Childhood Experiences (ACEs) and Complex Trauma on the developing child. Additionally, Chapter Two outlines what is known about children's developing attachment styles and the implications of various attachment styles for children in school. Chapter Three outlines

the key conceptual underpinnings of implementation research, with specific emphasis on the main principles of Design-Based Implementation Research (DBIR), the conceptual framework underpinning the current study. Contemporary debates and progress in the field of implementation science, in the health and education sectors, are then discussed at the end of Chapter Three. Chapter Four provides a critical review of recent legislative and education service developments in Northern Ireland and relevant research. It is argued, in Chapter Four, that developments elucidate an 'implementation' or 'science to service' gap, which then contextualises the focus of the thesis: exploring the design and implementation of The Attach Project (TAP).

Chapter Five provides a detailed description of the current study. Firstly, information about the origins, development and key components of TAP are detailed before moving on to set out the research aims, objectives and questions. This is followed by a description of the methodological approaches employed in the study and an outline of the ethical issues and how these were addressed. The strengths and limitations of the current study are also discussed in Chapter Five. Chapter Six explores TAP's 'theory of intervention', that is, how TAP outputs relate to initial outcome change. Chapter Seven focuses upon the relations between the initial, medium-term and longer-term outcomes of TAP, elucidating the programme's theories of change. Chapter Seven also aims to aid in theory development, related to children in care and attachment in school.

Chapter Eight is primarily concerned with exploring relevant implementation factors and barriers to TAP's implementation, from the perspectives of school staff, so that TAP can be refined and optimised should it continue to be implemented throughout Northern Ireland. Chapter Nine explores data that was collected from the Children Looked After (CLA) Education Champion and the Acting TAP Coordinator, five months after the TAP team received a practice report, reflecting the findings outlined in Chapter Eight. These interviews were conducted in order to explore TAP's implementation as conducted, through an ongoing and iterative process, and in order to explore if, and how, recommendations for the optimisation of TAP had been adapted. Chapter Nine also includes an up-dated or 'finalised' TAP logic model,

reflecting changes that should be made to TAP, if it continues to be implemented, and reflecting the theory of intervention and theories of change evidenced in the current study. Lastly, and in keeping with the four key principles of DBIR and the specific research questions of this thesis, Chapter Ten provides further discussion of the findings, as well as recommendations for future research and an overall conclusion.

Chapter One

Children in Care: Characteristics and Educational Outcomes

1.1 Introduction

The purpose of this Chapter is to outline the characteristics of children in care and their outcomes. The Chapter provides contextual information surrounding children's entry to care, the different types of care placements, other relevant demographic information and the responsibilities of the State. The Chapter then moves on to consider the education of children in care, their academic attainment and achievement. The remainder of the Chapter provides a detailed discussion regarding the factors which may contribute to children in care, as a collective group, consistently fairing less well in school compared with their peers.

1.2 Becoming a Looked After Child

Legislation governing the intervention into family life and the management of children once they come into care varies slightly across the four nations that comprise the United Kingdom. Given that the focus of the research study is Northern Ireland, the legislative arrangements specific to this jurisdiction will be focused on. The primary piece of children's legislation is the Children (NI) Order 1995. This is underpinned by the Human Rights Act 1998 and the provisions of the United Nations Convention on the Rights of the Child (UNCRC) (CRC, 1989).

Children enter the care system due to one of two overarching reasons. There are either concerns about a child's welfare in the care of their parents, such that there are reasonable grounds to believe a child will suffer, or has already suffered significant harm, or, there is no one with parental responsibilities for the child, the child is lost or abandoned or the person providing care, for whatever reason, is not able to provide suitable care or accommodation (Sen, 2018). Within the context of Northern Ireland,

a child's entry to the care system essentially means that one of the five local Health and Social Care Trusts becomes responsible for them, regarding the provision of accommodation, maintaining them and ensuring their safety, development, and wellbeing.

A child is considered to be *in care* if he or she is in the care of a Health and Social Care Trust for a continuous period of more than 24 hours (NSPCC, 2021; Sen 2018). There is, however, some variation in the processes surrounding children's entry to, and maintenance in care. At a legislative level, the main variation in children's 'care status' is to do with who holds 'parental responsibility' for them. In the UK, children's legislation makes available the possibility of a child entering care if a care order is applied for by the relevant local authority and is granted through court proceedings. Should a court order be granted, parental responsibility for the child in question will be shared between the birth parent(s) and the local Health and Social Care Trust (The Children (Northern Ireland) Order 1995). In practice, this means that the Health and Social Care Trust can limit the influence a child's birth parent(s) can have surrounding their child's care (Sen, 2018). Furthermore, although they should inform and discuss decisions about the child with their birth parent(s), the Trust is responsible for making the most important decisions about the child's life. These decisions include decisions about where the child will live, who will look after them, and how they are educated (Sen, 2018). In Northern Ireland, 57% of children in care were subject to a Care Order on 31 March 2020 (Article 50 or 59, 'The Order 1995') (DoH, 2021).

Alternatively, children might enter care through a voluntary arrangement, which occurs when parents request, or agree, that their child is accommodated on a voluntary basis. In these cases, the birth parent(s) will retain parental responsibility for their child. Given that, on 31 March 2020, 24% (almost one quarter) of children 'in care' in Northern Ireland were accommodated (voluntarily placed) (DoH, 2021), voluntary care placement orders are sometimes considered to be a positive option. There is a line of argument to suggest that this type of care provision could encourage a 'partnership' between parents and local authorities, where Health and Social Care Trusts can be considered a resource in difficult times, rather than a body to be feared (Herring, 2017).

However, in practice, voluntary care placement orders are a contentious issue, with informed consent not always being sought from families, or being properly recorded (Sen, 2018). Furthermore, voluntary care placements are considered by some to be a 'care order through the back door', with an interim care order, through which full parental responsibility is revoked, being the only alternative (Donaldson, 2006). Additionally, should a parent wish to withdraw their consent, local authorities are usually reluctant to immediately return children to their parent's care (Sen, 2018). Arguably, the application of a 'voluntary care placement order', under some circumstances, is not voluntary at all. Perhaps more conspicuously, children's accommodation through voluntary care placement orders, can result in extensive delays surrounding decisions about their long-term care (Sen, 2018), with children and families being left in limbo for significant periods of time.

A child may also enter the care system under an 'Emergency Protection Order' (EPO), a short-term placement which may last no more than eight days (and can only be extended once), to ensure the well-being and safeguarding of a child (The 1995 Order, Article 63). An EPO can be put in place, if necessary, to ensure the protection of a child who is already in a voluntary care placement (Herring, 2017). Similarly, 'Secure Accommodation Orders' can be put in place if a child poses a risk to themselves or to others (Herring, 2017). Children may also be placed in short-term break or 'respite care'. This is a short term, pre-planned or ad-hoc placement where a child moves temporarily from their parents, or carers, to allow the child, or their carer, a period of respite (DoH, 2021). During the year ending 31 March 2020, there were 6,304 episodes of short-term breaks in Northern Ireland (DoH, 2021). Statistics related to children in 'respite care' are not usually included in information associated with the characteristics and outcomes of children in care.

Regardless of the route by which a child enters care, the Trust or Local Authority is responsible for making sure that an appropriate standard of health, education, and social care is provided by appropriate staff. Other obligations include providing proper training and support to staff or foster carers, listening to the children's and birth parents' views about care arrangements, taking the child's religion, race, culture, and

background into account, and making sure each child has someone independent to talk to and knows how to complain if necessary (Sen, 2018). Variation in the entry routes into care, is also reflected in the types of placements available for children in care, which is further discussed next.

1.2.1 Types of Care Placement

One of the presumptions underlying childcare legislation is that, when children come into care, they should ordinarily be returned to their parent's care wherever possible and consistent with the child's welfare. This means that other than in exceptional circumstances, when children first enter care, they will enter 'short-term' care placements and an assessment is undertaken to ascertain if they should be reunited with their parents and under what conditions (Sen, 2018). The most common type of short-term care placement in Northern Ireland is foster care. Children in foster care can be cared for by relatives (kinship care) or in a non-relative arrangement, where children are cared for by individuals who are not related to them.

The favouring of foster care as a placement type can be linked to a philosophy running through the underpinning legislative frameworks throughout the UK, that placing children in safe, family settings, is the best way of supporting and helping them (DoH, 2021). Indeed, as evidenced in recent research conducted by O'Higgins, Sebba and Gardener (2017), it is recognised that children in foster care consistently fare better than those in residential care and other types of care placement (McClung and Gayle, 2010; O'Higgins, Sebba and Gardener, 2017). Statistics in Northern Ireland reflect an even split between kinship care and non-kinship foster care. On 31st March 2020, 1346 (40%) of children in care in Northern Ireland were living in kinship care and 1318 (39%) were living in non-kinship foster care. There has been little variation in these trends in the past six years (DoH, 2020).

Ideally, the type of short-term placement children enter should be based on their needs, wishes and best interests. In reality, however, it is more often the case that social workers look for any suitable placement, rather than having a range of placements to

choose from (Sen, 2010; The Fostering Network, 2017). Therefore, other types of care placements include residential accommodation (which includes children's homes, secure units, semi-independent living, and residential schools) and living with parents. Table 1.1 details the proportion of children in care in each placement type in Northern Ireland.

Table 1.1: Proportion of Children in Care in Each Placement Type in Northern Ireland

Type of Care Placement (31st March 2020)	**Kinship Foster Care**	**Non-Kinship Foster Care**	**Placed with a Parent**	**Residential Care**	**Other Types of Care Placement**
Total Number of Children	1346	1318	347	215	157
% Of Children in Care	40%	39%	10%	6%	5%

Variation in placement type has been consistently associated with variation in outcomes for care experienced children and young people (O'Higgins, Sebba and Gardener, 2017). Nevertheless, it is recognised that there are various other factors contributing to the lives and outcomes of this group of children. The reasons that children enter care, for example, influence the type of care placement they enter, the stability of their placements and their socio-emotional and academic outcomes. The reasons that most children enter care are discussed next.

1.2.2 Reasons that Children Enter Care

In Northern Ireland, there is no specific data regarding the reasons that children enter the care system, but there is data regarding those involved in the child protection process and there is broad demographic data that details the characteristics of those in care. Data is collated from the five Health and Social Care Trusts that comprise the integrated Health and Social Care system in Northern Ireland and that are responsible for the delivery of social services to children in care.

On 31st March 2020, the names of 2,298 children were listed on the child protection register in Northern Ireland. Physical Abuse and Neglect were the main reasons for a child or young person being on the Child Protection Register. The categories Neglect Only, Physical Abuse Only, and Neglect and Physical Abuse accounted for 78% of all cases on the Child Protection Register. Physical Abuse Only was the largest single cause of a child being placed on the register (31%) while the combination of Neglect and Physical Abuse was the most common cause of the mixed categories. Sexual Abuse was the least likely single cause of a child being placed on the Child Protection Register (5%) (DoH, 2021).

In light of this evidence and reflecting on the available statistics in England and Wales, which denote reasons for care entry, it can be inferred that neglect and/or abuse are the primary reasons that children enter care in Northern Ireland. Understanding why children enter care is important because it is recognised that pre-care experiences continue to affect children in care long after they enter the care system (Rahilly and Hendry, 2014). Furthermore, children's pre-care experiences impact upon their academic attainment and their wellbeing at school. For these reasons, a consensual, commonly shared and collaborative approach to collating data, across the nations that comprise the United Kingdom, would be helpful.

1.3 Characteristics of Children and Young People in Care in Northern Ireland

In Northern Ireland, the number of children in care is the highest recorded since the introduction of the Children (Northern Ireland) Order 1995, with 3,383 children recorded as being in care on 31st March 2020 (DoH, 2021). The number of children in care in Northern Ireland has risen by 33% in the last ten years. Moreover, between March 31st, 2019, and March 31st, 2020, the number of children in care in Northern Ireland had risen by 3% (DoH, 2021).

As shown in Table 1.2, the rate of children in care per 10,000 of the under 18 population varies significantly between the four UK nations. This is partly due to differences in the child welfare system in each nation: who is counted as being 'in

care', and what this means in practice. Because of these differences, rates cannot be directly compared between nations. Having said this, the total number of children in care throughout the UK has increased every year for the past 10 years (NSPCC, 2021). The increase may be explained by a number of factors, including an increased awareness of child protection issues, a greater urgency to take action to protect children who are potentially at risk (DoH,2021), increased knowledge and understanding amongst practitioners as to how to identify neglect, particularly in older children (Thomas, 2018), and the increasing lengths of time that children are spending in care (Sen, 2018). Furthermore, the increase in numbers of unaccompanied minors entering the care systems throughout the UK are contributing to the overall numbers (Thomas, 2018).

Increased awareness of child protection issues, and greater urgency to take action to protect children who are potentially at risk, are perhaps the most salient factors in explaining the vast increase in children taken into care in the past fourteen years. Research into the 'Baby P Effect' (CAFCASS, 2009; 2012; Hood et al., 2016) has evidenced that the prosecution of the parents of baby Peter Connolly, who died in 2007, and the consequent public release of the Serious Case Inquiry in 2008, as well as the extensive, and somewhat toxic media coverage of the case (Jones, 2014), has led to a more 'risk-averse' approach to child protection interventions (Munro, 2010 cited in Hood et al., 2016, p.937). Research has found that the Baby P Effect has not only led to an increase in new cases being referred for higher level intervention (child protection orders or children being placed in out of home care) but also that a significant proportion of cases that were previously known to social services, or who were in the midst of lower-level child protection interventions, were being re-referred for further inquiry and escalation (Bilson and Martin, 2017; Bilson, Featherstone and Martin, 2017; Hood et al., 2016).

While there was initially little evidence to suggest that children were being referred or re-referred without good reason, with many concluding that appropriate action was at last being taken to protect the most vulnerable children (CAFCASS, 2009; 2012), there have been some less desirable knock-on consequences of the Baby P Effect. For

example, the trend towards making more use of protective interventions has led to a reduction in service provisions, which aim to support families to overcome social, emotional, economic and physical adversity, before higher-level child protection intervention is required (Featherstone, Morris and White, 2017). It has also raised concerns about the statutory surveillance and control of families living in poor environments, and the increasing numbers of families who have not abused their children but have been stigmatised as a result of being drawn into the child protection system (Devine and Parker, 2015). Indeed, the work of Bywater and Colleagues (2016; 2018), and Elliot (2020), have elucidated that the social-gradient, wherein families from poorer backgrounds receive disproportionate child protection input, when compared to their richer counterparts, has grown increasingly steeper since the death of Baby P in 2007, throughout the UK (Bywater et al., 2016). Stigmatisation, associated with poorer families, and a reduction in adequate early intervention and preventions services, which aim to keep families together, has ultimately resulted in more children, particularly those from poorer backgrounds throughout the UK, being placed in out of home care.

Table 1.2: Rate of Children in Care per 10,000 in England, Scotland, Wales and Northern Ireland

UK Nation	**England (31 March 2020)**	**Scotland (31 July 2019)**	**Wales (31 October 2019)**	**Northern Ireland (31 March 2020)**
Rate of Children in care per 10,000 of the under-18 population	67	138.6	109	76.8

*Sources: DoH 2021; DfE 2020; Scottish Government 2020; Welsh Government 2019

In Northern Ireland, approximately 26% of children in care are aged between 12-15, with 36% falling into the 5-11 age group. The age distribution of children in care in Northern Ireland is older than that of children in the general population, with 42% of children in care being aged 12 or over compared to 31% of the general child population (DoH, 2018/19).

With regard to the gender split, 54% of children in care in Northern Ireland are male and 46% are female (DoH, 2021). This differs from the gender split in the general population, where approximately 51% are male and 49% are female. One explanation for why more males than females are in care is that there is a higher proportion of males than females in the general population diagnosed as having behavioural problems. Indeed, according to a recent 'Youth Wellbeing Prevalence Survey' conducted in Northern Ireland (Bunting et al., 2020), males were found to outnumber females in Hyperactive Disorders (19.5% vs 9.5%), Oppositional Defiant Disorder (12% vs 7.3%) and Conduct Disorder (6.9 % vs 4.1). These prevalence estimates are in keeping with previous findings from research conducted throughout the UK (Hamblin, 2016).

1.3.1 The Mental Health and Wellbeing of Children in Care in Northern Ireland

The research conducted by Bunting et al. (2020), that is introduced in the previous section, does not provide an overview of health and wellbeing prevalence scores for children in care specifically. However, research conducted by McSherry et al. (2015) found that 40% of children in care in Northern Ireland were diagnosed as having behavioural problems. This research also found that 35% of children in care in Northern Ireland had been diagnosed with emotional problems and 21% had been diagnosed with depression or anxiety. The prevalence of mental health diagnosis amongst children in care is significantly higher than that of the general population throughout the UK (DfE, 2019; NSPCC, 2021).

Notwithstanding, the recent recognition of the prevalence of mental health conditions in the general child population, and the reductions in children's overall wellbeing throughout the UK, is cause for concern (Bunting et al., 2020). Notably, children recognised as being economically deprived and children who have experienced significant adversity are much more likely to develop a variety of mental health conditions or emotional problems. Furthermore, children who are cared for by

individuals experiencing mental health conditions are more likely to develop similar problems throughout childhood and adolescence (Bunting et al., 2020).

Understanding the prevalence of mental health issues in the care experienced population, compared to children in the general population and 'children in need', is important in identifying the potential risk and protective factors related to children's mental wellbeing and their associations with children's educational attainment and achievement. This type of research also highlights the increased need for mental health support for children in care and other vulnerable children. It is likely that universal school-based interventions, designed to improve the social and emotional wellbeing of all children, could benefit children in care. Furthermore, it is plausible that interventions designed for care experienced children specifically, could benefit many more children who have similar difficulties in their educational setting.

1.3.2 Prevalence of Learning Disability and Special Educational Needs

In addition to the statistics related to the mental health and emotional wellbeing of children in care, detailed in the previous sub-section, a further statistic relevant to the academic attainment and later life outcomes for children in care is the prevalence of learning disabilities and special educational needs (SEN) in the care experienced population. Of the 3,383 children in care in Northern Ireland, 12% were recorded as having a disability (DoH, 2021). Almost half (46%) of these children and young people had autism, while a further 37% had a learning disability. Disability was more prevalent in the male population, with 15% of males having a disability recorded compared to 9% of females. In each disability category, males outnumbered females. This was especially evident in those with autism, with 70% being male. Similarly, 24% of children in care in Northern Ireland are identified as having a Special Educational Need (SEN) compared to 5.5% of children in the general population (NSPCC, 2021).

Similar trends in England and Wales are apparent (SEN: 27% in care vs 2.8% general population and 18% in care vs 3% general population respectively) (DfE, 2019; Welsh Government 2018). Significantly, 55.9 % of children in care in England have a SEN

statement compared to 46% of children in need and 14.9% of all children (DfE, 2019). This data is not available for Northern Ireland. Gaining insight into the prevalence of SEN and learning disabilities in the care experienced population is important, as these factors must be considered during the design and implementation phases of intervention development.

1.3.3 The Ethnicity and Religion of Children in Care in Northern Ireland

In 2020, 92% of children in care in Northern Ireland were white. The remaining 8% were made up of a variety of ethnicities including mixed race, Irish / Roma Travellers, Black, Chinese, and Pakistani (DoH, 2021). The percentage of children in care, recorded as being non-white, is more than 10% lower in Northern Ireland than in England. These trends may reflect the demographic trends in each nation. In England and Wales, children of black and mixed-race ethnicities are overrepresented in care while children of Asian ethnicity are underrepresented. It is unclear why this trend has developed; however, some available research has identified a number of potential causes, including lack of access to appropriate support services, greater unwillingness in some cultures to report concerns about a child's safety, or greater uncertainty among child welfare professionals about how to respond appropriately to the needs of minority ethnic families. It is likely that many different factors interact to contribute to the differences (Owen and Statham, 2009).

With regard to religion, 49% of children in care in Northern Ireland were identified as being from the Catholic community and 25% of children in care were identified as being from the main Protestant denominations (Church of Ireland and Presbyterian). A further 18% were from other Christian/ non-Christian denominations and 8% either had no religious faith or it was unknown (DoH, 2021). The higher proportion of children in care identified as Catholic does not necessarily indicate a bigger problem in this community. Rather, it is likely to reflect the current demographic trends in Northern Ireland, with the Catholic community having a younger age distribution than that of other Christian and non-Christian communities (DoH, 2020).

Interestingly, demographic information regarding the religious affiliation of children in care is not usually collected in England, Scotland or Wales. Although it is unclear why this information is collected in Northern Ireland at a national level, it is likely due to the political and 'religious' divides that are still evident in post-conflict Northern Ireland. It is the responsibility of the State, where possible, to place children with foster families that share their religious and cultural background (Sen, 2018). Therefore, it is difficult to place children in care in Northern Ireland into families with similar backgrounds, based on their ethnicity alone.

1.4 Educational Outcomes and Academic Attainment

It is clear that the academic attainment and educational outcomes, for care experienced children across each of the UK nations, is poorer than those of their peers in the general population (NSPCC, 2021). However, drawing out nuances, between each of the four nations is difficult, due to differences in how each nation collect and record their data, at a national level, and how often this data is collected and updated.

Specifically, comparing the educational outcomes of care experienced children in England and Northern Ireland is challenging for several reasons. Firstly, more up-to-date information has been published in England. Secondly, in England, information reflecting the academic attainment and educational outcomes for all children in care is collected at a specific time point each year. In Northern Ireland, this type of data is only collated for children who have been in care for 12 months or longer. Finally, at Key Stage Four (age 16), in England, academic attainment is based on an 'Attainment 8' score, whereas, in Northern Ireland, data is collated reflecting the percentage of children achieving five General Certificate of Secondary Education (GCSE) grades at A*-C and A*-G. To add further complication, Scotland measure academic attainment, based on the Scottish Credit and Qualifications Framework (SCQF), and the percentage of school leavers who achieve at least one level 5 or above (DfE, 2020; DoH, 2018; Scottish Government, 2020; NSPCC, 2021).

Notwithstanding, the most up to date information available suggests that approximately 54% of children in care, for 12 months or longer in Northern Ireland, achieve five GCSEs from grade A*-C, compared to 86% of the general population (DoH, 2019). In Wales, a similar trend is apparent with 21% of children in care achieving five GCSE grades from A*-C (or equivalent), compared to 60% of the general population (Welsh Government, 2018). In Scotland, just 44% of children in care left school with one or more SCQF qualifications at level 5 or above, compared to 86% of the general population (Scottish Government, 2018). Finally, in England in 2019, children in care were recorded as achieving an average attainment 8 score of 19.1, compared to a score of 44.6 in the general population (DfE, 2020).

It is perhaps more useful to compare children's academic attainment scores at Key Stage One (children in Primary 3 and 4, aged 6-8) and Key Stage Two (children in Primary 5,6 and 7, aged 8-11). In the 2017/18 academic year in Northern Ireland, children in care at Key Stage 1 averaged 8% lower in 'communication' and 9% lower in 'using maths' than children in the general population (DoH, 2019). In England, only 43% of children in care achieved the expected level of writing at the end of Key Stage 1, while 49% of children in care achieved the expected levels in Maths. These scores were 26 percentage points lower than the equivalent scores for children in the general population (DfE, 2020).

The most recent data, reflecting the academic attainment of children in care at Key Stage Two in Northern Ireland, was collected in the 2016/17 academic year (DoH, 2018). Similar to the more recent trends reflecting children's attainment at Key Stage 1, children in care in Northern Ireland averaged 9% lower in 'communication' and 19% lower in 'using maths' than the general population at Key Stage Two (DoH, 2018). In England, only 37% of children in care achieved the expected scores in headline measures of reading, writing and maths, compared to 65% of the general population (DfE, 2020). It was identified that at the end of Key Stage Two, 58% of children in care in England were identified as having a special educational need, compared to 18% of the children in the general population. In Northern Ireland, 23%

of all children in care were identified as having a special educational need, compared to 5% of children in the general population (DoH, 2019).

Factors underpinning the development of special educational needs and factors associated with reduced academic attainment are likely to be related. For example, developmental delays, associated with attachment development and complex trauma, are likely to influence both of these statistics. Therefore, it is argued in this thesis that although important to note, special educational needs and academic attainment should not be considered as two separate indicators of why outcomes for care experienced children tend to be poorer, but rather, as an extension of the same underlying developmental delays and challenges.

Interestingly, until 2013, significantly less progress was being made with regard to the academic attainment of children in care in Northern Ireland compared to children in care in England (Perry, 2014). However, the recent progress that has been made in Northern Ireland is clear. For example, the number of children in care achieving five GCSE grades from A*-C, has increased from 27% in 2012-13 (DHSSPS, 2014) to 54% in 2018 (DoH 2019). This is compared to 80% and 86% respectively, in the general population.

1.4.1 The Academic Attainment of Children in Care Northern Ireland

The statistics listed for Northern Ireland in the previous section, reflect findings from the most up-to-date government data, which was collected for the academic years 2017/18 (Key Stages One, Three and Four) (DoH, 2019) and 2016/17 (Key Stage Two) (DoH, 2018). However, it should be noted that because of challenges to collecting data as a result of school industrial action, the statistics presented reflect only 24% of children in care at Key Stage One, 26% of children in care at Key Stage Two and 18% of children in care at Key Stage Three. For this reason, the statistical trends, collated from data collected in the 2015-2016 academic year, are discussed next, prior to a more detailed review of the most recent available data.

It was concluded from the data collected for 2015-2016 (DoH, 2017) that although children in care tended to fare less well than the general population at Key Stage 1, the discrepancies in academic attainment between children in care and their peers, became significantly pronounced at Key Stage Two. At this time, children in care fell 33 percentage points lower than their peers in 'Communication' and 34 percentage points lower than their peers in 'Using Mathematics' (DoH, 2017). The most recent statistics, which are based on a low sample size, indicate similar trends at Key Stage One. However, the discrepancy in attainment scores for children in care at Key Stage Two, compared to their peers, appears to be significantly reduced. The more recent statistics (2016-2017) indicate that, in 'Communication', children in care fell just 9 percentage points below their peers in the general population (DoH, 2018). Similarly, the 'Using Mathematics' score, presented in the most recent government publication, indicated that children in care fell 19 percentage points below their peers in the general population (DoH, 2018).

It is difficult to ascertain if this indicated reduction in the attainment gap at Key Stage Two, between 2015-2016 and 2016-2017, is related to the low sample size in the most recent analysis, reducing the reliability of the data, or, if it is due to improvement in the social care and education systems. Nevertheless, the evident gap in children's attainment score at Key Stage Two, evidenced for the 2015-2016 academic year, and in the 'using maths' score, evidenced in the most recent data, provided the relevant justification for developing and implementing educational interventions, including The Attach Project (TAP), for children in care, at Key Stage Two.

In order to contextualise this information further, Table 1.3 shows the most recent data reflecting the academic attainment of children who have been in care for 12 months or longer, compared to the general school population in Northern Ireland (DoH, 2019). As these statistics relate to children who are in care for twelve months or longer, it should be noted that there is some evidence to suggest that multiple short-term placements, or periods of care interspersed with reunifications with birth families, will exacerbate the negative educational outcomes for children in care (Mannay et al., 2015; Sebba et al., 2015; Sebba et al., 2017). Figures 1.1, 1.2, 1.3 and 1.4 detail the

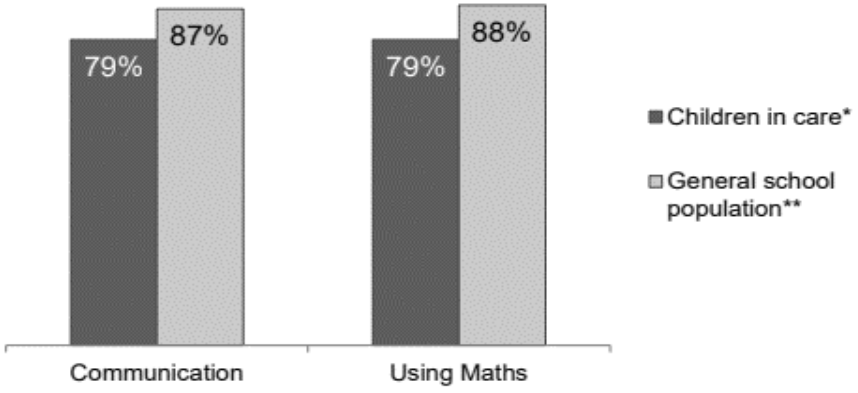
breakdown of children's academic attainment scores at Key Stages One, Two, Three, and Four (GCSE) compared to their peers.

Table 1.3: Educational Attainment for Children in Care for 12 Months or Longer in Northern Ireland Compared to the General School Population (DoH, 2019)

			Children in care for 12 months or longer	**General school population**
Level of Progression (Key Stages)	**Key Stage 1 Level 2 or above**	Communication	79%	87%
		Using Maths	79%	88%
	Key Stage 2 Level 4 or above (DoH, 2018)	Communication	70%	79%
		Using Maths	61%	80%
	Key Stage 3 Level 5 or above	Communication	36%	71%
		Using Maths	39%	73%
Year 12	**(GCSE or Equivilant Passes)**	1 or more GCSE grades A*-G	90%	100%
		5 or more GCSE grades A*-G	76%	99%
		5 or more GCSE grades A*-C	54%	86%
		5 or more GCSE grades A*-C inc GCSE English and Math	43%	72%

Table 1.3 shows the acaemic attainment scores at each Key Stage for children in care and children in the general school population in Northern Ireland (DoH, 2019). Statistics for Key Stage Two reflect trends in the 2016-2017 academic year (DoH, 2018).

Figure 1.1: Proportion of Children Achieving 'Level of Progression 2' or above in Key Stage One 'Communication' and 'Using Maths' Assessments (DoH, 2019)

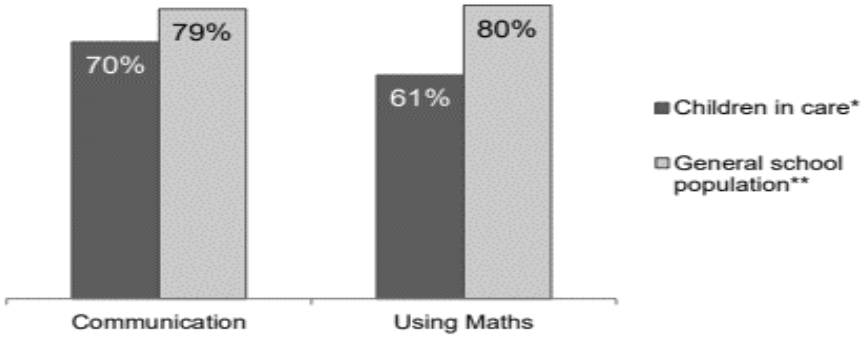


*Figures are based on assessment results for 19% of the children in care eligible for assessment.
**General school population figures are weighted to account for non-response bias.

Figure 1.1 shows the percentage of children achieving 'Level of Progression 2' or above in Key Stage One 'Communication' and 'Using Maths' assessments, for children in care and children in the general school populations in Northern Ireland (DoH, 2019). As shown in Figure 1.1, children in care perform significantly less well than those in the general population in both Communication and Using Mathematics scores at Key Stage One (79% compared to 87% and 79% compared to 88% respectively) (DoH, 2019).

Figure 1.2 shows the percentage of children achieving 'Level of Progression 4' or above in Key Stage Two 'Communication' and 'Using Maths' assessments, for children in care and children in the general school populations in Northern Ireland. As shown in Figure 1.2, children in care perform significantly less well than those in the general population in both Communication and Using Mathematics at Key Stage Two (70% compared to 79% and 61% compared to 80% respectively) (DoH, 2018).

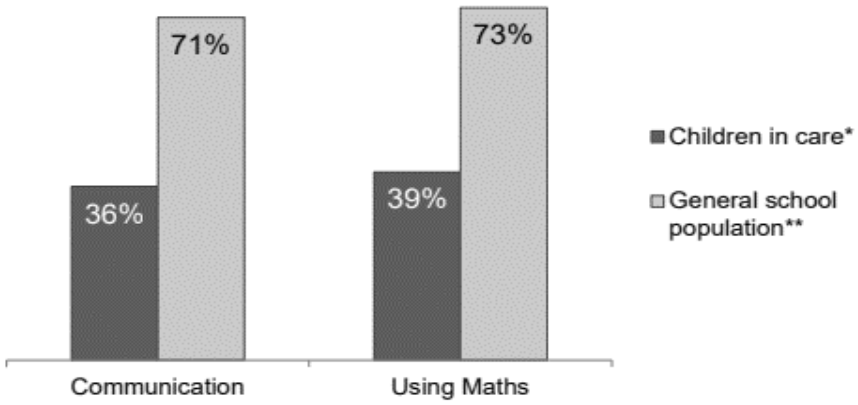
Figure 1.2: Proportion of Children Achieving 'Level of Progression 4' or above in Key Stage Two 'Communication' and 'Using Math' Assessments (DoH, 2018)



*Figures are based on assessment results for 30% of the children in care eligible for assessment.
**General school population figures are weighted to account for non-response bias.

Figure 1.3 shows the percentage of children achieving 'Level of Progression 5' or above in Key Stage Three 'Communication' and 'Using Maths' assessments, for children in care and children in the general school populations in Northern Ireland (DoH, 2019). As shown in Figure 1.3, children in care perform significantly less well than those in the general population in both Communication and Using Maths at Key Stage Three (36% compared to 71% and 39% compared to 73% respectively). According to this data, Key Stage Three represents a dramatic fall in the academic attainment scores of children in care in Northern Ireland.

Figure 1.3: Proportion of Children Achieving 'Level of Progression 5' or above in Key Stage Three 'Communication' and 'Using Math' Assessments (DoH, 2019)



*Figures are based on assessment results for 18% of the children in care eligible for assessment.
**General school population figures are weighted to account for non-response bias.

Figure 1.4: Percentage of children in care achieving GCSE grades from A*-G, and A*-C, compared to the general population in Northern Ireland (DoH, 2019)

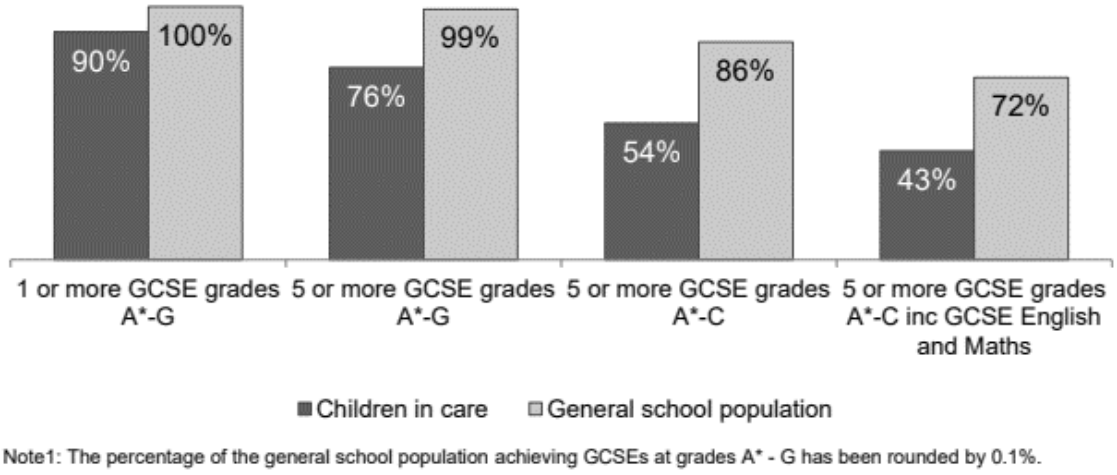


Figure 1.4 Percentage of children in care achieving GCSE grades from A*-G, and A*-C, compared to the general population in Northern Ireland (DoH, 2019). As shown in Figure 1.4, children in care perform significantly less well than those in the general population in their GCSEs, with just 54% of children in care achieving five GCSE grades from A*-C, compared to 86% in the general population. Furthermore, only 43% of children in care achieve five GCSE grades from A*-C, including English and Maths, compared to 72% of the general population (DoH, 2019).

1.4.2 The Care Experienced Population and Access to Higher Education

It is difficult to accurately record the number of care experienced individuals who attend and complete higher-level education. One reason for this is that there is increased diversity in the pathways into higher-education taken by care experienced individuals, with a higher proportion than in the general population beginning third-level education at an older age, instead of immediately after leaving school, (Brady and Gilligan, 2019). Additionally, the government bodies throughout the UK do not routinely collect data reflecting the number of young people who attend university, with some young people choosing to cut contact with social services after they have

left care (Welsh Government, 2016). Nevertheless, it is clear that significantly fewer care experienced individuals in the UK and Ireland complete higher-level education when compared to their peers in the general population (Allnatt, 2020; Brady, Gilligan and Nic Fhlannchadha, 2019; Williams et al., 2020).

A variety of factors are likely to impact on the numbers of care experienced individuals who ultimately participate in higher or third level education. In addition to factors associated with children's pre-care and in-care experiences (which are discussed in more detail in sections 1.5 and 2.3 of this thesis), research conducted by Williams et al., (2020) evidenced that care experienced children as young as 13, had significantly lower expectations of going to university than their peers in the general population, with these expectations reducing as children progressed through secondary school. These trends are echoed in reality, with significantly less care experienced young people attending university by the age of 20. Qualitative evidence from the Williams et al., (2020) study supported existing knowledge of factors that can reduce care experienced young people's expectations of going to university: key elements being the support offered by schools, the priority given by social workers to education, and the support given by carers. Furthermore, research conducted by Allnatt (2020) evidenced that stigma, placement instability, personal motivation and successful transitions to university can act as barriers or enablers for successful engagement with third level education.

Given that achieving third level qualifications is positioned by policy makers across Europe as being a key route to social inclusion, through the acquisition of skills and knowledge that enable employment, (Cameron et al, 2013), it seems imperative that the school systems in Northern Ireland and throughout the remaining devolved nations that make up the UK, take early-steps to promote university attendance amongst care experienced children and young people. One such method of promoting this outcome, is to take concrete steps in reducing the attainment gap between children in care and their peers throughout the period of compulsory schooling, therefore supporting children in care to obtain the academic skills, knowledge and qualifications that are required to successfully engage with third level education.

1.5 Research that Explains the Attainment Gap

As evidenced so far throughout this Chapter, the educational outcomes for children in care are consistently recognised as being poorer than those of the general population (Coman and Devaney, 2011; DoH 2016; Evans Brown and Rees 2017; O'Higgins, Sebba and Gardener 2017; Pecora et al., 2006; Sebba et al., 2015; Sebba and Luke, 2019). This differential achievement in academic attainment, between children in care and their peers, is referred to throughout this thesis as the attainment gap. Although there are disparities between the educational outcomes for care experienced children and those of the general population, as well as increased incidence of negative social, emotional, economic and health outcomes, children in care are not a homogenous group and are not destined for maladjustment (Coman and Devaney, 2011; O'Higgins, Sebba and Gardener, 2017; Sebba and Luke, 2019). Many children who are in care, can excel in education (Sebba et al., 2015; Sebba and Luke 2019) and in many other aspects of life (Rock, et al, 2013). In recent decades, developing our understanding of resilience, as well as risk and protective factors associated with outcomes for children in care, particularly with regard to education, has gained momentum (Evans, Brown and Rees, 2017; Mannay et al., 2015; McClung and Gayle, 2010; O'Higgins, Sebba and Gardener, 2017). Sub-section 1.5.1 outlines factors associated with the education and social care systems throughout the UK, which are known to influence the academic attainment of children in care.

1.5.1 Influential Factors Related to the School and Social Care System

Placement type and stability are recognised as key factors in predicting educational (and other) outcomes for children in care (Rock, et al., 2013). Children in foster care consistently fare better than those in residential care and other types of care placement (McClung and Gayle, 2010; O'Higgins, Sebba and Gardener, 2017). Furthermore, some research has suggested that placement in non-kinship foster care, rather than kinship foster care, is predictive of better educational outcomes (Brown and Sen, 2014). In a more recent systematic review, conducted by O'Higgins, Sebba and Gardener (2017), however, it was suggested that this claim could not be conclusively

supported, as most studies included in their review failed to identify a difference in the educational outcomes of children in non-kinship foster care, compared to children in kinship foster care. Another study included in their review aimed to explore the causal impact of being in foster care, compared to kinship care, over a longer period of time (Font, 2014). Font (2014) found that children in kinship care tended to perform better than children in non-kinship foster care at time-point one, but their academic performance tended to decrease dramatically compared to their peers as time went on (Font, 2014).

Findings from Font (2014) could be explained, in part, by the Bio-Ecological Model of Human Development (BEM) (Bronfenbrenner1992/ 2005). The BEM assumes that an individual (with an individual genetic make-up, temperament, IQ and personality) interacts with their surrounding ecological systems, and it is these interactions (over time) that will lead to the developmental outcomes for the child (Bronfenbrenner and Ceci, 1994; Huston and Bentley, 2010). The BEM could also help to explore different contextual factors, that are relevant to the design and implementation of school-based interventions for children in care.

It has been suggested that non-kinship foster care placements can facilitate more positive social-structural characteristics, such as stronger family and social networks or placement in less deprived areas. These social-structural characteristics may act as protective factors for some children in care, ultimately improving their outcomes over longer periods of time (Sebba et al., 2015).

Longer term care placements, fewer care placements and fewer school changes are also associated with better educational outcomes, regardless of the age children enter the care system (Mannay et al., 2015; Sebba et al., 2015). It has been evidenced that multiple care placements can result in repeated relational trauma for children in care. This results in an inability or reluctance to trust those around them, or form new positive relationships, which could act as protective factors in the face of later stress or adversity (Ahrens et al., 2011; Harwood, 2018; Kobak, Zajac and Madsen, 2016). Furthermore, children who experience multiple placement moves may experience physiological changes and disruptions (positive or negative) associated with their diet,

sleep, or exercise routines as they move between homes. It is likely that these factors influence children's experience of school and their academic attainment.

In the year ending in March 2017, it was recorded that approximately one fifth of children in care in Northern Ireland changed care placements at least once that year. It is evidenced that the majority of children who changed care placement during the year, were aged 1-4 (25%), while 23% were aged 16 and over. The proportion of compulsory school aged children who experienced at least one care placement move was approximately 31% (13% aged 5-11 and 18% aged from 12-15) (DoH, 2018/19). Further to this, research has suggested that the timing of placement moves can impact on the extent to which children's academic attainment is hindered. For example, disrupted school placements close to Key Stage assessments, can negatively impact on children's ability to achieve the levels predicted by their earlier Key Stage grades (O'Sullivan and Westerman, 2007; O'Higgins, Sebba and Gardener, 2017). It follows, therefore, that changes to school placements must be minimised and that interventions aimed at improving the educational outcomes of children in care, must concurrently aim to minimise school suspensions and expulsions.

Entering the care system at a younger age, taking part in positive activities, and having positive peers, are all recognised protective factors for children in care and can help to promote resilience (Schofield, Larsson and Ward, 2017, Sebba et al., 2015). Therefore, helping children in care to make and keep friends, within a positive peer group in school, and encouraging their participation in after school or extra-curricular activities, is important. Being placed with siblings, or foster carers (where applicable) who are older or more experienced, is also associated with better educational outcomes (Rock et al., 2013). Children in care, who have support from, and are encouraged by, adults (including teachers, social workers and carers), as well as those who have higher aspirations for their own academic potential, tend to do better in school (O'Higgins, Sebba and Gardener, 2017; Williams et al., 2020). Furthermore, young people in care who are supported and encouraged to achieve in school, report more positive feelings towards school and tend to have higher aspirations for their future (Mannay et al., 2017).

Acknowledging the relationship between improved educational outcomes and encouraging and supportive adult involvement, is crucial to the development of any educational intervention aimed at supporting children in care. A model of intervention that facilitates the development of a positive and consistent relationship between children and adults in their school setting, could be beneficial (Bomber, 2007). Furthermore, in the systematic reviews conducted by O'Higgins, Sebba and Gardener (2017) and Evans, Brown and Rees (2017), it was indicated that improving children's confidence, or sense of self-efficacy, regarding their academic potential, could be a key mechanism through which educational interventions are effective.

Efficacious beliefs in one's own capability and personal agency, act as important mental constructs in achieving desired goals or outcomes (Bandura, 1986; 2001). It has been proposed that increased self-efficacy can act as a protective factor in the face of adversity or stress, in that individuals with high estimations of personal efficacy are less likely to give up or internalize failure (Bandura et al., 2001; Coleman and Karraker, 2003). Feelings of self-efficacy have been associated with social cognitive theory (Bandura, 1986; 2001), as well as attachment theory (Bowlby and Ainsworth, 1991), throughout the research literature. According to attachment theory, children who have positive and secure relationships with their primary caregiver(s), and other adults in their lives, are more likely to have higher estimations of personal efficacy and competence as they get older (Bomber and Hughes, 2013; Coleman and Karraker, 2003).

Unfortunately, the lives of children in care are often characterised by adverse and stressful experiences, which may include challenges associated with school (Bomber and Hughes, 2013; Geddes, 2006). Furthermore, care experienced children are less likely to have had positive, secure, and consistent relationships with their primary caregiver(s) during infancy and early childhood. Therefore, supporting children to form positive and encouraging relationships with adults in their school, could be critical in ensuring that school-based interventions for children in care are effective.

Research suggesting that children fare better in their education when they are supported by encouraging adults (O'Higgins, Sebba and Gardener, 2017), is further

evidenced by a qualitative study conducted by Martin and Jackson (2002). This study involved interviewing thirty-eight 'high achieving' children in care about their experiences of the education system. Many of the children and young people indicated that negative stereotypes and low expectations for children in care, acted as major obstacles to their educational success. Furthermore, a study conducted by Mannay et al. (2015; 2017) identified that this group of children and young people often feel that they are 'permitted', or even 'encouraged' not to succeed academically, as they are often assigned to a 'support position', in which they are not pushed or challenged to realise their academic potential.

It could be argued that 'permitting' children in care to disengage, or do less well in school, reflects a pastoral approach to meeting the needs of children and young people who have chaotic and disrupted home lives (Mannay et al., 2017). However, young people involved in the study identified that being assigned to this 'failed', or 'supported' position, set them apart from others in their school, increased stigma and acted as a barrier to their educational progress and outcomes.

These findings illustrate the importance of seeking the views and experiences of the target recipients during the development of any programme or intervention. This may be particularly important in the development of interventions aimed at supporting children in care; a group who quite often have little control or agency regarding their own lives, and often have limited 'effective voice' in participatory research (Christensen and Prout, 2002; Harwood, 2018; Hooper and Gunn, 2014). These findings identify the importance of including qualitative methods in design and implementation research.

While there are various protective and risk factors, associated with children's exposure to the care system on their academic outcomes, there is some evidence to suggest that factors related to children's interpersonal experiences during infancy and childhood (such as attachment organisation, trauma and relational loss) and socio-structural characteristics (such as socio-economic status), are more prevalent in predicting the educational outcomes of children in care, than their experiences while they are in care (Sebba et al., 2015). With this in mind, it is not surprising to find that the socio-

emotional and academic outcomes of children in need echo those of the care experienced population (DfE 2020).

Children in need are a group of children living in our society, who are considered unlikely to achieve or maintain a reasonable level of health and development without the provision of services by an authority (DoH, 2020). It is recognised that children in care and children in need share a variety of experiences relating to their early care and education. For example, it is recognised that both children in care and children in need, are significantly more likely to be economically deprived than the general population of children and are significantly more likely to have a special educational need (DoH, 2020; Lee et al., 2017). Notably, a child's referral to social services (prior to becoming listed as 'in need') may result in an episode of care. The episode of care facilitates an initial assessment of the child's needs, the provision of information or advice, or referral to another agency (DoH, 2020). It is, therefore, likely that there is some overlap between children in care and children who are known to social services as being in need. With these points in mind, section 1.5.2 explores some of the shared experiences commonly associated with children in care, children in need, and their outcomes. Furthermore, the impact of low socio-economic status on children's academic attainment is discussed in section 1.5.3.

1.5.2 Research Exploring the Outcomes of Children in Need

On 31 March 2020, 22,414 children in Northern Ireland were known to social services as children in need. This represented 509 children per 10,000 of the child population. Social service data collected in England on the 31st of March 2019 (DfE, 2020) indicated that at the end of Key Stage Two, children in need performed significantly less well academically than their peers in the general population, with little difference between children in need and children in care (DfE, 2020). Similar trends were apparent at the end of Key Stage Four, with an average attainment 8 score of 19.1 for children in care and 19.2 for children in need. This was compared to an average score of 44.6 evidenced in the general population. This type of data is not available for Northern Ireland; however, it is likely that trends are similar.

Research, conducted by Sebba et al. (2015), found that children in need were often deprived according to measures of family and neighbourhood poverty, were more likely to have special educational needs, poor school attendance rates and more exclusions from school. These factors were found to significantly predict lowered academic attainment in both children in care and children in need. Furthermore, the research, conducted by Sebba et al. (2015), identified that children in need tend to have lower educational outcomes than children who are in care for longer periods of time.

It has been argued that care placements, that facilitate more positive social-structural characteristics, such as stronger family and social networks, or placement in less deprived areas, may act as protective factors for some children in care (Sebba et al., 2015). It has also been suggested that positive factors, related to a child's wider ecological systems (Bronfenbrenner and Ceci, 1994), could promote resilience in the face of later stress or adversity, despite the negative implications associated with adverse childhood experiences (ACEs) (Rutter, 2012) and relational loss and disruption.

Within the context of intervention development for schools, it is also important to acknowledge the fact that many children in care, and children in need, have experienced adversity during infancy and may have histories characterised by complex trauma. Complex trauma is a diagnostic construct used to describe the experience of multiple, chronic and prolonged, adverse traumatic events, most often of an interpersonal nature. These exposures often occur within a child's caregiving system and include physical, emotional and educational neglect and child maltreatment, often beginning in early childhood (Cook et al., 2017; van der Kolk, 2017). The implications of complex trauma and insufficient caregiving on children's developing brain architecture (Music, 2016) and attachment organisation (Ainsworth and Bowlby, 1991), must be considered when reviewing the academic attainment of children in care and children in need. It is argued in this thesis that attachment-related difficulties, and complex trauma histories, represent the root-cause of the difficulties faced by many children in care while they are in school, and that many of these difficulties may also

be experienced by children in need. The psychological underpinnings of these difficulties are discussed in more detail in Chapter Two of this thesis.

1.5.3 Socioeconomic Status, Academic Attainment and Later Life Outcomes

Socio-economic disadvantage is consistently associated with increased risk throughout an individual's development (Bradley and Corwyn, 2002; Engle and Black, 2008; Featherstone et al., 2019). It is recognised that many children in care and children in need have experienced living in poverty (Lee et al., 2017; Sebba et al., 2015). As alluded to in the previous section, the more negative academic outcomes associated with children in care and children in need are often influenced by poverty or living in a family or community with low socio-economic status. In March 2019, there were an estimated 107,000 children (24%) living in officially defined levels of poverty in Northern Ireland (DfC, 2020).

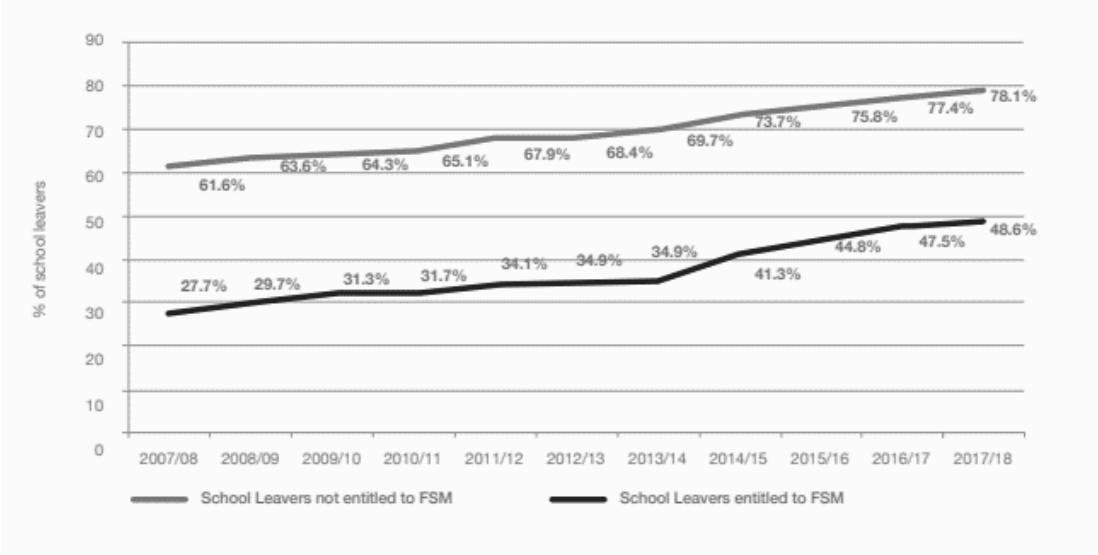
Poverty and low socioeconomic status are consistently recognised as increasing the risk of experiencing adversity during childhood (Steele et al., 2016). Furthermore, low socio-economic status has been consistently associated with a wide array of more negative health, cognitive and socio-emotional outcomes in children, with effects beginning prior to birth and continuing into adulthood (Bradley and Corwyn, 2002). This may be because living in poverty is associated with less adaptive parenting competence (Rhoad-Drogalis, Dynia and Justice, 2020), lowered maternal mental wellbeing (Sharkins, Legar and Ernest, 2017) and self-esteem (Coleman and Karraker, 2003) and feelings of inadequate social support (Hashima, and Amato, 1994).

Poor families are also more likely to be significantly materially deprived (Monitoring Poverty and Social Exclusion in Northern Ireland, 2016). This means that children growing up in poor homes, may not have access to adequate play or learning materials to foster their cognitive development (Bradley and Corwyn, 2002; Broer, Bai, and Fonseca, 2019). Economically disadvantaged children (children in receipt of free school meals) consistently achieve less GCSE grades from A*-C (or equivalent) than their peers in the general population in Northern Ireland (DfC, 2020). Figure 1.5 shows the proportion of school leavers entitled to free school meals who achieve at least five

GCSEs at grades A*-C (or equivalent), including GCSE English and Maths, compared to their peers who do not receive free school meals.

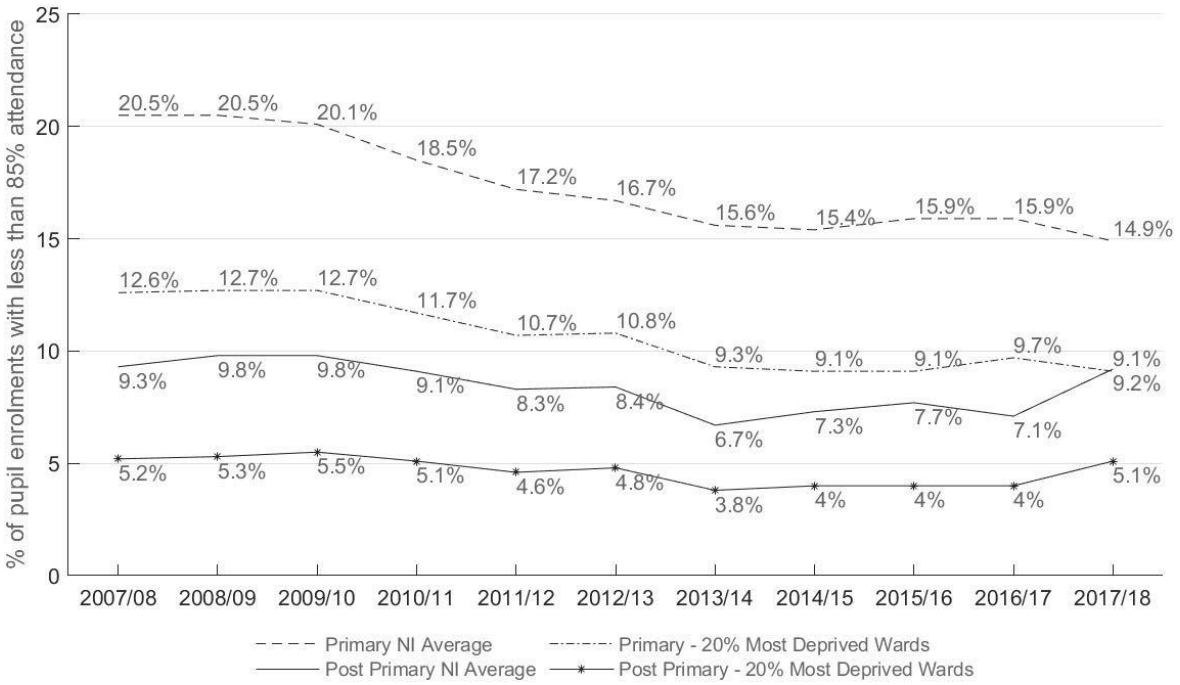
Although GCSE outcomes have improved for children in the general population and children who are entitled to free school meals, children entitled to free school meals continue to perform significantly less well than their peers (48.6% Vs 78.1% respectively in 2017/2018) (DfC, 2020). It is possible that children living in poverty in Northern Ireland achieve lower GCSE grades due to poorer school attendance rates throughout their school-age years. This factor is also likely to influence the academic attainment of children in care and children in need (Sebba et al., 2015).

Figure 1.5: Proportion of School Leavers Entitled to Free School Meals achieving at least 5 GCSEs at grades A*-C (or equivalent) Including GCSE English and Maths



The proportion of pupil enrolments with less than 85% attendance has been consistently higher in both primary and secondary schools within the 20% most deprived ward areas in Northern Ireland, compared to the Northern Ireland average. There was a general downward trend in this indicator between 2007/08 and 2013/14 for all children. Figure 1.6 shows the percentage of pupil enrolments in primary and post-primary schools in Northern Ireland with less than 85% attendance.

Figure 1.6: Percentage of Pupil Enrolments in Primary and Post-Primary Schools with Less than 85% Attendance



Until 2014/15, there was a decrease in the number of children from the 20% most deprived areas, and children in the general population, attending school less than 85% of the time. However, from 2015/16, there has been a slight increase in these figures for primary aged children. It is unclear from the available data why there has been a slight increase in these figures in recent years. Free school meal (FSM) entitlement and attending school in the 20% most deprived ward areas in Northern Ireland, are both indicators of low socioeconomic status. However, as they are not the same measure of poverty or socioeconomic status, the data presented in figures 1.5 and 1.6 cannot be compared directly.

Growing up in poverty, particularly in communities with low socio-economic status in post-conflict Northern Ireland, adds a further significant risk to the well-being and later outcomes for children, including those in care. More than twenty years on from the 1994 ceasefires, the paramilitary influence in the more disadvantaged, interface communities in Northern Ireland is evident (Browne and Dwyer, 2014). Sectarian and

paramilitary influences, together with the increased likelihood of lowered academic attainment and occupational opportunities, significantly increases the likelihood of disadvantaged children (particularly males) being recruited to or being involved with paramilitary activities in adolescence and adulthood (Browne and Dwyer, 2014). The evidence suggesting that many children in care (and children in need) have experienced living in poverty (Lee et al., 2017; Sebba et al., 2015), reinforces the paradigm that the difficulties, faced by children in care in school, are often exacerbated by factors in their wider environment and confounded by their limited material and learning opportunities at home. Intervention at the school level, through the provision of consistent and stable relational support, combined with the provision of adequate play and learning materials, could be essential in ameliorating the negative implications of growing-up in poverty.

1.6 Chapter Summary

Chapter One has considered the pathways into care for looked after children, their placement type, their demographic characteristics and their educational attainments and achievements. The diversity and complexity of children's lives comes to the fore in all of the statistical and research related information. Within this, some of the potential implications of ACEs and complex trauma, as well as the increased risks associated with growing up in poverty, have been outlined in relation to children in care and children in need. Furthermore, the protective and risk factors associated with children's experiences while they are in care, have been outlined in order to explain why some care experienced children have better outcomes than others. Exploration of these factors has emphasised that children in care are not a homogenous group, and that the 'in care' status provides little insight into the particular situation or circumstances of each individual child. Recent legislative and policy developments reflect this recognition, with a view to improve the outcomes for children in care as a collective group, while also recognising the individual needs of each child, through multidisciplinary working and a more child-centred approach (OECD, 2016).

Educational placement stability, like care placement stability, is associated with better social, emotional, and educational outcomes for children in care (Sebba et al., 2015; Mannay et al., 2015). Therefore, it has been argued in this Chapter, that reducing children's school and care placement moves must continue to be prioritised in policy, practice and intervention development. The importance of acknowledging the impact of trauma and multiple transitions on attachments and subsequent academic attainment and achievement has also been highlighted in Chapter One. It is therefore argued in this thesis that interventions designed to improve the wellbeing and academic attainment of children in care, must be attachment-focused, trauma-informed and emphasise the importance of 'connection before correction' in the educational setting (Bomber and Hughes, 2013).

Relatedly, there is evidence to suggest that many children in need and children on the child protection register share some of the more negative pre-care experiences often associated with children in care (Lee et al., 2017; DfE 2020). Therefore, attachment-friendly and trauma-informed approaches to supporting children in care in the school setting, could also benefit many children in need, as it is likely that they have experienced some form of adversity or complex trauma in their childhood. The implications of insecure attachment development and complex trauma on children's academic attainment, are explored further in Chapter Two. Additionally, the fundamental components of attachment theory, attachment in school and attachment in middle childhood specifically, are explored in relation to children in care.

Chapter Two

Adverse Childhood Experiences, Attachment and the Role of School

2.1 Introduction

In Chapter One it was established that the child in care population is a diverse group by route of entry into care, placement type and their background circumstances that led them to be in care. Within this diversity, there is also commonality, particularly in terms of the numerous transitions experienced and the trauma that underpins the adverse childhood experiences (ACEs) that precipitate a move into care. It is argued that these transitions and ACEs can negatively impact on childhood attachments and that unresolved issues, regarding ACEs and difficulties regarding attachments, can contribute to poorer long-term outcomes. The purpose of Chapter Two is to explore these two elements of child development (attachment and the impact of adverse childhood experiences) in further detail, arguing that both are fundamental to understanding the outcomes of children in care and addressing them. The Chapter begins with a brief overview of relevant child development theory, before moving on to provide an overview of attachment theory and the impact of those childhood experiences that can interfere with normative child development. Following this, contemporary research related to the attachment process as children develop beyond the early school years, is outlined, prior to an overview of research relating to attachment and the role of school.

2.2 Theories of Child Development

For more than 200 years, psychologists and other theorists have aimed to understand the processes underpinning child development, with regard to how people change and grow and how they develop their skill sets, abilities and personalities (Keenan, Evans and Crowley, 2016). Within this remit, there has been a vested interest in the influence

of child development on learning and education. Some of the leading child development theories are discussed next.

2.2.1 Behaviourism

Behaviourist theories of child development emphasise the role of environmental factors in influencing behaviour, to the near exclusion of innate or inherited factors (Watson, 1913). Early behaviourism focused on stimulus-response behaviours in animals, and theorised that, like animals, children learn through a process of association, reinforcement, reward and punishment (e.g., Pavlov, 1902; Skinner 1948; Watson and Rayner, 1920). Behaviourist approaches to learning and classroom management remain operational in Northern Ireland and throughout the United Kingdom.

An early example of behaviourism in learning approaches was the use of drilling and repetition in learning times tables, so that children could recognise a stimulus (for example the question ‘what are seven eights) and provide the correct response (56), for which they were likely to get a reward, such as verbal praise. Through the repetition and reinforcement of this process, the associated neural pathways can be practiced and strengthened (Clarke, 2018). One critique of this approach, however, is that providing the correct, learnt response to a question (stimulus) does not denote understanding, and therefore children may find it difficult to build on the mathematic principles that underpin times tables (Clarke, 2018).

Building on this approach, the introduction of computers into classrooms, brought with it an opportunity for children to learn through a similar ‘drill and practice’ approach facilitated by computer software (computer games). In these games, children are routinely presented with several answers to a question and with each correct response they receive some type of positive reinforcement (a smiley face, more fuel, or more bullets to fire). With each incorrect response, children are, at best, given the opportunity to review the material before attempting to answer the question once again

or, at worst, given the equivalent of a punishment in the form of a non-smiley face, the loss of points or some such undesirable outcome (Becker, 1993).

More modern applications of behaviourist approaches to classroom learning have emphasised the benefits of supporting children to learn through small, bite-sized steps. Through this approach, children's learning is assessed or tested consistently, so that they can achieve intrinsic and extrinsic rewards, and build their self-esteem, consequently motivating them to continue engaging with the learning process when they reach the next step (Clarke, 2018).

Perhaps more obviously, behaviourism continues to dominate in schools in approaches to classroom management and discipline, despite the growing evidence base that suggests that relational-focused approaches to classroom management may be more effective, for some teachers and for some children (Osher et al., 2010; Irby and Clough, 2015). While there has been an overdue shift from punishment to reward in recent decades (for example through the outlawing of physical punishments and introduction of reward charts) (Clarke, 2018; Irby and Clough 2015), critiques of the behaviourist philosophy have suggested that behaviourist approaches to classroom management rely on manipulation, punishment and external control, instead of sympathy, benevolence and shared moral values, that can ensure the good behaviour of students (Kohn 1993; 1996; Smith, 1985). This ties in with the aforementioned critique of behaviourist approaches to learning, in that children learn to behave through a process of punishment and reward, instead of gaining an understanding of why it is important to learn and 'behave' in class, and a shared belief that it is how they should act.

Two further critiques of the application of behaviourism in the classroom have been established. First, rewarding children for all learning could cause the child to lose interest in learning for its own sake. Second, using a reward system or giving one child increased attention may have a detrimental effect on the others in the class. Therefore, it has been argued that if extrinsic rewards are used to promote learning or good behaviour, it is important that best efforts and progress are rewarded. Rewarding only the 'best' is not a satisfactory approach, as it is vital to maintain high self-esteem in all

children, and in children who are less able or who have lower attainment scores especially (Clarke, 2018, p.173).

Despite these qualms and criticisms, it is certainly the case that behaviourist approaches have made valuable contributions to various aspects of classroom learning, and if we were to disregard these completely, a certain measure of what has been shown to be effective would be lost (Clarke, 2018). However, there are other theoretical perspectives on learning that must also be considered, in order to gain a robust understanding of child development, the role of school, and adult outcomes.

2.2.2 Psychoanalysis

In contrast to behaviourism, psychoanalytic theories of child development emphasise the role of innate, subconscious drives in understanding human development and outcomes (Freud, 1920; Klein, 1932; Spitz, 1945; 1950). Freud's psychosexual theory, for example, suggested that psychopathology develops from an individual's inability to overcome issues associated with their development, at a particular psychosexual stage, and that the majority of psychological development occurs before the age of five. Alternatively, Erickson's psychosocial theory of child development suggested that an individual continues to develop and grow, from infancy through to old age, and that changes to a person's psyche are a result of their social interactions with others and their mastery (or inability to master) internal crises (Keenan, Evans and Crowley, 2016).

While behaviourist and psychoanalytic perspectives of child development dominated the field of child development for the first half of the 20th century (Bretherton, 1992), the two paradigms contradicted each other, with neither providing a full explanation for how children learn and develop. Nevertheless, it is recognised that both perspectives influenced scholar's earliest formulations of attachment theory (Bretherton, 1992; Keith, 2017), with Psychoanalytic Developmental Research continuing to be recognised as an influential and interrelated area of exploration (Keith, 2017).

2.2.3 Piaget's Theory of Cognitive Development

A critical new perspective of child development was introduced by Jean Piaget (1896-1980). Piaget's theory of cognitive development (Piaget and Cook 1952;1972) focused on how children's thought processes change over the course of childhood. Piaget suggested that children progress through a series of stages of mental development and are actively involved in the learning process in that they experiment, make observations and learn about their world. Relevant to contemporary understandings of attachment, Piaget suggested that children create mental schemas as they develop. Schemas, according to Piaget, are mental model's or organisational constructs relating to children's experiences. Accordingly, schemas dictate how children think about the world and are updated (through accommodation and assimilation) as children develop through the different cognitive stages.

2.2.4 Vygotsky's Sociocultural Theory

A further influential perspective regarding the theorisation of child development stemmed from the work of Lev Vygotsky (1896-1934). Vygotsky's sociocultural theory emphasised the role of social interactions, cultural influences and language development in learning. In contrast to Piaget, who believed that children's ability to learn was dictated by their developmental stage, Vygotsky held that learning was a prerequisite for development (Keenan, Evans and Crowley, 2016). Similar to Piaget's theory of child development, Vygotsky believed that children learn through hands-on experiences and developing mental representations of the world. The writings of Vygotsky have been particularly influential in the field of education, especially with regard to the 'zone of proximal development (ZPD)' in helping children to learn and with regard to the importance of play (Nicolopoulou, 1993; Tudge, 1992).

2.2.5 Bandura's Social Learning Theory

A further perspective of child development was introduced by Albert Bandura (1925-present). Bandura, while being influenced by behaviourist and cognitive perspectives, suggested that the influence of social context and modelling was somewhat underrepresented in contemporary child development theories. Through his formulation of social learning theory (1962), Bandura proposed that children learn through extrinsic reinforcements (in keeping with behaviourism), intrinsic reinforcements (through a sense of pride or accomplishment) and through social modelling (watching and copying those around them). Through further exploration, social learning theory was developed to provide a more holistic explanation of how children learn and was consequently renamed 'social cognitive theory' (Bandura, 1986;2001). Social cognitive theory is sometimes considered the link between behaviourism and cognitive theories of child development.

2.2.6 Attachment Theory in the Context of Other Child Development Theories

The child development theory underpinning the current study is attachment theory (Ainsworth and Bowlby, 1991). While Bowlby's first formulations of attachment theory stemmed from his psychoanalytic background (Bretherton, 1992; Keith, 2017), there is considerable overlap between Bowlby's understanding of child development and that of Bandura, Vygotsky, and Piaget. Specifically, John Bowlby (1907-1990) held that children develop Internal Working Models associated with their experiences. These Internal Working Models can be compared to the mental 'schema' described by Piaget. Furthermore, Bowlby, like Bandura and Vygotsky, emphasised the role of the environment and the social and contextual determinants of learning, with an emphasis on how social interactions influence children's understanding of themselves, other people, and the world around them.

Bowlby's first formulations of attachment theory were inspired by observations he made while working as a psychiatrist in a home for maladjusted boys during his early career as a psychoanalyst (Bretherton, 1992). He identified that many of these children

had experienced difficulties in their home life during infancy and childhood (Bowlby, 1944). Two boys in particular stood out to Bowlby as displaying distinct behavioural attributes. One boy who was of particular concern was withdrawn and sullen, while another seemed remarkably clingy and anxious (Bretherton, 1992). These observations were sustained through later, prospective studies conducted by Bowlby and his Colleague James Robertson (1952), wherein children became increasingly distressed following separations from their mothers. These findings led Bowlby to conclude that the mother-child relationship was not only of immediate importance to the child, but also a significant precursor for later adjustment (Bretherton, 1992; Cassidy 2016).

Bowlby's continued work as both a researcher and practitioner in the Tavistock Clinic in London, led him to conclude that the current theories explaining social and emotional development in children were insufficient. During this time, Bowlby also became aware of significant findings in the field of ethology; that is, the scientific study of animal behaviour under natural conditions, from an evolutionary perspective (Tinbergen, 1963). Specifically, Bowlby was inspired by the work of Konrad Lorenz (1935) an ethologist who was interested in the mechanisms underlying 'imprinting' in precocial birds. Lorenz identified that during a critical period, recently hatched geese would imprint or 'attach' to the first large moving object they could see, which was not necessarily their biological mother. Lorenz therefore inferred that the process of 'imprinting' in geese and other precocial birds was an innate, primary drive. Bowlby speculated that a similar process may be apparent in human children (Cassidy, 2016).

Reinforcing this notion, the work of Harry Harlow, who investigated the implications of maternal separation on infant rhesus monkeys (1958), also influenced Bowlby in his earliest formulations of Attachment Theory. Harlow (although his animal studies have since been heavily rebuked for being unethical) (McLeod, 2017), identified the dire consequences of raising primates in isolation, or even depriving them of maternal care. Monkeys deprived of social interaction in infancy were unable to form social relationships with other monkeys as they matured and were often severely bullied as a result. Furthermore, rhesus monkeys who were deprived of maternal care in infancy were later unable to effectively care for their own offspring, often becoming distressed and violent towards them (Harlow, 1958; McLeod 2017). Although the cognitive

processes and precursors for maladjustment are undoubtedly more complex in humans, our current understanding of attachment development in humans, does reflect these early ethological findings.

Perhaps more relevant to contemporary understandings of attachment in humans, Harlow also identified that when separated from their mothers, infant rhesus monkeys preferred being close to a 'cloth covered surrogate mother', who did not provide food, than a 'metallic mother', who did. The infant monkeys would cling to the cloth covered mother, particularly during times of distress, and visit the metallic mother only to eat (Harlow, 1958).

It did not take long for these findings from animal studies to be replicated through systematic observations of human infants (Ainsworth, 1967; Schaffer and Emerson, 1964), with babies quite obviously becoming attached to and seeking comfort from people who did not feed them. Ainsworth, through her empirical study in Uganda (1967), recognised that although infants were fed by various female members of the community, they still showed a preference for one, or a few individuals who they would seek out and cling to during times of distress. Again, this was not necessarily the child's biological mother. It was therefore concluded by Bowlby, Ainsworth and colleagues that attachment to one or more available adults should be considered an innate, primary drive for survival, that is not dictated by the provision of food (Ainsworth and Bowlby 1991).

The continued work of Bowlby, Ainsworth and colleagues evidenced that variations in children's care experiences, in infancy and childhood, are directly related to their behavioural presentation and psychological adjustment later in life. The continued exploration of attachment development has also provided insight into the implications of ACEs and relational loss or disruption on child development (Becker-Weidman and Hughes, 2008; Bomber and Hughes, 2013). Stemming from the pioneering work of Bowlby and Ainsworth, understanding child development from an attachment perspective has facilitated the development of various therapeutic approaches and interventions and has informed the development of TAP; the school-based intervention for children in care, that is the focus of the current study.

Given the significant amount of evidence emphasising the relevance of attachment in an individual's lifespan from infancy to old age, it is sometimes considered a 'grand theory' of human development (Keith, 2017). It is speculated that the attachment styles children develop in infancy influence all aspects of their lives, including their social and emotional wellbeing and academic outcomes. Nevertheless, it is also clear that attachment theory does not adequately consider an individual's personal attributes, such as their genetics, gender and temperament, or factors associated with the wider ecological contexts in which they develop (Birns, 1999). Furthermore, attachment in the context of multiple important relationships, and how these multiple attachment relationships influence children's internal working models, and their 'attachment state of mind' in adulthood, continues to be debated (Howes and Spieker, 2016).

Given that attachment theory is the main theory underpinning TAP, and therefore this thesis, the fundamental components of attachment theory and further critiques and limitations of the theory, are outlined in sections 2.4 and 2.5 of this Chapter. Furthermore, the contributions of attachment research in the context of children's school experiences and outcomes, are outlined in section 2.5.

2.2.7 The Bio-Ecological Model of Human Development

As introduced in Chapter One, the bio-ecological model of human development provides a broader perspective of child development and developmental outcomes. The bio-ecological model of human development assumes that an individual (with an individual genetic make-up, temperament, and personality) interacts with their surrounding ecological systems, and it is these interactions (over time) that will lead to the developmental outcomes for the child (Bronfenbrenner and Ceci, 1994; Huston and Bentley, 2010).

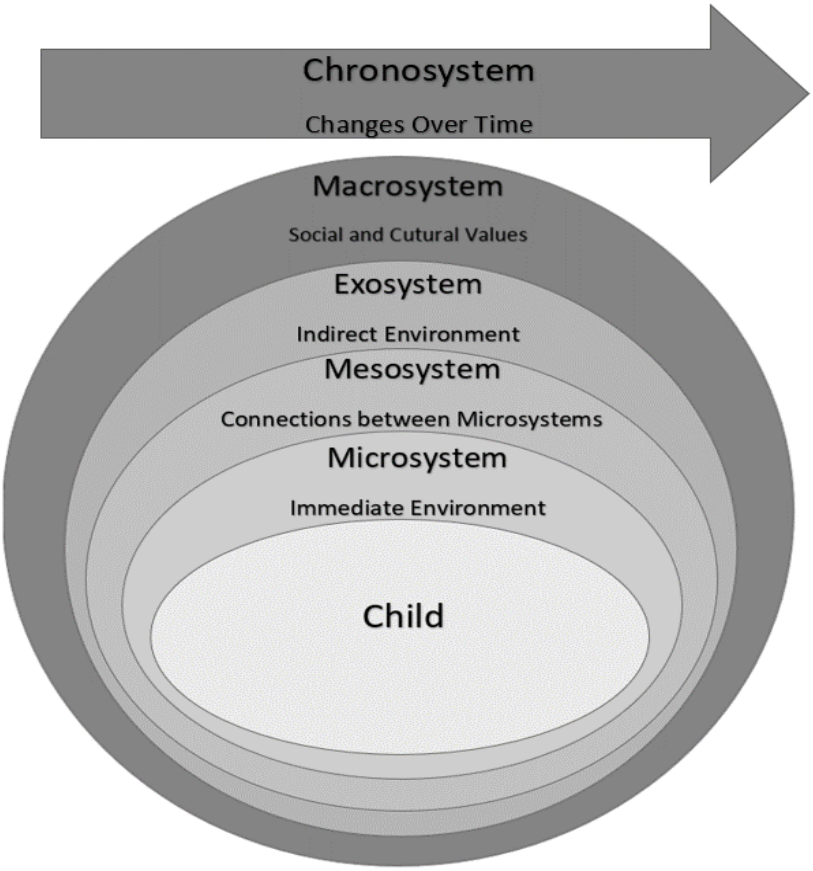
Table 2.1: [1]Ecological Systems According to the Bio-Ecological Model of Human Development

System	Explanation
Microsystem	The immediate contexts in which the individual participates and the people in these contexts in direct contact with the individual.
Mesosystem	Influences between members of the microsystems, e.g., school and family relationships
Exosystem	External influences on the individual from systems not directly related with or external to the microsystem, e.g., policy and legislation.
Macrosystem	Broader cultural and social influences, e.g., social and economic status.
Chronosystem	Changes in all systems and their members across time.

The different levels of influence, or the 'systems' that are referred to in the bio-ecological model of human development (Bronfenbrenner and Morris, 1998), are described in Table 2.1. Figure 2.1 depicts different components of each system and how each system might interact and influence a child's developmental outcomes.

[1] Table 3 is copied from: Ecological Systems Theory: a valuable framework for research on Inclusion and Special Educational Needs/Disabilities (Kamenopoulou, 2016 pp.516).

Figure 2.1 Ecological Systems Theory According to the Bio-Ecological Model of Human Development (authors own)



Considering attachment and child development from an ecological perspective is important for three reasons. Firstly, the bio-ecological model of human development (Bronfenbrenner and Morris, 1998) can help to explain the different factors that may influence a child's developing attachment style. For example, household dysfunction or low socio-economic status could influence the availability of an attachment figure and their ability to provide 'good enough'[2] care for their child (Dong et al., 2004; Felitti, et al., 2019). Secondly, the bio-ecological model of human development has

[2] The concept of 'good enough' care or parenting, has stemmed from the original work of Donald Winnicott, and his concept of the 'good enough mother'. Winnicott believed that responding to an infant responsively and sensitively over time, allowed the infant to be appropriately dependent and to transition to an increasingly more autonomous position (Winnicott, 1960; 1987).

influenced the study of resilience (Rutter, 2006; 2012), that is, the study of how there can be such variation in outcomes for children who have experienced similar levels of adversity during development. Lastly, understanding children's development and outcomes from an ecological perspective can provide insight into how to effectively intervene in the lives of vulnerable children. This could be particularly important for the development of educational interventions for children in care. A robust and effective educational intervention, aimed at supporting children in care in school, must take into consideration their attachment history, their current care environment, the policies, practices and procedures of their school and the wider school system and, importantly, the individual personality, strengths, weaknesses and aspirations of the child.

2.3 Adverse Childhood Experiences and Complex Trauma

2.3.1 Adverse Childhood Experiences (ACEs)

It is now well recognised that children's experiences during infancy and childhood can play an important role in setting the trajectory of their lives, with regard to their health, wellbeing, education, and psychosocial outcomes (Crandall et al., 2019). Factors associated with interpersonal relationships during infancy and childhood, such as abuse, neglect and family dysfunction, can have significant implications for the education and later life outcomes of children in care, in particular where there is a failure to effectively intervene (Bomber and Hughes, 2013; Felitti, et al., 2019; O'Higgins, Sebba and Luke; 2015, Sebba et al., 2017).

The negative implications of ACEs, for example abuse, neglect, parental mental ill-health or substance misuse, domestic violence and parental incarceration (Boullier and Blair, 2018; Horan and Windom, 2015), are becoming increasingly recognised as moderators of maladaptive health and psychosocial outcomes, including poor educational attainment (Horan and Widom, 2015). It is recognised that ACEs are often cumulative in nature, with the presence of one ACE significantly increasing the likelihood of another (Boullier and Blair, 2018). Furthermore, people who have

experienced significant adversity in childhood are at an increased risk of chronic diseases such as cancer, heart disease and diabetes, as well as mental illness and health risk behaviours throughout their life (Boullier and Blair, 2018).

As alluded to previously, however, not all children who experience adversities during childhood are destined for maladjustment. There are various protective and risk factors associated with children's care environment, and the wider socio-ecological systems in which they live, that are known to influence their wellbeing and later life outcomes (Rutter, 2012; Birns, 1999). Furthermore, genetic influences and personal characteristics such as temperament and IQ, must be considered when developing an understanding of the differential outcomes evident in individuals who experienced significant adversity during childhood (Cicchetti and Rogosch, 2012; Luthar, Crossman and Small, 2015; Shiner and Masten, 2012; Tiet et al., 1998).

Despite developments in our understanding of cognitive, social, and emotional development, that have stemmed from neuro-scientific research, it is critical to debunk the prevailing myth and leading rhetoric, that an individual's brain architecture, and therefore their outcomes, are mostly set in the first three years of life (Bruer, 1999; Wastell and White, 2012). There is no denying that the first three years of life represent a period of significant synaptic growth (Allen, 2011). Over-emphasis of this point, however, without also considering the ongoing neural plasticity[3] and synaptic pruning[4] of the brain as an individual develops into adulthood, has led policy makers to follow the alluring arguments of 'infant determinists' (for example: Allen, 2011; Fox et al., 2010), who suggest that our main intervention efforts, as well as overarching health, social care and education initiatives, should focus on early intervention, as opposed to providing ongoing, and practical help to the families and children who need it most (Featherstone, Manby, and Nicholls, 2007; Wastell and White, 2012). The reality is,

[3] Neural plasticity, also known as neuroplasticity or brain plasticity, can be defined as the ability of the nervous system to change its activity in response to intrinsic or extrinsic stimuli by reorganising its structure, functions, or connections. A fundamental property of neurons is their ability to modify the strength and efficacy of synaptic transmission through a diverse number of activity-dependent mechanisms, typically referred as synaptic plasticity (Mateos-Aparicio and Rodríguez-Moreno, 2019)

[4] Synaptic pruning is our body's way of maintaining more efficient brain function as we get older and learn new complex information. During synaptic pruning, the brain eliminates extra synapses that are no longer needed (Fuhrmann, Knoll, and Blakemore, 2015)

that when ‘macro-level’ findings from neuro-scientific research associated with the developing brain are examined more closely, there are considerable methodological and reporting biases that fail to acknowledge some key points, that are critical to understanding the promise of intervention for older children, and at a wider, societal level (Wastell and White, 2012). There are various examples throughout the literature which evidence the remarkable catch-up that is possible for children who have experienced varying extremes of adversity in childhood (Wastell and White, 2012). Nevertheless, it must also be recognised that no one possesses an “inherent invulnerability” to the negative implications of extreme adversity during infancy (Rutter, 2012, p.335).

It is therefore argued in this thesis, that intervening in the lives of primary school aged children in care is incredibly important, as failure to do so would falsely presume that these children, beyond their earliest childhood years, are destined for poorer outcomes. Nevertheless, it is also argued in this thesis that insecure attachment development and adverse early-life experiences are critical in explaining some of the challenges faced by care experienced children in school. Additionally, it is argued that in order to design and implement effective educational interventions for children in care, greater attention must be paid to these recognised risk factors, that are known to impact children’s wellbeing and academic attainment (Sebba et al., 2015). Some of the mechanisms through which adversity in childhood can impact children’s development and ability to thrive in school, are discussed next. These include complex trauma, toxic stress, social and emotional development and affect regulation, behavioural difficulties, and neglect and the developing brain. Each of these, and their implications for children’s development, are considered in turn.

2.3.2 Complex Trauma

Related to the study of adverse childhood experiences (ACEs) is a growing interest in the epidemiology and impact of ‘complex trauma’ (Cook et al., 2005; 2017). Complex trauma is a diagnostic construct used to describe the experience of multiple, chronic, and prolonged, adverse traumatic events, most often of an interpersonal nature. These

exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment, often beginning in early childhood (Cook et al., 2005; Van der Kolk, 2009). Complex trauma, also referred to throughout the literature as ‘relational’ or ‘developmental’ trauma (Ford et al., 2019; Van der Kolk, 2009), is now recognised as a risk factor for developmental delays associated with widespread self-regulation difficulties across several domains of functioning (Cook et al., 2017; Nanney and Cherry, 2018). Furthermore, individuals experiencing complex trauma are likely to have a diminished capacity to integrate sensory, emotional and cognitive information into a cohesive whole (Nanney and Cherry, 2018; Spinazzola and Van der Kolk, 2018). Developmental delays associated with self-regulation and the integration of sensory, emotional and cognitive information, are likely to have significant implications for children’s school readiness and their ability to thrive in school (Blair and Raver, 2016; Blair 2016).

It is recognised that abuse and neglect are the most common reasons that children become known to social services and enter the care system throughout the UK (DfE, 2019; DoH, 2019). This means that the majority of children enter care due to experiencing, or being likely to experience, significant harm resulting from insufficient caregiving or their caregiver’s consistent inability to protect them (DoH, 2016). It is therefore likely that many care experienced children will have experienced significant adversity and trauma prior to their time in care. Consequently, children in care are often more susceptible to the deleterious implications of complex trauma throughout their lives.

2.3.3 Toxic Stress

Research into the relations between ACEs, complex trauma and resilience, has explored the stress response system in humans. It is recognised that experiencing stress beyond ‘tolerable levels’, during infancy, can negatively impact the development and function of neurological, immune and endocrine systems (Boullier and Blair, 2018; Shonkoff et al., 2012). Stress is generally considered to be ‘tolerable’ when cortisol levels return to normal, after a stressor has been removed, and an infant is comforted

and soothed by another caring individual (an attachment figure). Conversely, stress during infancy is considered to be toxic, when children experience ongoing stress without the consistent, protective buffering of a caring adult (Hagan et al., 2014). Experiencing 'toxic stress', can result in the development of hypocortisolism (Checchetti, Rogosch, and Oshri, 2011). This means that children have a diminished capacity to mobilise the hypothalamic-pituitary-adrenal (HPA) axis, to promote positive adaption in conditions of ongoing stress or adversity. The negative implications of toxic stress are likely to continue throughout childhood and into adolescence and adulthood (Shonkoff et al., 2012).

Toxic stress is recognised as having negative implications for an individual's psychosocial and mental health outcomes (Heim et al., 2008; McCrory, Brito and Viding, 2012; Varese et al., 2012). Furthermore, toxic stress is recognised as having deleterious implications for an individual's physical wellbeing and life expectancy (Kelly-Irving et al., 2013a; Kelly-Irvine et al., 2013b). It is likely that atypical development of the stress response system mediates the relationships between ACEs, complex trauma, and poorer health outcomes later in life. Perhaps more relevant to the current study, it is recognised that toxic stress disrupts the development of brain architecture during infancy and childhood (Music et al., 2016; Shankoff et al., 2012). It is therefore not surprising that without appropriate support, children experiencing toxic stress tend to do less well in school (Searle et al., 2013). In the classroom, children experiencing toxic stress will often struggle to feel safe and may perceive threat in the normal school environment more often. They may also be hyper vigilant and find settling down to learn more difficult (Bomber and Hughes, 2013).

2.3.4 Social and Emotional Development and Affect Regulation

Also related to the developmental interruptions associated with complex trauma, children in care may have difficulties in regulating their emotions and affect (Cook et al., 2017). Affect regulation is generally accepted as being the process of monitoring and evaluating affective states and taking action to either maintain or

change the intensity of affect, or to prolong or shorten the affective episode (Gross, 1999; Parkinson et al., 1996; Thompson, 1994). Affect regulation begins with the accurate identification of internal emotional experiences, which requires the ability to differentiate among states of arousal, interpret these states, and apply appropriate labels (e.g., "happy" or "frightened") (Lyons-Ruth et al., 1987; Main and Solomon, 1986).

Deficits in children's ability to discriminate between, and label, affective states, in both the self and others, have been demonstrated in children as young as thirty months and in children who have complex trauma histories (Cook et al., 2017). Following the identification of an emotional state, a child must be able to express their emotions safely and modulate or regulate internal experience. Complexly traumatized children show impairment in both of these skills (Cook et al., 2017). Consequently, children with complex trauma histories often evidence emotional and somatoform expressions of pathology, due to impaired capacity to self-regulate and self-soothe (Jurist, Slade and Bergner, 2008; Vesterling and Koglin, 2020).

Affect regulation has been associated with children's academic attainment (Gumora and Arsenio, 2002; Cook et al., 2017). This is perhaps not surprising given the challenges children face with regard to learning and managing relationships every day in school. Deficits in affect regulation may be particularly challenging for children in care, due to the challenges they experience in school, instability in their care experiences, concerns for their families, and uncertainties about their future. Affect regulation is one of several competencies which could be classified as a social-emotional skill. Improved social-emotional competencies, in general, are predictive of better academic outcomes (Domitrovich et al., 2017; Durlak et al., 2010; Durlak et al., 2011). In recent decades there has been an increased focus on developing children's social and emotional skills, particularly through programmes and interventions being introduced in the school setting (Corcoran et al., 2018).

Social and emotional development is "the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show

empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (CASEL, 2020, p. 3). There is both national and international evidence to suggest that improving social and emotional learning (SEL) allows students to connect with others and learn in a more effective way, thereby increasing their chances of success both in school and later in life (Clarke et al., 2015; Weare and Nind, 2011).

Due to the prevalence of abuse and neglect in the care experienced population, and in recognition of the fact that many children in care struggle to form and maintain positive social relationships (Bomber and Hughes, 2013), it is likely that school-based SEL interventions could benefit children in care and other children with similar, social and emotional difficulties. Attachment theory, (the theory underpinning TAP) represents one of several theoretical frameworks, that are often employed in the development of SEL interventions. It is argued in this thesis that attachment theory is particularly useful for designing and implementing school-based interventions for children in care and children in need.

2.3.5 Complex Trauma and Behavioural Difficulties

Related to affect dysregulation and discrepancies in social and emotional competencies, complexly traumatized children may also have difficulty regulating their behaviour (Cook et al., 2017). Complex trauma is associated with both under controlled and over controlled behaviour patterns. For example, abused children may demonstrate rigidly controlled behaviour patterns as early as the second year of life. These include a compulsive compliance with adult requests, resistance to changes in routine, inflexible bathroom rituals, and rigid control of food intake (Cook et al., 2017). Over controlled or under controlled behaviour may be due to the re-enactment of specific aspects of traumatic or adverse experiences in infancy and early childhood. Examples include aggression, self-injurious behaviours, sexualized behaviours or controlling relationship dynamics (Cook et al., 2017).

Abuse in childhood has also been shown to be associated with the development of aggressive behaviour and oppositional defiant disorder (ODD), particularly in males (Bunting et al., 2020; Lin et al., 2016). As detailed in the previous chapter, behavioural disorders such as ODD, are substantially more prevalent in children in care throughout the UK than in children in the general population, and are more prevalent in males (DfE, 2019; DoH, 2019). In contrast, research into gender differences in trauma-related symptomology following exposure to complex trauma (Nanney and Cherry, 2018), found that complexly traumatised female children were significantly more likely to experience PTSD symptoms, depression, and dissociation than males.

Developing a better understanding of gender differences in complexly traumatised children is important when designing and implementing school-based interventions for vulnerable groups such as children in care. It is likely that care experienced males may exhibit more challenging behaviours, increasing the risk of school suspensions and exclusions (Oregon, 2017). Alternatively, it is possible that the internalizing symptoms, more often evident in traumatized females, could result in their needs not being fully recognised. It is important that teachers, and other professionals in schools are equipped to identify attachment and trauma related difficulties in all children and are effectively trained to support and intervene (Zsolnai and Szabó 2020).

2.3.6 Neglect and the Developing Brain

A substantial proportion of children in care have been neglected (DfE, 2020). The sensory and emotional deprivation associated with neglect appears to be particularly detrimental to cognitive development, with neglected infants and toddlers demonstrating global developmental delay, including delays in expressive and receptive language development, as well as deficits in overall IQ (Culp et al., 1991; Music, 2016). The implications of extreme neglect for children's overall development are well established (Spitz, 1945; 1946; Rutter et al., 2007), and recognised as having particularly deleterious implications for children's academic attainment (Kennedy et al., 2016; Sonuga-Barke, 2017).

Research by Rutter et al., (2007), that focused on the long-term outcomes of Romanian adoptees who had lived in institutional care in early childhood, highlighted the profound impact of institutionalised care in infancy. Adoptees consistently showed interrupted and impaired cognitive, emotional, and physiological development at the time of their adoption. The longer-term impact of this early care experience and deprivation was prevalent for a substantial minority of children at ages six and eleven. However, somewhat more optimistically, the longitudinal research design enabled Rutter et al. (2007) to identify that for a majority of children, significant developmental catch-up *was* (own emphasis) possible, under the right circumstances within their new, adoptive family.

Other factors influencing developmental catch-up in adopted children included how long they spent in institutional care, their age at entry to the orphanage, and the age at which they were adopted into a family (Rutter et al., 2007). The findings from research by Rutter et al. (2007) undoubtedly influenced his later writing on resilience (Rutter, 2006; 2012). Rutter (2012, p.335) explains that although many children can display resilient functioning despite profound disadvantage, no child possesses an "inherent invulnerability" to the deleterious implications of extreme abuse.

Further follow-up studies, conducted by Kennedy et al. (2016) and Sonuga-Barke et al. (2017), suggested that the most significant factor, influencing the developmental trajectory and catch-up of Romanian adoptees, was the duration of time spent in institutional care. Extended early institutional deprivation (lasting over 6 months) was associated with long-term deleterious effects on wellbeing, that seemed insusceptible to years of nurturance and support in adoptive families, as measured at the ages of fifteen and twenty-three years (Sonuga-Barke et al., 2017). These negative effects included lowered academic attainment and employment rates, increased usage of mental health services and increased incidences of attention deficit hyperactivity disorder (ADHD) in adulthood (Kennedy et al., 2016; Sonuga-Barke., 2017).

These findings are significant in that they help to explain the recognised benefits of placing children in foster care settings rather than residential care (Sebba et al., 2015). Furthermore, these findings highlight the necessity of ensuring that infants and young

children are placed in foster care settings rather than residential settings, to ensure they receive appropriate care and nurturance during these crucial stages in their development. It should also be noted, however, that factors other than emotional nurturance and interaction are relevant to understanding the implications of insufficient care provision and neglect. Sufficient nutrition (Johnson and Gunnar, 2011; Belot and James, 2011) and cognitive stimulation (Farrah, Betancourt and Shera, 2008) are also recognised as being crucial to adaptive brain development during infancy and childhood and may contribute to the difficulties faced by neglected children.

There is both national and international evidence, for example, to suggest that introducing 'breakfast-clubs' for primary aged children in schools, can contribute to their cognitive skills, concentration, and academic outcomes (Dykstra et al., 2016; Education Endowment Foundation (EEF), 2019). Furthermore, attendance at breakfast club has also been found to have an impact on children's behaviour, learning and wellbeing (Belot and James 2011; Dotter 2013; Dykstra et al. 2016; EEF 2019). In recent decades, long term and poor-quality institutionalisation is uncommon in western society. Notwithstanding, both physical and emotional neglect are still excessively common, both nationally and internationally, within family and care settings (Burgess et al., 2014; Radford et al., 2011). In Northern Ireland, neglect alone accounts for approximately 27% of children listed on the child protection register, with 21% being listed due to a combination of neglect and physical abuse (DoH, 2021).

Given the recognised relations between neglect and impaired language acquisition in young children and the relation between language acquisition and learning (Boughey, Trainor and Smith, 2021; Music, 2016), it is not surprising that neglected children are particularly disadvantaged with regard to academic attainment. Furthermore, the self-regulation, emotional and relational challenges, often experienced by children who have experienced neglect, are likely to make a social setting such as school more challenging, and learning more difficult (Bomber and Hughes, 2013; Goulding et al., 2016).

2.4 Attachment Theory

2.4.1 The Fundamentals of Attachment Theory

It is clear that factors associated with ACEs , complex trauma, and wider ecological factors, such as poverty, are often interrelated. Furthermore, it is clear that insufficient or inconsistent care during infancy and childhood, is central to understanding why maltreated children are at an increased risk of poorer outcomes throughout their lives. It is also recognised that inadequate or interrupted interpersonal relationships, during infancy and childhood, can have negative implications for children's developing attachment styles (Bowlby and Ainsworth, 1991; Erozkan, 2016). In fact, in recent years it has become increasingly difficult to distinguish research surrounding ACEs, complex trauma, and attachment difficulties (Erozkan, 2016; Zsolnai and Szabó 2020), particularly with regard to approaches to therapeutic practice and intervention development (Bomber and Hughes, 2013; Siegel and Bryson, 2012).

The conceptualisation of attachment, as outlined by Bowlby, suggests that in order for a child to develop a secure attachment, one or more adults should be sufficiently attuned to their physical and psychological needs (Bowlby, 1969/82; Cassidy, 2016). Attachment (with regard to child development) is generally understood as the process through which infants develop an attachment-bond with their primary caregiver(s) and caregiver's form a reciprocal, affectional-bond with their child (Ainsworth and Bowlby, 1991).

The 'attachment system' is thought to be one of several 'behavioural systems', which have adapted in humans to ensure survival during infancy and childhood, a period of inherent immaturity and vulnerability (Ainsworth and Bowlby 1991; Prior and Glaser, 2006). Other behavioural systems associated with child development include the exploratory, fear, and sociability systems (Ainsworth et al., 1978; Bowlby and Ainsworth, 1991). Each behavioural system has a 'set goal' and comprises of behaviours which are activated to ensure a desired and predictable outcome (Ainsworth and Bowlby, 1991; Prior and Glaser, 2006).

The set goal of the attachment system during infancy is proximity. It is theorised that infants display 'attachment behaviours', such as smiling, babbling, and crying, in order to maintain proximity to their primary caregiver(s), ensuring their safety and survival (Bowlby and Ainsworth, 1991). Attachment behaviours during infancy and early childhood are instinctual, but also adaptive. This means that children will alter their attachment behaviours in order to ensure their caregiver meets their attachment needs. Consequently, the attachment styles children develop during infancy and early childhood, although always influential, do not necessarily bring about adaptive outcomes for the developing child.

As children develop, the 'set goal' of the attachment system transitions from proximity to availability, or 'felt security' (Cobb and Davilia, 2009). The concept of 'felt security' is similar to the 'psychological connectedness' that was described by Bowlby in his earliest formulations of attachment theory (Bowlby, 1969/82). Essentially, felt security describes a feeling of safety and security, when an attachment figure is not physically present, combined with a confident expectation that the attachment figure can keep one in mind and is available when required (Cobb and Davilia, 2009; Kerns and Brumariu, 2016).

Due to an elaborate interplay between attachment memories, beliefs, expectations and attitudes, it is often the case that the attachment-caregiver bond formed in infancy is modestly predictive of children's attachment styles as they develop (Kerns and Brumariu, 2016; Williford, Carter and Pianta, 2016). In other words, children develop a strategy for ensuring 'felt security', as they progress and form attachments beyond infancy and with alternative attachment figures, such as a childcare provider or their teacher in school (Verschueren, 2015).

According to the work on attachment by Bowlby and Ainsworth (1991), attachment-relationships developed throughout infancy and early childhood, will in turn provide an individual with a template for the development of other social and affectional relationships throughout their lifespan. It is theorised that through their early relationships and life experiences, children will develop 'internal working models', the

mental ‘schema’ or ‘organisational representations’ (Prior and Glaser, 2006) through which they will later view themselves and others (Bowlby, 1973; Bowlby, 1980).

Negative Internal Working Models can have negative implications for children’s ability to thrive in the school setting, not only because children may have low expectations for themselves, but also because they will find it more difficult to form positive, trusting relationships with their peers, teachers and other members of staff in their school. Furthermore, children with more negative Internal Working Models are less likely to feel safe, secure, and efficacious in school and therefore their ability to learn is likely to be impacted (Bomber and Hughes, 2013).

John Bowlby (1907-1991) is famously recognised for formulating the basic tenets of Attachment Theory (Bretherton, 1992). Inspired by controlled systems theory in ethology, emotion research and cognitive psychology (Bowlby, 1958; 1979; 1982), Bowlby theorised that Internal Working Models are the ‘controlled systems’ that enable children to navigate their social and emotional world. Ultimately, it is theorised that children’s Internal Working Models provide the psychological underpinnings for their attachment organisation and presentation. Unlike the static ‘schema’, described in Piaget’s Theory of cognitive development (Piaget, 1936), Internal Working Models represent the dynamic integration of children’s accumulated experiences, as well as their knowledge of their own skill sets and potentialities (Prior and Glaser, 2006).

This paradigm helps to explain both the continuous aspect and adaptability (Kobak and Zajac, 2011; Kobak, Zajac and Madsen, 2016) of children’s attachment presentation. This is because, although Internal Working Models are influenced by new experiences, the integration of new experience is ‘shaped’ by the existing models, through the selective processing of information at both the conscious and unconscious level. This is sometimes referred to as the ‘continuity hypothesis’ in attachment research (Prior and Glaser, 2006). Longitudinal studies have demonstrated modest support for the continuity hypothesis. However, it is generally accepted that Internal Working Models are open to considerable change and revisions, between early childhood, late adolescence and emerging adulthood, should there be repeated ‘lawful discontinuity’ in an individual’s attachment experiences (Steele et al., 2014; Howes

and Spieker, 2016). Furthermore, it must be acknowledged that other factors, including children's genetic pre-dispositions, cultural experiences and expectations, and socio-economic status, can also contribute to children's personality development and outcomes (Birns, 1999; Duschinsky, Greco, and Solomon, 2015).

It should be noted that as children develop, their Internal Working Models and, consequently, their attachment styles, become more resistant to change. During the first three or four years of life, attachment organisation is liable, in that patterns of attachment are 'a property more of the couple in which a child is a partner, than of the behavioural organisation within a child himself' (Bowlby, 1988). Conversely, beyond four years of age, attachment organisation becomes increasingly a property of the child and therefore intervention becomes more difficult (Bowlby, 1969/1982; Stovall and Dozier, 2000). The stubborn 'stability' of children's attachment patterns, evident as they progress beyond three years of age, is important to consider during the design and implementation stage of any attachment-focused, school-based intervention.

Supporting children with insecure attachment styles, or complex trauma histories, often comes with significant and particular challenges (Bomber, 2007; Bomber and Hughes, 2013). Helping children to overcome attachment difficulties requires commitment, empathy, and an increased ability to become psychologically attuned and sensitive to the attachment needs of insecurely attached children (Bomber, 2007; Geddes, 2006; Howes and Spieker, 2016; Verschueren, 2015). It is often (although not always) the case that children are referred to and integrated into the care system as a result of experiencing, or being likely to experience, significant harm, due to their caregivers' consistent inability to protect them or adequately meet their needs (DfE, 2020). Therefore, there is a line of argument to suggest that referral to the care system, as a result of inadequate care, also increases the likelihood that a child will have developed an insecure or disorganised attachment style during infancy (Millward et al, 2006; Sen, 2018).

Children in care are at an increased risk of pathological development and functioning analogous to two types of attachment disruption (Kobak, Zajac and Madsen, 2016). The first type of disruption is represented by severe threats to caregiver

responsiveness, even if the caregiver is physically present. This often equates to near or complete failure on the part of the caregiver to provide protection or guidance. This type of disruption is characterised by the caregiver's inability (or unwillingness) to facilitate reparative processes in the attachment relationship, abdication of the caregiving role (which often results in role reversal), betrayal and threatening or frightening behaviour (Kobak, Zajac and Madsen, 2016). ACEs are often the root cause of this type of attachment disruption (Main and Solomon, 1986; Main and Hesse 1990). It must be acknowledged, however, that there are often social and structural antecedents to inadequate caregiving of this type. For example, severe domestic abuse or violence, substance dependency and mental health issues can all impact on the caregiver's ability to form a secure relationship with their child (Felitti, et al., 2019; Levendosky, Bogat, and Huth-Bocks, 2011; Levendosky et al., 2011; Meulewaeter, De Pauw and Vanderplasschen, 2019). Additionally, intergenerational trauma and fear, associated with the caregiver's own attachment experiences, can have deleterious implications if they are not provided with adequate help and support (Brothers, 2014; Berthelot, 2015; Friend, 2012).

The second route to psychopathology for children in care is associated with prolonged separations from their primary caregiver(s) during infancy and early childhood. These prolonged separations are often met with protest (anger), despair (sadness and hopelessness) and, eventually, defensive detachment (Bowlby, Robertson and Rosenbluth, 1952). As children get older, perceived threats to their caregivers' availability often inspire dysregulated emotions, interpersonal difficulties, and symptomatic expressions of threat arousal. These characteristics are likely to impact upon children's ability to thrive in school (Bomber and Hughes, 2013). Furthermore, attachment disruption, characterised by prolonged separation during childhood, can result in a pathological fear of abandonment and a reluctance to trust other people, or form other attachments, due to the possibility of further relational breakdown (Ahrens et al., 2011; Harwood, 2018; Kobak, Zajac and Madsen, 2016). This is a particular concern for children in care, who are consistently surrounded by an ever-changing group of professionals (such as social workers, contact supervisors or even taxi drivers), carers and other children in their social environment. Therefore, it is likely

that children in care may have exaggerated difficulties in navigating their social world due to some of their past experiences and the ongoing inconsistences in their lives (Golding et al., 2006; Hepinstall, 2000).

2.4.2 Phases in Normative Attachment Development

It is evidenced in the research literature that children's attachment styles develop through four phases during infancy and childhood (Prior and Glaser, 2006; Marvin, Britner and Russell, 2016). During each of these phases, children's close interpersonal experiences (good or bad), have implications for their physiological, psychological, and social development. Consequently, children's early relationships will impact upon their school readiness, ability to form and maintain social relationships and their ability to succeed academically (Williford, Carter and Pianta, 2016). Although there is some variability in the ages at which children reach each phase in the attachment process, Bowlby (1969/82) proposed four stages in normative attachment development. The first three usually occur in the first three years of life, with the fourth beginning sometime around the child's fourth birthday (Marvin, Britner and Russell, 2016). Table 2.2 depicts the generally accepted phases in the attachment process (Ainsworth and Bowlby, 1991).

Table 2.2: Phases in Normative Attachment Development

Phase	Title	Age of Child (approx.)	Key Characteristics
1	Pre-attachment	Birth to 6-8 weeks	Attachment behaviours directed towards anyone in the infant's vicinity. Children begin to discriminate between familiar and new adults.
2	Attachment in the making	6 weeks to 6-8 months	Children display a preference for one or a few available carers in their environment. Children direct attachment behaviours towards a few carers in their environment. Children begin to develop Internal Working Models associated with the care they receive.
3	Clear-cut attachment	6-8 months to 18-24 months	Children show a clear preference for a primary caregiver and will seek comfort from a secondary caregiver only when the primary caregiver is not available. Children are able to coordinate their behaviour on a "goal-corrected basis" in order to ensure proximity to their caregiver. More elaborate interplay between the attachment, exploratory and fear/weariness behavioural systems. Children use their attachment figure as a secure base and safe haven. Children develop the ability to recognise their caregiver as a separate entity and develop Internal Working Models associated with the self and their caregiver.
4	Goal-corrected partnership	24 months on	Final phase in the attachment process. Children have formed multiple attachment relationships and have separate Internal Working Models associated with different attachment figures. Attachment styles and Internal Working Models can be influenced or 'reorganised' by new relationships, but the primary attachment relationship remains influential.

2.4.3 Attachment Theory: Critiques and Limitations

Attachment theory has been developed and expanded for almost a century. On the whole, there has been momentous support for the theory, particularly in Westernised societies. Attachment theory has inspired the publication of more than 20,000 peer reviewed articles, which evidence the importance of attachment relationships from infancy through to old age, in a variety of different contexts (Hughes, Golding and Hudson, 2015). Furthermore, attachment research has been successfully translated into various aspects of clinical practice and has provided the conceptual underpinnings of a variety of interventions (Lieberman and Pawl, 1988; Oppenheim and Goldsmith, 2011). It is perhaps not surprising, therefore, that the most recent 'Handbook of Attachment' (Cassidy and Shaver, 2016) is over 1000 pages long.

Nevertheless, there are some key critiques of attachment theory that must be considered. The crux of these critiques is that attachment theory, especially in its earliest formulations, failed to adequately consider other important factors that contribute to children's development and outcomes over time. While it may not have been an intended consequence, this lack of consideration ultimately led to the pathologising of mothers, by emphasising biological and psychological determines over contingent, socio-economic and social demands (Birns 1999; Duschinsky, Greco, and Solomon 2015).

This has led some feminist and sociological scholars to conclude that attachment theory has been used as a divisive political tool, which served to reinforce conservative and capitalist agendas, that are characterised by the idealised nuclear family and the idea that the mother is somehow fully responsible for the outcome of the child (Birns, 1999). This trend perhaps stemmed from Bowlby's famous monograph on maternal deprivation (1951). While this document inspired critical change in the care received by institutionalised orphans, it also (falsely) argued that due to the biological programming of both the mother and infant to behave in certain ways, the infant develops a monotropic relationship to the mother, which provides the basis for all future relationships and outcomes. This paradigm presented by Bowlby was somewhat ironic, given that he later reflected that his relationship with his nanny, not his

biological mother, represented the most important and formative relationship in his childhood (Bretherton, 1992).

Bowlby's later writings reflect our more up-to-date conceptualisations of attachment, specifically, that in-order to ensure secure attachment development, one, or a few individuals, who are not necessarily the child's mother, should become sufficiently attuned to the child's physical and psychological needs, and provide sensitive, responsive care (Ainsworth and Bowlby, 1991). The idea that children form a monotopic relationship with their mother, and that this relationship is wholly responsible for their outcomes, has been disputed and disproven in two main ways. Firstly, research conducted by Freud and Dann (1951) in their Bulldogs Bank case study, evidenced that children who were orphaned at a very young age and experienced multiple transitions through concentration/ refugee camps (therefore not forming an attachment with their mother), could form strong attachments with other children (including their siblings), which continued to be more important to them even when they entered the care of consistent adults. Additionally, the children in the Bulldogs Bank study, evidenced remarkable cognitive catch-up, when exposed to a varied and stimulating environment. Further to this, and crucially, the longitudinal work of Schaffer and Emerson (1964) in Glasgow evidenced that in a group of 60 subjects (young children), who were primarily cared for by their mother in working class families, the children formed attachment relationships with other members of their family, including their fathers, siblings and grandparents. Perhaps the most important finding from this study was that around half of the children showed a clear preference for a caregiver who was not their mother, and that this depended on the provision of attuned and sensitive care and not the amount of time spent together. This finding emphasised the importance of quality over quantity in the formation of attachment relationships.

Secondly, the early speculations that children's attachment relationships in infancy can wholly dictate their attachment styles and a variety of outcomes throughout their development, was contradicted through important research that was conducted by Tizard (1979), who identified that children who spent 2-4 years being raised in nurseries before being returned to their mother's care or being adopted, were of

average IQ at age 8, despite having slightly delayed speech at age two. Additionally, it was hypothesised that the children who spent the longest time in the care of nursery staff (who were discouraged from forming attachment relationships with them) would have the most problems at age eight. This however was not the case, with children who returned to stressed family environments having the most problems at this age.

Reinforcing these findings, and evidencing that attachment organisation is not set in infancy, research into attachment stability and socio-economic status was conducted by Waters (1978) and Vaughn and Colleagues (1979). When exploring the attachment stability of children from middle class families, the attachment classification of 38 out of 40 children in the study remained stable in children assessed at 12 and 18 months (Waters, 1978). In contrast, the attachment classifications of 38 out of 100 children from economically disadvantaged families, changed from secure to insecure between the ages of 12 and 15 months. These changes were related to the stress experienced by disadvantaged mothers. Not surprisingly, the mothers with the greatest amount of psychosocial stress had the babies who changed from secure to insecure attachment (Vaughn et al., 1979).

More recent research conducted by Levendosky et al., (2011), looked at the impact of domestic violence and income on attachment patterns at ages one and four. The study concluded that attachment was unstable for 56% of the sample, and that positive changes in attachment were related to lower domestic violence or rising income, and vice versa. These findings are in keeping with key feminist critiques of attachment theory, specifically, they emphasise that socio-economic constraints and familial stress plays a critical role in the nature of the mother-child relationship (Duschinsky, Greco, and Solomon 2015). It has been argued, therefore, that the mother child-relationship cannot be considered as being independent to the societal contexts in which the relationship is formed and continues to develop (Birns, 1999).

A further critique of attachment theory is that it does not adequately account for cultural differences in child rearing practices. For example, the work of Neckoway (2011) describes several features of Aboriginal parenting which were considered to be important by Ojibway parents, before assimilation into Urban life in Canada. These

included the cultural practice of subsistent living from the land, the important role of family and extended family, and adhering to various cultural teachings and traditions that emphasise the wider community in important child rearing practices. In a traditional Aboriginal context, the shared child-rearing responsibilities mean that more people are involved in monitoring and caring for the child and therefore, the attachment led understanding that one or a few people hold the majority of responsibility for a child, conflicts with traditional Ojibway parenting culture.

Furthermore, Neckoway's (2011) study evidenced that Ojibway parents who are now living in Urban societies, had different conceptual understandings of 'security', in the context of child-rearing, in that they prioritised the provision of positive environments for their children to grow-up in, and believed that being employed was an important route to ensuring that their child could live in a positive environment and was therefore 'secure'. Arguably, the over-reliance on attachment theory, as an over-arching and leading theory on child development when considering the parenting practices of non-westernised populations, resembles the same dynamics of assimilation; that is, those outside a specific culture deciding what is best and how people should live (Neckoway, 2011).

Without denying the importance of the role of the family, a final criticism of attachment theory and the emphasis on the role of the mother, is that it is now clear that babies are born with behaviours that may be determined by genes, intrauterine environment and other factors prior to birth, and that the infant's temperament codetermines the care provided (Birns, 1999). Research conducted by Thomas and Chess, (1977) and Chess, (1982), followed children from the third month of life through to adulthood. They found that for highly active children as well as for very calm or shy children, stability could be accounted for by both parents' behaviour and the child's temperament.

Overall, the criticisms of attachment theory that have been presented throughout this sub-section, emphasise the importance of recognising that attachment formation does not take place in a social vacuum, and therefore researchers and policy makers must take notice of the important socio-cultural determents that can impact on children's

attachment security, as well as their later life outcomes. Furthermore, this sub-section has evidenced that children's attachment organisation is not set in infancy, and that considerable developmental catch-up is possible for children who have had particularly difficult starts to life. Therefore, if harnessed appropriately, attachment theory provides a sound theoretical basis for the development of school-based interventions that aim to promote the social and emotional development and improved academic outcomes of children in care.

2. 5 Attachment and the Role of the School

2.5.1 The Classifications of Attachment and Attachment Organisation in School

It is recognised that there is significant variation in how 'psychologically attuned' and sensitive different caregivers may be to their child. Consequently, there is also variation in the quality and nature of children's primary attachment relationships. Therefore, an individual's attachment organisation is best considered as being on a moving spectrum (Prior and Glaser, 2006). Although attachment organisation is seldom clear-cut (Prior and Glasser, 2006); four generally accepted classifications of attachment styles are commonly described and evidenced in the literature, these are: secure, insecure-avoidant, insecure-ambivalent/resistant and insecure-disorganised (Ainsworth, 1969; Ainsworth et al., 1978; Main and Solomon, 1986; 1990; Main and Hesse, 1990; van IJzendoorn and Kroonenberg, 1988; van IJzendoorn et al, 1999).

Given the evidence to suggest that there is modest continuity in children's attachment organisation and presentation from infancy to adolescence (Kerns and Brumariu, 2016; Williford, Carter and Pianta, 2016), it is logical to infer that the attachment styles children develop in infancy and early childhood, may still be influential when they reach primary school (Zsolnai and Szabó, 2020). In the school setting, it is possible to generalise or 'stereotype' children's attachment behaviour and presentation to a certain extent (Bomber, 2007; Howes and Ritchie, 1999 Geddes, 2006; Zsolnai and Szabó, (2020). However, it is possible that children in care and other children, who have

experienced insufficient or disrupted care during infancy, do not fit distinctly into one group or another. Therefore, it is essential that staff working with children in care can develop a more detailed understanding of why a care experienced child might act in certain ways and consider the Internal Working Models driving their behaviour.

2.5.2 The Four Generally Accepted Classifications of Attachment

The four generally accepted classifications of attachment are described throughout the remainder of this sub-section. The nature of the caregiving-attachment relationship in the developmental trajectory of each attachment style is outlined, followed by an overview of the specific challenges that children classified in each group may face in school. The presentation of attachment issues in the classroom setting within this sub-section, rely primarily on case studies and reflections from practice that are outlined in three influential books, that are concerned with understanding attachment related difficulties in school, and promoting attachment-friendly, and trauma-informed practice. Namely, 'Attachment in the Classroom', which was written by Dr Heather Geddes (2006), 'Settling to Learn', which was written by influential research practitioners, Dr Daniel Hughes and Louise Bomber (2013), and, 'Observing Children with Attachment Difficulties in School', which was written by experienced research practitioner Dr Kim Golding and her Colleagues (2013).

The first three classifications of attachment were originally recognised empirically by Ainsworth and her colleagues through their extensive work in Baltimore. This work included home observations concerned with exploring variations in the relationships between infant-caregiver dyads, as well as the development of the Strange Situation Procedure (SSP)[5], (Ainsworth, 1969; Ainsworth and Bell, 1981; Ainsworth et al.,

[5]The SSP is a laboratory-based assessment of attachment styles in young children, based on the coming and going of an adult caregiver and the introduction of a new adult, previously unknown to the child. While the SSP can be considered as having good external, concurrent, and face validity, some researchers argue that the SSP lacks ecological validity, given that it is based on an exaggerated and abnormal situation, that is unlikely to present itself in the real world (Duschinsky, Greco, and Solomon,

1978). The fourth classification of attachment was identified by Main and Solomon in 1986, following a review of the 'strange situation' data, that was previously collected by Ainsworth and Bell (1970).

Secure Attachment. Children with a secure and organised strategy for maintaining proximity to their caregiver, were initially named by Ainsworth as 'Group B' infants (Ainsworth, 1969). It was evidenced, in the data collected through home observations in the Baltimore Study and confirmed through the SSP, that these children tend to have caregiver(s) who consistently and appropriately attend to their attachment ques and who act as a protective buffer during times of distress and discomfort (Ainsworth et al., 1978; Ainsworth and Bell, 1981; Ainsworth and Bowlby, 1991).

The parents of these children are sufficiently psychologically attuned to their child and following brief separations, are able to quickly sooth their child's anxiety, with little protest on the part of the child (Ainsworth and Bell, 1981). Furthermore, should a 'goal-conflict' or minor attachment injury ensue (for example, brief misattunement of behalf of the caregiver), a Securely Attached dyad can effectively negotiate an effective reparative process, to ensure the relationship can be restored to a safe and secure state (Kobak, Zajac and Madsen, 2016).

In contrast to early theoretical speculation's (Blatz, 1944), it is evidenced that Securely Attached children show a definite reliance, or dependence, on their caregiver, should they experience threat or an increased activation of the fear or weariness system (Ainsworth and Bowlby, 1991). This was evidenced through the SSP (Ainsworth, 1969; Ainsworth, 1981), when Securely Attached children were confident in using their mother as both a secure base to explore their environment and as a haven of safety when a stranger entered the room (Ainsworth and Bell, 1981).

2015). Furthermore, it has been argued that the SSP is culturally biased, in that it fails to consider different parenting strategies that are important in other, non-westernised cultures (Neckoway, 2011). It has also been argued that the SSP has not yet been adequately adapted to assess attachment in children known to have developmental disorders such as Autism (McKenzie and Dallos, 2017).

It is generally accepted that Securely Attached children develop Internal Working Models, wherein they will view themselves positively. For example, they may view themselves as competent, good, lovable and worthwhile. They may view other people as safe, competent, loving and able to meet their needs, and they may view their environment as safe, interesting and predictable (van IJzendoorn et al, 1999; Geddes, 2006). Therefore, it is not surprising that Securely Attached children are at an advantage with regard to their later social interactions and psychological adjustment. Thankfully, securely attached children represent a majority which is stable across time and cultures (Prior and Glasser, 2006).

In the school setting, Securely Attached children are able to strike an effective balance between a desire to be self-reliant and autonomous and the ability to ask for help from those around them when they need to, knowing that others, such as teachers and classroom assistants, are able and willing to help them (Bomber, 2007; Geddes, 2006; Williford, Carter and Pianta, 2016). Securely Attached children are also more likely to be able to make and maintain positive peer relationships, effectively communicate their needs and manage minor stress and adversity through organised, adaptive strategies (Cobb and Davilia, 2009).

Avoidant Attachment. The second group of children, identified by Ainsworth and her colleagues during the Baltimore study and the SSP (Group A), are now commonly referred to as having an 'Insecure-Avoidant Attachment style'. These children, although still considered to have an organised strategy for maintaining proximity to their caregiver (Prior and Glaser, 2006), are considered to be insecure in their attachment. In other words, they are not confident that their caregiver will consistently and appropriately respond to their attachment cues. Infants classified as Group A or Avoidant in the SSP, were found in the Baltimore Study to have caregivers who were especially rejecting or punitive when their child displayed attachment behaviours (Ainsworth et al., 1978). These caregivers were significantly less responsive to their infants crying and acknowledged their infant significantly less when they entered the room than Group B (secure) caregivers. They were also affectionate significantly less during bodily contact than Group B mothers (Ainsworth and Bell, 1981).

During the SSP, Group A infants tended to show significantly more exploratory behaviour than securely attached infants. Furthermore, they showed significantly less distress or anxiety when their mother left the room and continued with their play or exploration. They were also significantly less likely to initiate contact or seek proximity when their mother re-entered, following the 'strange situation'. If attempts to regain proximity were made, Group A infants tended to avert their gaze and show little resistance on release. Notably, however, although these infants appeared to be undeterred by the brief separation from their caregiver, they continued to monitor their environment, waiting for them to return (Ainsworth and Bowlby, 1991).

It is thought that Group A, (avoidant) infants, develop defensive mechanisms, which enable them to avoid the feelings of rejection and sadness associated with an inappropriate or rejecting response to their attempts to be close to or interact with their caregiver (Marvin, Britner and Russell, 2016). The consequences of this type of parenting, and the development of defensive strategies, is likely to have negative implications for a child's developing Internal Working Model. They may view themselves as unwanted, a nuisance and not worthy of love or affection; others as rejecting, unavailable or disapproving; and their world as lonely and uncertain, or a place where you can only rely on yourself (Bomber and Hughes, 2013; Cobb and Davilia, 2009).

Without effective intervention, developing an Avoidant Attachment style may result in maladaptive or atypical social and emotional development throughout an individual's lifespan. In the school setting, children who have developed an 'Avoidant' Attachment style (as a result of neglect, separation or consistent 'misattunement' with their primary caregiver) are more likely to be quiet and hard working in class. They may also avoid drawing attention to themselves, and often do not appear to cause much trouble (Geddes, 2006).

These may seem like positive attributes in the school setting. However, children with an Avoidant Attachment style are much less likely to engage their teacher or classroom assistant and ask for help, even if they need it. These children might also struggle with making friends and maintaining positive peer relationships, due to difficulties

associated with proximity, closeness and openness. Furthermore, children with an Avoidant Attachment style may quietly bully other children or have sudden, occasional outbursts, adding to their difficulties in building and maintaining positive relationships with staff and other children (Geddes, 2006; Golding et al., 2013).

Children with Avoidant Attachment styles may also present with stereotype behaviour sometimes associated with Autistic Spectrum Disorder (ASD), such as being over or underwhelmed by sensory input (McKenzie and Dallos, 2017; Rutgers et al., 2004). They may often appear to have a lack of imagination, making creative work and play more difficult. A further discussion regarding the overlap in insecure attachment presentation and ASD, is provided in sub-section 2.5.3. Children with an Avoidant Attachment style may also rubbish their work, so that they do not draw attention to any difficulties they may be experiencing (Geddes, 2006). Additionally, they may experience an overwhelming sense of shame following disruptive episodes or embarrassment. This attribute, sometimes referred to as 'toxic shame', is different from 'guilt', a normative reaction experienced by children when they get in trouble or do something wrong. Children who experience toxic shame believe that they, rather than their behaviours, are inherently bad and shameful (Bomber and Hughes, 2013).

Ambivalent Attachment. Children of the third classification (Group C), identified by Ainsworth and her Colleagues, are commonly referred to as having an 'Anxious-Ambivalent' Attachment style (Ainsworth, 1969; Ainsworth, 1970). Corresponding to Group A infants, those in Group C, although still considered to have an organised strategy for maintaining proximity to their caregiver (Prior and Glaser, 2006), are also considered to be insecure in their attachment. Infants classified as 'Group C' in the SSP, were found in the Baltimore Study to have caregivers who were frequently more abrupt and interfering when they picked up their child, indicating a distinct lack of psychological attunement (Ainsworth and Bowlby, 1991). Similar to caregivers in Group A (Avoidant), they were significantly less responsive to their infants crying and were also affectionate significantly less during bodily contact than Group B (Secure) mothers.

Group C caregivers, however, were significantly more likely to be preoccupied with routine activities, while holding their baby, therefore, not recognising their infant's cues or signals that they wished to be released to explore their environment and develop autonomy. Additionally, Group C caregivers tended to be inconsistent in their responses to their child's attempts to gain close proximity to them, accepting them sometimes and rejecting them others (Ainsworth, 1969; Ainsworth and Bell, 1970).

Anxious-Ambivalent infants tended to cry significantly more during the SSP and in their own homes during the Baltimore study (Ainsworth and Bell, 1978; Ainsworth et al., 1981). They also responded to their mother's departure with immediate and intense distress. On reunion, the behaviour of Group C (ambivalent) children seemed somewhat paradoxical, in that they met their caregiver with anger and resistance, but also tended to cling to them and resist release. This *ambivalence* (italics added) indicates an intense desire for their caregiver to be available and interact with them, and a deep frustration at the inconsistency in their response.

It is thought that children with an Ambivalent Attachment style, through their goal-corrected experiences with their caregiver(s), learn to intensify their attachment behaviours, in order to increase their chances of eliciting an appropriate response wherein their attachment needs will be met (Prior and Glasser, 2006). This type of caregiving and the development of an Ambivalent Attachment style is likely to have consequences for the developing child's Internal Working Model. These children may consider themselves: incompetent, and only sometimes worthy of love; others as inconsistent and rejecting; and the world as uncertain, unfair and a place where you have to fight for attention and affection (Bomber and Hughes, 2013; Cobb and Davilia, 2009).

In the school setting, children who have an Ambivalent Attachment style (as a result of inconsistent caregiving) might find it hard to focus on their work in class and may seem preoccupied with getting the attention of the teacher or classroom assistant. They may come across as clingy or needy and become upset if they perceive others in the classroom as receiving more time and attention than them. Children who have an ambivalent attachment style tend to have a heightened sense of unfairness, which can

be detrimental to their social and emotional wellbeing (Bomber and Hughes, 2013; Geddes, 2006; Golding et al., 2013).

Furthermore, ambivalent children tend to display signs of physical symptomology, such as sore heads or tummies, more often than other children in their class. They might also be quite demanding, but unsure of what they want or need. Geddes (2006) has identified these children as 'the pupils who fear separation'. For children stereotypical of having an ambivalent attachment style, the consistent pre-occupation with relational needs, often makes concentrating on schoolwork more difficult (Bomber and Hughes, 2013). These children, therefore, are more likely to receive ADHD diagnoses (Jakob et al., 2016). The associations between attachment, adversity, and ADHD are explored in more detail in sub-section 2.5.3.

Disorganised Attachment. Almost a decade after the full findings from Ainsworth's research in Baltimore had been published (Ainsworth et al., 1978), it became apparent to Main and Solomon (1986; 1990), on review of over 200 videotapes of the SSP, that some children did not fit into any of the classifications originally outlined by Ainsworth and her Colleagues. They noticed that a minority of children lacked a coherent or organised strategy for dealing with the stress of separation and often displayed contradictory and stereotype behaviours when their caregiver returned.

They noticed that, during the SSP, some infants displayed extensive expressions of distress, accompanied by movement away from, rather than towards, their mother. Further to this, some children appeared to show undirected or misdirected, incomplete movements, and directed indices of apprehension towards their parent. These, and other seemingly odd responses or behaviours during the SSP, led to the introduction of a fourth attachment classification, namely, group D. Group D infants are now commonly referred to as having a Disorganised or Disorientated-Insecure Attachment style.

It is often the case that children, classified as 'Disorganised', have caregiver experiences characterised by fear. This could be fear associated with abuse, parental mental ill-health or parental substance misuse, or fear expressed on the part of the

caregiver. Fear, expressed by a caregiver, may also result from parental mental ill-health, substance abuse, or domestic violence in the home, or could be the result of intergenerational trauma, associated with their own care experiences (Kobak, Zajac and Madsen, 2016; Prior and Glaser, 2006).

With regard to the development of Internal Working Models, children classified as Disorganised are more likely to develop particularly maladaptive representations of themselves and their social environment. For example, they may consider themselves to be bad, frightening or incompetent; they may view others as helpless, unpredictable, scary, or confusing; and the world as being a frightening and chaotic place that must be controlled (Bomber, 2007).

In the school setting, children with a Disorganised Attachment style often present with particularly challenging behaviours. For this reason, Geddes (2006) identified children in this group as 'the pupils who worry us most'. Children with a Disorganised Attachment style may find it very difficult to regulate their emotions, will be prone to 'outbursts' and may find it very difficult to reflect and play. They may try to control or coerce others around them and often have a heightened sense of injustice, yet a lack of empathy for others.

Children with a Disorganised Attachment style may also be very uncomfortable with touch, or may display inappropriate touch, often reflecting their own complex trauma histories. Furthermore, these children may be more prone to lying or stealing and will often be quick to blame others for their actions (Bomber, 2007; Bomber and Hughes, 2013; Geddes, 2006). They may also be hyper vigilant and appear to be in a constant state of anxiety, finding it very difficult to enjoy school. Children with Disorganised Attachment styles may also present with behaviour that could be confused with ADHD or ASD symptomology (Jakob et al., 2016; McKenzie and Dallos, 2017).

Additionally, children with Disorganised Attachment styles are more likely to 'split' their relationships with different children and adults in their lives. This means that they are likely to present with different behaviour when they are with different people (Bomber and Hughes, 2013). Alternatively, these children may present with

completely different behaviour from one day to the next, due to compartmentalising or fragmenting parts of their personality, experience, or persona.

It is thought that 'splitting' is a defensive mechanism which develops in some children in order to maintain a perception of themselves and other people as 'all good', or 'all bad' (Bomber, 2007). The concept of splitting was first introduced through the work of Melanie Klein (1932)[6] and is considered to be integral to her psychoanalytic Object Relations Theory[7]. Splitting enables children to control their environment and those around them, by oscillating between two relational strategies. This defensive strategy is particularly difficult to deal with in school, as a child may be particularly affectionate and well behaved with one member of staff, while being particularly rejecting and difficult with another. In some more extreme circumstances, children may defensively dissociate from parts of their persona, meaning that they are not consciously aware of the more difficult 'parts' of their personality. This could reinforce a sense of injustice or unfairness, when they are treated differently from other children in school (Bomber and Hughes, 2013).

Working with children who have a Disorganised Attachment style is likely to evoke uncomfortable feelings of rejection and incompetence in staff working in schools (Bomber, 2007; TFC Oregon, 2017). This can result in a reluctance, on the part of school staff, to interact with the child. The somewhat erratic behaviour of these children also means that they are more likely to be suspended or expelled from school (Golding et al., 2006; TFC Oregon, 2017). For children in care, disorders of attachment characterised by behavioural difficulties, increase the likelihood that they will experience multiple home and school placement moves, exacerbating the relational challenges and difficulties they already face.

[6] Bowlby's conceptualisation of attachment theory was heavily influenced by the psychoanalytic teachings of Melanie Klein. In particular, Klein (and consequently Bowlby) stressed the importance of consistent relationships and maternal nurturance and sensitivity on children's developmental outcomes (Bretherton, 1992).

[7] Object relations theory is a variation of psychoanalytic theory, which places less emphasis on biologically based drives (such as the id) and more importance on consistent patterns of interpersonal relationships. Object relations theorist generally see human contact and the need to form relationships – not sexual pleasure – as the prime motivation of human behaviour and in personality development (Etherington, 2020).

2.5.3 Attachment, Adversity, ASD and ADHD

The relations between attachment insecurity, adversity, and developmental disorders including ASD and ADHD are remarkably complex and have inspired considerable attention from researchers and clinicians, without many definitive conclusions being drawn (McKenzie and Dallos, 2017). What is clear, however, is that there is substantial overlap in the symptomology of ASD (Dodds, 2021; McKenzie and Dallos, 2017; Moran, 2010) and ADHD (Brown et al., 2017; Storebø et al., 2016) and difficulties associated with insecure attachment development and ACEs. The remainder of this sub-section provides a brief overview of research in this area.

Attachment and ASD. ASD (Autism) is largely held to be a developmental disorder with a genetic component. Diagnostic criteria (American Psychiatric Association [APA], 2013) define autism as being characterised by two core features: deficits in social communication and social interaction, and restricted patterns of behaviour. The severity and presentation of these symptoms show an extreme degree of variation; hence, autism is defined as a spectrum disorder (Stavropoulos, Bolourian and Blacher 2018). Autism shares both core and secondary symptoms with other conditions including attachment difficulties. Moran (2010) identified the following eight symptoms which occur in both autism and attachment difficulties: inflexibility, atypical play, poor social interaction, problems with Theory of Mind, poor communication, deficits in emotional regulation, problems with executive function, and sensory integration difficulties.

The overlapping symptomology between ASD and attachment difficulties have been established for more than two decades. For example, research conducted by Rutter et al., 1999, found that when assessed through clinical evaluations, children adopted from institutions or foster homes characterised by insufficient care, identified high levels of autistic traits, even though their case history indicates attachment difficulties as being the core problem (Rutter et al., 1999). Hoksbergen and Colleagues (2005) identified similar findings. In a more recent study conducted by Green et al., (2016) it was identified that 11% of children entering adoption after early family breakdown, neglect

or maltreatment, showed high incidence of all autistic symptoms, with a further 18.5% showing some symptoms. While these children's past experiences strongly indicated attachment problems, many were given a diagnosis of autism. Yet, when settled in nurturing families, their symptoms of autism subsided, suggesting incorrect diagnoses (McKenzie and Dallos, 2017).

As detailed in section 1.3 of this thesis, children in care are overrepresented within the population as having ASD (and other developmental delays and learning disabilities). Therefore, it could be argued that many children in care have been misdiagnosed as having ASD, when the root cause of their difficulties are more closely related to attachment insecurity or experiencing complex trauma. However, research into associations between ASD and attachment difficulties, has also identified that autistic infants are less able to express normative behavioural cues to elicit sensitive and attuned care from their caregivers (Bieberich and Morgan, 1998; Hutman, Siller, & Sigman, 2009). Not only does this make it more difficult for the parents of autistic children to form secure attachment relationships with them, but it could also mean that the parents or carers of autistic children, do not receive positive feedback from their child, therefore, their reciprocal, caregiver needs are not met. This will contribute to a negative feedback loop, wherein caregiver distress and a sense of hopelessness can lead to further challenges in forming a secure bond with their child (Johnstone & Dallos, 2013; Slade, 2009; van IJzendoorn et al., 2007). These findings are reinforced by research evidencing that some children who are classified as having an insecure attachment style, as well as meeting the diagnostic criteria for ASD, do not have care histories that are characterised by abuse, neglect or the loss of a key relationship in childhood (van IJzendoorn et al., 2007).

It is therefore not surprising that clinicians express a need for improved assessment procedures, which can disentangle the impacts of ASD, and adversity or insecure attachment development in childhood (Moran, 2010; McKenzie and Dallos, 2017). These challenges have led some clinicians to step away from formal diagnosis when considering the needs of the child displaying ASD like behaviours and taking a more psychologically informed approaches to intervention instead, through in-depth

formulation which takes into account the child's history, familial circumstances as well as the presentation of the child (Dodds, 2021; McKenzie and Dallos, 2017). The problem with this approach, however, is that the provision of services to children displaying these behavioural symptoms, are often dependent on diagnosis (McKenzie and Dallos, 2017).

To add further complexity in understanding the link between autism and insecure attachment development, it has been argued that current assessment tools for exploring attachment organisation in Autistic children are inadequate, therefore making it difficult to draw definite conclusions (McKenzie and Dallos, 2017). Additionally, it has been evidenced that parents who experience poorer mental health (Dykens et al., 2014), parents who have unresolved trauma from childhood (Pisula, 2011; Roberts et al., 2013), and parents who themselves have higher-levels of autistic traits (Sasson et al., 2013), are more likely to have children who are diagnosed as having ASD and attachment related difficulties. This could be the result of genetic or epi-genetic influences, or the transgenerational impact of developmental trauma.

Attachment and ADHD. ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviours (may act without thinking about what the result will be), or be overly active (Faraone et al., 2021). As explored throughout section 2.3 of this Chapter, these behavioural traits, that are associated with having an ADHD diagnosis, are common in children who have experienced complex trauma throughout infancy and childhood (Brown et al., 2016; Cook et al., 2017). In fact, in a large-scale study conducted by Brown and Colleagues (2016), it was evidenced that children who experienced 2, 3 or >4 ACEs, were significantly more likely to have moderate to severe ADHD, with the effects being moderated by other, external factors including socio-economic hardship and familial mental illness.

With regards to the associations between attachment insecurity and ADHD, it has been identified that less than 10% of children who are diagnosed as having ADHD, are

classified as having a secure attachment style. This is compared to around 60% of children in the general population (Shmueli-Goetz et al., 2008; Storebo et al., 2012). Echoing the statistics associated with autism, children and young people in care (especially males) are overrepresented as having behavioural disorders, including ADHD and oppositional defiance disorder (ODD) (DoH, 2021).

In a review of the literature conducted by Storebø and Colleagues (2016)[8], it was identified that there is a clear relationship between ADHD and attachment insecurity in childhood, as well as ADHD and attachment insecurity in adulthood (with individuals diagnosed as having ADHD being significantly more likely to have an insecure attachment style). Furthermore, they found a trend within the literature to suggest that adults found to have attachment difficulties or ADHD, often had parents who presented with ADHD symptomology.

Given these statistical findings, and the trends outlined in the Storebo et al., (2016) review, it is tempting to simply conclude that adversity and insecure attachment development *cause* ADHD. In reality, however, it is not so straightforward. One reason for this is that although common, not all children who have ADHD can be classified as having an insecure attachment style, and it is often possible to distinguish between ADHD and behavioural symptomology that is associated with a specific attachment style (Follan et al., 2011). Furthermore, as is the case with ASD, it is possible that children who are predisposed to developing ADHD as a result of genetics or perinatal factors, could present as having more difficult temperaments in infancy, therefore making it more difficult for parents or caregivers to form secure attachment bonds with their child (Storebø et al., 2016). Nevertheless, the similarities between ADHD and complex trauma, do suggest that there is likely to be a causal link between experiencing adversity in childhood, and presenting with behaviours that mirror the diagnostic criteria of ADHD.

[8] Storebø and Colleagues (2016) do not provide detail within their review regarding the measures most commonly used to assess ADHD or attachment security in childhood or adulthood. The full article (with references) is available at:
https://findresearcher.sdu.dk:8443/ws/portalfiles/portal/134088245/Association_Between_Insecure_Attachment_and_ADHD.pdf

Implications for practice and intervention development. The relationships between neurodevelopmental disorders including ADHD and ASD, and attachment difficulties are complex. Nevertheless, clinicians and researchers agree that an in-depth formulation of the specific learning and developmental needs of the child, within the context of their wider ecological systems and familial circumstances, is likely to be more beneficial in determining an effective approach to intervention, than relying solely on diagnostic criteria. Furthermore, there is a general consensus that approaches to intervention, that emphasise the development of social, emotional, communication and self-regulation skills, are likely to benefit children who experience these types of difficulties, regardless of their diagnosis or the presumed underlying explanatory cause (McKenzie and Dallos, 2017; Moran, 2010; Storebo et al., 2016).

2.5.4 Limitations of Attachment Theory in School-Based Intervention Development

So far, the fundamental components of attachment theory, the phases in attachment development and the generally accepted classifications of attachment have been outlined. The relations between attachment development and ACEs, during infancy and early childhood, with regard to care experienced children specifically, have been outlined. It is important to acknowledge, however, that research does not conclusively support the assertion that problems of conduct such as aggression, lying, stealing, hoarding, self-destructive behaviours and manipulation, result directly from attachment difficulties. Nevertheless, these types of behaviours often occur in children who have experienced trauma in association with poor attachment (Chaffin et al., 2006). Adversity and trauma outside of a child's earliest attachment relationships, socio-ecological factors, such as poverty and genetic influences related to temperament and IQ can also contribute to the development of conduct problems (Chaffin et al., 2006). Therefore, it would be an error to 'diagnose' children in school as having an attachment disorder, based solely on this type of behaviour, without specialist clinical assessment that takes into consideration the child's attachment history, and how they express and represent their attachment needs (Zilberstein, 2014).

As discussed in sub-section 2.5.2, however, it is possible to generalise or 'stereotype' children's attachment behaviour in the school setting, so that appropriate and individualised 'attachment friendly' responses and practices can be identified and integrated into targeted interventions such as TAP.

A further limitation of utilising attachment theory and attachment-based therapeutic approaches in underpinning school-based interventions is that, to date, there is a limited evidence base supporting the usefulness of attachment therapies in older, school aged children (Zilberstein, 2014). This does not mean that attachment-based initiatives are not effective in addressing the needs of older children and care experienced children specifically, but rather that more research into how this type of intervention should be developed and implemented is required.

The current thesis, in part, aimed to help to address this prevailing gap in the literature. Furthermore, attachment-focused therapies and interventions for children who have cognitive deficits and delays, are in short supply (Zilberstein, 2014). This is surprising, in that higher rates of Insecure and Disorganised Attachment are found in children with mental retardation, lower IQs, learning disabilities, and autism (Capozzi et al., 2008; Naber et al., 2007). Given that attachment-based interventions often focus on verbal and nonverbal communication, thoughtful efforts are needed to tailor interventions to those with neurocognitive deficits (Schuengel et al., 2009).

A review of the research literature related to attachment in school, and how this knowledge should be integrated and utilised in school-based practices and intervention development, is discussed throughout the remainder of this Chapter. Additionally, Chapter Four outlines contemporary developments in educational and school-based interventions for care experienced children and young people, with specific focus on interventions underpinned by attachment theory.

2.5.5 Attachment in the Pre-School and Early School Years

There is considerable evidence to suggest that children who are securely attached to their primary caregiver(s) during infancy and early childhood are more likely to form

secure attachment relationships with alternative attachment figures, such as professional care providers or teachers in school, as they develop into the pre-schools and early school years (Howes and Spieker, 2016; Williford, Carter and Pianta, 2016).

During the pre-school and early-school years, it is recognised that the process through which securely attached children form attachment-relationships with potential, or alternative caregivers, is similar to the attachment process to primary caregiver(s) in infancy. Specifically, the formation of these new attachment-relationships is dependent on the duration and continuation of the new relationship, as well as the caregiving competence of the potential attachment figure (Ainsworth, 1989; Raikes, 1993; Howes and Ritchie, 1998).

In contrast, it is recognised that insecurely attached children, or children who have experienced discontinuous care in infancy, are less likely to develop secure attachments with alternative care providers during their pre-school and early-school years (Ahnert, Pinquart and Lamb, 2006; Howes and Spieker, 2016). This is evident even when the alternative caregiver is able to form secure attachments with other, securely attached children in their care (Howes and Ritchie, 1998).

It was suggested by Howes and Ritchie (2002), that the average professional caregivers' level of sensitivity is not sufficient to develop secure attachment relationships with children whose relationship histories have predisposed them to consider adult caregivers as unavailable or untrustworthy. It is theorised that defensive mechanisms developed as a result of insufficient or disrupted care provision during infancy, and the selective processing of new attachment experiences, disrupt the normative attachment process between children and alternative attachment figures (Ahnert et al., 2006; Ainsworth and Bowlby, 1991; Howes and Hamilton, 1993; Howes and Spieker, 2016). Essentially, this means that the children who could benefit most from experiencing new, secure relationships with alternative attachment figures, are less likely to form positive, affectional bonds with other adults, such as members of staff working in schools (Williford, Carter and Pianta, 2016).

It is recognised that many care experienced children will have developed Insecure, or Disorganised Attachment styles, during early childhood and will often find it particularly difficult to trust other adults. Therefore, exploring the conditions through which children in care can form Secure Attachment relationships with alternative attachment figures, such as teachers and other staff in their school, is pivotal to the current study. Despite it being more difficult for Insecurely Attached children to form secure, positive relationships with alternative attachment figures as they develop, it is clear that it is not impossible (Howes and Spieker, 2016; Kerns and Brumariu, 2016). It has been evidenced, through intervention research in the pre-school setting, that improving alternative caregivers' 'states of mind' and 'reflective functioning', with regard to attachment, can increase their ability to become emotionally available to the children they are caring for or teaching, and more sensitive to their needs (Biringin et al., 2012; Spilt et al., 2012).

Additionally, in a study conducted by Hamre and Pianta (2005), first grade teachers, who showed moderate-high levels of emotional support, were found to report lower levels of relational conflict with students displaying high-functional risk for maladjustment. Similarly, Buyse et al. (2008) found that, although there was not a direct association between emotional support and the quality of teacher-child relationships at an individual level, increased emotional support acted as a protective factor for children with high levels of internalizing or externalising behavioural problems.

Interestingly, in a meta-analysis conducted by Ahnert and Colleagues (2006), it was concluded that professional caregiver sensitivity at the group-level, was predictive of individual child-caregiver, or child-teacher, attachment in pre-school and early-school settings. These findings indicate the potential importance of ensuring that schools have a nurturing, attachment-friendly ethos, wherein all children are sensitively cared for by the adults in their environment. In order to explore these findings further, Buyse, Verschueren, and Doumen (2011) investigated the joint effects of mother–child attachment security and teacher sensitivity on teacher-perceived, teacher-child relationship quality with children in kindergarten (primary one, age 4-5 in Northern

Ireland). Results showed that less secure mother–child attachment related to less closeness in the teacher–child relationship, but only when teacher sensitivity towards the whole class was low. When teachers were highly sensitive toward the whole class, continuity of relationship problems could be counteracted. These findings are promising for practice, as they imply that teachers can redirect the relational development of children with an insecure history of attachment.

It is therefore, generally accepted that in early childhood, improving skills associated with caregiver sensitivity and psychological attunement, can facilitate the formation of a secure attachment-bond between an insecurely attached child and an alternative attachment figure. Furthermore, it is argued in this thesis, that a nurturing, attachment-friendly classroom climate and whole school ethos may partially facilitate the formation of secure attachment relationships between insecurely attached children and adults in their school.

There is still some debate throughout the research literature regarding how different attachment relationships are structured during early childhood, and how these different attachment experiences interact to bring about the developmental outcomes for the child (Howes and Spieker, 2016). Nevertheless, it is recognised that children's attachment security with alternative care provider(s), such as their teachers during pre-school and early primary school, account for some of the variability in their emotional and behavioural competence, their school readiness and their academic adjustment as they progress through school (Pianta, Hamre and Stuhlman, 2003; Williford, Carter and Pianta, 2016). Therefore, there is a strong theoretical premise for developing and implementing attachment-focused interventions in the early-school years.

The attachment process in middle childhood is less explored and less understood (Kerns and Brumariu, 2016). Compared to early-childhood, the research into attachment, and attachment-focused interventions in middle childhood is quite limited (Verschueren, 2015). Nevertheless, there has been an increased interest and focus in these areas relatively recently (Kerns and Brumariu, 2016) and with regard to attachment to teachers, and in school, more specifically (Verschueren, 2015; Zsolnai and Szabó, 2020). In order to understand the potential benefits of introducing school-

based, attachment-focused interventions for children in care at Key Stage Two, the available research surrounding the attachment process in middle childhood is outlined in 2.5.5 below.

2.5.6 Attachment in Middle Childhood (Key Stage Two) and the Four 'Defining Features' of Attachment in Middle Childhood

Middle childhood is a developmental period that can be distinguished from early-childhood and adolescence based on developmental stage changes associated with meta-cognition, physiology, and autonomy (Kerns and Brumariu, 2016; Raikes and Thompson, 2005). Although there does not seem to be a strict age-range adhered to throughout the attachment literature, children considered to be in middle childhood are defined by Kerns and Brumariu (2016) as being between the ages of seven and eleven.

In Northern Ireland, children aged eight-eleven represent a population of children who are in Key Stage Two at primary school. The Attach Project (TAP) is an attachment-focused, educational intervention currently being implemented in schools, specifically for children in care in Key Stage Two. Therefore, this definition of middle childhood is quite appropriate for the current study.

As it is detailed in section 2.4 of this Chapter, as children get older and develop beyond early childhood, their attachment organisation becomes more set, and less susceptible to change (Bowlby, 1969/82). Furthermore, it is recognised that typically, as children develop and become more autonomous, their attachment system is less frequently intensely activated (Kerns and Brumariu, 2016). It is therefore logical to infer that the attachment process in middle childhood, will somewhat differ to the attachment process in infancy and early childhood. Furthermore, it could be argued that school-based, attachment-focused interventions in middle childhood will be less effective than those introduced in the early primary school years.

In partial agreement with the latter statement, it is held in this thesis that targeted, attachment-focused interventions such as TAP should be introduced prior to Key Stage Two and continue to be implemented as children progress through primary school. Nevertheless, it is also argued that this type of intervention is likely to benefit children

in care in particular, even if it is only introduced at Key Stage Two. This is argued for two reasons: firstly, it is recognised that children who have insecure relationship histories with their primary caregivers, remain more attachment orientated than Securely Attached children as they progress beyond early childhood (Verschueren, 2015). This is perhaps most obvious in 'ambivalent' children, as they often appear to be completely pre-occupied with their attachment-needs, for example, by demanding the attention of their teacher or another adult in their school environment (Bomber and Hughes, 2013; Geddes, 2006). Furthermore, due to difficulties associated with affect regulation, increased threat arousal, and toxic stress, the attachment system of insecurely attached children may continue to be intensely activated in the normal school environment, more often than that of Securely Attached children (Bomber and Hughes, 2013; Goulding et al., 2013; Kerns and Brumariu, 2016). Therefore, interventions which introduce 'Key Adults' to act as temporary or substitute attachment figures in school, are likely to continue to benefit insecurely attached children as they progress beyond the early-school years. Additionally, creating a school climate, wherein all adults are attachment-friendly and trauma-informed, could help children to feel safe, secure, and efficacious in school (Zsolnai and Szabó 2020).

Secondly, it is speculated in this thesis that attachment-focused interventions in schools may be particularly beneficial for children in care, as children in care are less likely to have a stable attachment figure outside of school (Dozier and Rutter, 2016). Therefore, teachers, or other members of staff, are likely to fulfil the caregiving role for longer. Research into the attachment process in middle-childhood has somewhat overlooked the implications of being in care. In fact, to the author's knowledge, there is no study which specifically explores attachment, middle childhood, and being in care simultaneously. Specifically, most of the research, surrounding attachment in middle childhood, relates to children's attachment relationship(s) with their parents and how these parent-child relationships change and influence children's developmental trajectory and their cognitive, social, and emotional outcomes (Kerns and Brumariu, 2016). Many children in care do not consistently live with their birth parents and may only interact with them during organised contact. Therefore, the remainder of this section outlines how the four 'defining features' of attachment, in

middle childhood, are likely to relate to a teacher or 'Key Adult' in school, as opposed to a parental attachment-figure, for many care experienced children.

Availability and Felt Security. The first 'defining feature' (Kerns and Brumariu, 2016, p.350) of attachment in middle childhood is that the set goal of the attachment system changes from proximity to availability (Bowlby, 1987; cited in Ainsworth, 1990). Availability is sometimes referred to throughout the literature as felt security (Cobb and Davilia, 2009) and refers to a confident expectation that a caregiver will be available if needed (Kerns, Brumariu and Abraham, 2008).

In contrast to early childhood, slightly older children are likely to be content with longer separations and increased distance from their attachment figure(s), as long as they know that it is possible to contact or be reunited with the attachment figure if required (for example, following an injury to the child). These changes are likely to occur due to increased self-regulation skills on the part of the child and because of changes to expectations on the part of the child and the parent (Kerns and Brumariu, 2016). Although, normally, children rely less on their primary attachment figure as they get older (Kerns, Tomich and Kim, 2006), there is some longitudinal evidence to suggest that children's attachment expectations with regard to caregiver availability, actually increase in middle childhood (Kerns, Tomich and Kim, 2006; Verschueren and Marcoen, 2005).

This defining feature, or stage change in the attachment system and process, is obviously less straight forward when it comes to children in care and is remarkably under researched. It is possible that many care experienced children, particularly those who experience multiple care placement moves, do not feel that they have a primary caregiver, or particular person at home, who is available to contact as and when required. Therefore, children may turn to an adult, in school, in instances where they experience physical or psychological threat or upset (Cooper, 2007).

Furthermore, given the known implications of insufficient care provision during infancy, it is plausible that children in care may not have developed the ability to self-regulate or self-soothe, following minor threats or stressors experienced in school

(Cook et al., 2017). This paradigm is supported through research that shows that insecurely attached children are likely to experience heightened threat arousal, and intense activation of the attachment system, more often than securely attached children, as they get older (Bomber and Hughes, 2013; Goulding et al., 2013; Kerns and Brumariu, 2016; Verschueren, 2015). It is therefore plausible that insecurely attached children may seek out an attachment figure in their school setting, even as they progress into middle childhood. Accordingly, it is argued in this thesis that the formation of an attachment relationship in the school setting may be particularly beneficial for children in care, as they progress beyond the early-school years and into middle childhood and Key Stage Two.

Parents as the Principal Attachment Figures. Closely related to the first defining feature of attachment in middle childhood, the second defining feature, evidenced in the research literature, is that parents remain the principal attachment figures during this stage. In contrast to adolescence, children in middle childhood tend to show an evident preference for their parent(s), over their peers in situations likely to invoke the need for an attachment figure (Kerns, Tomich and Kim, 2006; Seibert and Kerns, 2009).

Interview studies revealed that children report going to parents in a range of socially and emotionally challenging situations, such as when they feel ill or scared, or experience the loss of a pet or alternative attachment figure. Children are also more likely to turn to a parent if they perform poorly in school or sport, or if they experience conflict with their peers (Kerns, Brumariu and Seibert, 2011; Vandeviver, Braet and Bosmans, 2015). Children reported going to secondary attachment figures, such as grandparents, peers and teachers, in some attachment invoking situations, but were more likely to approach these secondary, or substitute attachment figures, in situations where the primary caregiver was not immediately available (Seibert and Kerns, 2009).

It is often the case, however, that children in care do not have, or do not believe that they have, a stable parent to turn to following stressful or upsetting experiences. Therefore, it is plausible that children in care may turn to secondary, or substitute caregivers more often than securely attached children who have an available parent at

home. It should be noted however, that foster carers can also act as secondary or substitute attachment figures, should they provide nurturing, sensitive and consistent care (Schoemaker et al., 2020).

It is argued in this thesis, that through supporting school staff to recognise the attachment needs of children in care and increasing their ability to engage in sensitive and empathetic interactions, children will be able to form trusting, attachment relationships with teachers or other adults in their school. Essentially, it is theorised that facilitating the development of positive, trusting relationships between children and a 'Key Adult' in their school, could support them in their social and emotional development and ultimately improve their academic outcomes (Geddes, 2006).

Co-regulation and The Goal-Corrected Partnership. The third defining feature of attachment in middle childhood, is characterised by changes to, or advances in, children's ability to co-regulate their secure base behaviour and problem-solving skills through a 'goal corrected' or 'supervisory partnership' with their parent(s) (Kerns and Brumariu, 2016, p.350). As discussed in section 2.4 of this Chapter, it was proposed by Bowlby (1973), that the final phase in the attachment process is represented by the formation of a goal-corrected partnership, wherein children develop the ability to understand their caregiver(s) desires, communications, and decisions, and take them into account when developing their own plans and goals.

In contrast to Bowlby's early speculations, where he suggests that children reach this final stage around the age of three or four, it has been suggested by Waters et al. (1991), that the main advances in children's ability to form and negotiate goal-corrected partnerships with their caregiver(s), come about in middle childhood, through the formation of a 'supervisory partnership'. Through this partnership, or 'collaborative alliance' (Kerns and Brumariu, 2016), children take on greater responsibility for communicating with their parents, in order to safely explore their environment and engage in other social relationships. Consistent with this suggestion, is research evidence that suggests that securely attached children more consistently and appropriately communicate with their parents about their activities and whereabouts (Kerns et al., 2001).

Another aspect of co-regulation and the collaborative 'partnership', formed between children and their caregiver(s) in middle childhood, is represented by them jointly working together to solve the child's problems, as a way to prepare the child to overcome their problems or cope on their own as they develop (Cobb, 1996; Kerns, Brimariu and Siebert 2011). Thus, during middle childhood, children learn to use their attachment figure as a resource, rather than being totally reliant on them to solve their problems or sooth their distress. It is evidenced in the research literature surrounding attachment and parenting in middle childhood, that the parents of securely attached children are more likely to endorse an 'emotional coaching' (rather than dismissing) meta-emotion philosophy (Chen, Lin and Li, 2012). This means that the parents of securely attached children are more likely to respond sensitively and empathetically to their child's distress, while also 'coaching' them through their emotions. Furthermore, the parents of securely attached children in middle childhood report less punitive reactions to their child's displays of distress (Cummings et al., 2013).

As it is discussed in section 2.4 of this Chapter, children in care are less likely to experience consistent, sensitive care during infancy and early childhood and are more likely to have developed an insecure attachment style. Therefore, they may not be well prepared to engage in cooperative, goal-corrected partnerships with other adults as they develop into middle childhood (Marvin, Britner and Russell, 2016). Furthermore, depending on the specific attachment styles children develop during infancy and early childhood, children in care may be overly dependent on an attachment figure in school, or may not be able, or willing, to seek out a relationship at all (Geddes, 2006). Consequently, many children in care may be reluctant to explore the school environment, form other friendships or settle to learn.

This could be due to a preoccupation with relational needs, a reluctance or inability to form other social, or affectional relationships, or distinct limitations in self-regulatory skills (Bomber and Hughes, 2013; Geddes, 2006; Hertel and Kincaid, 2017). It is argued in this thesis that a 'Key Adult', who is trained to recognise and meet the particular attachment needs of a target child, could act as the child's partner in a collaborative alliance, wherein they work together to solve the child's problems. The

Key Adult should act as a resource, through which the child can develop their social, emotional, and self-regulation skills.

In TAP, it is theorised that therapeutic interactions, characterised by PACE (Playfulness, Acceptance, Curiosity, and Empathy), could facilitate a form of 'emotion coaching', wherein the Key Adult can help the child to understand their emotions and overcome their problems. These problems, or big emotions, may stem from their pre-existing attachment needs and difficulties or be related to the challenges many care experienced children face at home or in school. Additionally, it is theorised that through improving school staff's awareness and understanding of attachment and the difficulties faced by care experienced children, there will be a reduction in punitive and dismissing responses, when children display behaviours indicative of attachment needs or psychological distress.

Secure Base and Safe Haven Behaviour. The final 'defining feature' of attachment in middle childhood, somewhat reinstates various aspects of the first three features. Nevertheless, it was suggested by Kerns and Brumariu (2016), that the fourth defining feature is represented by a continuation of pre-existing secure base and safe haven attachment behaviours in the parent-child dyad. It is theorised that in middle childhood, securely attached children continue to use their parent(s) as a secure base from which to explore, while parents become increasingly adept at encouraging their child to take risks and face challenges, through showing confidence in their child's abilities (Kerns and Brumariu, 2016). Furthermore, as outlined earlier in this section, children in middle childhood continue to use their parent(s) as a safe haven, following distress or an increased activation of the attachment system. Safe haven interactions in middle childhood are often characterised by a collaborative alliance, wherein the child and their parent solve the child's problems together (Cobb, 1996; Kerns, Brumariu and Siebert, 2011).

Research into the balancing of secure base and safe haven behaviour in middle childhood, within the child-teacher dyad, is remarkably limited. The majority of related research is concerned with the pre-school and early school years. In these earlier years, the balancing of safe haven and secure base behaviour is evident in the

child-teacher dyad, and has been systematically observed (Verschueren and Koomen, 2012). In contrast, research into secure base and safe haven behaviour in adolescence, indicates that as children get older, they are significantly less likely to use their teacher as a safe haven during psychological distress and are more likely to turn to their peers instead (De Laet et al., 2014). Nevertheless, in close child-teacher dyads, adolescents continue to use their teacher as a secure base, in that teachers act as a source of encouragement, inspiring children to try new things and pursue their goals and future plans. One longitudinal study conducted by Verschueren and Koomen (2012), investigated teacher-perceived comfort seeking of children aged 5-11. They found that, even when teachers felt they had a close relationship with children, they rated older children as being less likely to seek comfort or support when they are upset. This could indicate a change in safe haven behaviour, with children becoming less likely to overtly seek emotional support from their teachers.

In sum, these findings could indicate that middle childhood represents a shift in the relationship dynamics between a child and their teacher, with teachers fulfilling the role of 'instructor', more so than 'caregiver' (Rimm-Kaufman and Pianta, 2000), while parents continue to act as the primary attachment figures (Kern and Brumariu, 2016).

Alternatively, it could be argued that attachment-relationships between children and their teachers, continue to exist in middle childhood and are characterised by increased use of the teacher as a secure-base from which children can explore and achieve (Verschueren, 2015). Based on the limited research and evidence however, it is clear that more research in this area must be undertaken in order to understand normative attachment relationships between children and their teachers in middle childhood.

As argued previously in this section, the relationship dynamics between children in care and their teachers, or other adults in their school, are likely to differ from the relationship dynamics between teacher(s) and children who have secure attachment histories (Sabol and Pianta, 2012). Firstly, due to discrepancies in children's self-regulatory skills, and an increased likelihood of experiencing stress or threat in the normal school environment more often, children in care are likely to experience heightened activation of the attachment system, even as they progress beyond the early

school years (Bomber and Hughes, 2013; Geddes, 2006). Furthermore, due to disruptions or changes to care placements, children in care may not have, or believe that they have, a stable and reliable attachment figure at home. Therefore, it is argued throughout this thesis that children in care, in middle childhood, could benefit from attachment-focused interventions, wherein a teacher, or other adult in school, can act as both a secure base, and safe haven, through which children can feel safe, secure, and efficacious in the school environment.

2.5.8 Contemporary Views on Attachment Relationships in Schools

So far throughout this thesis, it has been highlighted that the challenges faced by children in care, with regard to their wellbeing and academic attainment, are multifaceted and influenced by various inter-related factors. It has also been suggested that school represents a unique opportunity to provide stability, safety, and security for care experienced children. Additionally, it is argued in this thesis that children's attachment organisation, and difficulties associated with emotional and behavioural regulation, can be changed or improved, through attachment-focused interventions and trauma-informed practice in schools.

In order to ascertain if school-based, attachment-focused interventions can benefit children in care at Key Stage Two, it is important to understand the function of attachment in middle childhood, as well as the attachment process and the potential for teachers, or other adults working in schools, to become secondary, or temporary attachment figures. There has been a growing interest in these inter-related areas in recent years (Kerns and Brumariu, 2016; Verschueren 2015; Zsolnai and Szabó, 2020). Through this line of enquiry, some scholars interested in attachment research and attachment in school specifically, have concluded that children's bonds with their teachers, or other adults working in schools, cannot be considered as real attachment bonds (Kesner, 2000; Verschueren and Koomen, 2012; Verschueren, 2015; Zsolnai and Szabó, 2020).

According to Ainsworth (1989, p.711), attachment bonds can be distinguished from other close relationships because they represent "a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other". Based on these criteria, most researchers contend that teacher–student relationship do not meet all criteria of attachment, as they are not enduring and are generally limited to the period of schooling (Kesner, 2000; Verschueren and Koomen, 2012). Furthermore, teachers usually engage with multiple children in their classroom, so arguably, the children in their care are interchangeable (Verschueren, 2015). Despite this, it has also been argued that teachers can be regarded as temporary or ad hoc attachment figures for children, meaning that they may play the role of a safe haven and a secure base for the children in their classroom (Verschueren and Koomen, 2012). Furthermore, multiple studies have confirmed similarities in the attachment process between children and their parents and children and their teachers, while also confirming similarities in qualitative aspects of the relationships (Howes and Spieker, 2016; Ahnert, et al., 2006).

It is argued here, however, that this theoretical conclusion somewhat undermines the potential importance of children's attachment relationships with adults in their school. While there is no doubt that children's attachment-relationships with their primary caregiver(s) remain most salient in explaining their social and emotional development (Kerns and Brumariu, 2016), attachment research in the school setting has confirmed that attachment to teachers influences children's wellbeing and academic attainment throughout their schooling (Commodari, 2013; Maldonado-Carren and Votruba-Drzal, 2011; Verschueren, 2015). Furthermore, beyond the sphere of attachment research, 'close' or 'positive' relationships between children and their teachers have consistently been associated with improved outcomes for children in school (Hughes, 2011; Roorda et al., 2011; Verschueren, 2015).

Additionally, it is argued in this thesis that the academic year can be considered as a 'relatively long-enduring' period of time, when adults working in schools can undoubtedly form individual, meaningful relationships with children. Moreover, it is postulated here that an attachment figure or 'Key Adult', who is not necessarily the

child's teacher, could be introduced and continue to be involved in a child's schooling over several years, increasing the duration of the relationship.

2.6 Attachment Aware Teachers and Schools

2.6.1 Attachment to School

As alluded to in section 2.5.5, some available evidence suggests that teacher-sensitivity at the classroom level, and the presence of a nurturing, attachment-friendly school ethos, is predictive of children's school adjustment, wellbeing, and academic attainment (Ahnert et al., 2006; Buyse, Verschueren, and Doumen, 2011; Zsolnai and Szabó 2020). Classroom climate, and school ethos, have also been associated with children's attachment to school. Attachment to school (which is interchangeably referred to in the literature as 'school engagement', 'school bonding', 'school connectedness' and 'belonging to school') has been described by Zsolnai and Szabo, (2020) as an 'emotional link to school which includes commitment, involvement, strong relationships with peers, teachers or other adults in school, and belief in school values and rules.

Strong or secure attachment to school reflects a sense of value and purpose in school, while weak or insecure attachment to school is characterised by indifference or hostility towards teachers and scepticism about the value of schooling (Smith, 2006). It is recognised that weak attachment to school often leads to disaffection and alienation in the school environment (Cooper, 2007). These traits can impair an individual's capacity for social and academic engagement, which can result in reduced social and emotional wellbeing and academic attainment (Cooper, 2008; Hughes, Gaines and Pryor, 2015; Zsolnai and Szabo, 2020). In contrast, strong or secure attachment to school has been consistently associated with improved social relationships, more success in school activities, good mental health and more positive estimations of self-efficacy and self-image (Juvonen, 2006; Lucktong et al., 2018; Zsolnai and Szabo, 2020).

Unfortunately, it is quite often the most vulnerable children in our society who have the lowest estimations of attachment to school (Cooper, 2008). Children from socially disadvantaged backgrounds, and children who are considered as having social, emotional, and behavioural difficulties, are likely to have the least satisfactory experience of schooling (Biddulph, 2006; Cooper, 2008). Children in care, in particular, are more likely than other children to experience weak attachment to school. In addition to the social and emotional difficulties associated with insecure attachment and complex trauma histories, children in care may experience weak attachment to school because of repeated school moves, increased likelihood of expulsions or suspensions, stigmatisation or bullying at school, and a lack of involvement in decision making about their future (Biddulph 2006).

According to Klein (1999), who reviewed the available evidence into disaffection in school, there are various factors associated with the school structure and ethos that can tip at-risk children over the edge and into a quagmire of disaffection. These include: an over-emphasis on academic achievement that fails to take different learning styles into account, a punitive emphasis on discipline, teaching methods that fail to meet diverse needs, and school curriculums that lack relevance to children's everyday lives. Further to this, according to research conducted by Cooper (2006), a key concern for children aged 5-18, was the extent to which they did not feel acknowledged and respected as human beings by their teachers. In fact, various research has associated school disaffection with poorer student-teacher relationships and a failure to implement appropriate pastoral care (Pomeroy, 2000).

Although the research referenced above is now more than fifteen years old, it is likely that many of these more negative factors still apply in some school settings and in relation to children in care in particular. This is evidenced in more recent research, which has sought to explore positive characteristics and protective factors associated with school ethos and classroom climate (Cooper, 2008; Rose et al., 2019; Zsolnai and Szabo, 2020). For example, empirical investigations found a direct relationship between teacher behaviours, social climate of the classroom and children's social competence. Improved classroom climate had a positive effect on both teacher

behaviours and children's social competence (Guay et al., 2017; Libbey, 2004; Pilkauskaite-Valickienea et al., 2011).

In a review conducted by Cooper (2008), it was concluded that the schools that best support children experiencing social, emotional, and behavioural difficulties (and indeed all children) had a school ethos based on a commitment to valuing all pupils as members of the school community. Furthermore, these schools tended to assess pupil's educational success based on their academic progress, rather than their overall outcomes. In this ethos, it could be argued that educational success for the most disadvantaged groups (such as children in care and children in need) could be represented through the absence of significant decline from one Key Stage to the next.

The schools most effective in supporting children most at-risk of maladjustment, were also found to emphasise the importance of personal development and engagement in the school community. In these schools, all children were respected as individuals and were given opportunities to develop their positive qualities (Cooper, 2008). Continuing in this ethos, research conducted by Duckenfield and Reynolds (2013) concluded that in order to improve children's social and emotional wellbeing in an educational setting, schools should have a warm and open climate, clearly stated goals and rules, student-centred learning and teaching, positive acceptance of children and an environment that facilitates an abundance of interpersonal relationships.

Through the presence of a nurturing school ethos, and the facilitation of positive relationship development between children and adults in their school, it is theorised that children in care can develop a sense of belonging to school. 'Belonging' is a common theme throughout the literature surrounding attachment to school (Zsolnai and Szabo, 2020) and is considered to be a basic-human need that is necessary to ensure personal development and progress (Maslow, 1943; Zsolnai and Szabo, 2020).

It is possible that children in care, in particular, could benefit from feeling like they belong and are valued in school. It is therefore argued in this thesis that interventions aimed at supporting children in care in school, must facilitate the development of positive relationships between children and adults within their school setting.

Furthermore, this type of intervention should support schools to develop an attachment-friendly and nurturing whole school ethos, that is characterised by: positive attitudes towards students, less punitive interactions with children, and a culture that values the personal and educational progress of all children in attendance (Hemphill et al., 2013, Rose et al., 2019; Zsolnai and Szabo, 2020).

2.6.2 Teacher Training

It is clear that all children, and those who are more disadvantaged in particular, can benefit from strong, positive relationships with teachers and support staff in schools. Furthermore, it is clear that helping children to feel safe and as though they belong in school, is integral to facilitating more positive academic outcomes (Zsolnai and Szabo, 2020). What is not clear, however, is the extent to which schools throughout the UK, and in Northern Ireland in particular, are equipped to promote these positive relationships in and to school (Perry, 2014; Rose et al., 2019; Sloan et al., 2020). Additionally, despite advances in legislation and policy developments reflecting the education of children in care (as outlined in Chapter Four), there remains a discernible gap between rhetoric and practice (Sloan et al., 2020).

In 2015, the National Institute for Health and Clinical Excellence (NICE, 2015) developed specific recommendations regarding how to best support children in care, with attachment difficulties, in schools. The recommendations included making training on attachment available, for all staff who come into contact with children in care and ensuring that all staff work together to manage attachment difficulties in school. Further to this, relatively recent government guidance in England proposed that Continued Professional Development (CPD) for teachers must include training on emotional development and attachment issues, in order to promote the academic progress and wellbeing of children in care (DfE, 2018a; DfE, 2018b).

Despite these recommendations and best practice guidelines, it has been suggested that relationships in school are still predominantly addressed through non-statutory

frameworks, curriculum support and interventions (Lendrum, Humphrey and Wigelsworth, 2013; Jennings and Greenberg, 2009; Rose et al., 2019). Furthermore, the extent to which teachers and support staff are trained in the core principals of attachment theory, and attachment-friendly practice in schools, is not clear. Additionally, it is not clear if professionals working with care experienced children have a good working knowledge of the school-based interventions that are available (Sloan et al., 2020).

Pre-service teacher training. It seems logical to propose that pre-service teacher training represents an important opportunity to provide future teachers with the knowledge and skills required to support children in care in school. Furthermore, given the research surrounding the implications of trauma and attachment difficulties on learning (Bomber and Hughes, 2013; Cook et al., 2017; Geddes, 2006), it makes sense to ensure that trainee teachers are well equipped to recognise and support all children experiencing attachment difficulties in school. Despite this, there is some research to suggest that pre-service teacher training surrounding children in care, attachment, and trauma, is particularly limited in Northern Ireland (McKee and Dillenburger, 2009; Perry, 2014).

While it is possible that changes or advancements have been made to pre-service teacher training in the last eight years, a report written by Perry (2014) identified that in Northern Ireland, there was significant variation in the extent to which pre-service teacher training explored factors associated with children in care, trauma, and attachment. Perhaps more conspicuously, and despite recommendations contrived by McKee and Dillenburger (2012) that compulsory training in this area should be introduced, it was identified that all four teacher training courses (BEd and PGCE) in Northern Ireland explored these important areas as part of wider (usually optional) modules.

It has been suggested that insufficient training results in reduced knowledge, which inhibits pre-service teachers and newly qualified teachers' ability to effectively support children in care (Wetz, 2010). Furthermore, there is some evidence to suggest that lack of pre-service teacher training on attachment and trauma, can impact on

newly qualified teachers' professional practice, due to an underestimation of the complex difficulties experienced by children in care (Ferguson and Wolkow, 2012).

This paradigm is further evidenced through research that suggests that teachers may misinterpret insecurely attached and traumatised pupils' behaviour as uncooperative, aggressive, demanding, withdrawn, reactive or unpredictable (Hertel and Kincaid, 2017; Kennedy and Kennedy, 2004). These findings emphasise the importance of ensuring that pre-service educators acquire a better understanding of the social and emotional factors that could be influencing a child's behaviour. Furthermore, training in attachment and trauma could help to ensure that misinterpreted behaviours are not met with overly harsh or punitive disciplinary responses (Herrenkohl, Hong, and Verbrugge, 2019).

Limited training opportunities has also been associated with lowered teacher confidence in supporting care experienced children, particularly in newly qualified teachers (Mckillop 2015; Orr, 2012). Nevertheless, Mckillop (2015) also identified that increased experience was associated with increased confidence when working with children in care in school. Similarly, Orr (2012) suggested that experience increases familiarity, which in turn decreases anxiety and increases confidence. Arguably, these findings suggest that ability to support children in care in school, is more dependent on experience than knowledge or training. However, as it is pointed out by Orr (2012), it should not be assumed that confident teachers are competent teachers. For this reason, it is argued that while pre-service teacher training is important, continued professional development (CPD) surrounding children in care, attachment, and trauma, could be essential in ensuring that schools are well informed, through up-to-date research and best practice guidelines.

Continued Professional Development (CPD). In the past two decades, there has been an increased emphasis and growing appreciation throughout the UK government that academic standards cannot be raised through improving academic teaching standards alone (Ubha and Cahill, 2014; van Poortvliet, Clarke, and Gross, 2020). As a result, significant focus has been placed on Social and Emotional Aspects of Learning (SEAL) through CPD initiatives, as well as strategy and intervention

development (Lendrum, Humphrey and Wigelsworth, 2013; NICE 2008; van Poortvliet, Clarke and Gross, 2020). Furthermore, specific guidelines for schools with regard to attachment, trauma and children in care, have been published (NICE, 2015). As alluded to earlier in this subsection, however, the extent to which schools are supported to access appropriate training and support, remains unclear (Sloan et al., 2020).

It has been argued that practitioners and educational establishments can be overwhelmed by the range of social and emotional learning (SEL) policies, strategies and initiatives that are available and promoted. This can lead to ‘‘uncoordinated, piecemeal and incomplete’’ implementation of individual interventions and frameworks (Banerjee et al., 2014, p. 718; Wiggins, Austerberry and Ward, 2011). Additionally, a lack of shared understanding and expectations within educational settings, and poorly co-ordinated leadership within schools and at the government level, can be a barrier to the implementation and sustainability of new interventions, even those that are informed by best practice guidelines (EEF, 2020).

It is therefore essential that government policies and initiatives, that indicate the necessity of CPD for school staff, are introduced with streamlined implementation processes that make available and monitor the progress of CPD programmes and interventions. It is argued in this thesis that effective CPD is particularly important for schools working to improve the wellbeing and outcomes of children in care and children with similar needs. In this ethos, it is argued that CPD on attachment and trauma, should be compulsory for all school staff who come into contact with children in care and, if possible, be extended to all primary education settings.

2.7 Chapter Summary

Chapter Two has outlined contemporary research associated with ACEs and complex trauma, as well as the implications of such experiences on normative child development and school readiness. It was highlighted that care experienced children

and young people are more likely to have experienced adversity of this type before, or during their time in care. Furthermore, it was acknowledged that care experienced children and young people are more likely to have an insecure or disorganised attachment style, due to the adversities they may have experienced during infancy and the breakdown of key relationships as they transitioned into and through care. The implications of complex trauma and insecure attachment development in the school setting were explored, prior to an outline of contemporary understandings of the attachment process beyond the infant- primary caregiver dyad. In section 2.5, it was theorised that there are likely to be differences in the attachment process in middle childhood, for care experienced children, compared to their non-looked after peers. Additionally, it was speculated that staff working in schools could become attachment figures for care experienced children, should they receive adequate training and support. The Chapter then culminated with an exploration of the research into attachment to school, and how schools can best support traumatised children, through an attachment friendly and trauma informed whole school ethos.

While there are clear correlations between childhood adversity (such as experiencing neglect and abuse), entering care and children's attachment organisation, research into how to utilise attachment theory in intervention development, and school-based intervention development in particular, is limited. This gap in the literature is especially evident for older children (who have progressed beyond the pre-school and early school years) and children in care. While evidence-based early-years interventions and knowledge of the attachment process in middle childhood provides a solid foundation for developing attachment-focused interventions for older children, it is critical that an effective exploration of 'what works', for this older population, is conducted through robust implementation research. The aim of the current study is to explore the design and implementation of The Attach Project (TAP), ensuring that it is suitable for the target recipients; children in care in Key Stage Two. Chapter Three outlines the key principles of implementation research, contextualising the overarching aims of the current study.

Chapter Three

Implementation Science

3.1 Introduction

Diversity within the children in care population was noted in Chapter One, in terms of route into care, reasons for care entry, age, background of the child, type and length of placement, and presenting issues when in care. It was highlighted that one issue that many children in care share in common is their exposure to ACEs which result in trauma, and which have an impact on children's attachments. With this in mind, Chapter Two set out the broad theoretical and conceptual frameworks regarding childhood development, ACEs, insecure attachment organisation and trauma and, given the focus of this thesis, their relevance in school settings. The educational outcomes for this group of children were also considered. It was argued that the design and implementation of any intervention designed to address concerns regarding the educational achievement and attainment of children in care, needs to consider a number of component parts and be underpinned by a clear sense of the desired outcomes and what is required to achieve these outcomes. With this in mind, Chapter Three outlines the theoretical and conceptual frameworks that underpin the design and implementation of interventions. This Chapter will then inform Chapter Four, which provides a critical review of research regarding educational interventions for children in care, and the following Chapters that consider TAP its design, implementation, findings, and lessons learned.

3.2 Implementation Science

While implementation research, or 'implementation science' (Dearing and Kee, 2012) is a relatively young area of exploration in health and life sciences, and in the learning sciences (education) in particular, there has been a notable increase of work in the field in the last decade (Century and Cassata, 2016). It is therefore not surprising that

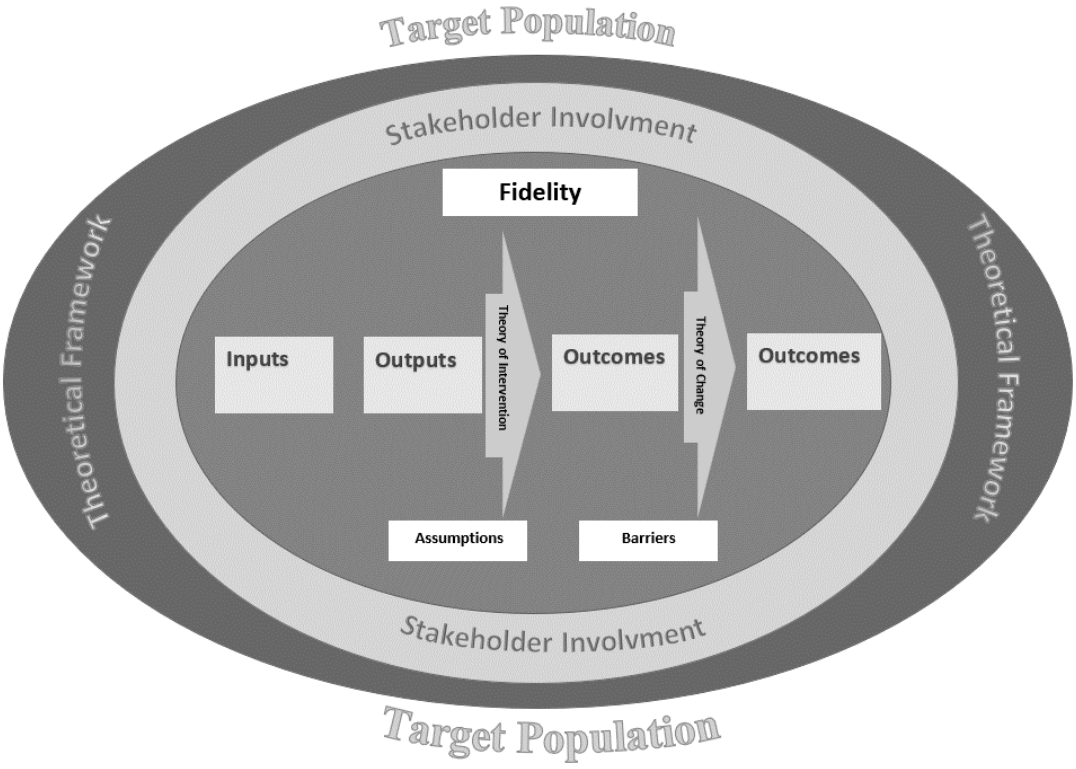
disparities exist within the literature with respect to definitions of implementation research, the terminology used across studies and areas of exploration, the range in methodologies utilised and, indeed, the underpinning conceptual and theoretical frameworks (Century and Cassata, 2016; Fixsen and Ogden, 2014; Sanetti and Collier-Meek, 2019). It is increasingly recognised that 'implementation science' should be considered an umbrella term for research that is concerned with reducing the 'science to service gap', when it comes to developing, implementing, and replicating educational interventions. The 'implementation', or 'science to service' gap, is particularly evident with regard to intervention development and policy and practice initiatives, aimed at supporting children in care in their education (OECD, 2016).

In the development of any evidence-based intervention or programme, sufficient scientific rigour and close consideration of several important factors must be applied in its development and implementation. An intervention must have a strong conceptual premise, considering the target population. It must also have a strong theoretical framework underpinning the components involved. Furthermore, for an intervention to bring about the desired outcomes, it must be implemented with a high degree of fidelity (yet be flexible enough to be adapted appropriately for different contexts) (Wang et al., 2015) and it must have a well-defined logic model, depicting the theory of intervention and theories of change (Connolly et al., 2017). In addition, implementation can be defined as the ways an intervention (or programme) is put into practice and delivered to participants (Durlak, 2015). Implementation research aims to minimise the differences between the conceptualisation of an intervention and its subsequent day-to-day delivery. Developing an understanding of implementation factors and identifying potential barriers to effective implementation, enable revaluation of the different components of the intervention, identifying what should be changed, improved, removed, or emphasised (programme differentiation) (Mihalic and Director 2009).

3.3 Key Conceptual Considerations in Implementation Research

Implementation research has been defined as the systematic study of the implementation of innovations (Fixsen, Naoom, Blase, and Friedman, 2005). It encompasses descriptive studies of fidelity (e.g., Davidson, Fields, and Yang, 2009) and variation in implementation, as well as analyses of the conditions under which programmes can be implemented effectively (Fishmen et al., 2013). If the process of implementation and its component parts is not examined in detail, it is not possible to fully understand how and why an intervention may have worked or not. The programme may fail, not because the intervention lacks value, but because the intervention was not implemented at a sufficiently high enough level to produce its effects (Durlak, 2015). Therefore, knowledge about implementation is crucial to the development, evaluation, and successful dissemination of evidence-based initiatives and innovations, including school-based interventions such as The Attach Project (TAP), which is the focus of this thesis. There are a number of considerations that underpin implementation research, as depicted in Figure 3.1, and these are explored next.

Figure 3.1: Considerations Underpinning Intervention Development and Implementation Research (authors own)



Firstly, prior to developing and implementing an intervention, and as indicated in Figure 3.1, the target population must be considered, ensuring that the specific components and the intensity of the intervention are appropriate (Little et al., 2012). Psychologically informed early years and educational interventions may be designed for implementation at universal, selective, or indicated levels. Universal interventions target all children, parents, or staff in a population. Selective interventions are designed for children who are at specific risk of experiencing or having experienced some form of harm or disruption to their development. Indicated interventions are designed to support children who are already displaying behavioural problems, or who are known to have been subjected to abuse, neglect, or developmental trauma (Tully, 2009). TAP is an indicated intervention for children in care. TAP was made available for all children in care who were in Primary 6 or 7 (age 9-11) in participating schools. If a child transitioned out of care during the implementation phase, TAP support for the school was still available from the TAP team, and schools were encouraged to continue

with the intervention. This helped to ensure that children would not 'fall through the cracks' because of a change to their care status. More information surrounding the different components of TAP and the participants and recipients of the programme during the implementation research phase, are included in Chapter Five of this thesis.

Secondly, as noted in Figure 3.1, effective intervention development requires a strong theoretical framework, wherein the different components of a programme or intervention are underpinned by relevant theory (Wasik et al., 2013). Intervention and prevention programmes, particularly those designed to support children 'at risk' of poorer psychosocial outcomes later in life, are often categorised according to their theoretical orientation, depending on whether they are mainly based on relational, cognitive, or behavioural approaches (Tully, 2009).

Thirdly, there is increasing recognition that developing evidence-based interventions should involve input from all relevant stakeholders (Lloyd et al., 2017). Inclusion of various viewpoints may be vital in identifying and dealing with potential implementation barriers and ensuring that the intervention is adaptable beyond the pilot or implementation phase (Fixsen, et al., 2005; Nadeem, et al., 2017).

Fourthly, within the field of implementation research and intervention development, programme logic models are often employed to provide a comprehensive, systematic and visual representation of the relations between the goals, objectives, and activities of a programme, intervention or innovation (Kneale, Thomas and Harris, 2015). A logic model can help programme facilitators to avoid errors in the programme's delivery and can provide a continuous feedback loop for ensuring quality improvement (Coll et al., 2019). Logic models can be considered an explanatory tool, depicting the key components of a programme, or intervention, and how it should work in practice.

In contrast, programme theories represent articulated principles designed to explain and elucidate the relations between the key components of a programme or intervention (Nilsen, 2015). Programme theories of intervention and theories of change provide more detailed information surrounding the mechanisms through which the different outputs or activities of an intervention can bring about the desired

outcome change. Programme theories conceptualise the relations between key components of a programme or intervention, while also considering relevant implementation factors that may impact outcome change. Essentially, the aim of implementation research is to develop a more detailed understanding of the change mechanisms influencing an interventions outcome, through opening the 'black box' of the implementation process (Sullivan, Blevins and Kauth, 2008). This enables identification of the necessary ingredients related to supporting successful and sustainable uses of an innovation (Ogden and Fixsen, 2014).

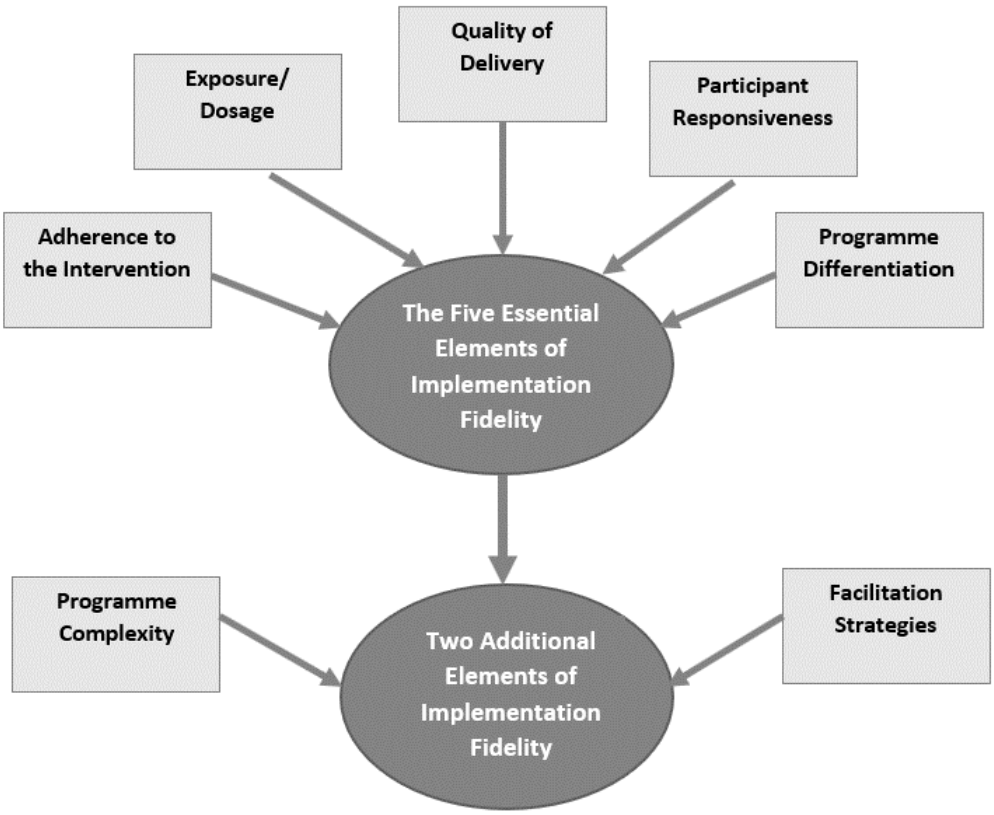
Fifthly, in order to minimise the differences between an innovation's conceptualisation and its subsequent day-to-day delivery, some scholars argue that ensuring that an intervention can be implemented with fidelity, beyond the trial or pilot phase, is critical to its ongoing effectiveness. In Figure 3.1, fidelity is highlighted in bold because it has been argued that exploring fidelity should be the main focus of implementation research in education (Elliot and Mihalic 2004, cited in, Ogden and Fixsen, 2014). Implementation fidelity refers to the degree to which an intervention or programme is delivered as intended and acts as a potential moderator of the relations between the intervention outputs and their intended outcomes (Mihalic and Director, 2009; Carroll, et al., 2007; Nadeem, et al., 2017). Within the field of education, the majority of implementation studies (to date) focus on ensuring that an intervention can be implemented with fidelity beyond the trial or pilot phase, and there is an emphasis on replicating evidenced-based interventions that are known to be effective (Century and Cassata, 2016; Fishmen et al., 2013).

While 'implementation fidelity' studies remain predominant in the education literature, there is also a focus in some literature on 'implementation as conducted' (Century and Cassata, 2016). Research concerned with exploring 'implementation as conducted' usually focuses on developing an understanding of the ways an innovation is operationalised in practice, after it has been introduced into the setting(s) (Hamilton and Feldman, 2014). Furthermore, 'implementation as conducted' studies identify and explore the different patterns of practice (Hall and Loucks, 1978) or contextual adaptions that are made in different settings, and by different end users. The relations

between the components of the intervention, the contextual factors and the innovation outcomes may also be explored under this conceptual premise. Both implementation fidelity and implementation as conducted are explored next, beginning with implementation fidelity. Implementation fidelity can be sub-divided into at least five essential elements (Mihalic, and Director, 2009) as illustrated in Figure 3.2.

All of the elements are 'intimately intertwined', with each element impacting the intervention delivery individually, and being influenced by the other elements (Carroll et al., 2007; Wasik et al., 2013). The first element to be considered is *adherence* to the intervention. Adherence refers to the degree to which the intervention is delivered in accordance with the manual, or logic model, as it is intended (Mihalic and Director, 2009). The second element is intervention *exposure or dosage*. Generally, this refers to the total dosage received by participants, how often they receive intervention sessions (dosage frequency), how long each session should last (session duration) and the intensity which certain components within an intervention are delivered (dosage intensity) (Wasik et al., 2013). The third fidelity element is the *quality of delivery*. This incorporates both verbal and active teaching strategies, and it is vital that facilitators are trained in delivery techniques and educated in the theoretical underpinnings of the intervention. Similar to stakeholder involvement, the fourth element which influences implementation fidelity is *participant responsiveness.* Participant responsiveness involves consideration of the participant's views and experiences of the intervention and considering potential adaptations that could increase participation and reduce attrition.

Figure 3.2: The Essential and Additional Elements of Implementation Fidelity (authors own)



The final key element related to fidelity is *programme differentiation.* As it is alluded to earlier in this section, programme differentiation refers to the identification of the unique components and mechanisms of change of an intervention and developing an understanding of which elements of the programme are essential for it to have the desired impact (Dusenbury et al., 2003). Programme differentiation enables identification of redundant components, which can then be improved or removed where necessary. Carroll et al. (2007) have proposed two further elements which could be considered in understanding implementation fidelity. These are *programme complexity* and *facilitation strategies*. With regard to programme complexity, research suggests that simple, specific interventions are more likely to be implemented with higher fidelity than complex or vague ones. It is recognised, for example, that interventions or frameworks, that utilise 'general practice principals' in education, face

challenges associated with replication and scalability (Herrenkohl, Hong, and Verbrugge, 2019).

Studies that are concerned with implementation fidelity often aim to identify the extent to which an intervention can be 'enacted as intended' when it is scaled-up, or scaled-out (Aarons et al., 2017; Sanetti and Collier-Meek, 2019). Generally speaking, 'scaling-up' refers to implementing an evidenced-based practice, or intervention, beyond the pilot phase, in more schools or school districts, whereas scaling-out refers to extending the reach of the practice or intervention, through implementation with a new population or through different delivery systems (Aarons et al., 2017). Fidelity studies may also be concerned with understanding the influence of adapting or omitting a 'core component' of an innovation on outcome change or, similarly, exploring the influence of contextual factors that may influence the programmes implementation. In other words, fidelity studies are often concerned with analysing how much variation in the implementation of a programme matters for innovation effectiveness (Fishman et al., 2013).

There is some research within the field of education to suggest that interventions that are less specified, or less structured, inherently demand more flexibility and interpretation on the part of the programme facilitators (Cohen and Ball, 1990). It is argued that this flexibility, or 'pro-adaption' approach, can ensure the effective implementation and adaption of an intervention across a range of settings (Castro, Barrera and Martinez, 2004). Facilitation strategies (sometimes referred to as innovation strategies or implementation strategies) (Fixsen and Ogden, 2014), like participant responsiveness, involve identifying ways of optimising intervention delivery, through providing means of overcoming potential barriers to implementation. Facilitation strategies must allow for a degree of flexibility, so that the intervention can be applied in different settings and allow for the natural variation in service delivery. This alludes to the other predominant perspective in implementation science, which is 'implementation as conducted' (Century and Cassata, 2016). The main conceptual perspective underpinning an implementation research study, can be categorised based on the main purposes and research questions of the particular study.

In contrast to implementation fidelity studies, studies that are mainly concerned with exploring *'implementation as conducted'*, do not compare the implementation process or the innovations outcomes to a pre-evidenced theoretical ideal (Century and Cassata, 2016). Rather, these studies aim to explore what actually happened when the intervention was introduced 'on the ground', and the extent to which the intervention being implemented brought about the desired outcomes. Rather than bringing an evaluative view to the innovation enactment, some studies that examine implementation as conducted bring a more descriptive and explanatory approach to the inquiry. Documenting implementation as conducted enables researchers to understand the ways in which programmes or interventions are operationalised in practice, the influential factors that affect that practice (Hamilton and Feldman, 2014), the different patterns of practice, or adaptions made by end users (Hall and Loucks, 1978) and, in some studies, the relationships between these patterns and outcomes. As will be seen in subsequent chapters, the current study is more closely aligned with this second perspective (describing implementation as conducted). In this area, the design-based implementation research (DBIR) approach (Fishman et al., 2013) provides a framework for exploring *'*implementation as conducted', while also focusing on more complex questions related to problem identification, innovation development and iteration, as well as developing theory and supporting system capacity for sustained change (Century and Cassata, 2016).

3.4 Design-Based Implementation Research (DBIR)

DBIR is underpinned by four key principles. These are: a focus on persistent problems of practice from multiple stakeholder's perspectives commitment to iterative, collaborative design, concern with developing theory and knowledge related to both classroom learning and implementation through systematic inquiry, and a concern for developing capacity for sustaining change in systems. In relation to the current study, the 'persistent problem' experienced by policy makers is that efforts to improve educational outcomes for children in care, are not reflected in outcome change (OECD, 2016; Sen, 2018). The persistent problem experienced by schools and school staff, is

that they are not equipped to meet the needs of many care experienced or otherwise complexly traumatised children. The persistent problem for children in care, is that it is often difficult for them to feel safe and secure in school, form positive relationships, or settle to learn within the classroom setting (Bomber, 2007; Bomber and Hughes, 2013). It will be noted in subsequent chapters that, in keeping with the first key principle of DBIR (Fishman et al., 2013), the research methodology of the current study aimed to use research to indicate and resolve practical problems.

Extending from the first key principle, the second key principle of DBIR (commitment to iterative, collaborative design) emphasises the necessity of designing adequate supports for implementers, helping to build capacity to ensure the ongoing, effective implementation of an innovation (Fishmen et al., 2003). Typically, in DBIR, this is facilitated through an iterative process of testing and change that is informed by collaboration. In this way, DBIR enables programme differentiation through a collaborative approach wherein stakeholders, at various levels, can influence the programme's design and its future implementation. This staggered, or layered, approach to intervention further confirms that DBIR is the appropriate framework for underpinning the current implementation research. DBIR typically aims not only to improve implementation for children and teachers, but also bring about system level improvements (Bryk, Gomez and Grunow, 2011).

The third key principle underpinning DBIR is 'a concern with developing theory and knowledge related to both classroom learning and implementation through systematic inquiry'. Given that the current intervention is grounded in attachment theory and ultimately aims to support children in care through a trauma and attachment informed approach, it could be argued that TAP is better understood as a psychotherapeutic intervention in schools, rather than a typical educational innovation that is concerned with improving teaching, or learning, in a specific subject domain. In contrast to most design-based methodologies and conceptual frameworks in education (Fishmen et al., 2013), DBIR aims to contribute to theories of organizations and institutions that guide much contemporary policy research in education (Fishmen, 2013). In line with this ethos, the current study aimed to explore the potential benefits of utilising attachment

theory in intervention design and policy development for children in care, while also bringing to light needs for system level coordination, organisation, leadership, and capacity building throughout the education system. The final key principle underpinning DBIR is ‘a concern with developing capacity for sustaining change in systems’, which somewhat reiterates some of the key aspects of the first three principles. One strategy for promoting sustainability of interventions is to develop capacity through efforts to develop organisational routines and processes that help innovations travel through a system (Fishmen et al., 2013).

3.5 Implementation Science and Social Innovation in Education and Social Care

Some of the key considerations underpinning implementation research have been discussed throughout this Chapter. Furthermore, the two main perspectives currently being operationalised in implementation research have been outlined. Nevertheless, it should be emphasised that there remains some ambiguity surrounding the terminology or ‘literacy’ used in contemporary implementation research throughout the health and life sciences and in educational research (Century and Cassata, 2016; Sanetti and Collier-Meek 2019). Furthermore, there continues to be some debate surrounding the place of implementation research in the ‘intervention pipeline’. Some scholars argue that it is necessary for efficacy studies (studies that explore the effectiveness of an intervention in ideal conditions, under the watchful eye of a researcher or purveyor) to be conducted before conducting implementation research (Odom, 2009). In contrast, some argue that this traditional, linear perspective adds to the implementation gap, and that reach, and adaption (through implementation research) should be the focus of intervention development from the outset (Baumann and Cabassa, 2020).

While pre-existing debates surrounding best practice in implementation science continue to exist, more recently, in a paper written by Baumann and Cabassa (2020), it has been suggested that implementation research seldom adequately considers contextual factors that may limit the implementation and effectiveness of an intervention for the most vulnerable subgroups. Given the complexity of social

situations and the variation in end users that could benefit from various social, health and educational initiatives, it could be argued that it is impossible to explore implementation in every context and for every sub-group of people. As suggested by Baumann and Cabassa (2020), however, this barrier could be overcome if implementation research is conducted through an 'equity lens' wherein implementation research and trials are conducted in a variety of social and contextual settings, with vulnerable subgroups in mind. In their view, (to reduce inequities in healthcare provision) implementation research should focus on identifying facilitation strategies and developing frameworks for streamlining adaptions.

The current study is concerned with exploring and assessing the implementation of a school-based educational intervention, primarily targeting children in care. Therefore, the research methodology aimed to collect data from various school sub-groups in Northern Ireland, including controlled schools, Catholic maintained schools and special education schools. Furthermore, collecting implementation data from a variety of school staff (with different job roles and years of experience) helped to ensure that TAP was well received and appropriate for all staff participating (participant responsiveness).

Despite the challenges and conceptual debates associated with implementation science as a discipline, it is argued in this thesis that implementation research is essential to the development and replication of evidence-based interventions and initiatives, reflecting a real commitment to making a real difference in people's lives. Additionally, this thesis supports the view that implementation research is critical from an economic perspective as, without it, considerable resources could be wasted on expensive interventions that have little effect, or that do not adequately meet the needs of certain subgroups. With this in mind, and in line with Baumann and Cabassa (2020), it is held in this thesis that implementation research should be conducted prior to the large-scale evaluation of a new intervention or initiative.

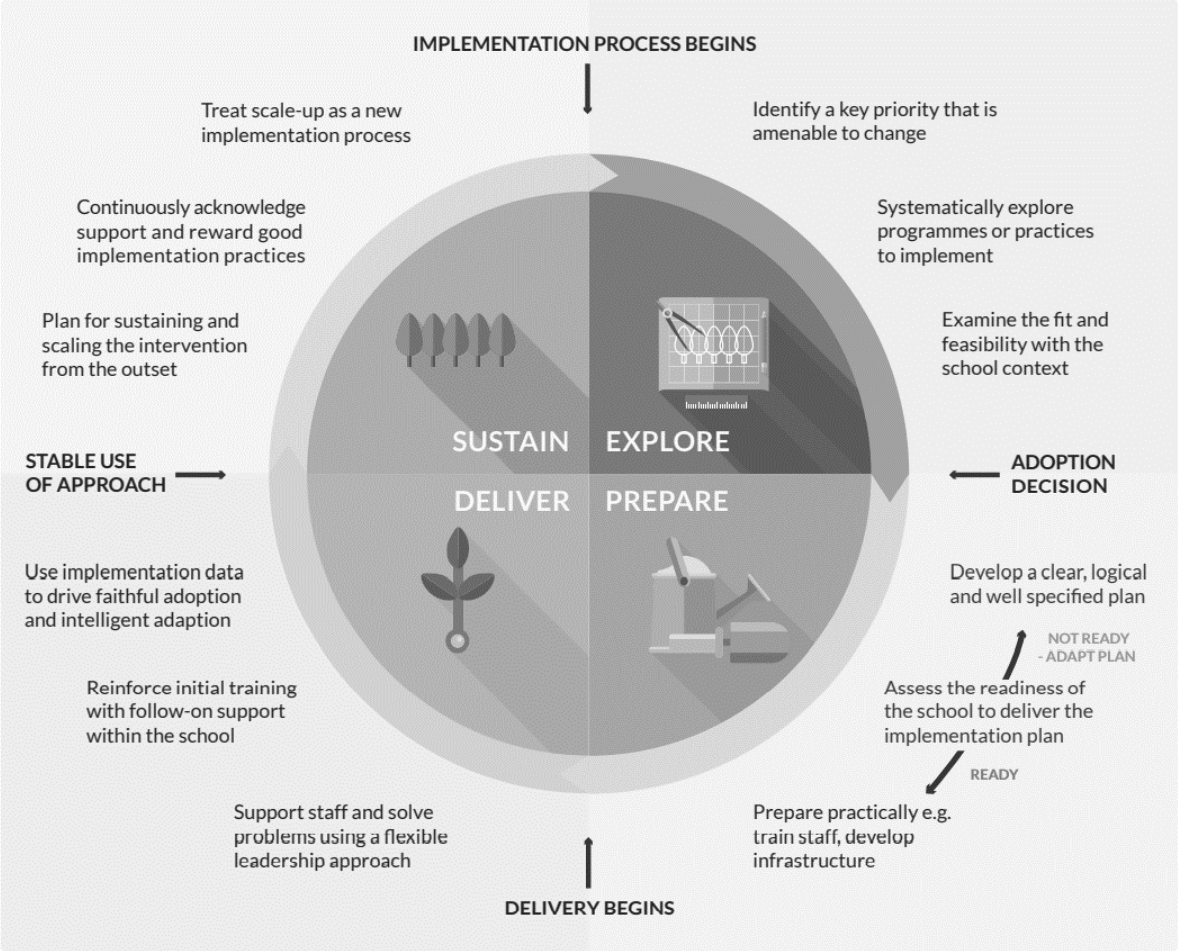
The commitment to improving educational outcomes for vulnerable groups of children, through cost-effective intervention, is reflected in ongoing research being conducted by organisations such as the 'Education Endowment Foundation' and

'What Works for Children in Social Care'. For example, a recent subgroup analysis entitled 'What Works in Education for Children Who Have Had Social Workers' (Sanders et al., 2020) provides a summary of the results, from 63 randomised controlled trials (RCTs), that were conducted by the Education Endowment Foundation. The report highlighted the cost of each intervention per child in the school, while also comparing effects for children in the general school population and children who have had input from social workers.

Despite the recent emphasis on identifying 'what works, when, how and for who?' (Cassata, 2016; Odgen and Fixsen, 2014), through implementation research and the ongoing evaluation of educational interventions, there are legitimate barriers to implementing effectively in schools. The renewed focus on identifying cost effective educational interventions has left schools feeling that they are being bombarded with new information. Moreover, limited time and resources, and the pressure to yield quick results, can impact school's ability to adequately implement new interventions and initiatives (Sharples et al., 2019).

In recognition of these issues, and with an aim to resolve some of the ongoing inconsistencies evidenced throughout the implementation literature, the Education Endowment Foundation compiled an implementation guidance report entitled 'Putting Evidence to Work: A School's Guide to Implementation' (Sharples, 2019). The guidance report details six steps to achieving the effective implementation of evidence-based initiatives in schools. The first step is concerned with helping schools to acknowledge that the full implementation of new initiatives takes time and emphasises that lasting change cannot happen overnight. The second step details the importance of putting good leadership structures in place, to ensure the effective uptake of a new initiative throughout the school. More detailed information is provided for steps three-six, as these steps characterise the actual implementation process in schools. Steps three- six have been labelled as EXPLORE, PREPARE, DELIVER and SUSTAIN. The key components of these later four steps, are outlined in Figure 3.3 below.

Figure 3.3: Steps Three-Six in 'Putting Evidence to Work: A School's Guide to Implementation' (Education Endowment Foundation, 2019)



Note. Copyright permission to include this image in the current thesis was granted by the Education Endowment Foundation on 05.08.2021. The full guidance report can be accessed at https://educationendowmentfoundation.org.uk/tools/guidance-reports/a-schools-guide-to-implementation/

3.6 Chapter Summary

Chapter Three has outlined the key conceptual considerations underpinning implementation research as well as the four key principles of Design-Based Implementation Research (DBRI) (Fishmen et al., 2013). Contemporary debates within the field of implementation science have been outlined, and an overview of the differences between research concerned with exploring 'implementation fidelity'

compared to ‘implementation as conducted’ has been provided. It was highlighted that the current design and implementation study aimed to utilise the key principles of Design-Based Implementation Research, so that TAP’s ‘implementation as conducted’ could be explored. Nevertheless, it is important to note that ‘implementation fidelity’ was also explored in the current study, although to a lesser extent. More information, regarding the methods used to explore TAP’s implementation in schools, is provided in Chapter Five.

Chapter Four provides a critical review of recent legislative and education service developments for care experienced children and young people in Northern Ireland, highlighting that there is an evident ‘implementation’ or ‘science to service’ gap. Additionally, a critical review of current approaches to educational intervention for children in care is provided, before outlining some of the promising new directions for school practice, evidenced in research relating to attachment-focused interventions and frameworks. These findings help to contextualise the key components and the theoretical underpinnings of The Attach Project, the school-based intervention that is the focus of the current design and implementation study.

Chapter Four

The Education of Children in Care: A Critical Review of Law, Policy and Research

4.1 Introduction

As evidenced in Chapter Two, there have been significant scientific advances in the past two decades, with regard to understanding the challenges experienced by complexly traumatised children, and children in care in particular. Furthermore, and as outlined in Chapter Three, there has been a renewed focus on identifying 'what works' to improve the educational outcomes of vulnerable groups, as well as a renewed focus on ensuring the effective implementation of new interventions and initiatives. What is not clear, however, is the extent to which this information has translated into government strategy and initiatives within the education sector. Furthermore, given that there remains an 'attainment gap' between children in care, children in need and their peers, it could be argued that the interventions available to support this group of children, are not adequately reflected in outcome change. The purpose of this Chapter is to provide a critical review of recent legislative and education service developments in Northern Ireland, and relevant research. It is argued that the developments elucidate an 'implementation' or 'science to service' gap, which then contextualises the focus of the thesis: exploring the design and implementation of The Attach Project (TAP).

4.2 Legislative Developments in Northern Ireland

The education of children in care is supported by a legislative and policy framework that is complex and that reflects differences of approach in the four devolved nations that comprise the United Kingdom. Given that the focus of the study is Northern Ireland, developments in law and policy regarding the education of children in care in this jurisdiction, will be the primary focus of the critical overview, before then providing a critical overview of relevant research regarding the education of children in care. In Northern Ireland, statutory guidance that accompanies the Children (NI)

Order 1995 gives effect to arrangements for the education of children in care. This includes the 'Children (Private Arrangements for Fostering) Regulations (Northern Ireland), 1996' and the 'Arrangements for the Placement of Children (general) Regulations (Northern Ireland) 1996'.

The 'Children (Private Arrangements for Fostering) Regulations' outline the State's responsibility to ensure the physical, intellectual, emotional, social and behavioural development of each child in care, with an emphasis being placed on finding children an appropriate educational placement. Similarly, the 'Arrangements for the Placement of Children (general) Regulations state that before a care placement is made, the responsible Education and Library Board (which has now been amalgamated into one Education Authority), should be notified. Additionally, Schedule 3 of this regulation outlines the responsibility of the Education Authority (EA) to ascertain the child's educational history, promote continuity in the child's education, identify any educational need the child may have and take action to meet that need. Unfortunately, although these regulations were put in place to promote the welfare of children in care and their educational attainment, and further policies (outlined in section 4.4) were implemented, subsequent progress in relation to educational outcomes for children in care has been slow.

4.3 Policy Developments in Northern Ireland

4.3.1 'Care Matters in Northern Ireland: A Bridge to a Better Future'

This policy framework stemmed from Northern Ireland's ten-year strategy '*Our Children and Young People. Our Pledge*' (OFMDFM, 2006). It aimed to provide support for children in and on the edge of care, ensure a more positive and stable care experience and improve outcomes. An emphasis was placed on improving multi-agency working and strengthening the role of agencies in terms of their corporate parenting for children in their care (DHSSPS, 2007). Specifically, with regards to education, a number of measures were implemented. These included supporting foster carers and key workers to engage with schools, promoting information sharing about

a child's care status with key personnel in school settings and ensuring that children in care had equal access to the full range of learning opportunities available.

4.3.2 Personal Education Plans (PEPs)

PEPs were introduced under the Care Matters policy agenda. Their initial roll out in Northern Ireland lagged more than ten years behind similar developments in England. This could be one explanation for the evident delay in educational progress, made by children in care in Northern Ireland, compared to children in care in England. The most recent statistics note that approximately 88% of children, who had been in care for 12 months or longer in Northern Ireland, had a completed and up-to-date PEP (DoH, 2018). While this number seems relatively high, given the difficulties associated with collecting baseline data for this group of children, it should be emphasised that not all children are in care for 12 months or longer, with some children experiencing multiple transitions in and out of care. Therefore, it is likely that the proportion of completed PEPs for the *total* care experienced population, in any given year, is significantly less.

Furthermore, early research conducted in England, surrounding the uptake and effectiveness of PEPs, suggested that there are some key practical problems, or barriers to implementation, limiting the benefits of this type of document (Hayden, 2005). For example: uncertainty amongst teachers and social workers that they could meet the expectations of PEPs; challenges in making the system focus on meeting the needs of children as well as practitioners; difficulties in meeting specified timescales; and difficulties in ensuring more meaningful, constructive involvement of children, were recognised as practical barriers to the benefits of PEPs. Broader issues, relating to difficulties associated with the overall planning of education for children in care, were also identified, particularly for children who experienced multiple placement moves or who lived in residential care (Hayden, 2005). These findings were echoed, more recently, in a research report, by Perry (2014), on the education of children in care in Northern Ireland.

Perry (2014) suggested that although the contemporary policy framework appeared to reflect the holistic support of children in care, providing specific guidance related to children's education, it was not introduced with a well-developed implementation plan or system for monitoring and evaluating what works (Perry, 2014). This oversight is likely to have been a key limitation to the initial effectiveness of the framework, including the introduction of PEPs. Over-coming the challenges associated with the development and maintenance of effective PEPs has received considerable attention from researchers, practitioners, and policy makers. Despite the challenges, however, the benefits of ensuring that each child in care has a working document, reflecting their educational support and attainment, is an important endeavour and, therefore, working to streamline the processes remains an important focus (OECD, 2016; DfE, 2018a; DfE, 2018b).

The development of a PEP for all children in care (with the exception of children in respite care) is now a statutory requirement in England, Wales, and Northern Ireland. In 2019, revised PEP guidance and support was piloted and published in Northern Ireland under the guise of the CLAEP (discussed in more detail in section 4.3.5). The revised guidance emphasises the necessity of the team around the child taking a collaborative approach, wherein the child's needs and targets are discussed during a meeting. The guidance also has a clear focus on setting SMART targets that are trauma and attachment informed and responsive. Furthermore, the revised guidance emphasises that the voice of the child should be central to the PEP process through active participation.

4.3.3 Northern Ireland: Implementing Joined-up Governance for a Common Purpose (OECD, 2016)

As a reflection of wider concern regarding perceived inadequacies in the systems and structures associated with the public sector, the Northern Irish government commissioned the 'Organisation for Economic Co-operation and Development' (OECD) to provide an assessment of their 'public-sector reform agenda' and provide

recommendations for its implementation. The aim was to ensure more effective, efficient, and cost-effective working. In 2016, a report, '*Northern Ireland: Implementing Joined-up Governance for a Common Purpose*', was published. The review highlighted the moral, political, and economic drivers for improving multidisciplinary working across government sectors in Northern Ireland, in order to achieve effective public-administration reform. Set within the context of diminishing financial resources for public services, guidance was based on three themes: improving strategic approaches, improving operational delivery of services, and improving engagement with people, all underpinned by a drive for increased evidence-based early intervention and prevention services.

One significant aspect of the review was its focus on case studies to underpin its findings. Commissioned by the Education Authority, one of the case studies included in the report, focused on the governments approach to improving educational outcomes for children in care. The case study highlighted inconsistencies in the rules and regulations associated with the care and education of children in care across Northern Irish government departments and the lack of communication surrounding the responsibilities of each sector in ensuring that children in care were being appropriately supported in their education. Furthermore, children's right to advocacy and participation in decision making about their lives, including in the sphere of education, was found to be a priority on paper, but not in practice. Following the review, the Department of Health and the Department of Education developed a new three-year strategy for improving the lives of children in care (DoH, DoE, 2018).

4.3.4 'Strategy for Looked After Children: Improving Children's Lives' (DoH and DoE, 2018)

This was developed to replace the earlier 'Care Matters in Northern Ireland' policy framework. This strategy, for looked after children, builds on existing practices and integrates emerging research, while also being aspirational in intent (DoH and DoE,

2018), and has a focus on early intervention and prevention and the development of evidence-based policies and practices. It aimed to introduce tailored interventions for

children in care, in their school setting, while promoting a culture of high aspirations for children's educational attainment, recognising that many children in care have attachment difficulties and that educators should be equipped to work with them in an attachment friendly way. The three-year strategy also stressed the necessity of effective collaboration between the education and health sectors, and introduced a wide suite of interventions, communication networks and supports for 'the network around the child'.

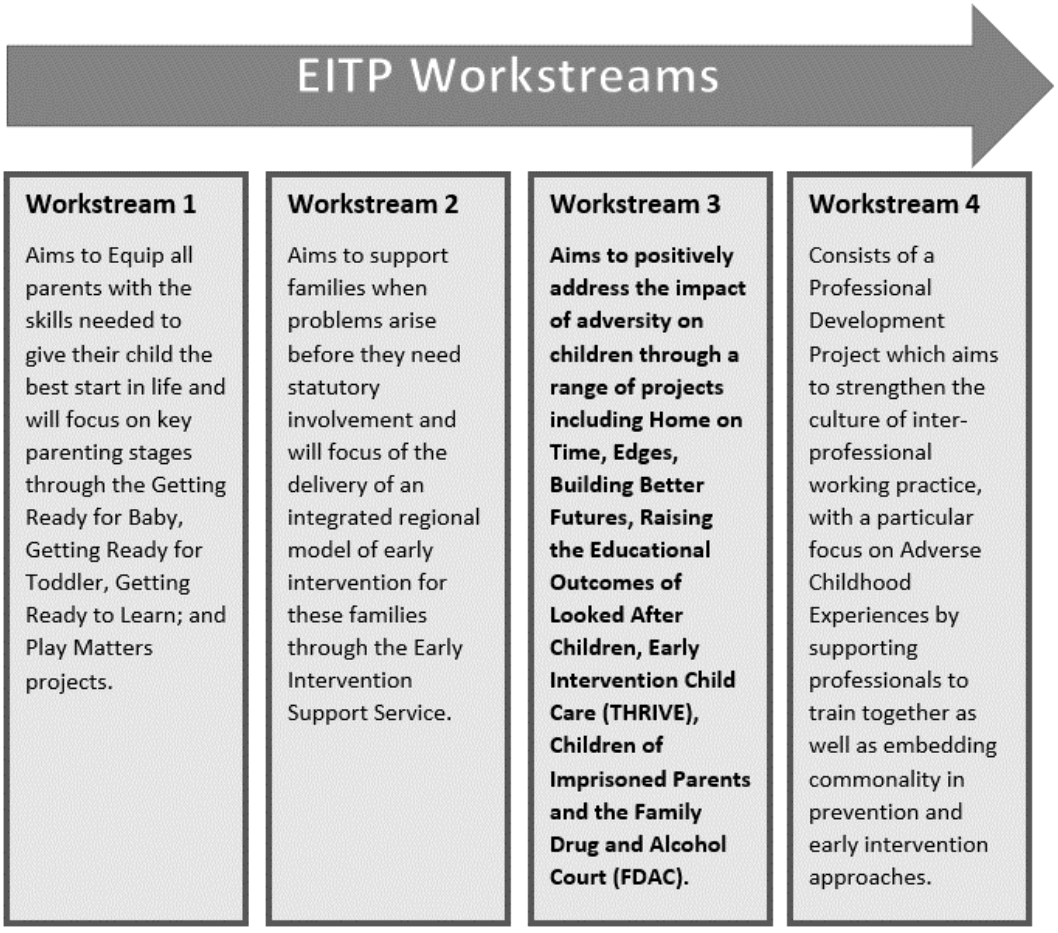
With regard to schools, the 2018-2021 strategy empowered schools to take the lead in the Personal Education Planning process (DoH and DoE, 2018, p.42) and stressed that achieving these outcomes is the shared responsibility of the Department of Education, the Education Authority Northern Ireland, children's schools, all relevant Health and Social Care Trusts and the Department of Health. Regarding children, the strategy emphasised that all children in care should have equal access to resources and materials to support their learning (including a quiet place to complete homework) and that their engagement in extra-curricular activities is important, so that they can begin to recognise learning as a partnership, rather than something that is imposed on them. Lastly, with regard to carers, they should be effectively trained and actively involved in supporting children to learn (DoH and DoE, 2018, p.43). This strategic focus was supported by relevant policy initiatives including the '*Early Intervention Transformation Programme'* (EITP) (PHA and AP, 2015), that is discussed in more detail next.

4.3.5 Early Intervention Transformation Programme' (EITP) (PHA and AP, 2015).

This is one of three Signature Programmes developed through the Delivering Social Change (DSC) framework and investment from Atlantic Philanthropies. The EITP aims to transform ways of working, through embedding early intervention knowledge and evidence-based approaches to commissioning and delivering services for children,

young people, and families. The ultimate aim is to reduce poverty and improve children and young people's health, wellbeing, and life opportunities, thereby breaking the long-term cycle of inter-generational problems (PHA and AP, 2015). As illustrated in Figure 4.1, the EITP comprises four workstreams that are home to several projects, all concerned with developing strategies and interventions to improve the lives of children and families. Workstream One is concerned with providing universal support for parents, to help them care for their children across three inter-related early years stages.

Figure 4.1: Diagrammatic Representation of the Four EITP Workstreams (as described by DoH https://www.health-ni.gov.uk/articles/early-intervention-transformation-programme (accessed 2nd August 2021)



Workstream Two is concerned with providing indicated support for families where problems have been identified at an early stage. Workstream Three is focused on

addressing the impact of adversity on children by intervening earlier, and more effectively, to reduce the risk of poor outcomes later in life. Workstream Three is highlighted in bold in Figure 4.1 as 'The Children Looked After Education Project (CLAEP)', is one of these projects and is integral to the current government strategy for improving the wellbeing and later life outcomes of children in care (detailed in sub-section 4.3.5). Workstream Four aims to improve multi-agency working to promote better outcomes for vulnerable children.

4.3.5 The Children Looked After Education Project

Overseen by the newly appointed Children Looked After (CLA) Education Champion in Northern Ireland (recruited in September 2016), the Children Looked After Education Project (CLAEP)was integral to the *'Strategy for Looked After Children-Improving Children's Lives' (2018)* (discussed in section 4.3.4). As evidenced in Chapter Nine of this thesis, the project continues to be integral to the most recent government strategy for supporting the care experienced population in Northern Ireland: '*A Life Deserved: Caring for Children and Young People in Northern Ireland*' (DoH, 2021).

In addition to TAP, the intervention that is the focus of the current study, the Children Looked After Education Project (CLAEP) is accompanied by a number of resources and interventions, briefly considered here, in turn. Firstly, in order to ensure that each school has a point of contact within the Children Looked After (CLA) team, an Education Project Worker is designated to each school. The Education Project Worker supports schools to support the children in care in attendance. The Education Project Worker is also responsible for coordinating Personal Education Planning (PEP) meetings between education and health professionals and helping schools to facilitate and coordinate additional training or access available resources and provisions for children in care. Revised PEP guidance and combined PEP training for Educators and Social Workers has also been made available. Secondly, the CLA helpline and electronic mailbox resource is to ensure that schools can access timely support and advice, should they have concerns about any child in care who attends their school.

Thirdly, in some schools, the provision of trauma informed spaces has been made available to offer looked after children a safe and quiet place for 'time out'. Fourthly, accessible guidance for educators of care experienced children and young people in Northern Ireland, 'Putting Care into Education' (Bagnall et al., 2018), has been made available to schools. This resource emphasises the importance of a whole school approach to the education of children in care, that is, an attachment friendly, trauma informed and positive approach. A 'library' of other resources surrounding trauma and attachment in school, has also been put together and made available to schools.

Most recently, the CLAEP Team and EA Educational Psychology Service (EANI, August 2020) have published guidance for schools supporting children in care who are returning to school following the extended lockdown and school closures due to the COVID-19 pandemic. The guidance describes the '4 Cs' for supporting children in care on their return to Education. These are: care; communicate; connect; and collaborate. While it is likely that this type of resource is critical to ensuring the best possible outcomes for all children and schools, through a remarkably challenging situation, it is argued in this thesis that ensuring minimal time-away from school, in the future, is critical to ensuring the wellbeing and satisfactory outcomes of the most vulnerable groups of children.

4.3.6 Reflections on Legal and Policy Developments in Northern Ireland

Based on available government data and taking into consideration the difficulties associated with comparing outcome data for children in care (NSPCC, 2021; Sen, 2018), outcomes for care experienced children throughout the UK do seem to have improved across various domains over the past three decades. This is perhaps not surprising, given that significant financial investment and intervention, through statutory legislation and government provision, has been made available (Sen, 2018). However, despite the progress, outcomes for children in care remain poorer than those of the general population, with improving educational attainment proving to be particularly challenging (Perry, 2014). Perhaps more conspicuously, until 2013,

significantly less progress was being made with regard to the educational attainment of children in care in Northern Ireland compared to children in care in England (Perry, 2014). Comparing the attainment gap between these two nations, in recent years, is more difficult, in that data surrounding children's educational attainment in each nation is no longer collected in the same way, with England adopting a new 'Attainment 8' measure (NSPCC, 2021).

However, the recent progress, that has been made in Northern Ireland is clear. For example, the number of children in care achieving five GCSE grades from A*-C has increased from 27% in 2012-13 (DHSSPS, 2014) to 54% in 2018 (DoH, 2019). This is compared to 80 and 86 percent respectively, in the general population. These findings must be caveated by the fact that the published educational outcome data detailed here reflects outcomes for children who have been in care for 12 months or longer. It is possible that there are differential trends in outcomes for children who experienced multiple transitions in and out of care, or children who were in care for shorter periods of time. Nevertheless, it is reasonable to infer that recent approaches to policy and practice in Northern Ireland, which have aimed to improve educational outcomes for children in care, have been to some extent effective. Alternatively, it is possible that previous government initiatives and statutory guidance, surrounding the education of children in care, have been more effectively implemented in recent years. A central concern in this thesis is the effective implementation of initiatives and the development of a robust evidence base, regarding approaches that support children in care to achieve their full potential in educational attainment and achievement. Section 4.4 provides a critical overview of research in the area.

4.4 Attachment and School-Based Interventions

School-based, attachment-focused interventions can potentially provide a unique opportunity to revise children's attachment organisation. The substantial amount of time that children spend in school, together with the consistent and stable school environment, could possibly enable schools to facilitate substantial revisions to

children's Internal Working Models and consequently their attachment organisation and behaviour (Zsolnai and Szabó, 2020). Clearly, school-based interventions for children in care, should ensure that staff are effectively trained and supported to foster more positive attachment experiences with children in school. Increasing school staff's ability to become sensitive and psychologically attuned to the needs of care experienced children (or other children with similar, attachment needs) could help children to feel safe and secure in school, increase their feelings of self-worth and efficacy, and ultimately improve their wellbeing and academic attainment (Bomber and Hughes, 2013; Geddes, 2006; Roorda et al., 2011). With these points in mind, the remainder of the Chapter reviews the research literature.

4.4.1 School-Based, Attachment-Focused Interventions for Children in Care

As noted earlier, changing practices within schools, so that vulnerable and traumatized children are better understood and more compassionately served, is a goal shared by many school and mental health professionals (Chafouleas et al., 2016; Hertel and Kincaid, 2016; Wolpow et al., 2009). Nevertheless, most schools remain poorly equipped to address the needs of these children (Chafouleas et al., 2016). With this in mind, various researchers, practitioners, and policy makers have aimed to develop and introduce educational interventions and frameworks to support some of the most vulnerable children in our society (DoH, 2018; Herrenkohl, Hong and Verbrugge, 2019; NICE, 2015).

Despite recognition that children in care represent one of the most 'at-risk' groups in our schools, there remains a dearth of empirically tested educational interventions, which directly target this population or address them as a key subgroup within universal approaches (Evans, Brown and Rees, 2017). Additionally, few interventions that have been designed to support children in care in their education are theoretically driven and have been assessed through scientific rigour (including implementation studies) and repeated trials. Perhaps more conspicuously, there is a distinct gap in the literature surrounding the design and implementation of school-based interventions, wherein children in care represent the target recipients.

A further concern, except for some very recent developments explored later in this section, is the lack of attachment-focused interventions for children in care in middle childhood (Key Stage Two). This is perhaps not surprising given the increased emphasis on academic attainment and educational outcomes as children progress beyond the early school years (Herrenkohl, Hong, and Verbrugge 2019; Verschueren, 2015). As a result, and as children develop into the later stages of primary school and into secondary school, socialization, interpersonal and motivational theories, are often employed in order to explain poor school adjustment and educational outcomes (Den Brok, Brekelmans and Wubbels, 2004; Hughes, 2011; Roorda, et al., 2011; Verschueren, 2015). Furthermore, as children develop and progress into secondary school, interventions underpinned by social cognitive theory and motivation theories become more prominent in the literature and show evidence of effectiveness, particularly for older children (aged eleven plus) (Herrenkohl, Hong and Verbrugge 2019).

However, there is limited evidence suggesting that interventions underpinned by social cognitive and motivation theories (which usually involve some form of cognitive behavioural therapy) benefit children in middle childhood. Furthermore, there is some implementation evidence to suggest that this type of intervention often encounters problems associated with accessibility and sustainability. Specifically, this appears to be due to the necessity of introducing trained professionals from outside of the school to deliver interventions that utilise CBT, as the cost of this type of intervention, on a long-term basis, is likely to exceed what can be afforded by most state funded schools (Herrenkohl, Hong and Verbrugge, 2019).

With all these caveats, the remainder of section 4.4. provides a generic overview of the limited educational interventions that have been designed specifically for children in care. It should be noted that the majority of these interventions have been designed to support children's educational attainment outside of their school setting. Following this, two well recognised and widely implemented school-based interventions for 'at-risk' groups (Nurture Groups and Theraplay) are discussed, with an emphasis on the evidence to suggest that they may benefit children in care in particular. Next, recent

research conducted through the 'Alex Timpson Attachment and Trauma Awareness Programme' is detailed, before moving on to an overview of the key findings associated with the Attachment Aware Schools Framework that is currently being operationalised in some schools in England.

4.4.2 Educational Interventions Targeting Children in Care

Evans et al. (2017) conducted a systematic review investigating interventions designed to improve the educational outcomes of children in care. Of the twelve interventions included in the review, just five reported improvements to academic skills. These included: the Kids in Transition programme (Pears et al., 2013); HeadStart (Lipscomb et al., 2013); an individualised version of Teach Your Children Well; as well as two group-based versions of Teach Your Children Well, that were implemented over 25 and 30 weeks (Flynn et al., 2011; Flynn et al., 2012; Marquis, 2013; Harper, 2012; Harper and Schmidt, 2012). One intervention, 'Multidimensional Treatment Foster Care for Girls Leaving the Youth Justice System' (Leve and Chamberlain, 2007), reported an effect for homework completion. Three interventions, namely, Multidimensional Treatment Foster Care (Leve and Chamberlain, 2007); the Fostering Individualized Assistance Programme (Clark et al., 1998); and On the Way Home (Trout et al., 2013), reported positive effects on school attendance, suspension, or drop-out rates. One intervention, (HeadStart) reported improvements to teacher-student relationships (Lipscomb et al., 2013).

Although nine of the twelve interventions investigated were found to significantly improve at least one of the education-related outcomes being assessed, none of the reports included in the Evans et al., (2017) review, identified statistically significant effects on academic achievement, grade completion, school behaviour, or children's attitudes towards school. It should be noted, however, that not all studies included in the Evans et al., (2017) review, conducted a full process evaluation or implementation study that could indicate, in more detail, why the interventions had limited (if any) effects on educational outcomes. Three interventions included in the review did not yield any significant results. 'The Letterbox Club', which is a book gifting intervention

that provides personalised educational resources to children in foster care (Mooney et al., 2016), for example, did not yield significant improvements on any of the outcomes measured. The authors have postulated that relying on child-led learning, wherein children do not have the support of an adult in using the learning materials, most likely accounts, in part, for the programme's failure to improve academic outcomes.

Interestingly, however, the 'Early Start to Emancipation Preparation (ESTP) Tutoring programme (Courtney et al., 2008), which involved 50 hours of tutoring for children in their care setting, also failed to yield positive results on any of the outcomes measured. It has been suggested that the failure of this programme to effectively improve academic outcomes for children in care, could have been due to a failure to provide sufficient training for the undergraduate students, who were tasked with delivering the intervention to the children (Zinn and Courtney, 2014).

Based on the evidence outlined in their review, Evans et al., (2017) recognised a conspicuous gap in the literature surrounding school-based, educational interventions for children in care, with 'Kids in Transition to School' (Pears et al., 2013) being the only intervention of this type that met the criteria for their review. Furthermore, it was recognised that few of the studies, included in the review, attempted to assess intervention effects on other, non-academic outcomes such as mental health, social and emotional wellbeing, or SEN. For those that did (HeadStart, and the group and individual versions of Teach Your Children Well), mental health difficulties, internalising and externalising behaviours and ADHD were found to moderate the relationship between the intervention and academic skills (Lipscomb et al., 2013; Flynn et al., 2011; 2012; Marquis, 2013; Harper, 2012; Harper and Schmidt, 2012).

An earlier systematic review, conducted by Liabo, Gray and Mulcahy (2013), explored the effectiveness of educational interventions for children in care, while also aiming to investigate some of the implementation factors and 'mechanisms of change', that influenced intervention outcomes. Although none of the studies included in this 2013 review would have met the inclusion criteria usually required for a Cochrane or Campbell review on the effectiveness of an intervention (The Cochrane Collaboration, 2008), some positive directions for future research were identified.

Interventions which emphasised an interpersonal component seemed to be most promising. For example, in a community project (Lee et al., 1989) which combined mentoring, carer involvement and vocational support for young people in foster care, the most popular and well-run component of the project was mentoring. Similarly, in an evaluation of 'Taking Care of Education' (Harker et al., 2004), recipients of the intervention identified encouragement from carers and teachers as an important trigger to achieving in school. Tutoring programmes were also found to be popular (Berridge et al., 2009) and effective in improving reading and maths skills in children aged 5-14 (Ritter et al., 2006). In sum, the findings outlined above, reinforce the paradigm that children's 'pre-care' and 'in-care' experiences are critical to understanding some of the barriers faced by children in care, with regard to academic attainment and educational outcomes (O'Higgins, Sebba and Luke, 2015; Sloan, et al., 2020). Furthermore, these findings re-enforce the argument that helping children to develop positive, trusting relationships, with encouraging adults, is key to the success of any social, emotional, or educational intervention for this group of children.

4.4.3 School-Based Interventions and Evidence of Effectiveness

Other than The Attach Project (TAP), which is currently being implemented in some primary schools in Northern Ireland, there are no school based, targeted or indicated interventions specifically directed to children in care. However, Nurture Groups (Bennathan and Boxall, 2013) and Theraplay programmes (Jernberg, 1979; Booth and Jernberg, 2009) represent two attachment-focused, school-based interventions that have been designed to support children experiencing particular social, emotional, and behavioural difficulties, that often create a barrier to learning within a mainstream classroom (Sloan et al., 2020). There is evidence to suggest that many children' who participate in Nurture Groups and Theraplay are in care, or have experiences characterised by socio-economic hardship and other forms of adversity (Boxall, 2002; Sloan et al., 2020; Wettig, Franke and Fjordbak, 2006). It is likely that many of the children who participate in these interventions have complex trauma histories as well

as attachment difficulties, which are recognised as being the root-cause of the difficulties they experience in school.

Nurture Groups. 'Classic' Nurture Groups involve taking a small group (10-12 children at most) out of the mainstream classroom and into a safe, welcoming, and nurturing setting that aims to reflect aspects of both the home and school environment (Bennathan and Boxall, 2013). For example, there is usually a comfortable seating area and a kitchen, as well as a designated area for classroom activities (Colley, 2009). Children spend a set period of time in the Nurture room each day and usually return to their mainstream class for set activities such as assembly and registration. When in the Nurture room, a teacher and classroom assistant are present to take care of the children. The teacher and classroom assistant aim to establish positive relationships with each child in the group, while also facilitating safe and predictable routines each day (Colley, 2009).

While in the Nurture room, children engage in a range of activities that aim to promote their communication skills, prosocial behaviours, as well as their feelings of self-esteem and confidence. The 'Nurture Breakfast' is also a common feature in most nurture groups (Colley, 2009). Ensuring that this base physiological need is met, can help children to concentrate and learn. Unlike other interventions aimed at improving children's social and emotional development, Nurture Groups also provide educational learning opportunities, so that children do not fall further behind in the mainstream curriculum.

The proposed theory of change underpinning Nurture Groups is that through forming positive attachment-relationships with the adult(s) in their environment, children's social and emotional wellbeing will be enhanced, while they also experience learning opportunities akin to those in the mainstream classroom (Sloan et al., 2020). It is theorised that through enhancing children's relationships, they will become better equipped to learn and ultimately, improvements will be made to their academic profile.

Nurture Groups have been consistently associated with improving outcomes for 'at-risk' children based on a range of academic, social, and emotional indicators (Cooper

et al., 2001; Hughes, and Schlösser, 2014; Reynolds, McKay and Kearney, 2009; Sloan et al., 2020). Various studies have also shown that nurture groups can either significantly improve academic attainment, or prevent occurrence of significant decline (Hughes, and Schlösser, 2014). Furthermore, nurture groups have been associated with enabling children to return to their mainstream classroom after they participate in the intervention, as opposed to children in control groups, who often transfer to special education schools that are more able to meet their needs (Iszatt and Wasilewski 1997). Based on the knowledge that Nurture Groups are often most effective for children experiencing the most difficulties at base line, it has also been argued that these interventions are particularly beneficial for children in care (Sloan et al., 2020).

Theraplay. Theraplay is a directive, interactive, short-term play therapy which aims to help children who have experienced complex trauma and who are likely to have attachment difficulties (Jernberg, 1979; Booth and Jernberg, 2009). Theraplay aims to meet the underlying emotional needs that are responsible for children's maladaptive behavioural symptomology (Wettig, Franke. and Fjordbak, 2006). While Theraplay is traditionally an individualised intervention for children with complex needs, there is some evidence suggesting that Theraplay can be successfully adapted for a group and classroom setting (Rubin, and Tregay, 1989; Siu, 2014).

Francis, Bennion and Humrich (2017) conducted an evaluation of the outcomes of a school-based Theraplay project for children in care in primary schools. They explored the impact of both group-based and individualised versions of the intervention within the school setting. Similar to Nurture Groups and The Attach Project (which is the focus of the current study) the purpose of the school-based Theraplay project was to support children in care to develop a relationship with a Key Adult in school. The proposed theory of change underpinning the school-based Theraplay project was that facilitating positive relationship development, between children and a Key Adult in their school, could help to bridge the gap between the child's emotional wellbeing and their engagement with education.

Qualitative findings from the evaluation by Francis, Bennion and Humrich (2017), suggested noticeable changes in children's relationship skills, confidence, and engagement with education. Furthermore, quantitative findings revealed that the group-based Theraplay intervention was effective in reducing total Strengths and Difficulties Questionnaire (SDQ)[9] scores for children in care who had less-complex needs at baseline. There were no statistically significant effects found for the individualised intervention. However, it is impossible to determine from the evaluation, whether this was due to the children in the individual intervention having increased complex needs at baseline, or due to the dynamics of intervention itself. Although the main purpose of the Francis, Bennion and Humerich (2017) research was to evaluate the effectiveness of Theraplay in school, the researchers did, to an extent, investigate the 'mechanisms and contextual factors relevant to the processes of the intervention'. In other words, they partially investigated the programmes implementation. Table 4.1 outlines some of the themes, identified through an analysis of the context and mechanisms impacting the implementation of Theraplay in schools.

[9] The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. It exists in several versions to meet the needs of researchers, clinicians and educationalists.

Table 4.1: Theraplay Implementation Themes Identified by Francis, Bennion and Humerich (2017)

Contextual Factors	**Mechanism of Change**
Care setting: carers and school staff felt that the child's early life experiences and placement instabilities impacted on the child's learning.	Relational focus: staff appreciated opportunities to build relationships with the child/children.
School systems: staff felt the work was constrained by limited time for sessions, support for teachers and the intervention not being embedded in the school.	Theraplay activities: staff felt the individualised nature of Theraplay activities matched the child/children's needs.
	Consultation with staff: staff valued the additional sessions and having protected time for their own well-being and learning.

Unlike any of the studies identified in review by Evans et al., (2017), the researchers evaluating the Theraplay project (Francis, Bennion and Humrich, 2017) also took steps to give voice to all stakeholders, including the children who were the recipients of the programme. Similarly, there are various research studies that explore both children and parents' perspectives of Nurture Groups (Sloan et al., 2020). This is a step in the right direction regarding children's rights to agency and involvement in decision making (Eurochild, 2010).

Evidence from research into Nurture Groups and an initial evaluation of a school based Theraplay project, indicate the value of relational-based and attachment-focused interventions for children likely to be experiencing the negative implications of complex trauma and insecure attachments. This paradigm is further supported through implementation evidence that was identified in the review by Liabo et al. (2013), that suggests that interventions with an interpersonal component, provide the most promise. Evans et al., (2017) point out that there is a distinct gap in the literature surrounding school-based, educational interventions targeting children in care specifically. Furthermore, there is an apparent gap in the literature surrounding the

development of educational interventions for children in care that are theoretically driven and have been effectively assessed through scientific rigour, full process evaluations (implementation studies) and repeated trials.

4.4.4 School-Based Training as an Approach to Intervention: The Alex Timpson Attachment and Trauma Awareness Programme

At this stage, it seems imperative to discuss research that has been conducted in England, through the Rees Centre at Oxford University and in relation to the Alex Timpson Attachment and Trauma Awareness Programme (here on referred to as the 'Timpson Programme').

The Timpson programme is a five-year programme that started late in 2017 and is funded by the Alex Timpson Trust. The aim of the programme was to encourage and support schools (primary and secondary) to take part in training, on attachment and trauma, so that they could become more equipped to support care experienced children in their educational setting (Harrison, 2020). Schools participated in a variety of attachment and trauma awareness training programmes, all of which focused on improving school staff's knowledge and understanding of the impact of trauma and insecure attachment on children's wellbeing and behaviour in school. Furthermore, all training programmes focused on helping school staff to develop specific strategies for working with children in care, usually through a form of emotion coaching. Training programmes also emphasised the importance of ensuring that schools could develop and attachment friendly whole school ethos, characterised by empathy, trust and safety.

It was hoped that three waves of research could be conducted to explore the outcomes of the Timpson Programme over five years. However, due to COVID-19 the robust research process that was planned was not possible. Nevertheless, step one of wave one of the research was conducted pre COVID-19, and a working paper has been produced (Harrison 2020). Key Questions asked in the first wave of the research were:

1. How do staff adapt their micro practices as a result of attachment and trauma awareness training?
2. How do schools change their policies and practices with increased awareness of attachment and trauma?
3. Do school staff and children report changes to the school climate as a result of trauma and awareness
4. Do children attend better and make more progress in attachment and trauma aware schools?

Similar to TAP, the 'Timpson Programme' emphasised the centrality of in ensuring that an attachment friendly and trauma informed ethos could filter throughout staff teams working in schools. Unlike TAP, however, schools who engaged with attachment and trauma awareness training as part of the Timpson Programme, did not necessarily receive any form of ongoing implementation support, or additional, follow-up training. Furthermore, it is not clear if it was recommended to all schools that children in care should be paired with (or could select) a 'Key Adult' in their school.

Twenty-four primary schools across England participated in the first wave of the Timpson research. The findings of the mixed-methods research emphasised the importance and potential benefits of introducing training on attachment and trauma in schools. For example, participants highlighted that training helped them to understand the challenges facing children in care in school and gave them (the staff) 'strategies and language' (Harrison 2020, p.2) to support children experiencing difficulties of this nature. The Timpson research also highlighted that engaging with training on attachment and trauma influenced policy and practice development in schools, especially when these changes were led by the senior leadership team.

It was also highlighted in the Timpson research, however, that training on attachment and trauma should only be considered a starting point, in improving the academic attainment and school experiences of children in care, rather than the 'end of the journey' (Harrison, 2020, p.15). Respondents pointed out some specific challenges associated with integrating attachment and trauma awareness into their everyday

practice. Teachers, in particular, reported concerns about 'how best to help individual children within a class of 30' and 'how to achieve a balance between supporting care experienced children's emotional and mental health, while helping them achieve academically' (Harrison, 2020, p.9). They expressed challenges and concerns associated with adapting their knowledge and techniques to meet the needs of a diverse group of young people, building on a recognition that 'not every child's the same (and) you don't always have the answers' (Harrison, 2020, p.10). Furthermore, school staff who participated in the Timpson research, expressed 'continuing anxieties' (Harrison, 2020, p.10) about working with vulnerable young people, even after the training.

Based on this contemporary research, it could be argued that school-based interventions, that incorporate a whole-school approach to training on attachment and trauma, as well as opportunities for ongoing consultation and support for staff, are more likely to be effective, in improving outcomes for children in care, than those that rely solely on one-off training opportunities.

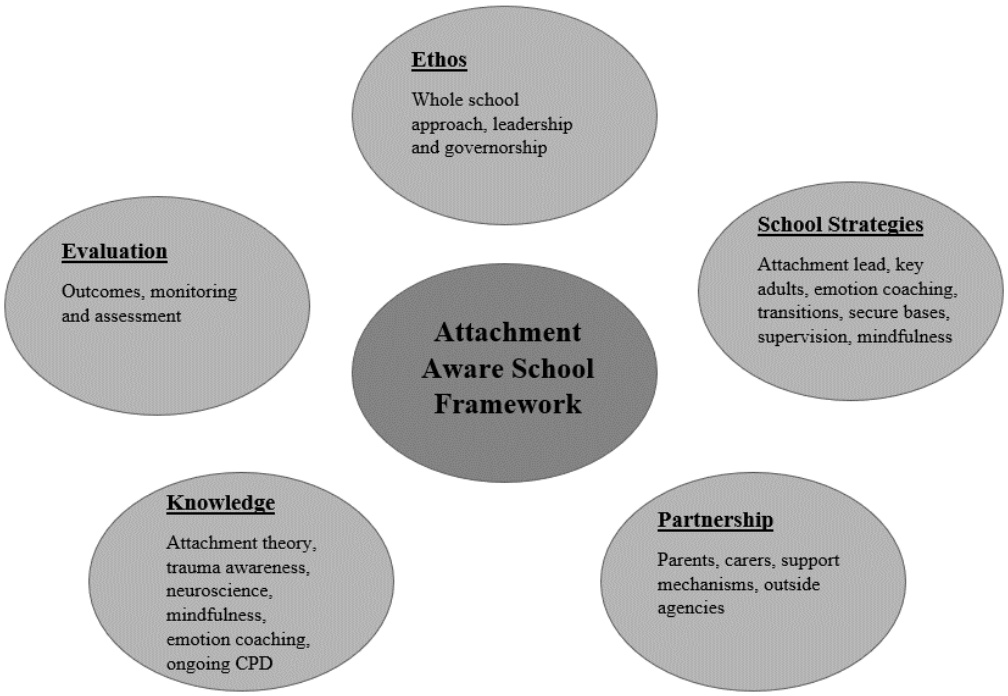
4.5 Integrating Evidence: Attachment Aware Schools (AAS)

It has been suggested so far throughout this thesis, that educational interventions and frameworks that aim to support children who are experiencing difficulties associated with complex trauma and attachment, should entail a whole-school training component, while also facilitating the development of trusting, dyadic-relationships between children and significant adult(s) in their school. Facilitating the development of warm and nurturing classroom climates, as well as a trauma-informed, attachment friendly school ethos, could help to ensure that children feel safe and as though they belong in school, while also avoiding further traumatisation due to inappropriate, punitive, or stigmatising approaches to discipline (Herrenkohl, Hong and Verbrugge, 2019).

Facilitating the development of an attachment-bond between a child and a key adult, could help to foster children's social and emotional skills, improve their mental

wellbeing, and help them to thrive in school (Verschueren, 2015). Research in this area has inspired the development, implementation and evaluation of a robust, attachment-focused framework aimed at supporting children who have additional social and emotional needs (Rose et al., 2019). Attachment Aware School (AAS) is an integrated framework designed to aid in the development of students' social and emotional competence (Rose and Gilbert, 2017). The AAS framework consists of five key elements that are depicted in Figure 4.2.

Figure 4.2. Diagrammatic Representation of the Key elements of the 'Attachment Aware School' Framework (based on the work of Rose et al. 2019).



A recent evaluation conducted by Rose et al. (2019), identified that the AAS framework yielded significant improvements for children participating, based on academic indicators including reading, writing, and maths. Most pupils progressed beyond expected levels on all measures. They also identified that the AAS framework was associated with positive improvements to pupil's behaviour, based on reductions in sanctions and exclusions and overall difficulties scores based on the SDQ

(Goodman, 1997). These findings were supported through free text responses collected from school staff, that indicated improvements to children's emotion-regulation and problem-solving skills, as well as a reduction in challenging behaviour. These findings, identified in the evaluation by Rose et al. (2019), were verified through independent evaluations conducted by Oxford University (Dingwall and Sebba, 2018).

An interesting component of the Attachment Aware School (AAS) evaluation conducted by Rose et al. (2019), was that they conducted a mixed-methods enquiry into practitioner outcomes and factors associated with the programme's implementation. Following the intervention trial period, participants completed practitioner exit questionnaires, as well as providing quantitative and qualitative data through online incident reporting. The findings demonstrated a positive impact on participants' professional practice, self-regulation, and self-control of emotions. These outcomes were associated with improvements to staff's wellbeing, and increased confidence when discussing pupils' emotional wellbeing. Although it was not explicitly tested in the Rose et al., (2019) review, it is plausible that improvements to staff's wellbeing and affect, represented a key mechanism through which the AAS framework was successful.

With regard to implementation, participants reported that the programme helped them to be more empathetic and less dismissing when pupil's displayed challenging behaviour. Qualitative evidence indicated that the Attachment Aware School (AAS) programme facilitated a change in the school ethos, with schools becoming more nurturing places for staff and students alike. While the benefits of a more nurturing school climate for student's have been outlined earlier in this thesis, these findings indicate the benefits of improving school climate for teacher's and support staff. It is recognised that there is a significant emotional toll associated with teaching and supporting children experiencing difficulties associated with complex trauma and insecure attachment histories (Geddes, 2006; Bomber and Hughes, 2013). As explained by Greig et al. (2008, p.14), 'children with troubled histories, and their teachers, have extensive exposure to each other, yet have little or no information to facilitate understanding and intervention'. Furthermore, although it is relatively under-

explored, there is some research to suggest that supporting children in care specifically, comes with particular challenges and is associated with increased emotional labour (Edwards, 2016). Emotional labour, a sociological conceptual framework first outlined by Hochschild (1983, p.7), refers to when an individual must "induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others".

Emotional labour, characterised by increased 'surface acting' (portraying a different emotion than you are really feeling) and 'suppression' of emotions, has been associated with high levels of burnout, depersonalisation, and exhaustion. It is recognised, however, that individuals who receive high levels of peer support and supervision in the workplace, although reporting high levels of emotional labour, are more likely to engage in 'deep acting' (working to feel authentic emotions) or experience emotional consonance, consequently, reporting lower levels of burnout, depersonalisation and exhaustion. Furthermore, in supportive work environments, high levels of emotional labour have been positively associated with feelings of personal accomplishment and job satisfaction (Carlson, et al., 2012; Grandey, 2000; Pisaniello, Winefield, and Delfabbro, 2012). In keeping with this paradigm, findings from the qualitative study, conducted by Edwards (2016), indicated that information sharing between colleagues, other professionals, and carers, and receiving support from other members of the staff team, benefitted staff working with children in care in schools, helping to reduce the more negative implications often associated with increased emotional labour. These findings indicate that improving staff wellbeing through improved supervision and peer support, could be integral to ensuring the effectiveness of school-based interventions for children in care. Furthermore, these findings indicate the importance of facilitating a positive school ethos, wherein staff feel confident in working together and supporting each other, so that they can effectively meet the needs of the child.

Referring back to the Attachment Aware School (AAS) framework, several key elements associated with the programmes design are likely to be associated with the

positive outcomes yielded in the evaluations by Dingwall and Sebba, (2018) and Rose et al. (2019). Similar to the Timpson Programme (discussed subsection 4.4.4) and

TAP, the AAS framework aims to ensure that primary schools are supported to understand the challenges faced by many disadvantaged children with regard to learning and how attachment and trauma in early childhood can impact on children's cognitive, social, and emotional development. The AAS framework also trains participants in specific strategies such as emotion coaching and mindfulness, so that they can more appropriately support pupils through their everyday interactions.

Another important element of the 'whole-school' approach incorporated in the AAS, is that all school staff (including support staff) participate in the training. Given the research to suggest that the progress and integration of many interventions and curricular frameworks is hindered by them not having the full support of all staff (Roffey, 2010), ensuring that all staff receive training is an important step in the right direction. Furthermore, through additional training and support for senior members of staff, the AAS framework aims to ensure that schools have good leadership structures, wherein the attachment-friendly ethos is modelled from the top down. This is another important element of the programme, given the research to suggest that poor leadership is associated with disaffection (poor school attachment) in students (Cooper, 2007; Zsolnai and Szabó, 2020).

While there is ample research identifying the potential benefits of ensuring that schools have a warm, nurturing school ethos, wherein all pupils are valued and respected (Cooper, 2007; Zsolnai and Szabó, 2020), some research also suggests that interventions reliant on general practice principles, face challenges associated with replication and scalability (Herrenkohl, Hong and Verbrugge, 2019). For this reason, some experts recommend manualised and more scripted approaches that can be closely monitored for fidelity (Durlak, 2011).

As well as encouraging a whole school approach, wherein all staff received training on attachment theory, trauma, developmental neuroscience and universal strategies such as emotion coaching and mindfulness, specific interventions (including Nurture

Groups and Theraplay) were introduced in order to facilitate the formation of attachment-bonds between at-risk children and a significant member of staff or 'key adult' in school. This dual approach could help to ensure the fidelity of the AAS framework if it is scaled up and introduced in other schools. As speculated by Roffey (2010), it is likely that the successful implementation of a school-based intervention is dependent on a symbiotic relationship between the school culture and the social and emotional curriculum being addressed.

A further key element of the AAS programme is 'partnership'. It is becoming increasingly recognised throughout the research literature, that schools do not operate in isolation (Sloan et al., 2020). As identified by Sloan et al. (2020), in their evaluation of Nurture Group provision in Northern Ireland, the role of parent(s), or main carers, in intervention success is important, yet relatively unexplored. This gap in the literature is evident throughout the research surrounding school-based intervention development and could be critical to maximising the benefits of school-based, attachment-focused interventions, and interventions targeting children in care in particular.

4.6 Chapter Summary

Chapter Four has provided a critical review of the legislation and policy developments regarding the education of children in care, specifically within Northern Ireland, and from this foundation has moved on to provide a critical overview of relevant research in the area.

The Chapter has provided an overview of some of the most well-recognised, empirically evidenced, school-based, attachment-focused interventions and has discussed how these interventions relate to the education of children in care in particular. It was identified that the most effective interventions for children in care, and indeed all children who have complex trauma or insecure attachment histories, are likely to involve a whole school component wherein all staff are trained in attachment-friendly, trauma-informed strategies, as well as a dyadic relational-component, through which children's attachment needs can be met.

Chapter Five outlines the methodological approaches utilised in the current study, exploring the design and implementation of TAP. TAP is informed, shaped, and underpinned by conceptual and theoretical understandings of attachment, the impact of ACEs and trauma informed practice. Chapter Five provides a detailed overview of TAP.

Chapter Five

The Current Study

5.1 Introduction

As indicated in earlier Chapters, recent statutory developments and policy initiatives aimed at improving the lives of children in care, reflect the recognition that outcome-focused, evidence-based approaches must be employed through better multidisciplinary working and corporate parenting. Reflecting these themes, recent developments in Northern Ireland stemming from the 'Early Intervention Transformation Programme (EITP) and the 2018-2021 'Strategy for Looked After Children' (DoH and DoE, 2018), have seen the establishment of the 'Children Looked After Education Project' (CLAEP). The Attach Project (TAP) was one of the interventions being trialled, as part of the CLAEP and is the focus of the current implementation study. Chapter Five begins with a background to The Attach Project, its component parts and how it came about. A description of the research aims, objectives and questions is then followed by an outline of the study design, the methodological approaches employed in the study and a discussion of the ethical issues, and how these were addressed. The strengths and limitations of the current study are also identified before moving on to subsequent Chapters that present the substantive findings.

5.2 The Attach Project (TAP)

5.2.1 The History of the Development of The Attach Project (TAP)

TAP had its origins some ten years ago, following discussions between the looked after children education support services and therapeutic support services operating in Northern Ireland, and in the Belfast and South-Eastern Health and Social Care Trusts specifically. Some of the key contributors in the initial development of TAP, were Dr Mark Conachy, a consultant clinical psychologist working in Belfast Therapeutic

Support Services, Anne-Marie Bagnall, the current CLA Education Champion in Northern Ireland and Cathy McHugh, the current TAP coordinator. TAP's development was also supported by two trainee educational psychologists (Dr Agnes Travers and Dr Hassan Regan) from QUB, who were on placement in Belfast Therapeutic Support Services at the time.

Soon after its initial development, TAP was introduced into a sub-sample of secondary education settings in the Belfast and South-Eastern Education and Library Boards in Northern Ireland. At this time, a small-scale feasibility study was conducted with ten young people who were in care representing the target recipients of TAP. The young people also participated in the research. The initial research was submitted as a dissertation, to fulfil the requirements for the Doctorate in Educational, Child and Adolescent Psychology (Regan, 2013). Continuing the work of Regan (2013), the Department of Education (DoE) commissioned a researcher from QUB to conduct a secondary evaluation of TAP's outcomes in the secondary education setting (Sproule and Regan, 2014). While it is clear that the young people who participated in the research were recruited from 'a variety of educational settings', the exact number of educational settings is not specified (Sproule and Regan, 2014). Other participants included Key Adults and 'service managers of Key Adults' as well as educational psychologists.

According to Sproule and Regan (2014), TAP showed some evidence of effectiveness in the secondary education setting, in improving young people's social and emotional wellbeing and behavioural outcomes. However, the quantitative findings lacked external validity due to a low sample size (n=10), much missing data and the lack of a control group. Therefore, qualitative findings evidenced in the report provide more robust and useful information. Some of the key (qualitative) findings included the perceived building of positive and secure relationships between young people and their Key Adult (according to the Key Adult), characterised by trust, increased eye-contact and the young person 'opening-up'. Key Adults also reported that they gained insight into the 'causes' of the challenging behaviour often displayed by the young person and reported that they gained skills in 'dealing' with children displaying this type of

behaviour. Other benefits, reported in the evaluation report, included a perceived reduction in suspensions, because of TAP, as well as improved liaisons with the child's home or care setting. The full (2014) evaluation report can be accessed, on request, from the CLAEP team within EANI (info@eani.org.uk).

In the 2015-2016 academic year, Key Stage Two was identified by the Department of Education Northern Ireland (DENI), as when the discrepancies in academic attainment between children in care and their peers, becomes significantly pronounced. At this time, children in care fell 33 percentage points below their peers in 'communication' and 34 percentage points lower than their peers in 'Using Mathematics' (DoH, 2017). In light of this evidence and reflecting renewed efforts to improve the educational and later life outcomes of children in care, Anne-Marie Bagnall, the newly appointed Children Looked After (CLA) Education Champion in Northern Ireland, was charged with identifying and introducing innovative interventions for children in care and a budget was ring-fenced for such endeavours. Anne-Marie Bagnall was recruited to the position of Children Looked After (CLA) Education Champion in September 2016 but had been working as a Senior Education Welfare officer, with responsibility for Looked After Children Support Services prior to then.

Having reviewed the data for children in care, and current approaches to improving their outcomes, and following the OECD independent review (OECD, 2016), it was recognised that the educational progress of this group of children was limited by poor communication between the education and social care sectors, a lack of multidisciplinary working and service provision, and failure to introduce attachment and trauma informed practice in schools. Reflecting on the available evidence, which suggests that attachment-focused interventions are likely to be most effective in supporting primary aged children in care in their education (Bomber, 2007, Bomber and Hughes, 2013; Verschueren 2015; Zsolnai and Szabó, 2020), and led by the CLA Champion, TAP was adapted by the CLAEP team and Dr Mark Conachy for implementation in primary schools at Key Stage Two. The core principles of TAP remained the same when it was adapted to target primary aged children instead of those in secondary school (for example through the introduction of Key Adult-Key Child

pairings, whole school awareness training on trauma and attachment and ongoing implementation support). However, the Key Stage Two version of TAP also introduced the 'Trauma and Attachment Informed School Model' (see figure 5.1 in the next section) to help to ensure that TAP Named Contacts and Key Adults were being fully supported in their school and that the 'TAP ethos' could filter throughout the whole staff team.

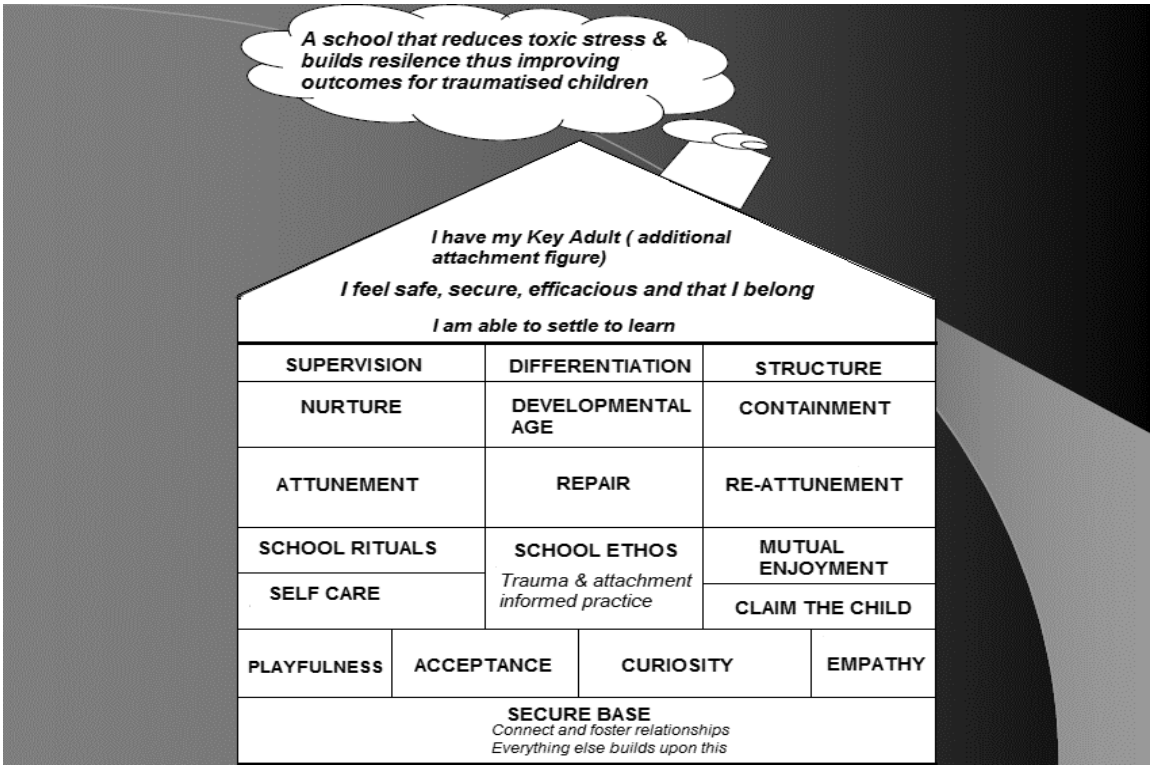
Additionally, due to the introduction of the EITP-CLAEP project, TAP was integrated into a wider suite of interventions and, therefore, additional support for schools was made available through the appointment of designated Education Project Workers, who acted as an additional point of contact for TAP schools. Other changes to TAP's delivery model, from the original version to the current primary school version, included changes to the training, characterised by increased emphasis on the needs of children in care in middle childhood, resilience and blocked care. There was also an increased emphasis on the PACE (Playfulness, Acceptance, Curiosity and Empathy) model (Becker-Weidman and Hughes, 2008) for supporting care experienced and otherwise complexly traumatised children, giving participants at training more opportunity to practise these skills. Although being implemented as part of a wider-suite of interventions (as outlined in Chapter Four), TAP represented one of the first attachment-focused interventions designed to improve children's experiences in school, their overall wellbeing, and their academic attainment.

5.2.2 Theoretical Underpinnings of The Attach Project

TAP is primarily underpinned by an attachment-focused therapeutic intervention called Dyadic Developmental Psychotherapy (DDP) (Weidman and Hughes, 2008). DDP is a treatment for children experiencing difficulties associated with complex trauma and disorders of attachment (Weidman and Hughes, 2008). DDP was first developed by Daniel Hughes throughout the 1980s and 1990s and is employed to improve the complex psychological problems that are often experienced by children in care, and adopted children, as they struggle to achieve greater measures of stable functioning in their homes (Hughes, Goulding and Hudson, 2015). It is underpinned

by attachment theory and places significant emphasis on developing intersubjectivity between parent(s) or carer(s) and their child. Intersubjectivity emerges from shared affect (psychological attunement), joint attention and congruent intentions (a goal-corrected partnership) (Weidman and Hughes, 2008). In DDP practice, therapeutic interactions between the child and therapist, the child and caregiver and the caregiver and therapist, should be characterised by PACE (Playfulness, Acceptance, Curiosity, and Empathy). Building on these principles, Kim Golding developed a model for 'Therapeutic Parenting in Nurturing Attachments' (Golding, 2006). This model was adapted by therapeutic and education support services in Northern Ireland, to produce a 'Trauma and Attachment Informed School Model', that acted as a blueprint in the development of TAP. The Trauma and Attachment Informed School Model is depicted in Figure 5.1.

Figure 5.1: The Trauma and Attachment Informed School Model, Adapted from Golding's (2008) Model for Therapeutic Parenting in Nurturing Attachments.



Note. Copyright permission to include the 'Attachment and Trauma Informed School Model' in the current thesis was granted by the Education Authority and Belfast Health and Social Care Trust on 17/08/2021.

It is theorised that the 'PACE attitude' can be adopted by the Key Adults, Named Contacts and, to a lesser extent, all school staff participating in TAP. During interactions with their Key Child in school, it is hoped that Key Adults will use PACE to help them to develop a genuine, positive, and intersubjective relationship with the child, in order to better support them in school. Essentially, DDP and the PACE model aim to ensure 'connection before correction' when supporting children in care (Bomber and Hughes, 2013).

As a therapeutic practice, DDP also recognises the importance of non-verbal communication during interactions with traumatised children. This is because many maladaptive experiences in infancy and early childhood, occur in the non-verbal stage, a time characterised by the absence of explicit memory (Weidman and Hughes, 2008). For insecurely attached children (particularly those with a disorganised attachment style), it is likely that interactions with caregivers during the non-verbal stage were characterised by harsh or aggressive looks, aggressive or disappointed tone of voice, or incidences of violent or inappropriate touch. Additionally, children who are insecurely attached due to experiencing trauma, are less likely to have experienced appropriate, timely responses to their distress during infancy and early childhood (Hughes et al., 2015). It is conceptualised that through TAP training, Key Adults can learn to recognised distress in their Key Child, and will be able to respond in an appropriate, attachment-friendly way. In instances where there is conflict or relational-breakdown in the Key Child- Key Adult pairing, it is hoped that Key Adults can use PACE to repair the relationship and re-attune with the child.

As pointed out by Mercer (2014) and acknowledged by Hughes, Golding and Hudson (2015), the evidence base for DDP as a therapeutic intervention is limited and is primarily based on findings from preliminary studies and individual case studies. Despite a relatively recent drive to continue developing the evidence base for DDP (Hughes, Golding and Hudson, 2015), it could be argued that the dearth of empirical evidence, supporting DDP as a therapeutic practice, represents a limitation to TAP's design and development process. It should be emphasised, however, that there are over 20,000 peer-reviewed articles evidencing the importance of attachment from infancy

through to old age. Therefore, it is likely that an attachment-focused therapy, through which children can develop new, positive attachments, has the potential to have positive impacts (Hughes, Golding and Hudson, 2015; Bomber and Hughes, 2013).

As outlined earlier, the team responsible for the development of TAP believed strongly, on the basis of the available evidence, that interventions underpinned by attachment theory, and attachment in school specifically, have the potential to help children with their educational attainment and achievement. It is within this context that TAP was designed, with the aim of supporting the educational attainment of children in care. Its component parts are outlined next.

5.2.3 Component Parts of The Attach Project: Inputs and Outputs

Key Child. The Key Child is the Child in Care who is the target recipient of the intervention. The intervention involves a whole-school approach to supporting children, through encouraging an attachment-friendly, trauma-informed whole school ethos, with an aim to help vulnerable children to feel safe, efficacious and as though they belong in school. The whole-school approach also aims to promote an environment wherein all staff can work together and feel supported to ensure the best possible school experience and outcomes for children in care. TAP also involves the individualised pairing of each 'Key Child' with a 'Key Adult'.

Key Adults and Back-Up Key Adults. It is theorised that through effective training and support, the Key Adult can become a positive attachment figure for the Key Child in school, acting as both a secure base and safe haven. It is also theorised that Key Adults can develop a trusting relationship with their Key Child, through which the child can develop a consistent expectation that their Key Adult is available to them and will be able to help them in school. Through this genuine and consistent relationship, it is theorised that the Key Child can develop their social and emotional skills, feel safe, secure, and efficacious in the school environment, and settle to learn more easily. The Back-Up Key Adult is an adult in the school who should also develop

a relationship with the child, so that they can step into the Key Adult should the Key Adult not be available.

Named Contacts. The TAP 'Named Contact' is a member of school staff who is responsible for overseeing TAP's implementation in the school and liaising with the 'TAP team'.

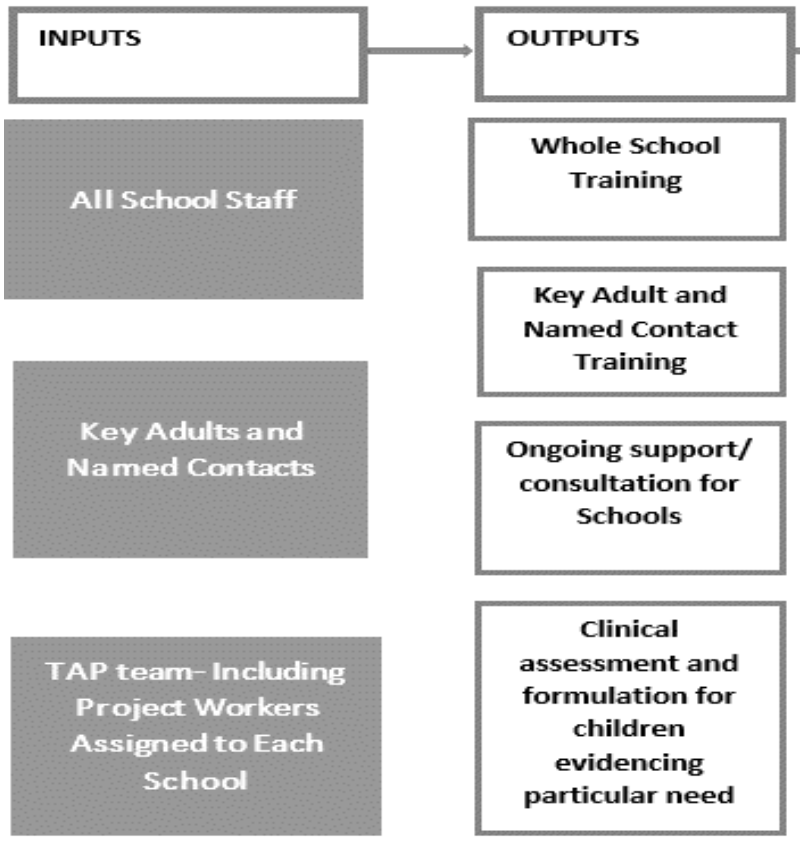
The TAP Team. The 'TAP team' are the professionals working within the Education Authority Children Looked After Education Project (CLAEP) team, who are responsible for coordinating TAP's introduction and implementation in schools.

TAP Outputs. TAP outputs (activities) include whole-school training that takes place within schools over half a day (teachers, support staff and school governors are welcome to attend this training) and more intense, two-day training for Key Adults, Back-up Key Adults and Named Contacts. TAP outputs also include ongoing implementation support and consultation, and additional training from the 'TAP team' in schools as and when required. The final output component of TAP (as it was originally designed and implemented) is 'clinical assessment and formulation'. Clinical assessment and formulation entails more intensive and direct input from clinical psychologists and trained social workers, who are working as part of the TAP team, when schools and children require more support and in instances where there is an increased risk of school placement breakdown. Figure 5.2 depicts the TAP inputs and TAP outputs.

TAP Key Adult Training (KAT). TAP KAT was considered a critical component of the intervention. Throughout the data collection phase training was delivered by the consultant Clinical Psychologist and 'TAP Coordinator' who, together with the CLA Education Champion, were responsible for developing the training. TAP KAT took place in a neutral Education Authority location and was attended by staff from various schools over two-days. The two training days in each set always took place within four working days of each other (usually on consecutive days or with one day in-between). Training began at 9.30 am each morning and finished at approximately 4 pm. Lunch

was provided for participants each day at approximately 12.30 and the lunch break was 30-45 minutes long, depending on participant preference and consensus. Two coffee breaks were also scheduled for mid-morning (around 10.45 am) and mid-after-noon (around 2.00pm) and lasted approximately 15 minutes. Prior to training Key Adults and Back-Up Key Adults, TAP Named Contacts attended an extended training set (lasting an additional 20 minutes), which included information on how to select a Key Adult. Figure 5.3 outlines the finalised Key Adult Training (KAT) schedule (extracted from the finalised TAP KAT PowerPoint included in Appendix A).

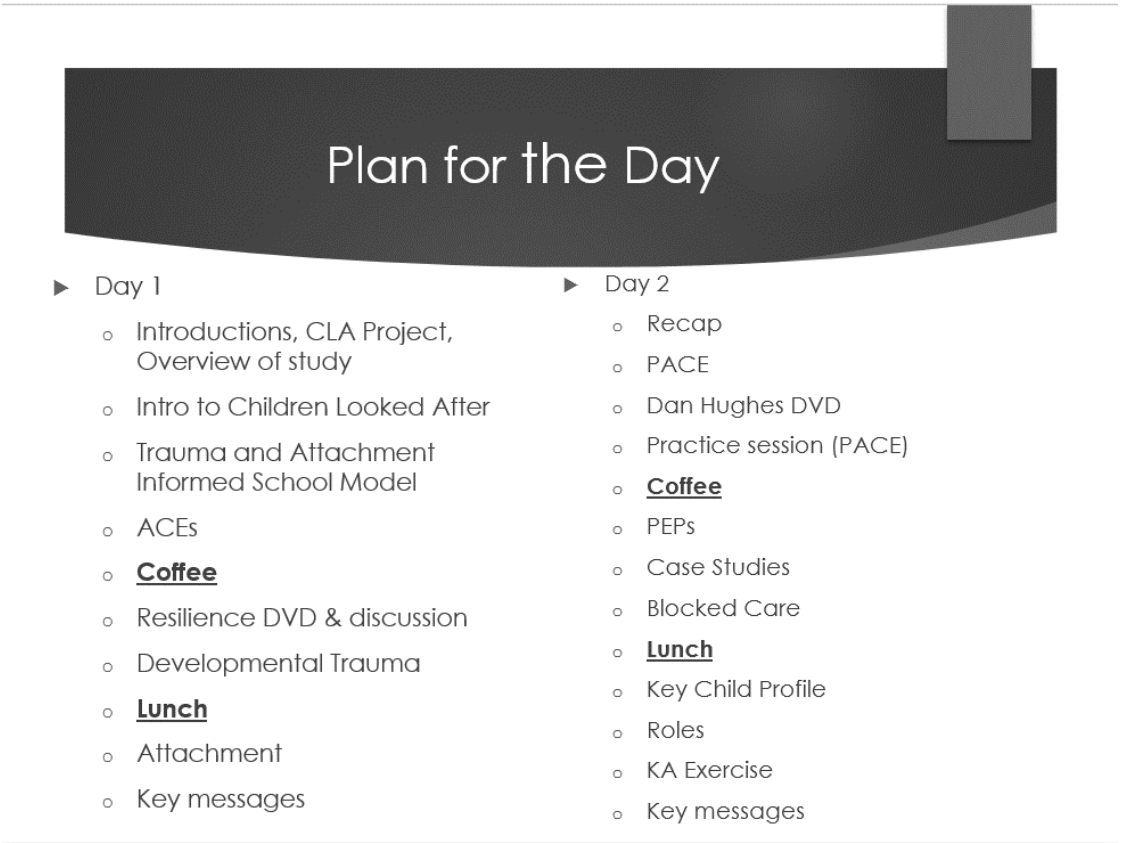
Figure 5.2: TAP Inputs and Outputs (model is author's own)



Training Day 1 consisted of mostly of lecture-based learning (around 3.75 hours out of 5.25 hours), however, active participation and discussion between individuals and

the training facilitator(s), was encouraged. Two short video-clips were also included in the training on Day 1 (see appendix A for more detail) and the rest of the time was used for group discussion supported by the training facilitators. Training Day 2 consisted of considerably more group work (around 2.75 hours) employing discussion and active learning strategies, such as exploring (fictional) case studies and working together to consider children's internal working models and how to best support children through attachment friendly practice in school. Day 2 also included some lecture-based learning and an instructive video, on how to use the PACE model (Playfulness, Acceptance, Curiosity and Empathy), that lasted approximately 45 minutes.

Figure 5.3: Finalised Key Adult Training Schedule



Given the considerable amount of material included in TAP KAT, the researcher had some concern that participants simply could not digest all of the information in such a short space of time (two days). Therefore, the dosage of the training was explored both

quantitatively and qualitatively in the current study, with recommendations for ongoing implementation being fed-back to the TAP team during the implementation phase (see section 5.6 for more information). The finalised TAP KAT can be found in Appendix A, at the end of this thesis. The main topics covered during TAP KAT are detailed in Table 5.1.

Table 5.1: Main Topics Included in TAP Key Adult Training

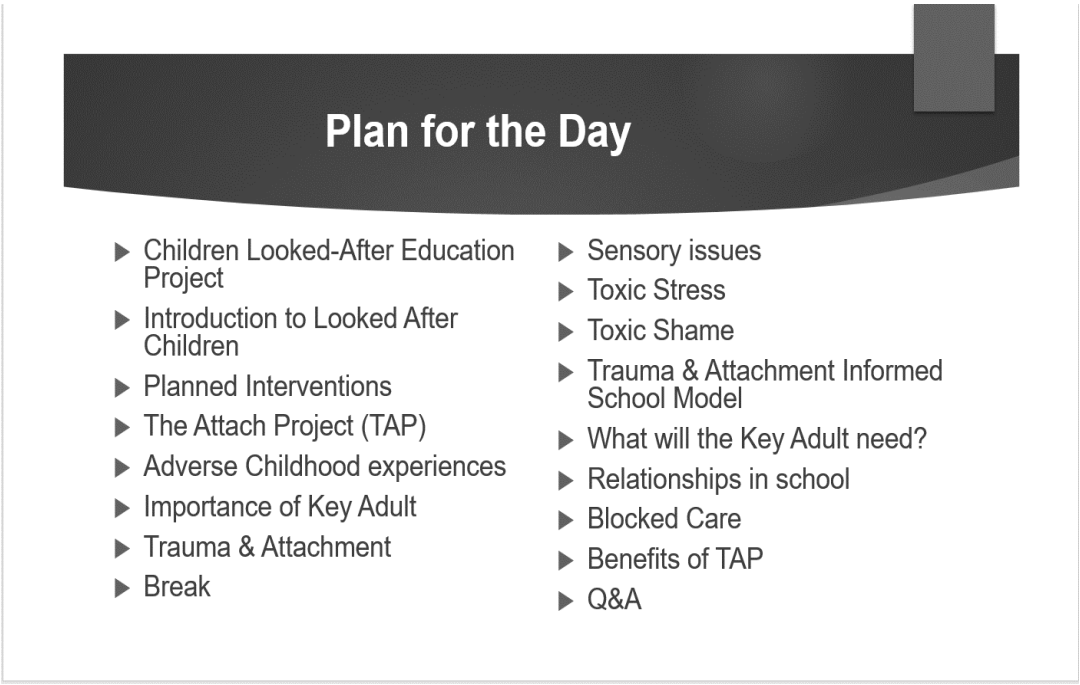
Main Topics Included in TAP Key Adult Training	
Day 1	**Day 2**
An introduction to the project and children in care	Using PACE
Typical brain development	Using PEPs
Attachment theory	Case studies
Adverse Childhood Experiences (ACE) toxic stress and developmental (complex) trauma	Developing strategies
Internal Working Models	Crisis intervention
Containment and emotional regulation	Blocked care
Intersubjectivity	The role of the Named Contact and Key Adult in the School
Patterns of attachment and attachment difficulties	
Toxic shame and low self-esteem	
Sensory issues	

TAP Whole School Training (WST). As explained earlier in this Chapter, as well as supporting children in care through an individualised Key Child-Key Adult pairing, TAP aimed to ensure an attachment friendly, and trauma informed whole school ethos. Therefore, TAP whole school awareness training was developed and was considered critical to the effective implementation of TAP. It was hoped that all school staff (not

just teaching staff) could attend this training, ensuring that the 'TAP ethos' could filter through the whole school, creating a safe and secure environment for children to learn.

TAP WST took place in individual schools, over half a day, from mid-August to the end of October 2018. The training lasted approximately 3.5 hours and a 15-minute coffee break was incorporated into the schedule halfway through the training. The full training usually took place in schools in the morning (before lunch) or the afternoon (after lunch). On two occasions, neighbouring schools combined and attended the same training. On one occasion, the training was split into three and delivered over three afternoons (after school), to accommodate the school, as they did not have any staff training days left to use. The TAP whole school awareness training schedule is depicted in figure 5.4 (extracted from the finalised TAP WST PowerPoint that is included in Appendix A).

Figure 5.4: Structure of TAP Whole School Training



TAP WST was delivered in each school by the TAP coordinator and a member of the CLAEP team. All training facilitators had either a social work or teaching back-ground and had completed Level One DDP and Practice training. TAP WST consisted mostly

of lecture-based learning, although feedback and questions from participants were encouraged throughout each of the training sets. Two short video clips were also included in the training. The finalised TAP whole school awareness training can be found in Appendix A, at the end of this thesis.

5.2.4 Reflections on TAP's Design

It is important to note that TAP is not a manualised intervention, where staff working in schools are instructed to follow specific steps, for specific periods of time, or for a certain amount of time each day or each week. Because of this, it can be argued that TAP training and support encourages school staff to follow 'general practice principles' informed by an attachment friendly and trauma informed approach. The attachment and trauma informed approach emphasises the importance of positive language and emotion coaching, instead of harsh disciplinary responses, while still highlighting the importance of boundaries when working with care experienced children. The training and ongoing support also aims to help schools to develop strategies for working with children who have complex trauma histories or who have insecure or disorganised attachment styles.

It has been argued that interventions that follow 'general practice principles' in education, face challenges associated with replication and scalability (Herrenkohl, Hong, and Verbrugge, 2019). It has also been argued, however, that flexibility, or a 'pro-adaption' approach, can ensure the effective implementation and adaption of an intervention across a range of settings (Castro, Barrera and Martinez, 2004). Given the potential variation between primary schools, based on factors such as school size, the number of children in care in attendance and the affluence of the area, TAP was intentionally designed to be flexible. In order to explore if an intervention such as TAP, that is not fully manualised, shows sufficient evidence of promise for effectiveness, the current study is primarily concerned with exploring TAP's 'implementation as conducted'. Section 5.3 outlines the research aims, objectives and questions in more detail.

5.3 Research Aims, Objectives and Questions

The overarching aims and objectives of the current study were to: explore TAP's 'implementation as conducted' through the conceptual lens of Design-Based Implementation Research (DBRI), ensure (where possible) that TAP could be implemented with fidelity, identify and resolve any potential barriers to the programme's implementation, explore the up-take of TAP in schools, and develop a system to ensure that the ongoing implementation of TAP could be adequately facilitated and 'scaled-up' through organisational routines and effective leadership.

The specific research questions regarding The Attach Project (TAP) and its design and implementation were as follows:

> **RQ1:** What are the TAP outputs and outcomes and how can they be assessed?
>
> **RQ2:** What are the relations between TAP outputs and outcome change (what is the programme's theory of intervention)?
>
> **RQ3**: What are the relations between the initial, medium, and long-term outcomes of TAP (what is the programme's theory of change)?
>
> **RQ4:** What implementation factors are associated with outcome change?
>
> **RQ5:** How was the emerging TAP logic model updated and what does the finalised logic model look like?

While TAP was developed on the basis of up-to-date evidence surrounding the particular social, emotional and educational needs of children in care, it was not developed with a well-defined logic model, depicting the different components of the intervention, or with a well-defined theory of intervention or theory of change. Therefore, through these specific research questions, TAP's logic model, theories of change and key implementation ingredients can be defined, ensuring the effective implementation of TAP if the intervention is 'scaled-up' or 'scaled-out'.

The remainder of this section further outlines the underpinning rational for each of the specific research questions, highlighting how answering each question through the current study can contribute to the growing evidence base associated with children in care, school-based interventions and implementation science.

5.3.1 RQ1 What are the TAP outputs and outcomes and how can they be assessed?

The Emerging TAP Logic Model as a Tool and Method

For the purposes of this design and implementation study, and with specific reference to Research Question One (RQ1), an emerging TAP logic model was developed. The components of the emerging logic model were based on the Trauma and Attachment Informed School Model (Figure 5.1, above), the TAP (secondary school) evaluation report, that is detailed in section 5.2 of this Chapter (Sproule and Regan, 2014), and using data collected through a one-off semi-structured interview that was conducted with the TAP Coordinator. Inspired by the 'Positive Action UK' pilot protocol (O'Hare et al., 2018), the emerging TAP logic model represented a testable model for assessing the theory of intervention, theories of change, and potential implementation factors influencing TAP. It also represented a theoretical basis for designing and selecting the measures employed in the current study to answer Research Questions Two-Five. Therefore, developing the 'emerging TAP logic model' answered Research Question One of the current study. The emerging TAP logic model is depicted in figure 5.5 at the end of this section.

5.3.2 RQ2 What are the relations between TAP outputs and outcome change (what is the programme's theory of intervention)?

As well as assessing TAP's theory of intervention as it is depicted in the emerging TAP logic model (Figure 5.5), Research Question Two (RQ2) aimed to set TAP within the context of national and international evidence, associated with effective approaches to school-based interventions for children in care, and other groups of

children who may experience similar difficulties in school. It is outlined in Chapter Four of this thesis, for example, that the most promising school-based interventions for children who have experienced adversity or insecure attachment development in childhood, are those that facilitate opportunities for children to form positive and trusting relationships with adult(s) in their school. There is also evidence to suggest that interventions of this type, should have a whole school component, wherein all staff receive training in attachment and trauma, and ongoing support or supervision.

TAP facilitates a Key Child- Key Adult pairing, provides training opportunities for all school staff and facilitates opportunities for ongoing consultation and support in TAP schools. Therefore, RQ2 aimed to elucidate how these different TAP outputs may work together to bring about the initial outcomes of the intervention, as they are depicted in the emerging TAP logic model.

5.3.3 RQ3 What are the relations between the initial, medium, and long-term outcomes of TAP (what is the programme's theory of change)?

Research Question Three (RQ3) aimed to assess and explore the hypothesised theories of change as they are depicted in the emerging TAP logic model. In keeping with the third key principle of DBIR (outlined in section 3.4 of this thesis) answering RQ3 can help to develop theory and knowledge related to school relationships for care experienced children, and the potential impact of these relationships on their wellbeing and education. For example, RQ3 aimed to explore the relations between Key Child-Key Adult pairings, and children's feelings of safety and belonging in school. Furthermore, answering RQ3 can elucidate some key outcomes for staff, that are associated with introducing a whole school approach to attachment and trauma informed practice in schools.

5.3.4 RQ4 What implementation factors are associated with outcome change?

Through an iterative approach, incorporating multiple stakeholders' perspectives (in keeping with the second key principle of DBIR), Research Question Four (RQ4) aimed

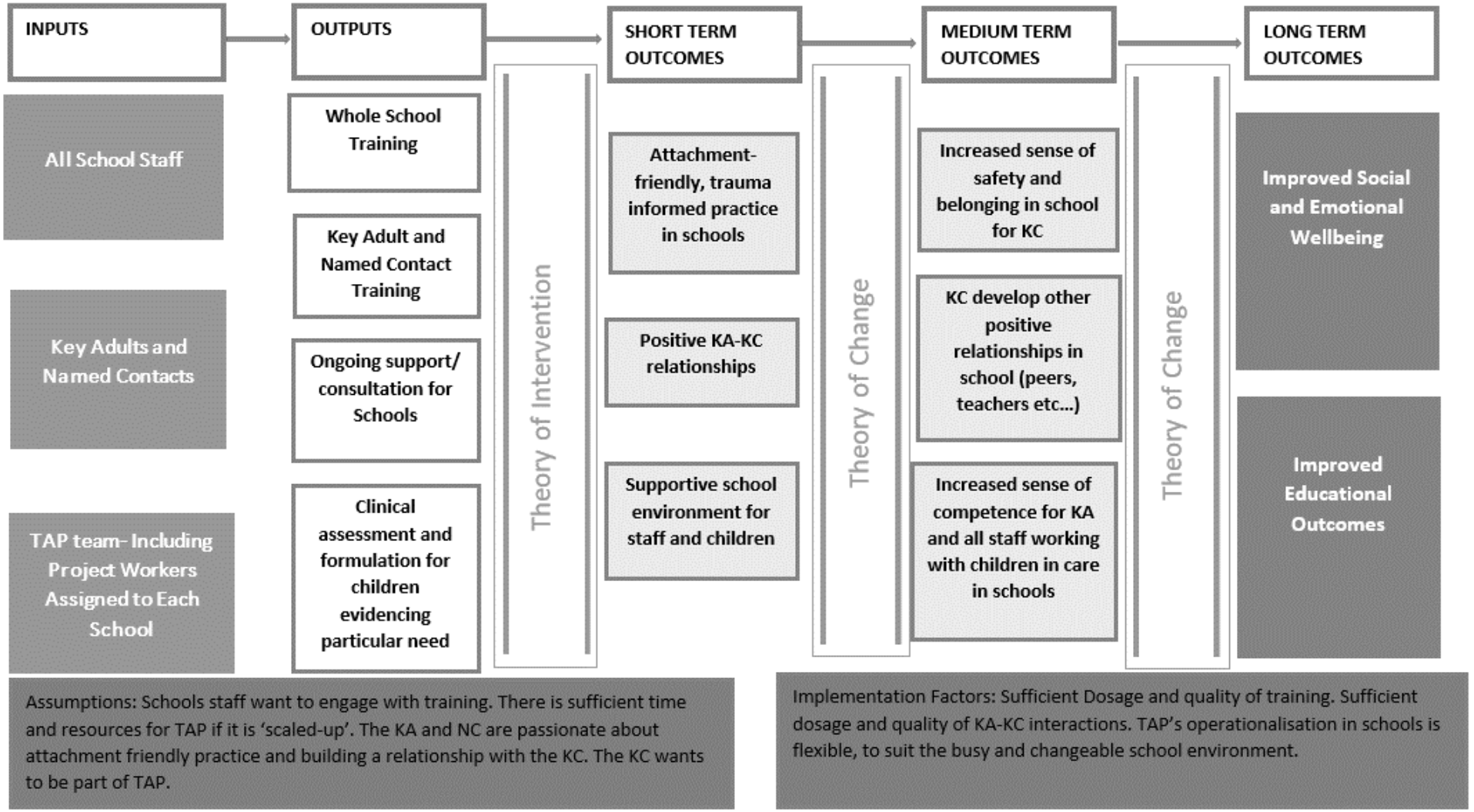
to refine and optimise TAP, by exploring TAP's key implementation factors and potential barriers to the programme's implementation. Utilising an iterative approach to enquiry also provided a unique opportunity for programme differentiation during the implementation phase, ensuring the optimal benefits to the schools and children participating.

5.3.5 RQ5 How was the emerging TAP logic model updated and what does the finalised logic model look like?

By amalgamating findings elicited from answering Research Questions One-Four, and by updating the emerging TAP logic model, RQ5 was proposed with an aim to produce an up-dated, or finalised, TAP logic model that can be used as a roadmap for future stakeholders, depicting the relevant inputs, outputs, outcomes, and implementation factors that must be considered prior to implementing TAP. In keeping with the second and fourth key principles of DBIR, RQ5 also aimed to use an iterative approach to develop an understanding of the organisational systems that are in place, to ensure the effective implementation of TAP, if the intervention is scaled-up and introduced throughout the education sector in Northern Ireland.

Section 5.4 outlines the study design in more detail, providing an overview of ontological and epistemological considerations as well as the methods employed to answer the specific research questions that are outlined above.

Figure 5.5: The Emerging TAP Logic Mod



5.4 Study Design

5.4.1 Design Overview

The current design and implementation study utilised a mixed-methods research design consisting of quantitative and qualitative measures. The use of quantitative measures enabled an exploration of the fidelity of TAP KAT (with regard to training quality, content and dosage). Quantitative measures also enabled partial analysis of the strength and direction of the relations between different components of TAP (inputs, outputs, and outcomes). The use of qualitative measures explored the relations between different components of the intervention and enabled a detailed exploration of TAP's 'implementation as conducted' (Century and Cassata, 2016).

Given that TAP was being implemented in primary schools during the research phase, the research methodology presented a unique opportunity to influence the design and implementation of TAP on an ongoing basis. As well as assessing implementation, the measures were designed to facilitate programme differentiation during the implementation phase. This meant that the outputs of the intervention were continually evaluated and adapted accordingly, ensuring that the benefits to the schools participating and the children receiving the intervention were maximised throughout. Firstly, triangulation of feedback data was used to provide recommendations for improving KAT (which was also attended by Named Contacts). Three reports were written, and the recommendations from each report were incorporated into the training before the next session. This enabled the 'iterative and collaborative process' that is outlined in Design-Based Implementation Research (DBIR). Secondly, at least six months after TAP had been fully implemented in participating schools, implementation data collected through semi-structured interviews and focus groups with school staff, was used to write a 'practice report' for the TAP team. The report provided recommendations for optimising TAP for ongoing implementation in schools.

5.4.2 Ontological and Epistemological Considerations in Mix-Methods and Iterative Research Study Designs

Mixed methods research is a relatively recent form of inquiry in social sciences and in education (Tashakkori and Teddlie, 2010). In contrast to earlier paradigms, where it was generally held that it was impossible to make quantitative and qualitative methodologies compatible in a single study due to their underlying differences regarding ontology and epistemology (Dörnyei 2007), many scholars now hold that the combination of both can provide a proper understanding of the phenomena being researched (Creswell and Plano Clark, 2017).

Ontology, or the ontological position adopted in a research study may be understood and explained by answering the question: 'what is the nature of reality?' (Creswell, 2017). An objectivist ontological position alludes to a belief that the phenomena being studied forms part of an objective reality that is 'independent of social actors' (Bryman and Bell, 2011). In contrast, a subjectivist ontological position alludes to a belief that human perception is important to discovering the truth about the phenomena being studied, in that there can be no 'reality' without interpretation (Ansari, Panhwar, and Manesar, 2016).

Relatedly, epistemology, or epistemological position refers to the process through which a researcher may establish or determine reality (Ansari, Panhwar and Manesar, 2016). Generally speaking, research will have a 'positivist' epistemology if the researcher is minimally involved in the data collection process and, therefore, cannot influence the 'one true reality' being confirmed (Creswell, 2017). In contrast and generally speaking, research is considered to be 'phenomenological', or 'interpretivist', if the researcher (together with the participant) is actively involved in the data collection process, generating theory associated with the phenomena being explored (Creswell, 2017; Teddlie and Tashakkori, 2012).

Given these broad explanations, it seems obvious to infer that objectivism and positivism are usually associated with quantitative methods, and that subjectivism and interpretivism are usually associated with qualitative methods. While this is generally

true, it is also important to note that there are significant variations in the ontological and epistemological positions adopted in qualitative research in particular, with approaches to data analysis being dependant on these pre-determined philosophical paradigms.

It was argued by Ansari, Panhwar and Manesar (2016) that an intermediate ontological and epistemological position must be adapted in mixed-methods research. This means that the researcher must develop an appreciation for the strengths and limitations of positivist, quantitative methods, and subjectivist qualitative methods. Additionally, it is argued that both objectivist, and interpretivist understandings of reality are useful in social science and educational research (Ansari, Panhwar and Manesar, 2016; Dörnyei, 2007; Creswell, 2017).

Quantitative methods that by nature are underpinned by positivist epistemologies, are particularly useful because they can be used to deduce pre-existing relationships between variables, through vigorous statistical analysis. While adequate sample size is a pre-requisite for ensuring adequate statistical power in quantitative analysis, findings evidenced through this type of enquire can usually be generalised to the population (Dörnyei, 2007). However, it has also been argued that positivist enquiry does not adequately reflect or explore the complexity of the social world (Bryman and Bell, 2011), therefore, giving an incomplete account of the intricacies of the social phenomena often explored in educational research.

In contrast, qualitative methods that are generally (but not necessarily) underpinned by an interpretivist epistemology, are primarily concerned with generating theory associated with the complexities of a social phenomenon. Due to the in-depth nature of this type of research, however, a small sample size is required to ensure that adequate attention is paid to the rich data. Consequently, there are limitations associated with generalisability. Given the underlying weaknesses behind qualitative and quantitative enquiry, it is perhaps not surprising that researchers have sought an approach that facilitates the best of both worlds (Dornyie, 2007).

It was argued, by Morse (2004), that the combination of qualitative and quantitative methods enables the researcher to design confirmatory and exploratory questions simultaneously and verify and generate theory in a single study (Teddlie and Tashakkori, 2012). This understanding is particularly useful for implementation research in general, and the current study in particular. One of the primary concerns within the field of implementation research is developing an understanding of 'what works, where, when, why and for whom?' (Century and Cassata, 2016, p.169). Quantitative methods can help us to understand 'what' is happening, and 'where', while more in-depth, qualitative methods can provide insight into complex question such as 'why' and for 'whom'.

A further consideration is the use of iterative study designs. Iterative design methodologies (where research informs ongoing product/programme development) emerged from engineering and software development research, due to a recognition in the field that problems associated with acceptance, usability and effectiveness were often not identified until after the programme or product was finished (Jacobs and Graham, 2016). This is sometimes referred to throughout the literature as the 'people factor' (Cockburn and Highsmith, 2001). It is not surprising, however, that an iterative process, that enables intervention or programme development to be adaptive and responsive-to-change (Cockburn and Highsmith, 2001), became popular in social science, health and educational research, and in implementation studies in particular (Fishmen et al., 2013; Gonzalez et al., 2019; Psillos, and Kariotoglou, 2015). Iterative methodologies and processes are also commonly integrated into action research studies where participants and researchers work together to make decisions about the design or development of a new intervention or practice (Burns and McPherson, 2017; Knock, McQueen and John, 1997).

Iterative design methodologies allow problems to be tackled while helping generate a greater understanding of the research area through shared knowledge (Hawkins *et al.* 2017; Clark, 2015). In keeping with the second key principle of Design-Based Implementation Research (Fishmen et al., 2013), this process can facilitate capacity building which can help formulate plans, services or adaptions to an intervention in

response to issues that may normally be overlooked or under-examined in the 'conventional' research process (Neill, 2020).

With regard to the current study specifically, there is an aim to confirm relations between the different components of TAP, elucidating the theory of intervention and theory of change, while also exploring relevant implementation factors and barriers to the programme's implementation. Additionally, the current study aimed to generate theory associated with school relationships for care experienced children, and the potential impact of these relationships on their wellbeing and education. Further, the current study aimed to explore the potential for a relational-based intervention, such as TAP, to improve outcomes for children in care, within the complex and variable primary school setting. Therefore, the complementary strengths and weaknesses associated with quantitative, qualitative and iterative research seem most appropriate for the current study and adopting an intermediate ontological and epistemological position is required to blend these differing methodological approaches.

5.4.3 Quantitative Methods

Table 5.2 provides an outline of the quantitative methods employed in this study. They included the design and dissemination of bespoke measures that were developed to assess the fidelity of TAP KAT (also attended by Named Contacts) and to relate TAP WST to outcome change. Furthermore, bespoke scales were developed to explore attachment friendly practice in schools, attachment friendly outcomes for children (from the perspective of school staff) and TAP's implementation in schools.

The Key Adult Training Quality Questionnaire (KATQ). The KATQ (see Appendix D), which was completed by Key Adults and/or Named Contacts, incorporated ten standalone questions about the training structure, quality, and dosage of the two-day TAP KAT. The questions included in the KATQ were developed with an aim to explore the 'five essential elements' of fidelity (Mihalic and Director, 2009) (detailed in section 3.3) as well as the specific outcome aims associated with TAP.

While the questionnaire was not piloted due to time restraints, the measure was reviewed by the researcher's supervisory team. The ten questions were as follows:

1. Do you think that TAP Key Adult training was effective in explaining the difficulties faced by looked-after children in a school setting and the reasons behind these difficulties?
2. Do you think that TAP Key Adult training was effective in explaining attachment friendly practice, the PACE approach and how to use it in a real-life situation?
3. Do you think that the knowledge and skill you acquired during training will be useful in the Key Adult role?
4. Did TAP Key Adult training help you to develop strategies for working with looked-after children in challenging situations?
5. Do you think that what you learnt at TAP training will help you to develop a positive relationship with your Key Child and other looked-after children in your school?
6. Do you think that the skills and understanding you developed at TAP training will help you to support other members of staff working with looked-after children in your school?
7. To what extent do you think you will apply the skills and practices you developed at training?
8. Do you think that TAP Named Contact training is long enough and goes into enough detail?
9. Do you think that all school staff should receive more training like this?
10. Do you feel that you had the opportunity to ask questions regarding any aspect of the training and were provided with appropriate answers?

Questions 1-7 of the KATQ were answered on a Likert type scale, through which participants indicated their responses ranging from one, 'not at all' to four, 'a lot'. Question 8, which was concerned with training dosage, was also scaled from one to four, with one being 'not at all' and four being 'more than enough'. Questions 9 and 10 were scored on a five-point Likert scale, with one being 'agree' and five being

'disagree'. As each of the questions included in the quantitative section of the KATQ were standalone questions, relating to different aspects of the training, psychometric assessment was not required, and it was considered appropriate to include each question in the analysis.

The Whole School Training Questionnaire (Baseline). The WST Questionnaire (WSTQ) was developed with an aim to explore TAP's theory of intervention. Specifically, it was designed to assess if TAP training elicited a change in participants' awareness and understanding surrounding the needs of care experienced children. It was also designed to test for differences in participants' scores, based on their demographic information. The WSTQ was piloted in one school, with 14 participants. Participants completed the questionnaire and provided informal feedback. It was brought to the attention of the researcher that participants were unsure how to respond based on the Likert scale used. This issue was corrected before introducing the scale to the main sample. Data collected from the pilot school was not included in the analysis.

The baseline WSTQ had two sections. The first section was designed to collect demographic information from participants. Demographic information included: gender, job role, years of experience, and school type. Participants were also asked if they had previously attended TAP KAT. The second section of the Whole School Training Questionnaire (WSTQ) (at baseline) contained the 'School Staff Attachment Awareness Scale' (SSAAS); a bespoke scale that was developed by the researcher for the purposes of this research. More information regarding the development of the SSAAS is detailed next. Participants completed the baseline WSTQ immediately before they attended TAP WST.

The School Staff Attachment Awareness Scale (SSAAS). The SSAAS was concerned with measuring participants' awareness and understanding of attachment difficulties and the challenges children in care may experience in school. Additionally, the SSAAS originally aimed to assess participants' 'belief in improving outcomes for children in care' and their 'confidence in supporting children in care in school'. The questions included in the original SSAAS were written by the researcher and reflected

the most up-to-date information surrounding children in care, trauma and attachment. It was decided that the development of a new, bespoke scale of this nature was the most appropriate way of collecting this type of data, as there was not a suitable pre-existing scale designed specifically for schools. Following the appropriate psychometric assessments (EFA, CFA and tests of internal consistency), however, the 'belief' and 'confidence' subscales were not deemed valid and reliable and therefore, they were not included for further analysis in the current study. The psychometric assessment of the original SSAAS is included in Appendix E at the end of this thesis.

The Whole School Training Questionnaire (Follow-Up). In order to explore if TAP WST positively influenced participants' awareness and understanding of attachment, trauma and the needs of children in care (as theorised), a follow-up WSTQ was developed. The follow-up questionnaire included the SSAAS that was included in Section Two of the baseline questionnaire. The follow-up questionnaire, however, also included three additional sections, containing bespoke scales designed by the researcher. These scales were included with an aim of exploring the potential for quantitively assessing TAP's implementation in schools, attachment friendly practice in schools, and attachment friendly outcomes for children (from the perspective of school staff). As with the SSAAS, these bespoke measures were developed in lieu of appropriate, pre-existing scales. The nuanced questions included in the scales were based on relevant implementation theory and the most up-to-date information surrounding best practice for supporting children in care in school. The three additional scales were also included with an aim to quantitatively explore the relations between different components of the emerging TAP logic model, in response to RQ1 of the current study, 'what are the TAP outputs and outcomes and how can they be assessed?'

Following the appropriate psychometric assessments, however, it was identified that the 'Attachment Friendly Practice Scale' (AFPS), as it was originally designed, should be split into two separate scales, specifically: the AFPS, and the 'Attitude to Improving Outcomes Scale' (AIOS). Similarly, psychometric assessment of the 'Implementation Scale', as it was originally designed, suggested that this scale should be split into two

separate scales, specifically: the 'Implementation Scale', and the 'School Promotion Scale' (SPS).

Appendix E outlines the psychometric assessments of the 'Implementation Scale, 'Attachment Friendly Practice' (AFP) and 'Attachment Friendly Outcomes' (AFO) scales. While the data used to conduct the Exploratory and Confirmatory Factor Analyses on each of these scales met the minimum requirements based on participant-parameter ratios, it should be noted that the sample size was very low for this type of

analysis (n=84) (Costello and Osborne, 2005; Schreiber et al., 2006) with a sample size of over 100 usually being preferred. Therefore, the findings associated with the 'follow-up' scales should be interpreted with this in mind. Participants completed the follow-up Whole School Training Questionnaire (WSTQ) 6-9 months after they had attended TAP WST.

Table 5.2: Summary of Quantitative Methods

Data Collection Method	**Subscales/ Conceptual Structure of Questionnaire**	**Participants**	**Type of Data**	**RQ**	**Logic Model Component Explored**
1.Whole School Training Questionnaire (Baseline)	Demographic information and the SSAAS	All school staff who attend TAP whole-school training.	Quantitative	1 & 2	Theory of Intervention
2. Whole School Training Questionnaire (Follow-Up)	The SSAAS + the AFPS, AIOS, AFO, IPS and SPS.	All school staff who attend TAP whole-school training.	Quantitative	1, 2 & 3	Theory of Intervention and Theories of Change
2. Key Adult Training Quality Questionnaire	Ten standalone quantitative questions.	Key Adults, Back-up Key Adults and Named Contacts	Quantitative	1,2,4 &5	Theory of intervention + Assumptions & implementation factors.

5.4.4 Qualitative Methods

Qualitative methods employed in the current study included collecting observational data at TAP KAT. Three open-ended questions were also included in the KATQ, with participants' responses to these being explored thematically (data was collected from March-June 2018). Qualitative methods also included conducting ten semi-structured interviews (n=11) and four focus groups (n=24) with school staff from participating schools. Three individual semi-structured interviews were also conducted with professionals working as part of the CLAEP 'TAP team'. The qualitative methods that were employed in the current study are summarised in Table 5.3.

Observational Measures. Observational measures were employed during six KAT sets. The training took place at a neutral Education Authority location and each training set was attended by staff from various schools. All participants (n=79) at the training consented to the researcher observing the full training from the back of the room. The observational measure that was used can be found in Appendix D. The structure adhered to for collecting observational data at TAP KAT, was based on: 'SAFE' (Sequenced, Active, Focused and Explicit) practices for social-emotional learning (Durlark et al., 2011), the PACE model, as outlined by DDP (Weidman and Hughes, 2008), and an implementation theory comprising of adherence, exposure, quality of programme delivery, participant responsiveness and programme differentiation (Mihalic, 2004). The implementation theory employed to conduct the observations is commonly found in 'implementation fidelity' studies. This was appropriate, as ensuring that TAP KA training could continue to be implemented with fidelity, beyond the implementation phase, was considered critical to scaling-up the programme.

Open-Ended Questions in the KATQ. Following the quantitative questions in the KATQ, three open-ended feedback questions were included, with a space for participants to provide 'free-text' responses. These questions were designed to collect more in-depth information about participants' views on the training. As with the quantitative questions in the KATQ, the open-ended questions were not piloted due to time constraints, however, the questions were reviewed by the researcher's supervisors prior to collecting the data from participants. The questions were as follows:

1. Were there any aspects of the training that you found particularly interesting, useful, or important?
2. Were there any aspects of the training that you found confusing or impractical?
3. Do you have any further comments about the training?

After each training set, participants' responses to each question were transcribed verbatim and collated onto separate documents. They were then analysed thematically, following Training Sets Two, Four and Six. Notably, Training Sets One and Two were attended by the Named Contacts from TAP schools (rather than the Key Adults). The data collected through the observations, open-ended questions and the quantitative questions included in the KATQ, was analysed and triangulated after Training Sets Two, Four and Six. This facilitated the development of three 'training reports' that were written for the TAP team, to enable the ongoing adaption (programme differentiation) of the training. Substantive findings, included in the three training reports, are explored in Chapter Six.

Semi-Structured Interviews. Qualitative measures involved the conduction of five semi-structured interviews with school Named Contacts, one joint-interview with a school Named Contact and Key Adult and four semi-structured interviews with school Key Adults. The Interviews took place from April to June 2019. The interview schedules were based on the research questions of the current study, implementation theory (Mihalic,2004), the principles of Design-Based Implementation Research (Fishmen et al., 2013), and the emerging TAP logic model. The aim of the interviews was to explore TAP's 'implementation as conducted', partially assess the relations between different components of the emerging TAP logic model, identify and explore relevant implementation factors and resolve, where possible, any potential barriers to TAP's implementation in schools.

Three semi-structured interviews with the 'TAP team' were also conducted. Participants included the TAP coordinator (who was partially responsible for developing and delivering TAP training in schools) (January 2018), the CLA Champion (who was responsible for commissioning TAP and the current design and

implementation study) (June 2020) and the Acting TAP Coordinator (June 2020). The first interview, with the TAP coordinator, was primarily concerned with developing an understanding of the different components of TAP, in order to answer RQ1 and develop the emerging TAP logic model (detailed in section 5.3 of this Chapter).

The interview schedules were based on the research questions of the current study, implementation theory (Mihalic, 2004), and the principles of Design-Based Implementation Research (Fishman et al., 2013). There was particular emphasis placed on exploring TAP's position and influence within the wider CLAEP in Northern Ireland. Furthermore, specific emphasis was placed on how purveyors of the intervention were developing capacity for sustaining change in the education system in Northern Ireland, in order to ensure that there would not be an 'implementation gap' evidenced if TAP is scaled-up or scaled-out and implemented across Northern Ireland.

Focus Groups. Four focus groups were also conducted with 'whole school staff' from TAP schools as the participants. Focus groups of different sizes (at the discretion of the school) were conducted in each of the schools, with 24 members of school staff participating in total. Like the semi-structured interviews, the focus group schedule was also based on the research questions of the current study, implementation theory (Mihalic, 2004), the principles of Design-Based Implementation Research (Fishmen et al., 2013) and the emerging TAP logic model. There was, however, an increased emphasis on exploring participants' perspectives of TAP WST and the extent to which involvement in TAP had elicited a trauma and attachment informed 'whole school ethos' in their schools.

Table 5.3: Summary of Qualitative Methods and Open-Ended Questions

Data Collection Method	Subscales Included or Theory/ Concept being Explored	Participants	Type of Data	Research Question	Logic Model Component Explored
2. Key Adult Training Quality Questionnaire	Three open-ended questions	Key Adults, Back-up Key Adults and Named Contacts	Qualitative	1,2, 4 & 5	Theory of intervention + Assumptions & implementation factors.
3. Structured Observations at Key Adult training	Quality and content of TAP Key Adult Training	N/A	Qualitative	1, 2, 4 & 5	Output 2 (KA training). Theory of intervention
4. Semi-Structured Interviews with school staff	Effectiveness of TAP training. Availability and quality of support from the school and the TAP team. Clinical assessments for some Key Children. School ethos. Key Adult-Key Child-relationships. Usefulness of Contact Record and Monthly Report forms. Feasibility of creating attachment/ trauma informed schools. Relationships with TAP team, Children's parent(s)/ Carers, and social workers.	Key Adults & Named Contacts	Qualitative	1, 2, 3, 4 & 5	Outputs, initial, medium, and longer-term outcomes. Theory of intervention and theory of change. Assumptions and Implementation Factors.
5. Focus groups	Participants' responsiveness. Perceptions of TAP training. Availability and quality of support from the school and the TAP team. School ethos. KA- KC relationships.	Members of school staff who attended TAP whole school training (sometimes including back-up Key Adults)	Qualitative	1,2,3 & 4	Outputs, initial, medium, and longer-term outcomes. Theory of intervention and theory of change. Assumptions and Implementation Factors.

	Feasibility of creating attachment friendly/ trauma informed schools.				
6.Semi-Structured interviews with CLAEP 'TAP team'	Developing the emerging logic model Implementation from and organisational perspective. Changes to TAP outputs. The development and usefulness of Contact Record and Monthly Report forms. Clinical assessments for some Key Children. Relationships with schools and the wider team around the child (including parents/ carers and social workers). Future outlook and ambitions for TAP.	Children Looked After Champion + acting TAP Coordinator	Qualitative	1,2,3 & 4	Outputs, initial, medium, and longer-term outcomes. Theory of intervention and theory of change. Assumptions and Implementation Factors. TAP's position in the wider CLAEP.

5.5 Total Participants Involved in the Study

School staff who participated in the current study were recruited from 23 primary schools from two Health and Social Care Trust areas in Northern Ireland. Data was collected between March 2018 and June 2019. A profile of the participating schools can be found in Appendix B. Information included in the school profile includes school type (controlled (including integrated schools) maintained or special education), school size (number of pupils), the area type (rural or urban, with an area being considered as rural when it has a settlement of less than 10,000 people), and the total number of schools in each Trust area. School size varied from 73 to 661 pupils in total. The majority of schools were located in Urban areas (85%) with 15% of the schools being located in rural areas. Eight of the participating schools were maintained (7 of these being Catholic maintained) and 13 were controlled schools. Two special education schools participated in the study.

In each of the 23 schools, there was a Named Contact and at least one Key Adult. Most of the Named Contacts and Key Adults, acting as 'TAP staff' in participating schools, were teachers (n=30) or senior teachers (n=36). Nine Key Adults were classroom assistants, and one secretary took on the Key Adult role. The Named Contacts and Key Adults participated in this research by completing a training quality questionnaire immediately after they attended TAP KAT. Additionally, 544 staff from participating schools, who attended TAP WST, participated in this research by completing baseline questionnaires just before the training began and 84 staff participated in a follow-up questionnaire 6-9 months after TAP had been fully implemented in their school.

From the beginning of April to the end of June 2019, 24 staff (defined within the project as 'whole school staff') also participated in one of four focus groups that were conducted in individual schools. Additionally, five semi-structured interviews with school Named Contacts, one joint-interview with a school Named Contact and Key Adult, and four semi-structured interviews with Key Adults were conducted. In order to reduce participant burden, the researcher travelled to the individual schools to conduct the semi-structured interviews and focus groups with school staff. Each focus group and semi-structured interview took place in a private room, with the door closed. The researcher introduced themselves and asked the participants some questions about themselves before explaining the purpose of the interview/ focus group and making sure they were still happy to participate. The researcher then began the recording. A semi-structured interview schedule was followed; however, the researcher allowed the discussion to be participant led as appropriate.

Thirty-nine children in care were attending the 23 schools during the implementation research phase (March 2018-June 2020). Of these, 30 children entered Primary 6 in the 2017/2018 academic year and were, therefore, the recipients of TAP from March 2018- June 2019. The nine children who entered Primary 7 in September 2017, were recipients of TAP from March-to-June 2018 (3.5 months on average). All members of school staff who participated in a semi-structured interview, or focus group, worked in a school where there was a Key Stage Two aged child (aged 7-11) in care in attendance at the time.

As detailed in section 5.4., the TAP Coordinator, the CLA Education Champion and the Acting TAP coordinator also participated in this research by taking part in an individual, semi-structured interview (in January 2018, June 2020 and June 2020 respectively). Two of the semi-structured interviews were conducted online, to ensure participant safety in light of the COVID-19 pandemic.

5.5.1 Participant Recruitment Procedures

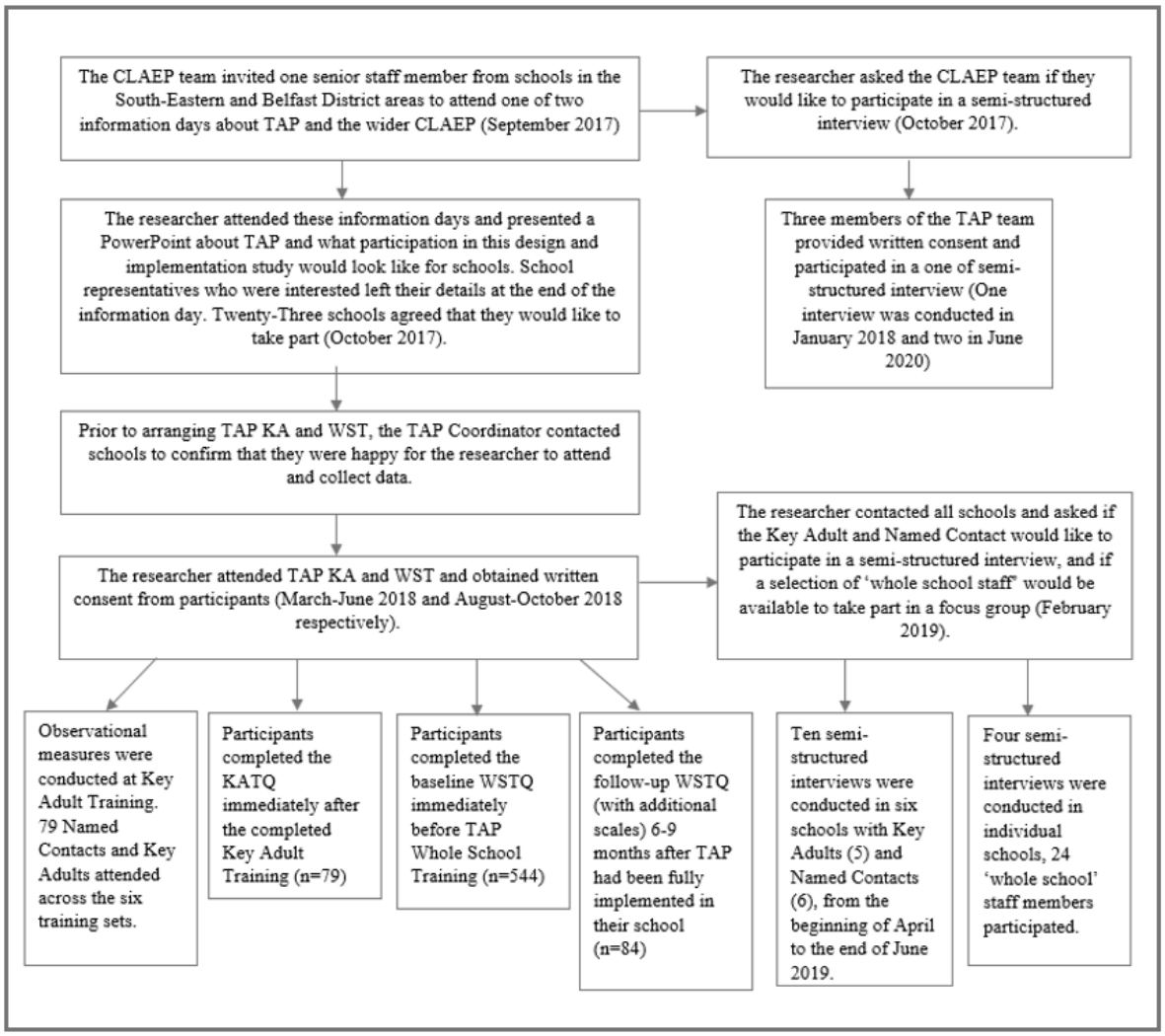
As TAP was one of the interventions being piloted as part of the wider Children Looked After Education Project (CLAEP), primary schools in the two Health and Social Care Trusts had the opportunity to opt in or out of participation in TAP. In addition, primary schools, who wished to participate in TAP, had the opportunity to express their interest in participating in the current implementation study. In order to ensure that senior members of staff from schools could make an informed decision regarding their schools' participation, at least one senior representative from each school was invited to attend an information session hosted by the Children Looked After Education Project team. Schools were recruited to participate in TAP and the current implementation study at one of two information sessions. The information sessions were held at a neutral Education Authority location at the beginning of October 2017 and lasted for a full (school) day. As the main aim of the information session was to introduce and give an overview of the wider EITP-CLAEP (see section 4.3), schools were provided with funding for sub-cover to help to ensure that a member of staff from each school could attend. A letter was sent to each school to invite them to the information session, and schools were able to choose which day suited them best to attend.

During this session, an overview of the current study (the research rationale and what participation was likely to look like for schools) was provided by the researcher. The PowerPoint that was presented by the researcher is included in Appendix C. While school representatives did not have to agree to participating in the research immediately after the information session, they were asked if they would like their school to participate in TAP. They were also asked to indicate if they were happy to

be contacted in the future regarding their school's participation in the current study. While 27 schools agreed that they wanted to participate in TAP, not all of these schools wished to be contacted regarding their participation in the current study (with 4/27 indicating that they did not wish to be contacted about this). Schools who agreed to be contacted, confirmed their willingness to be involved in the current study when they were contacted by the TAP Coordinator to arrange TAP Key Adult (KAT) and Whole School Awareness training (WST).

Only a sub-sample of school staff from participating schools could participate in this research through semi-structured interviews or focus groups. The researcher endeavoured to randomly select schools for participation in the qualitative phase of data collection as far as possible, so that the risk of only engaging with schools who were passionate about TAP, could be reduced. However, in order to recruit school staff to participate at this next stage, the researcher had to follow-up with Principals (or Acting Principals) in each school (via emails and phone calls) to ask if they were willing to facilitate interviews or focus groups within their school. Of the 23 schools who were contacted, just ten indicated that they were happy to further contribute to the research in this way. The six-out-of-ten schools that were ultimately selected for participation, were selected at random, by the researcher putting the name of each school in a bowl and asking a peer to select six from the bowl (without looking at the pieces of papers as they selected them). The pieces of paper were shredded following this procedure. It was requested that the Named Contact and Key Adult from each of these schools could participate in a semi-structured interview if possible. Those who participated in the focus groups were put forward by the school Principal. Figure 5.6 outlines the recruitment process associated with the current study, as well as the total numbers of participants who took part.

Figure 5.6: The recruitment Process and Total Number of Participants who Participated in The Attach Project Design and Implementation Study



5.6 Ethical Considerations and Researcher Reflexivity

5.6.1 Involving Adults in the Study

When designing the methodology of the current study, the researcher consulted the QUB Policy on the Ethical Approval of Research[10], and the guidance notes for SREC

[10] The QUB Policy on the Ethical Approval of Research can be accessed at: https://www.qub.ac.uk/Research/Governance-ethics-and-integrity/FileStore/Filetoupload,915687,en.pdf

applicants that are applicable to all researchers in the school of Social Sciences, Education and Social Work (SSESW), as well as the school's data handling policy. These documents outline the expectations and responsibilities of the researcher, with regards to the legality of the research, the types of approvals that are required before recruitment can proceed, and ethical considerations associated with participant confidentiality, anonymity, privacy and right to withdraw data. Furthermore, the underpinning ethical guidelines emphasise the necessity of doing no harm when engaging human subjects in participatory research.

Ethics associated with confidentiality and anonymity in focus groups, are obviously more complex than when collecting quantitative data or conducting individual interviews, given that the researcher cannot control if, and how, participants share information, or discuss issues that they heard from others in the group, after the focus group is finished (Tolich, 2009). To combat this dilemma within the current study, the researcher explained how they would handle the data being collected (with the voice file being transcribed verbatim and then deleted, and all names within the transcript being changed to pseudonyms) before beginning the recording. The researcher also explained that there were limitations to confidentiality, given that they could not control what others might do after the focus group was complete. At this stage, participants were given further opportunity to opt-out of participation. While it may have been better to express these limitations and concerns in writing, via the participant information sheet (as called for by Tolich, 2009), participants in the current study were happy to continue, with one participant stating that "we are all a team here".

A further consideration associated with confidentiality, was that participants in focus groups and semi-structured interviews were discussing a school-based intervention, which primarily aimed to improve the outcomes of a specific child, or group of children within their school (children in care in Key Stage Two.) As the individual children did not consent to information about them being shared, and indeed, the researcher did not have the appropriate approvals to collect data about a specific child, the researcher reminded participants to avoid using the child's name (or discuss any other identifiable information) throughout the interview or focus group, as far as

possible. Nevertheless, some participants did use the name of the Key Child in their school during the data collection process. As detailed in the SREC application that was approved by the ethics committee within the school of SSESW at QUB, the names of children were changed to pseudonyms during the transcription process, and the original voice files were deleted immediately following the transcription process.

Due to the potentially upsetting subject matter being explored in semi-structured interviews and focus groups with school staff, it was considered critical that the researcher could conduct all interviews and focus groups using an attachment friendly and trauma informed approach. It was considered likely that some participants may have experienced adversity in childhood, or difficulties associated with their own attachment experiences, making it more difficult and potentially upsetting to talk about the children in receipt of TAP. In order to develop the researcher's ability to conduct interviews in a safe and supportive way for all participants, she attended 'Dyadic Developmental Psychotherapy and Practice' level one training. This training developed the researcher's knowledge and understanding of therapeutic approaches to communication and the PACE model (comprising of playfulness, acceptance, curiosity and empathy) and provided an opportunity to practise using these skills. The researcher endeavoured to maintain a soft and empathetic tone of voice and an open posture, while actively listening to what participants had to say. While this may have helped participants to feel safe and confident during the interviews or focus groups, they were also reminded that they could cease participation, or take a break at any stage during the interview or focus group.

Appendix D contains the ethical approval letter, participant information sheets, participant consent forms, and all measures that were approved by the School of SSESW Ethics Committee, at QUB. Informed consent was sought from Named Contacts, Key Adults and back-up Key Adults when they arrived at TAP KAT. Informed consent was sought from 'whole school staff' when they arrived at TAP WST. Written consent was sought for their participation in questionnaires, focus groups and/ or semi-structured interviews. Attendees at each of the KAT sets also consented to the researcher conducting structured observations during the training.

As mentioned in section 5.5, two interviews that were scheduled with the CLA Education Champion and the Acting TAP Coordinator had to be facilitated online due to the COVID-19 pandemic. Prior to conducting these interviews online, an online risk assessment was conducted, and an amendment was made to the research ethics application associated with this study. The interviews were conducted via Microsoft Teams, instead of less secure online formats, as directed by the SSESW ethic committee. Furthermore, interviewees were periodically reminded not to use the names of staff from TAP schools or the names of Key Children.

5.6.2 Involving Children in the Study

It was initially hoped that a sub-sample of children in the care of the South-Eastern Health and Social Care Trust could participate in a child friendly semi-structured interview. Additionally, it was initially proposed that the researcher would conduct a secondary analysis of 'monthly report forms' and 'contact record forms' that were completed by Named Contacts and Key Adults participating in TAP. These forms were co-designed by the researcher and the 'TAP coordinator' responsible for overseeing the TAP team and the implementation of TAP in schools. The purpose of these documents was to help 'TAP staff' to reflect on TAP's implementation in their school, their own practice, and to indicate to the TAP team if they, or others in their school, could benefit from more support or training. It was hoped that these forms could also indicate if a school could benefit from further consultation or if a particular child could benefit from clinical assessment and formulation.

Obtaining ethical approval to conduct semi-structured interviews with children and review 'monthly report' and 'contact record forms', regarding children in care, required approval from the 'Office for Research Ethics Committee Northern Ireland' (ORECNI) and also separate approval from the research governance team in the South-Eastern Health and Social Care Trust. Given the lengthy process involved in ensuring approval from ORECNI, it was decided that information provided through monthly reports and contact records, could be assessed anonymously through interviews with members of the 'TAP team' and 'TAP staff' in schools. Therefore, approval to

formally review and analyse this information was not sought from ORECNI. This decision was also made to ensure that ethical approval could be obtained to conduct interviews with children in care, as this was considered the priority.

Unfortunately, following review and support from the Research Governance Team at QUB, and ORECNI approval, obtaining approval and support from the relevant Health and Social Care Trust was difficult and significantly delayed due to changes in personnel and substantial bureaucracy. Eventually, after the relevant approvals were obtained, the recruitment process took place. Two interviews that were scheduled with children were cancelled due to COVID-19 school closures. While it would have been preferred, it was not possible to conduct these interviews with children in their home or care setting, due to ethical constraints and time restrictions.

The three layers of ethical approval (which are outlined in figure 5.7) required before children could be recruited for participation in the current study, provided a metaphorical window into the challenges that children in care continue to face with regards to having their voices heard and acted upon (Manney et al. 2019). The research governance process within QUB was the first stage of this process. This is a separate process than that which was required within the School of Social Sciences Education and Social Work, to involve school staff and members of the TAP Team in the study. One aim of the research governance team within QUB is to ensure that an application to ORECNI can progress smoothly. Nevertheless, it is a lengthy process and, in this instance, required several amendments to the application before it was approved. For example, it was recommended that the child be accompanied by a trusted adult when participating in the interview, and it was suggested that the interview take place in a room that had windows.

An application to ORECNI involves the completion of a standardised form, as well as the provision of full procedural and methodological information. This application also required endorsement from the university, as well as any other stakeholders involved in the research (for this study, endorsement was provided by DE and EA).

Once this had been submitted, a hearing was scheduled to consider the suitability of engaging children in care in this research, from an ethical standpoint. The ORECNI application form was completed with a great deal of care and was reviewed by the researcher's supervisory team. Furthermore, the researcher considered the literature surrounding best-practice in involving children in this age group, and children in care in particular, in participatory research of this type (for example: Mannay et al., 2019; Brady & Brown, 2013; Lomax, 2015). It was therefore established within the ORECNI application form, and in the supporting documents, that the child would be reminded that participation was optional and that they could leave at any time. Furthermore, emotion stickers, 'yes', 'no' and next question cards were created to support the child throughout the interview. It was also stated that paper, pencils and Lego would be provided, so that the interview process could seem less formal and intense, and so that creative activities and play could act as prompts in the child-directed interview. The careful consideration of the interview-procedure, likely contributed to ORECNI approving the study on the first attempt.

It was the next stage, however, that caused the main delays and challenges. A further application needed to be made to the Research and Development Team in the South-Eastern Health and Social Care Trust. It seemed that within the Trust, there was not a clear pathway for this type of request, and therefore the application was passed from person to person for over six months. Eventually, the ethics committee deemed that amendments needed to be made to the consent procedure so that consent was sought from birth-parents (who held parental responsibility) in addition to the child, their school, and their social worker. When approval was tentatively granted, an official research liaison was assigned, and this person changed three times before recruitment took place. Overall, this process did not prioritise hearing the voice of the child through participatory research.

Following the cancellation of two-interviews that had been scheduled, due to the COVID-19 school closures, it was hoped that the interviews could be rescheduled to take place virtually via zoom. While some researchers have been able to conduct research with primary-aged children in care using an online forum (Boffey et al.,

2022), it was confirmed by the research governance team within QUB, that the ethical approvals that had been granted would need to be revised and re-submitted to ORECNI and the Research and Development Team within the South-Eastern Health and Social Care Trust. Regrettably, this was not an option given the limited time frame to conduct this research and disseminate the findings (which were already being operationalised by the CLAEP team).

Figure 5.7 The Ethical Approval Process Required to Recruit Children in Care to Participate in this Research

There is some evidence to suggest that the voice of the child was heard in this study, through the interview data collected from Key Adults and Named Contacts in schools. Given the recognised relational difficulties that are often experienced by children in care, it is plausible that the 'TAP staff' in schools were in a unique position to gain insight into the perspectives and experiences of Key Children. Indeed, several Key Adults, or Named Contacts, actively sought feedback from the Key Child/ Children in their school. Nevertheless, it is speculated here that children's participation may have provided valuable insight into how Key Children felt about being part of the programme and may have provided useful information relating to TAP's implementation as conducted, and how the programme could be refined or optimised for the target recipients. Therefore, it is held that interviews with children who would like to participate, should be conducted as soon as possible and that the CLAEP team, in partnership with schools, continue in their endeavour to give children in care effective voice about their education.

5.6.3 Researcher reflexivity

As detailed in the previous sub-section, obtaining the relevant ethical approvals required to involve children in care in semi-structured interviews, was a difficult and

frustrating process. The researcher had prioritised hearing the voice of the child from the outset, given that this important research was concerned with adapting and improving an intervention that was already being implemented in schools for this group of children. Furthermore, and given the researchers educational background in Childhood Adversity, she was committed to giving effective voice to a group of children who are underrepresented in participatory research, and who often have little say in decision making about their own lives. The delays, and ultimate impossibility of involving Key Children in this way, led to considerable disappointment and frustration towards the systems that are in place, making this type of research more difficult.

On reflection, while it is held that Health and Social Care Trust processes, for recruiting children in care into this type of research, should be made considerably more streamlined, it is important that ORECNI, and the Health and Social Care Trusts responsible for a child, continue to thoroughly review research proposals, to ensure that children's participation will absolutely not cause them, or their wider care circle, any harm. Furthermore, it is possible that the degree of frustration associated with this process was, in part, due to the researcher's personal investment in TAP. Given the urgency of improving outcomes for this group of children, the researcher was committed to ensuring that this research could be robust and provide reliable information on how to improve and optimise TAP, for the schools and the children participating. The researcher, therefore, acknowledges the undisputed impact of the unfeasibility of interviewing children on the robustness of the study.

Other identified limitations or oversights impacting on the robustness of the study, however, have served as valuable learning curves, which will strengthen future mixed-methods research of this type, in educational settings. Firstly, it has been acknowledged that staff working in educational settings are remarkably busy and that pre-existing paperwork commitments take up a considerable amount of time, especially for senior members of staff. It is therefore recognised that research methods that involve time-consuming and continuous paperwork (for example by completing 'contact record' or 'monthly report forms') are likely to seem daunting and be off-

putting for potential participants. While, ultimately, the researcher did not review or analyse these documents, anecdotal evidence fed-back to the 'TAP Team' following the EITP-CLAEP information session, suggested that the inclusion of 'monthly report' and 'contact record' forms, as potential methods in the current study, was why not all TAP schools wanted to participate in this research. Relatedly, it is speculated that the follow-up WSTQ, was too long and caused increased participant burden (as it was to be completed in participants' own time, rather than before or after training) resulting in considerable attrition. The lower than desirable sample size has put a heavy caveat on some of the quantitative findings of the current study (as outlined in findings Chapters Six and Seven).

On a more positive, reflective note, the researcher recognises that for this type of large scale, mixed-methods research to be successful, it is vital that good working relationships are cultivated between the research team, the purveyors or implementers of the intervention and the target participants. In this instance, the researcher had the opportunity to attend TAP training days and get to know some of the staff working in schools. It is speculated that building these relationships encouraged school staff to take part in semi-structured interviews and focus groups, that were so critical to the current design and implementation study. Furthermore, having a good working relationship with members of the TAP Team, ensured that adequate time was made available at the start and end of TAP training, for the researcher to explain the research and collect data; this was an essential support.

With regards to emotional reflexivity and positionality, it would be remiss to ignore the impact that conducting qualitative interviews with TAP Key Adults, and Named Contacts, who obviously cared deeply for the Key Child(ren) in their school, had on the researcher and author of this thesis. Admittedly, during the research design phase, the researcher was not aware that it was appropriate or acceptable to acknowledge one's own motivations when conducting research or disseminating findings, or the emotional impact that it may have on them. As outlined by Loughran and Manney (2018, p.3) however, who discuss the 'emotional turn' in the social sciences and humanities in the past three decades, it is now considered appropriate, and even

important to acknowledge and embrace personal motivations for conducting research, as well as the emotions that may have impacted how the research was conducted, analysed and disseminated.

As it was mentioned in the context to thesis, the researcher was inspired to conduct this research after they completed a MSc in the Psychology of Childhood Adversity, as they were struck by the inequalities experienced by children in care, with regards to their education and in other aspects of their lives. After reading and reflecting on an edited Chapter written by Loughran and Mannay (2018) on the positional self, however, it became clear to the current author, that they knew what it feels like to be mocked and not taken seriously (although undoubtedly to a much lesser extent than many children in care). It is likely that identification with this feeling, in part, inspired the current author to conduct this research. Given their initial motivations (both conscious and unconscious), it is not surprising that the researcher felt angry at the consisted barriers they encountered, when trying to engage children in care in this research.

Returning again to the emotional impact that conducting interviews with Key Adults and Named Contacts had, the author admits that they underestimated the impact the interviews could have on them, and the responsibility they held as the researcher; not only to appropriately conduct the interviews, ensuring the wellbeing of participants, but also in writing-up and disseminating the findings in a way that could contribute to improving the lives of children in care. Following the first semi-structured interview, when a participant became upset regarding the future of their Key Child, the child's transition to secondary school and the loss of the relationship, the researcher truly recognised, for the first time, the weight that this research held, not only for children in care, but for the teachers and other school staff who carry considerable responsibility in shaping the outcomes of children, and ensuring that children can feel happy, healthy and cared for in school.

Despite having attended DDP Level One Training, in anticipation that some interviewees may discuss upsetting or distressing subjects, the researcher felt after the first interview that was conducted with a Key Adult, that they should revisit their

positionality before conducting the rest of the interviews and focus groups. To do this, the researcher read a paper written by Dempsey et al. 2016., entitled 'Sensitive Interviewing in Qualitative Research'. Consequently, the researcher reflected again on the location and timing of the interviews, approaches to building a relationship and rapport with the participants (for example by engaging in friendly small-talk before starting the main interview, clearly expressing the purpose of the research, and outlining how participants could stop or take a break at any time during the interview). The researcher also read and reflected on a paper written by Lin (2017) where they established that they had a 'critical or emancipatory interest' (Lin, 2017, p.24) in conducting this research, and had therefore adapted an emancipatory research paradigm. Essentially, having a critical/emancipatory interest in the research being conducted, means that the researcher not only wants to describe the world, but they also endeavour to change it (Popkewitz 1984). Reflecting on this helped the researcher to be heartened by the knowledge that this research was providing a unique and direct opportunity, to contribute to the development and implementation of a school-based intervention, that could improve the lives of the target recipients.

5.7 Data analysis

5.7.1 Quantitative Data Analysis

Analysis of the Key Adult Training Quality Questionnaire. As there was a high level of agreement between all participants and across each of the training sets, for all ten quantitative questions on the KATQ, it was concluded that there would be no benefit in conducting any form of statistical analysis to explore the data further.

Testing for differences on the baseline Whole School Training Questionnaire, based on participants demographic information. To test for statistical differences on participants scores on the SSAAS, based on their demographic information, several independent groups analyses were conducted using SPSS software. Two independent-samples t-tests and three Analysis of Variance (ANOVA) tests were conducted to

explore differences in participants' baseline SSAAS scores, according to their demographic information.

Repeated measures analysis of the SSAAS. In order to partially assess if TAP whole school awareness training improved participants' awareness and understanding of attachment, trauma and the challenges experienced by children in care in school, a paired samples t-test was conducted to test if there was a significant difference between participants' SSAAS scores at baseline and follow-up.

Investigating training level*time interactions. A Mixed-ANOVA was also conducted to explore if there was a significant interaction effect between participants' level of training (WST only or WST and KAT) and time (at baseline and follow-up).

Exploring the Logic Model through mediation analyses. Two mediation models were developed, and tested, to explore TAP's theories of change. The mediation models were tested using the PROCESS macro add-on tool for SPSS. PROCESS uses an ordinary least squares or logistic regression-based path analytic framework for estimating direct and indirect effects in mediation models (Hayes 2013). Model 1 in (Figure 7.2 in section 7.4 of this thesis) tested the mediating role of 'Attitudes to Improving Outcomes' in the relation between awareness and understanding (at follow-up, as measured by the SSAAS) and Attachment Friendly Practice. Model 2 (Figure 7.3) tested the mediating role of Attachment Friendly Practice in the relation between awareness and understanding (at follow-up, as measured by the SSAAS) and 'Attachment Friendly Outcomes' (for children, from the perspective of school staff).

'Implementation' and 'School Promotion' were included in Model 1 as potential covariates. 'Implementation', 'School Promotion' and 'Attitude to Improving Outcomes' were included in Model 2 as potential covariates. By including covariates in the model, PROCESS simultaneously conducted multiple regression analyses, enabling identification of significant covariates in each of the models as well as the strength and direction of their effect. All measures included in the mediation analyses were developed by the researcher, as detailed in section 5.4 of this Chapter. The psychometric assessment process for each measure is detailed in Appendix E. Notably,

the sample size, utilised in the current study to conduct EFA and CFA on all follow up scales, was low for this type of assessment (Costello and Osborne, 2005; Schreiber et al., 2006) and, therefore, findings from the mediation model should be interpreted with this in mind. The assumptions underlying linear regression were explored within the data set prior to conducting the mediation analyses. No assumptions were violated and therefore, mediation was deemed appropriate. Figure 5.8 depicts the theoretical mediation pathway for each of the models.

Figure 5.8 The Theoretical Mediation Pathway

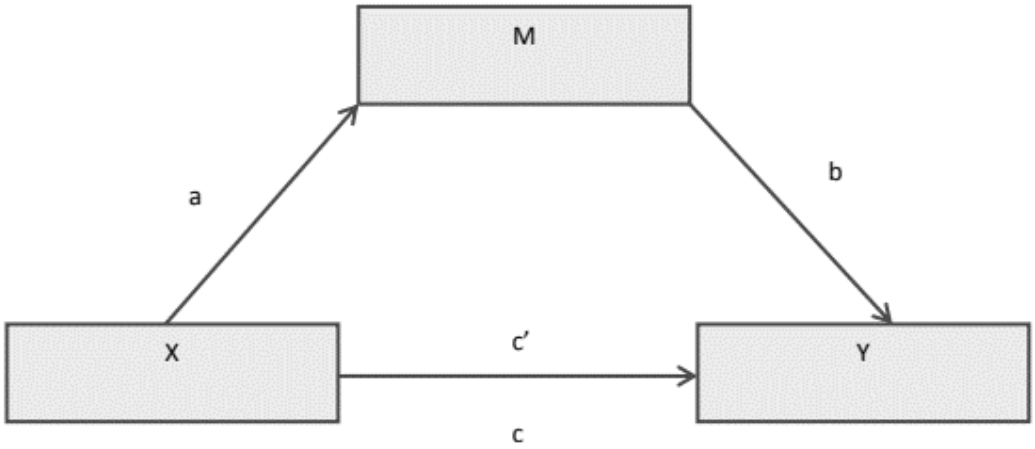


Figure 5.8 Y denotes the outcome, X the predictor and M the mediator. The paths of the mediated model are as follows. Relations between the predictor and mediator are first-stage effects (path a); relations between mediator and outcome are second-stage effects (path b); and direct effects entail relations between the predictor and outcome (path c). Mediation is said to occur if there is an indirect effect of X on Y through ab (path c') (Hayes, 2009; Rucker, Preacher, Tormala and Petty, 2011).

5.7.2 Qualitative Data Analysis and Analysis of Open-Ended Questions

Following each set of KAT, participants' responses to the open-ended questions included in the KATQ, were transcribed verbatim and anonymised. Responses were

analysed using Thematic Analysis (Braun and Clarke, 2006). Thematic analysis usually involves six steps:

1. Familiarization (getting to know the data)
2. Coding
3. Generating themes
4. Reviewing themes
5. Defining and naming themes
6. Writing up

Thematic analysis offers a flexible and rigorous process, which provides rich and detailed information (Bryman, 2016; Vaismoradi *et al.* 2013). Due to the nature of this study, thematic analysis was the most suitable data analysis approach, as research suggests that the analysis of information from observation, focus groups and interviews is most commonly undertaken by identifying key themes (Morse and Niehaus, 2009). This analytical process allows the meaning of themes to be retained, providing a rich and detailed analysis (Nowell *et al.* 2017; Bryman, 2016; Braun and Clarke, 2014).

When the 'free-text' responses from each training set had been collated and analysed, the identified themes were considered in congruence with conclusions drawn from structured observations that were collected at the corresponding training. Based on the ongoing triangulation of data (from observations, qualitative questions and quantitative questions included in the KATQ), three training reports were written, to enable the refining/ redefining of TAP KAT during the training phase. Recommendations from each report were incorporated into the training structure/ schedule on an ongoing basis.

Semi-structured interviews and focus groups with school staff and members of the 'TAP Team', were also analysed thematically. All interviews and focus groups were

transcribed verbatim and uploaded onto NVivo software (QSR, 2018) for further analysis. Each interview and focus group was screened, several times, and data was initially coded according to the research questions of the current study. Following the analysis of semi-structured interviews and focus groups with participants from TAP schools, a 'practice report' was written (January 2020) to inform the ongoing implementation of TAP in schools, highlighting key implementation factors and barriers to implementation, from the perspective of school staff, and to ensure the optimisation of the intervention on an ongoing basis. The Practice Report is included in Appendix G.

5.8 Strengths and Limitations of the Current Study

One of the key strengths of the current study was that it had immediate and tangible real-world implications. Ensuring the fidelity of TAP KAT and providing recommendations, on an ongoing basis, ensured that the training could be optimised for the school staff participating. Similarly, writing a 'Practice Report' for the TAP team, based on the findings from interviews and focus groups with staff from participating schools, enabled an exploration of TAP's implementation as conducted, while also outlining barriers to the programme's optimal implementation in schools.

In keeping with the four key principles of Design-Based Implementation Research, the current study focused on resolving persistent problems associated with the education of children in care, from the perspective of multiple stakeholders. Additionally, the current study was concerned with developing theory and knowledge associated with supporting children to learn, through a systematic approach to inquiry. Furthermore, through the iterative process of data collection and writing-up, it was possible to explore the organisational systems in place to ensure the effective implementation of TAP, should it be scaled-up or scaled-out, therefore developing the capacity for sustaining change in the education system in Northern Ireland.

A further strength of the current study was that it provided some evidence to suggest that school staff's awareness and understanding of attachment; 'Attachment Friendly Practice' in schools and 'Attitudes to Improving Outcomes' for children experiencing difficulties associated with trauma and attachment, can be quantitatively measured using psychometric scales. The SSAAS, that was developed for the purposes of this research, evidenced validity based on EFA and CFA as well as discriminate validity. The SSAAS also evidenced internal consistency and test-retest reliability. Therefore, the SSAAS scale can be confidently utilised in future research.

The psychometric assessments of the AFPS and the AIOS relied on a lower than desirable sample size. Nevertheless, the sample size was adequate based on the participant-parameter ratios. Furthermore, both of these scales evidenced good internal consistency and the findings, evidenced in the mediation analysis, echoed the themes identified in the qualitative interviews and focus-groups, indicating parallel reliability. While these measures require further exploration with a larger sample size, the current study facilitated the development of a blueprint for quantitatively exploring these outcomes. The follow-up WSTQ was not piloted. On reflection, it is possible that piloting the additional follow-up scales may have drawn the researcher's attention to the lengthy nature of the questionnaire, which may have led to the lower than desirable response rate.

Regarding limitations, the iterative process for refining and optimising TAP KA training helped to ensure that the training content was relevant and that the training was delivered to a high standard. However, participants' practice before and after attending training was not systematically observed and, therefore, it cannot be conclusively inferred that the training was effective in ensuring that TAP staff in schools engaged in more attachment friendly practice, as a result of the training. Additionally, while a nuanced observation structure was developed and followed during the training sets, themes elicited from observational data were based-on the subjective opinion of one researcher, limiting the reliability of this method.

A further limitation of the current study was that the SSAAS scale was not completed by participants prior to their participation in TAP KA training. It is, therefore, impossible to infer the full impact of this training. While it is unlikely, it is possible that participants who attended TAP KA and WST, would have had higher 'absolute' baseline scores on the SSAAS. Additionally, data was not collected from a control group in order to conclusively infer direct causality of the effects evidenced in the current study.

Further to this, reliance on self-report measures, increases the likelihood of socially desirable responding (the tendency for people to present a favourable image of themselves) (Van de Mortel, 2008). It is possible that socially desirable responding could have impacted upon both qualitative and quantitative data that was collected from participants. This may have confounded the results by obscuring relations between variables.

Additionally, it is possible that participants' responses were influenced by demand characteristics (participants formed an interpretation of the researcher's purpose and subconsciously changed their answers to fit that interpretation) (Orne, 2009). As was the case in exploring the fidelity of TAP KA training, introducing observational measures to explore all aspects of TAP's theory of intervention, would have been optimal. Unfortunately, this was not possible due to ethical constraints and limited resources.

A further limitation evident in the current study, was that 'Attachment Friendly Outcomes' for Children were quantitatively explored through participants' responses to a bespoke scale that was designed by the researcher. While it is likely that the data collected through this scale, reflects the (medium-term) outcomes for children that are associated with TAP, the data collected is from the perspective of school staff only. Ergo, it was not further validated through self-report data collected from Key Children, or through structured observations or clinical assessments. Nevertheless, the hypothesised theory of change, depicted in the emerging TAP logic model with regard to medium-term outcomes for children, was supported through the themes identified

in semi-structured interviews and focus groups, that were conducted with professionals working in schools.

5.9 Chapter Summary

The current Chapter began with a detailed description of The Attach Project; (TAP) how it came about, its theoretical underpinnings, and its component parts. The overarching research aims, questions, and methods were then outlined throughout Chapter Five. The ethical considerations, researcher reflexivity and positionality, and the strengths and limitations of the current study have also been outlined. The subsequent chapters review the substantive findings.

Chapter Six

Findings: Exploring the Theory of Intervention

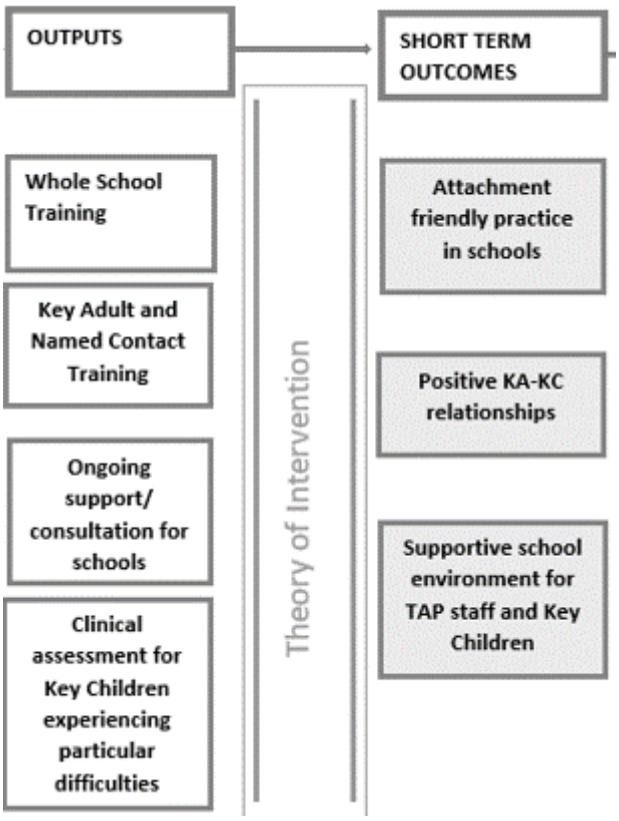
6.1 Introduction

This Chapter outlines findings that relate to Research Question Two (RQ2), which is focused on explaining the relations between TAP outputs and initial outcome change, that is the programme's 'theory of intervention'. The Chapter is structured to correspond with the 'TAP outputs' as they are depicted in Figure 6.1. Firstly, findings associated with KAT are outlined and discussed, followed by findings associated with TAP WST. Secondly, findings associated with TAP's ongoing implementation support are defined, followed by an overview of the findings associated with TAP's clinical assessment and formulation process. Once findings associated with each output component and their relations to the initial outcomes of the programme have been explored (elucidating the theory of intervention), the key findings are highlighted.

6.2 TAP Key Adult Training

While this research was chiefly concerned with exploring TAP's 'implementation as conducted' and was therefore underpinned by the principles of Design-Based Implementation Research (DBIR), exploring the fidelity of TAP KAT was also considered an important element in the current study in assessing outputs and outcomes as illustrated in Figure 6.1. Exploring the fidelity of TAP KAT (with regard to training content, quality, and dosage) enabled an iterative process of implementation and adaption, ensuring that the benefits of the training to those participating, could be maximised. Data collected throughout six, two-day training sets was analysed on an ongoing basis, so that three training reports could be written, and the recommendations incorporated into the training on an ongoing basis. The training reports are included in Appendix F (with key information highlighted later in this section).

Figure 6.1. TAP Outputs and Initial Outcomes



As outlined in the methods Chapter, the Key Adult Training (KAT) was delivered over a two-day period according to the timetable and content as outlined in Chapter Five. Staff took part in the training, which took place between 12th March and 19th April 2018 in a neutral Education Authority location.

6.2.1 Quantitative Section of the Training Quality Questionnaire

Immediately following TAP Key Adult Training (KAT), participants were asked to complete a 'Training Quality Questionnaire' that consisted of ten quantitative questions and three open-ended, free-text questions. As indicated in the Chapter Five, the questionnaire was bespoke, designed to explore participants' perspectives of the content, quality of delivery and dosage of the training. While 79 participants attended TAP KAT (including Named Contacts) and completed the questionnaire, not all participants responded to every question. Nevertheless, there was a high level of

agreement amongst all participants on each of the ten questions, with participants being in 100% agreement for three questions and most others having very low levels of disagreement. It was therefore concluded that there would be no benefit to conducting statistical analysis to explore the trends within the data any further. Overall, there was a high level of agreement that the training was high quality, an appropriate dosage, well delivered, and contained relevant content.

6.2.2 Findings from Open-Ended Questions and Structured Observations

As outlined in Chapter Five, the questionnaire also contained three open-ended questions which were as follows:

1. Were there any aspects of the training that you found particularly interesting, useful, or important?
2. Were there any aspects of the training that you found confusing or impractical?
3. Do you have any further comments about the training?

After each training set, participants' responses to each question were analysed thematically following Training Sets Two, Four and Six. Notably, Training Sets One and Two were attended by the Named Contacts from TAP schools (rather than the Key Adults). During each of the training sets, the researcher also conducted structured observations in order to assess the quality, content and participant responsiveness of TAP training. As described in Chapter Five (methods), triangulation of the data collected enabled the development of three training reports, to facilitate ongoing programme differentiation.

Training Report One: Overall Observations. Overall, feedback from participants was very positive. In response to the three open-ended questions, several participants indicated that learning about ACEs was interesting, useful and "new information". Several participants also commented on the benefits of considering children's internal working model in order to understand their behaviour. Several participants also emphasised (in their feedback questionnaires and through discussion at training) that

what they learnt at TAP KA training could help ‘so many other children in (their) school, not just the ones in care’.

Although, overall, participants expressed a positive experience of training, several participants who attended Training Set One, expressed concern in response to the three open-ended questions included in the KATQ, that the strategies learnt might be ‘unrealistic’ in a ‘busy classroom setting’. This concern, however, was not reiterated in the feedback following Training Set Two. It is likely that this discrepancy was due to increased time and emphasis on the ‘Key Adult activities’ in Training Set Two, which gave participants the opportunity to discuss strategies for crisis intervention, and how to work effectively with other children in the classroom and other members of staff during challenging situations.

There were time constraints during the second day of Training Sets One and Two. Participants indicated that this was because of the ‘laboured’ and ‘heavy’ ’discussions surrounding case studies. Although the structure of the second training set was changed by giving one case study to each group, rather than a ‘class discussion’ on all three, a few participants still felt this aspect of the training could be improved. It was expressed by several participants, however, that the case studies should not be omitted in full, as they helped them to ‘understand the different types of attachment and how they might present in children in school’.

Participants responded positively to the use of video clips during the first day of training. The use of video broke up the lecture style of the training and seemed to help participants to focus their attention. It was recommended in training report one, that it may be useful to adapt the training structure (where appropriate) to include a video/audio clip during the second day. It was suggested that this adaption could be particularly beneficial for future participants who do not feel as comfortable contributing to group discussion and for those who are visual learners.

It was also suggested, in Training Report One, that another type of ‘active’ learning could be utilised, for example, by asking participants to engage in role-plays in pairs

or small groups. Not only would this give participants an opportunity to practice 'PACE', but it also could help them to identify and empathise with the children they work with.

Training Report One: Evidence of PACE. The application of PACE (Playfulness Acceptance, Curiosity and Empathy) is an integral part of TAP, characterising how school staff can effectively work with children in care and other children who experience trauma and attachment related difficulties in school. It was therefore considered important that the TAP team modelled, or applied, these principles during training. It was evident that these principles were applied during TAP KA training one and two:

- Playfulness: The training facilitators effectively engaged the group through humour when appropriate.
- Acceptance: The training facilitators listened to the experiences of the participants and accepted that it is not always easy working with care experienced and complexly traumatised children.
- Curiosity: The training facilitators were interested in the different experiences of the participants and asked appropriate questions to find out more. Participants' experiences often led discussion.
- Empathy: Training facilitators spent time listening to the concerns of the participants and recognised how working with children with attachment difficulties can impact on them, inducing significant emotional labour. Training facilitators highlighted the importance of having good support, in school, and the availability of the TAP team for advice and support through ongoing consultation.

Training Report One: Evidence of the SAFE practices for social and emotional learning. The structure for observations collected at TAP KA training was partially based on the SAFE (sequenced, active, focused and explicit) principles for effective social and emotional learning (Durlark, 2011). It was evident that these principles were applied throughout TAP KA Training Sets One and Two:

- Sequencing: Before participants were asked to reflect on attachment styles or strategies for working with children in care, day one of training focused on development of awareness and understanding. The training appeared to flow, and it was evident that participants were able to link their new-found awareness and understanding to the presentation of attachment difficulties in their school.
- Active: The training incorporated group interaction and discussion throughout. However, more or varied active teaching strategies could ensure that all participants are able to focus throughout the training.
- Focused: The facilitators were proficient at allowing participants to lead discussion to an extent but refocusing the group to the topic at hand. Towards the end of the second day, participants became tired and had difficulty remaining focused.
- Explicit: The training was explicit in explaining attachment difficulties and other issues related to children in care. However, it may be possible to further explore strategies for the real-life application of PACE, and how to apply it, when working with children in care in real-life difficult situations.

Findings from Training Report Two. The recommendations outlined in Training Report One were considered by the TAP team and evidently integrated into Training Sets three and four. Similar to the responses collected from participants following Training Sets One and Two, participants who attended Training Sets Three and Four indicated that learning about ACEs and internal working models was useful, interesting or important. Additionally, all-but-one participant indicated that learning about PACE was a key part of the training.

In contrast to Training Sets One and Two, no participants who attended Training Set Three or Four, indicated that the TAP strategies were 'unrealistic' in a 'busy classroom setting'. Furthermore, the majority of participants identified that the strategies and case studies surrounding children's presentation in school were very useful, interesting or important.

Based on observational data that was collected throughout Training Set Three or Four, it is likely that this positive feedback was due to more time being spent discussing the

application of PACE and giving examples of how to apply it in school. The case studies also gave participants the opportunity to think about other elements of the training and how to best work with children in an attachment friendly/ trauma informed way. The idea of utilising 'time in' instead of 'time out', in disciplinary situations, was particularly well received by participants, as was information on how to reduce toxic shame.

Based on recommendations made in Training Report One, a video clip was introduced on Day 2 of Training Sets Three and Four. The video clip showed Dan Hughes (the developer of DDP) discussing PACE and giving examples of how he uses it in practice. The inclusion of the Dan Hughes Video was generally well received, with two participants mentioning it specifically as a positive aspect of the training.

However, one participant suggested in their KATQ, that the video was too long. Based on observational data, it could be suggested that other participants also felt this way, as some disengaged around halfway through the video and began to check their phones, fidget or look around. It was recommended in Training Report Two, that although the Dan Hughes video should continue to be included in the training on Day 2, the clip should be shortened, or split-up with discussion surrounding different aspects of PACE and how to apply it when working with children in school.

An interesting development, evidenced during Training Set Three, was that although participants seemed very interested in the application of PACE, when the training facilitator asked if anyone could give an example, several participants appeared to have difficulty verbalising a response, with one stating 'I know what I should do, but don't have the language'. This suggested that an opportunity for participants to practice using PACE, during training, would be beneficial.

It was suggested in Training Report Two, that role-plays could be introduced, with participants working in pairs, or in small groups, with one participant in the role of Key Adult and the other the Key Child. It was theorised that introducing role play in small groups or with peers may be less pressure and feel safer for the participant, giving them the opportunity to practise without the pressure of 'saying the wrong

thing' in front of the other participant. It was also suggested that more time could be spent giving examples of 'attachment friendly language' that could be used in different situations.

Another small adaption made to Training Set Three, was that more time was spent going through the 'Trauma and Attachment Informed School Model'. Each component of the model was explained and discussed. While this adaption was not recommended in training report one, it proved to be useful. Participants seemed interested and willing to engage in discussion. It also helped participants to develop an understanding of how TAP could be integrated into the 'whole school ethos'.

Several participants commented on the quality of the training facilitators, both during training and in their KATQs. This was despite a change to one of the facilitators on Day 2 of Training Set Three. The change in facilitator did not seem to impact negatively on the training with participants identifying that all facilitators were 'excellent' or 'brilliant'. It should be noted, however, that the alternative training facilitator was an experienced member of the Children Looked After Education Project team, who had received level one training in Dyadic Developmental Psychotherapy and Practice.

Overall, the findings from Training Report Two indicated that despite the change in facilitator and the adaptions made to the training following training report one, the training was well received and there was evidence of the application of PACE, as well as the SAFE practices for social and emotional learning (Durlark, 2011), throughout Training Sets Three and Four.

Findings from Training Report Three. The recommendations outlined in Training Report One and Two, were considered by the TAP team and evidently integrated into Training Set Three. Similar to the responses collected from participants following the first four training sets, participants who attended Training Sets Five and Six indicated that learning about ACEs and internal working models was useful, interesting or

important. Additionally, the majority of participants indicated that learning about PACE was a key part of the training.

Given the record in Training Report Two, that some participants found it difficult to remain focused for the duration of the Dan Hughes PACE video, the video was split into four sections (P-A-C-E) in Training Sets Five and Six. After the participants watched the first section on Playfulness, the video was paused for discussion around the approach and how participants could introduce playfulness into their everyday practice. This technique was then repeated for Acceptance, Curiosity and Empathy. It was clear, from the observational data collected at these training sets, that this was a useful adaption. All participants appeared to remain engaged for the duration of the video, and many contributed to the discussions by asking questions regarding how to use the strategies with a particular child in their school, and by giving examples of times they have used similar techniques.

Training Report Two also recommended that role-plays should be introduced to give participants an opportunity to practise using PACE in small groups. Responses to the three open-ended questions collected from Training Set Five, however, identified that two participants found the role-playing 'daunting', even in the small groups. These participants did, however, acknowledge the usefulness of having this time to discuss previous issues or experiences they had with children in their school, how they reacted then and what they would do differently in light of the knowledge they have acquired from training and seeing examples of PACE.

Observational data collected at Training Set Six, indicated that the 'discussion approach' was utilised by most participants at training, rather than full engagement with role-play tasks during the allocated time. Two participants, who had an Education Project Worker from the CLA Team in their group, commented on how the Project Worker was able to support, prompt and answer questions during the role plays it should be noted that all Project Workers had been trained in Level One Dyadic Developmental Psychotherapy (DDP), which identifies PACE as a key therapeutic approach). Participants also tended to engage more in the role-playing when they were supported by the training facilitator. This feedback suggested that interaction with

training facilitators, or support from Education Project Workers during role-play or group discussion, could help participants to engage with the activity and remain focused.

Several participants commented on the quality, experience and passion of the training facilitators, both during training and in their feedback questionnaires. The vast majority of participants who attended Training Sets Three, Four, Five and Six, also highlighted that they had a very positive experience of training and that they were looking forward to implementing TAP in their schools. Participants found the training 'phenomenal', 'fantastic' and 'excellent' and stated that they felt 'empowered' and 'inspired' to make a difference in their school and to the lives of children in care (and many other children) who they worked with.

Overall, the findings from Training Report Three indicate that despite adaptions made to TAP KAT following Training Reports One and Two, the PACE model, as well as the SAFE practices for social and emotional learning (Durlark et al., 2011), continued to be evidenced throughout Training Sets Five and Six. No further recommendations for refining TAP training were suggested by participants following Training Set Six.

6.2.3 Findings from Semi-Structured Interviews with Named Contacts and Key Adults

In order to gain retrospective insight into participants' perspectives of TAP KA training, and to gain insight into how TAP KA training related to the initial outcomes depicted in the emerging TAP logic model, semi-structured interviews and focus groups were conducted with participants. Some school staff who participated in focus groups, also attended TAP KA training and had the opportunity to discuss their experiences. It should be noted that all names included in the qualitative extracts throughout the findings Chapters are pseudonyms, in order to ensure that all participants and the children being discussed cannot be identified.

Quality of the Training. Without exception, all members of staff who attended the TAP two-day training course, emphasised the high quality of the training they received, as well as the benefits to their school and the change or improvement to their practice. They reported having an increased ability to recognise attachment or trauma related difficulties in all children in their care and an increased confidence and ability in supporting children with this type of need. Some Named Contacts and Key Adults also expressed hope that the full, two-day training could be extended to all staff in their school as indicated below:

> I would say that every teacher in every school should have that training…the full 2-day training. I think that it just completely opens your eyes as to why children are behaving the way they behave and I think that it would, maybe it is different in our environment because of the amount of need that we have with our children…there is need everywhere and I think if that training was provided to teachers everywhere then perhaps, they might have a different outlook on things, the simplest of things. A child not having their homework done in the morning you know. If they are walking up the motorway and a lorry is coming at them left, right and centre through domestic violence at home or whatever else is going on at home. Homework is the least of their worries and yet some teachers would be going through them for not having it done. Simple things like that, having insight and an understanding. ***School 6, Named Contact***

Increased Knowledge and Reflective Practice. Participants described how TAP KA training gave them more in-depth insight into the difficulties experienced by children in care, and how this knowledge led to more reflective practice when working with children in care, and many other children known to have had difficult histories, as indicated below:

> Because you were thinking of the specific child, then that allowed you to look at other looked after children and actually children that are looked after by you know in kinship with other family members as well, you know, they seem to be ok but actually probably they are not really. You think they are ok and

> actually probably from the training you could go down a lot of children now in our school and think, right, we need to think about them. I suppose it made us maybe more proactive in changing the way things were done you know, and the ethos of our school in that way. ***School 4, Key Adult***

> It probably made you more mindful. You were more conscious because you had that thinking more about it rather than naturally reacting. You were actually thinking about why, how and what we can do and how to approach. ***School 1, Key Adult***

Attachment Friendly Language. Several participants described how TAP helped them to develop attachment friendly language, so that they could support children, and build better relationships by 'knowing what to say', as seen below:

> I thought it was all fantastic, all very relevant, about the ACES and about even the ways you can address issues with children, just your language. You know the way you identify… "I can see your having a bad day…". Instead of saying "What's wrong with you". There's ways round it and there's humour you can use and just things that work with children." ***School 5, Named Contact***

Validating Good Practice. While participants from every school described how TAP KA training gave them more-in-depth knowledge and understanding about children in care, it was also clear that TAP KA training helped to validate the good practice that was already being operationalised in schools. Several participants reported that the training validated their practice, encouraged them and 'legitimised' their practice. This added benefit to TAP training was particularly evident for staff from the special education school as illustrated below:

> The training was good, ehm, it sort of put a name on a lot of the stuff that we try and do in school. Gave it names, you know, names for the different strategies that they use, and you know that was good to make that clear, and to nearly reassure us that some of the stuff that were doing in school is right and is helping the children. So ehm, from that sense I thought it was good. ***School 1, Named Contact***

Recognising Blocked Care. Another key finding associated with TAP KA training evidenced in the data set, however, was that the training helped attendees to recognise, acknowledge and overcome 'blocked care'. Blocked care is a defensive reaction often experienced by people who are caring for complexly traumatised children. It is a state that a person can enter when prolonged stress suppresses their capacity to sustain loving and empathic feelings towards a child (Hughes, 2017).

There is some evidence to suggest that training on blocked care helped participants to identify it within themselves and others and feel comfortable enough to seek support. This in turn enabled them to continue supporting the Key Child and to develop a trusting, attachment relationships with them as highlighted below:

> Yeah, and do you know what? There was a period after January it was just so hard, and I thought I just can't cope anymore with him because it was just, you were taking a battering and battering. And it was suddenly we sat down and got the training out again. I was the Key Adult and the Named Contact, Mrs Graham and the two of us were just struggling so much with him. It was only then, I think we are having blocked care and because as much as, we never had that name to name it before and we sat down and we thought, yea we actually are, and we just took time to recognise it I suppose. ***School 3, Key Adult***

6.3 TAP Whole School Awareness Training

While it was not always possible, it was hoped that the full staff team from each school could attend TAP Whole School Awareness Training, which took place in individual schools over half a day from mid-August to the end of October 2018. Some participants at TAP WST had previously attended TAP KAT. Quantitative and qualitative measures were used to explore the implementation of TAP WST (with regard to the training content, quality, dosage, and participant responsiveness) as well as the training's 'implementation as conducted'.

Quantitative measures were employed to collect demographic information and to partially assess the effectiveness of The Attach Project Whole School Awareness Training (WST) in improving attendee's awareness and understanding surrounding the experiences of children in care and attachment in school. As outlined in section 5.4 of this thesis, the 'School Staff Attachment Awareness Scale' (SSAAS) was a bespoke scale, developed by the researcher to explore participants' awareness and understanding about the needs of children in care. Therefore, validity and reliability assessments were conducted prior to conducting further statistical analyses using this scale (see Appendix E). The four-item SSAAS scale was utilised in all statistical tests (rather than the eight-item scale, that indicated co-variance in error values).

Participants completed the 'baseline questionnaire' directly before they attended TAP WST. Participants who had attended TAP WST were then asked to complete a complementary 'follow-up questionnaire' 6-9 months after TAP had been fully implemented in their school. Considerably more participants completed the whole-school training questionnaire at baseline (n= 544, 98.6%) than at follow-up (n=84, 15.2%). Of these participants, only 76 (13.8%) completed both the baseline and follow-up questionnaires. In total, 552 staff members from TAP schools participated (N=552). Qualitative methods were employed to explore participants' perspectives of TAP WST further, through semi-structured interviews and focus groups with professionals working in TAP schools.

6.3.1 Quantitative Analysis of the Whole School Training Questionnaire

In order to test for differences in participants' responses at baseline, based on their demographic information, multiple between-groups comparisons were conducted. Additionally, in order to partially assess if TAP WST was effective in improving participants 'awareness and understanding' in working with children in care in school, within-subject comparisons were conducted through a paired-samples t-test.

6.3.2 The School Staff Attachment Awareness Scale (SSAAS)

The baseline SSAAS was analysed as the dependent variable against demographic information, including gender, job role, school type and experience, as the independent variables. Participants were also asked if they had previously attended TAP Key Adult/ Named Contact training, enabling 'training level' to be included in the analysis as an independent variable. Within the current sample, the data for the SSAAS approximated normal distribution and, therefore, parametric independent samples t-tests and one-way ANOVAs were employed. Higher scores on the SSAAS indicate increased awareness and understanding of trauma, attachment and the challenges experienced by children in care.

Previous Tap Training. As was expected, an independent samples t-test showed that there was a statistically significant difference in participants' SSAAS scores at baseline, based on whether or not they had previously attended TAP KAT, $t(462) = 7.03$, $p<.001$. Participants, who had previously attended TAP KAT (n=32, M=19.5, SD=3.38), had significantly higher scores than participants who had not previously attended TAP KAT (n=432, M=14.2, SD=4.17). The effect size[11] was large (d=1.4)[12], limiting the likelihood of a type one error. Table 6.1 displays the results of an independent samples t-test, where training level was tested as the independent variable and awareness and understanding (at baseline) was tested as the dependent variable.

[11] An effect-size refers to the magnitude of a significant result. Without calculating an effect size as well as the significance (p) value, it would not be possible to infer if the independent variable (for example, attending training) makes a big difference or a small difference to the dependent variable (for example, participants scores on the SSAAS) (Hanna and Dempster, 2013).

[12] Effect size calculations are different for different types of statistical tests. In an independent samples t-test, the effect size that should be reported is Cohen's d. Cohen's d is determined by calculating the mean difference between the two groups and dividing the result by the pooled standard deviation. Cohen suggested that d=0.2 should be considered a small effect size, d=0.5 a medium effect size, and d=0.8 a large effect size (Cohen, 1977).

Table 6.1: Independent Samples t-test, where Training Level was Tested as the Independent Variable and SSAAS (at baseline) was Tested as the Dependent Variable.

Scale	Training Level	N	M	SD	t	p	d
SSASS (baseline)	Previous KA/NA training	32	19.5	3.38	7.03	<.001	1.4
	No previous KA/NA training	432	14.2	4.17			

Gender. An independent samples t-test showed that, within this sample, there was not a statistically significant difference between males (n=64) and females (n=453), in their baseline SSAAS scores.

School Type. To test for differences in participants' scores based on the type of school they work in, a one-way between groups ANOVA was conducted. Participants were split into three groups: Controlled; Catholic Maintained; and Special Education. Prior to interpreting the ANOVA output, the data was checked to ensure that the assumptions for conducting a one-way ANOVA were met. The one-way between groups ANOVA revealed that there was a statistically significant difference in participants' scores based on the type of school they work in, $F(2,509) = 11.53$, $p<.001$.

The effect size was medium ($\eta^2 = .43$)[13] meaning that the calculation was adequately statistically powered, reducing the risk of a type 1 error. In order to understand further where the statistically significant differences in scores between school types occurred, a post-hoc Turkey HSD test was conducted. The Turkey HSD test indicated that participants, who worked in Special Education schools (n=89, M=16.3, SD=2.9), had significantly higher SSAAS scores than participants from Catholic Maintained schools (n=259, M=14.35, SD=4.44) and significantly higher ($p<.001$) SSAAS scores than participants working in Controlled schools (n=164, M=13.62, SD=4.63). There was

[13] Eta squared ($\eta^{2)}$ is the effect size calculation that is commonly associated with ANOVAs. Eta squared measures the proportion of variance that a given variable accounts for out of the total variance in an ANOVA model. Suggested norms for Eta squared are: small =0.01; medium = 0.06; large = 0.14 (Hanna and Dempster, 2013).

not a statistically significant difference evidenced between participants from Catholic Maintained and Controlled schools prior to TAP WST. Table 6.2 displays the results of the one-way between groups ANOVA, when baseline awareness and understanding was included as the dependent variable and school type was included as the independent variable.

Table 6.2: Results of the One-Way Between Groups ANOVA, when SSAAS was Included as the Dependent Variable and School Type was Included as the Independent Variable

Scale	**School Type**	**N**	**M**	**SD**	**F**	**p**	**η^2**
SSAAS (baseline)	Special Education	89	16.3	2.9	11.53	<.001	.43
	Catholic Maintained	259	14.35	4.44			
	Controlled	164	13.62	4.63			

Job Role. As the assumptions underpinning a one-way between group ANOVA had previously been checked for SSAAS scores at baseline, a one-way between groups ANOVA, comparing participants' scores based on job role, was conducted. The one-way between groups ANOVA revealed that there was a statistically significant difference in participants' scores based on their job role within the school ($F(3,516) = 7.85$, $p<0.01$). The effect size was medium ($\eta^2 = .44$) meaning that the calculation was adequately statistically powered, reducing the risk of type 1 error.

To explore further where the statistically significant differences occurred, a post-hoc Turkey HSD test was conducted. The Turkey HSD test revealed that teachers (n=216, M=14.05, SD=4.22) scored significantly lower (p=0.02) than senior teachers (n=50, M=16, SD=4.9) and significantly higher (p=0.34) than 'other support staff' (such as lunch time assistants, caretakers and canteen staff) (n=33, M=11.88, SD=5.1). The Turkey HSD test also revealed that senior teachers scored significantly higher (p<.001) than 'other support staff'. There were no statistical differences observed between Senior Teachers and Classroom Assistants, or Teachers and Classroom Assistants. However, the Turkey HSD test revealed that Classroom Assistants (n=221, M=14.96, SD=8.28) scored significantly higher (p=0.01) than 'other support staff', within this

sample, on the awareness and understanding scale at baseline. Table 6.3 displays the results of the one-way between groups ANOVA, when baseline awareness and understanding was included as the dependent variable and job role was included as the independent variable.

Table 6.3: Results of the One-Way Between Groups ANOVA, when baseline SSAAS was Included as the Dependent Variable and Job Role was Included as the Independent Variable

Scale	**School Type**	**n**	**M**	**SD**	**F**	**p**	**η^2**
SSAAS (baseline)	Senior Teacher	50	16	4.9	7.85	<.001	.44
	Teacher	216	14.05	4.22			
	Classroom Assistant	221	14.96	8.82			
	Other Support Staff	33	11.88	5.1			

Experience. As the assumptions for conducting a one-way between group ANOVA had previously been checked for SSAAS scores, a one-way between groups ANOVA comparing participants' scores based on 'years of experience' was conducted. The one-way between groups ANOVA revealed that there were no statistically significant differences in participant' awareness and understanding scores based on how many years of experience they had.

Repeated measures analysis of the SSAAS. To test if there was a significant difference between participants' baseline and follow-up scores on the SSAAS, a paired samples t-test was conducted. Within this sample, there was a statistically significant difference between participants' SSAAS scores at baseline and follow-up (six-nine months post-training), $t(57)=7.51$, $p<.001$. Participants' SSAAS scores were significantly lower at baseline (n=58, M=15.88, SD=5.14) than at follow-up (n=58, M=20.7, SD=1.51). The effect size was large (d=1.27)[14] and, therefore, this calculation can be considered to have sufficient statistical power (>.9). Table 6.4 displays the

[14] A Cohen's d value of over 1 means that the difference between the two means is larger than 1 standard deviation. This constitutes a very large effect (Hanna and Dempster, 2013).

results of a within-samples t-test, that tested for differences in participants' awareness and understanding score at baseline and at follow-up (immediately before TAP WST and 6-9 months after TAP had been fully implemented in schools).

Table 6.4: Results of a Within-Samples T-Test, that Tested for Differences in Participants' SSAAS at Baseline and at Follow-Up (immediately before TAP WST and 6-9 months after TAP had been fully implemented in schools)

Scale	**n**	**M**	**SD**	**t**	**p**	**d**
SSASS (baseline)	58	15.88	5.14	7.51	<.001	1.27
SSASS (follow-up)	58	20.7	1.51			

This result provides some evidence that TAP WST has an influence on participants' awareness and understanding surrounding children in care, attachment theory and attachment in school. However, this must be caveated by the fact there are small numbers in this sample and future study, with a control group, would be required to attribute direct causality of the training effect on staff outcomes.

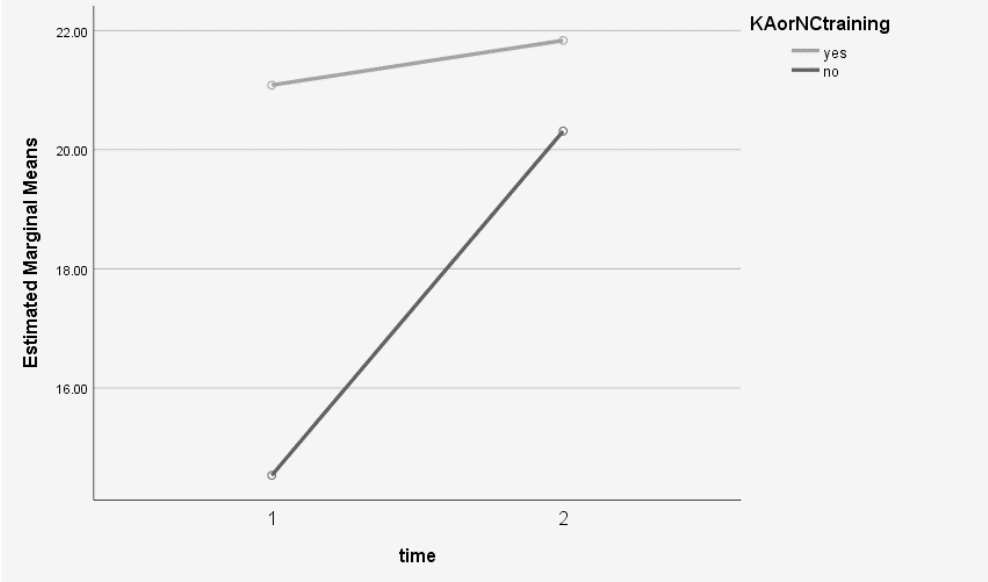
Investigating demographic*time interactions. In order to explore these findings further, several Mixed-ANOVAs were conducted to see if there was an interaction effect between demographic variables, and SSAAS scores over time (at baseline and follow up). A Mixed-ANOVA was also conducted to see if there was a significant interaction effect between participants' level of training (WST only or WST and KA training) and time (at baseline and follow-up). While there was a significant within-subject effect of time evidenced in each of the mixed-ANOVAs conducted, results showed that there was not a significant main effect of 'group' evidenced when demographic information (gender, job role, experience, school type) were included as the between-subject variables. Furthermore, the results did not indicate any significant time*group interactions.

Despite significant differences in awareness and understanding scores being evidenced at baseline, based on participants' job role and the type of school they worked in, these differences were not evidenced at follow-up. This suggests that TAP WST was influential in raising participants' awareness and understanding to a higher and equal

level, despite the differences in their awareness and understanding scores at baseline. However, further investigation, using control groups, is required to attribute direct causality of the outcomes.

There was, however, a significant main effect of time (baseline and follow-up); F(1,55) =20.4, *p*<.001, and a significant main effect of training level; F(1,55)=26.14, p<0.001, when a mixed-ANOVA was used to explore the influence of training level on awareness and understanding scores over time. There was also a significant time*training interaction evidenced F(1,55) =12.3, p<0.001. Mauchly's test indicated that the assumption of sphericity had been violated (p<0.001), so the Greenhouse-Geisser correction was employed to interpret the findings. As it is displayed in the Figure 6.2, participants who attended TAP KA training, prior to completing the baseline questionnaire, had higher scores at baseline and at follow-up.

Figure 6.2: Time*Training Interaction Plot



6.3.3 TAP Whole School Awareness Training: Qualitative Findings

In order to gain retrospective insight into participants' perspectives of TAP WST and to gain insight into how the training related to the initial outcomes depicted in the emerging logic model, semi-structured interviews and focus groups were conducted

with participants. Relations between the WST and the attachment-friendly, trauma-informed whole school ethos were of particular interest.

Thinking about Trauma and Attachment for all Children. It was clear from the data collected from school staff that TAP WST was well received and informative. Reflecting some of the key findings associated with TAP KA training, participants discussed how TAP WST helped them to think about the attachment needs of other children in their school, not just those who are in care and that the training influenced their practice. Additionally, several participants emphasised that TAP WST built on the 'nurture approach' already underpinning their practice and the ethos in the school.

> I think I've said many times that it is probably one of the best and most interesting (training) that I have been at in years and that's saying something. Everybody in school really benefited from it and really enjoyed it. We did a staff questionnaire as well as our teaching staff, it's part of our school development plan so we wanted evidence to show the children's response and the staff. It was just quite simple, five simple questions: What they benefited? What did they experience? Was it beneficial for all children and not just LAC? Would they be open to more training and how useful they found it? It was 100% and people were talking to other colleagues in other areas who were saying, can we not get that training? So, there was a lot of chat about it. ***School 1, Named Contact***

> I think it helped in regard to being aware of how much of an impact home life, for example, if the parents were separated. For a young boy in my class in September in P2, his parents just separated in September, you know, and that would have been massive for him, and it actually did affect him the whole year and probably will go on. So, whenever that training was available and we went to it, it's kind of made me more aware that, yes, he was coming in and he was present, but he was still very much struggling and for me to be aware was good. ***School 4, Focus Group***

Training all School Staff. Several participants from various schools also pointed out the importance of having the whole staff team at the training, as it ensured that everyone was 'on the same page' and that everyone engaging with children in care, was being consistent with their approach. It was also pointed out, by some staff, that the WST helped the staff team to support the Key Adult and Named Contact, even if that just meant taking a step back and letting them step-in when they needed to, as illustrated below:

> Yeah, and talking to the children in the same manner, you know, consistence because what can happen is one person can be speaking to somebody and not understand that there should be a certain approach. I mean I kind of, I knew too to stand back in situations whereas another key member of staff and a number of people were actually designated to look after a child, and they knew exactly where that child was and what that child was doing. Sometimes it's how you move back from a situation is actually more helpful, so I think we were all able to do that and auxiliary staff is so important. They are the heart of the school. If we don't have them with you on the journey, then it's not working. ***School 4, Focus Group***

An interesting perspective came from the Key Adult in school six, who acknowledged the damage that can be done when staff members are not trained, or do not have good insight into the difficulties experienced by children in care and children with similar needs. She discussed the damage done to a child's social and emotional development in the previous year and expressed how there could be lasting implications. She also expressed that the issue could have been avoided if the sub-teacher had more training, as illustrated in the indicative quotes below:

> **Key Adult 6:** I would sort of worry about Kelly still because I think the major change happened in p.6. I had her in p.5 and she had a great year. When she transitioned to p.6 there were several different teachers covering that year. It was a disruption for her and then I think a mistake was made in the way a particular teacher dealt with friendships in Kelly's class and they kind of isolated Kelly from these two girls that Kelly really looked up to, and I think

since that happened this other teacher got parents involved. Parents said, 'my child is not to play with Kelly anymore', but Kelly really needed friends then, but now the wee girls have moved on and Kelly has kind of been isolated. Kelly just drifts. She has no real lasting friends.

Researcher: Do you think that, perhaps, if the teacher had a wee bit more of an awareness about Kelly's background...

Key Adult 6: Yes, I think she just jumped in. This was a sub teacher. I think it created more problems for Kelly in her p.6 year than enough, and it's never really been repaired – the friendships - which is a pity. ***School 6, Key Adult***

6.4 Ongoing Support and Consultation for Schools

In order to explore TAP's ongoing implementation support and consultation, 'implementation as conducted' was explored through semi-structured interviews and focus groups with school staff. It was clear from the interviews with TAP Staff in schools, that different schools experienced and availed of varying levels of ongoing implementation support from the TAP implementation team. It was also clear, however, that all schools were aware of the support that was available to them. Furthermore, it was evidenced that there was a high degree of overlap between the 'TAP Team' and the Education Project Workers who were assigned to each of the TAP schools, as indicated below:

Researcher: Were you aware that you were able to contact Emma or Ruth or the TAP team if you needed to?

Named Contact 2: Yes. The actual project workers have been brilliant. They've been available at every opportunity. They've came out and visited to support us, they've listened. No, I couldn't have asked more of the project workers at all.

Researcher: Brilliant, that's good to know. Ehm. It's good to know that the schools are aware that the support is available to them. ***School 2, Named Contact***

For the school staff who did contact the TAP team to avail of advice or support, the response was very positive. One school in particular relied upon the TAP team when they were experiencing blocked care, as outlined below:

> **Researcher**: And do you find, I know there is a lot of training available… but TAP stay about. You know you can contact Emma and Ruth; does that make a difference?
>
> **Named Contact 3:** That has been completely different… that has been invaluable to us. We wouldn't have got our boy to this stage; I know we wouldn't you know, and I don't know that Wendy and I would ever have reached the end of June I'm not going to lie. There has been many days you know where we have said 'what is going on!?' But Emma and Ruth you know, no matter what… no matter how bad the day has been we've always ended up seeing the humour and keeping our resilience even in our darkest days. It's been really important. ***School 3, Named Contact***

Several schools indicated that they contacted the team to ask for more training, for new staff, returning staff or staff who would be taking on the Named Contact, Key Adult or Back-Up Key Adult role in the future. One school indicated that further training was required for the support staff in their school, as they were 'not getting it' and it was hindering the Key Child's progress, as illustrated in the excerpt below:

> **Researcher:** With the 3 who do get it, do you think that having the TAP training helped them to get it or…?
>
> **Named Contact 3:** Yes. It was really important for them, but equally and that's why we had a follow-up session, I identified, I sat in with them doing the TAP training. I sat in with the governors as well and the staff because I thought it was really important for me as a manager to see how they reacted and to make sure they were ok as well. So, the dinner ladies, I've known them for 26 years, so I knew their background and I knew for some of them it was going to be very difficult. So, it was important that I sat in with them and I did say to Emma and Ruth (TAP team) that I know that a lot of them felt that… I know that in the initial training it became about them, not about the children. So, they were

> processing all of that from their perspective. I knew we had follow-up work to do then, because they weren't ready on that to assimilate about children… it was more about them. ***School 3, Named Contact***

While most of the data relating to TAP ongoing implementation support and consultation for schools was very positive, it was suggested by one school that the TAP Team should help schools to develop relationships and links to other significant adults in the Key Child's life, mostly by not assuming that those links are already there, as outlined below:

> **Researcher:** Do you think that the attach project team and the project workers, did they need to get in touch with you more or build those links for you more or…
> **Named Contact 2:** I, I think it's not a case of anybody doing anything more. It's maybe just not assuming that those connections are already there.
> **Researcher:** Ok, yes
> **Named Contact 2:** Ok so… we do find it difficult to get social workers, it's not uncommon, it's not news to anyone… but you know when we have so many of the children who are looked after, there's so many different social workers with so many changes and then so many different care orders with different placements and ehm, different teams around different children and it, it needs to be just known that those networks aren't always there already. ***School 2, Named Contact***

6.5 Clinical Assessments and Individual Formulations

In order to explore how the TAP clinical assessment and formulation process was operationalised in practice, questions regarding this component of the emerging TAP logic model were included in the semi-structured interview and focus group schedules. Data was collected from staff working in TAP schools. The data collected from school staff indicated that, at the time of the interviews and focus groups, most participants

did not know much about the clinical assessment and individual formulations that were available as part of TAP, or how to access or request this type of support.

One Key Adult, however, was able to request the extra support from clinical psychology through their contact record form. While schools seemed unsure of the process, Named Contacts from several schools confirmed that the TAP clinical psychologist had been to visit the school, to help them complete the Key Child Profile. Two schools also indicated that input from clinical psychology helped them to fill-in some of the gaps about a child's home life or history and make links with other adults in the child's life, as seen below:

> **Researcher:** Have you had any difficult situations with your key child that you would have needed support from Claire or from Emma or Ruth
> **Key Adult 6:** Not really because I'm usually quite. …although I did request…was it, clinical psychology? It was away back….one of the questionnaires said would you like any further help ….and I think that I requested it, so Jane was happy enough that I did request it and I did quite a lot of detail on it, and I think Ruth did come out. ***School 6, Key Adult***

After requesting extra support, School 6 had significant ongoing input from Clinical Psychology as part of TAP. The Named Contact emphasised the benefits of having Clinical Psychology involved, and how it opened doors to other services for the Key Child in their school, as illustrated below:

> **Named Contact 6:** Well just keeping in touch with the, Emma and Kyle and we have had extended experience with Ruth Robinson being involved with our year 7 child in terms of being involved with clinical psychology and that has been fantastic, so I've really seen the benefit of being involved in the project. Especially because given the difficulties in trying to access SEN support for children, in terms of accessing reports and statements and so on, our year 7 child hadn't reached that, but we are experiencing difficulties with her in school… so the work with Ruth has been invaluable. Now we have been told

> that we will have a private referral to educational psychology for the p.6 child to go forward for a statement possibly. ***School 6, Named Contact***

6.6 Overview of Findings

A combination of quantitative and qualitative measures was employed to explore participants' perspectives of the TAP outputs and how these outputs related to initial outcome change, thereby elucidating the programme theory of intervention. A combination of measures was also used to explore the fidelity of TAP KAT training, in order to facilitate ongoing programme differentiation. Key findings associated with each of the TAP outputs, are outlined next.

6.6.1 TAP Key Adult Training

Data collected from participants immediately following TAP KAT, through the quantitative and qualitative sections of the KATQ, revealed that over-all, the training was very well received (by participants), was well delivered and included useful and appropriate content. As there was a high level of agreement in the responses to each of the ten quantitative questions, there was no benefit to conducting statistical analysis to explore trends within the data any further. Data collected after each training set through the Training Quality Questionnaire, was combined with observational data collected by the researcher, so that three 'training reports' could be written (see appendix F). Based on the triangulated data, each training report provided recommendations for the optimisation of TAP KAT. After the final training set, participants had no further recommendations for improving the training.

Data collected from participants, through semi-structured interviews and focus-groups, re-iterated the positive feedback collected immediately following the training. The majority of participants identified a change to their practice and an increased confidence in supporting children in care in their school as a result of the training.

Several participants also expressed that they hoped more staff in their school could attend the two-day TAP training.

6.6.2 TAP Whole School Awareness Training (WST)

Quantitative Findings. Testing for differences in participants' baseline scores on the SSAAS, revealed that school staff's awareness and understanding of attachment, trauma and the needs of children in care significantly differed based on their job role in the school, identifying a clear need to increase the training available to support staff in schools in particular. The results of a further one-way ANOVA also revealed that participants, from special education schools, had significantly higher baseline SSAAS scores than participants from controlled schools and Catholic maintained schools.

It can be deducted, from the paired-samples t-test and the results of the Mixed-ANOVAs, that TAP Whole School Awareness training was influential in improving participants' awareness and understanding surrounding children in care and attachment in school. The results indicated that TAP WST shows evidence of promise for improving participants' SSAAS scores regardless of their gender, years of experience, and the type of school they work in. There is also some evidence to suggest that TAP WST can raise participants' awareness to a higher and equal level, despite the demographic variables tested. As was expected, the results also indicated that participants who attended TAP KA training prior to completing the baseline WST questionnaire, had higher SSAAS scores at baseline. Interestingly, participants who attended TAP WST and TAP KA training, evidenced significantly higher SSAAS scores at follow-up, than those who attended WST only.

Qualitative Findings. Themes, elicited from semi-structured interviews and focus-groups, echoed those identified with regard to TAP KAT, with the training being very well received and 'instrumental' in facilitating an attachment friendly, trauma informed ethos in schools. Participants highlighted the benefits of having the whole staff team at the training, rather than teaching staff only and emphasised that this enabled a 'consistent approach' because everyone could 'get on board'.

6.6.3 Ongoing Support and Consultation for Schools

It was evidenced in the data collected from school staff through semi-structured interviews and focus groups that most participants were aware of the support that was available to their school if required. One school emphasised that the TAP team were particularly involved and supportive when the Key Adult and Named Contact were experiencing blocked care. It was also clear that from the participants' perspective, there was significant overlap between the education project workers, working as part of the wider CLAEP, and the 'TAP Team', with participants highlighting the high-quality support available to them through their designated Education Project Worker. It was also highlighted however, that schools would benefit from more support from the TAP team, with regard to "making links" with the Key Child's social workers, parents and/or carers.

6.6.4 Clinical Assessments and Individual Formulations

It was evidenced in the data collected from school staff through semi-structured interviews and focus groups that at the time of data collection, the majority of Key Children had not had direct (face-to-face) input from the TAP clinical psychologist and that schools were not aware that this was part of TAP. Several participants however were aware of the Key Child profile that was developed for the Key Child in their school and emphasised the benefits of this document in understanding the child's history. One of the schools, however, did have extended involvement from clinical psychology, due to the increased need of the particular child. In this instance, clinical input from the TAP team was described as 'invaluable' and instrumental in supporting the child in school.

6.7 Chapter Summary

The aim of this Chapter was to explore findings associated with TAP's theory of intervention; that is, the relations between the TAP outputs and the initial outcomes. It was identified that TAP Key Adult and Whole School Awareness training was well

delivered and well received by the schools participating, with participants' awareness and understanding about attachment and the needs of children in care being raised to a higher and equal level. It was also identified, however, that there is a clear need for support staff working in schools, to be provided with more training opportunities of this type, as their baseline scores on the SSAAS were significantly lower than their colleagues, who worked in other roles in the school. It was also identified that TAP training was critical in ensuring that schools could become 'attachment-friendly and trauma-informed'. Furthermore, TAP KAT enabled 'TAP Staff' in schools to develop the 'skills and language' required to effectively support the Key Child or Children in their school.

These findings reinforce the centrality of training in TAP's design and it was suggested that school staff could benefit from attending 'refresher' or 'follow-up' training. Nevertheless, it was clear that ongoing implementation support is also an important component of the intervention, as it can help to ensure that TAP Key Adults and Named Contacts have adequate emotional and instrumental support, to develop their relationship with the Key Child, and work towards improving their outcomes. Ongoing implementation support also ensured that any additional training needs in schools could be met by the TAP team.

Chapter Seven explores the initial TAP outcomes in more detail, as well as exploring how the initial outcomes related to the medium-term outcomes, as depicted in the emerging TAP logic model, elucidating the interventions 'theories of change'.

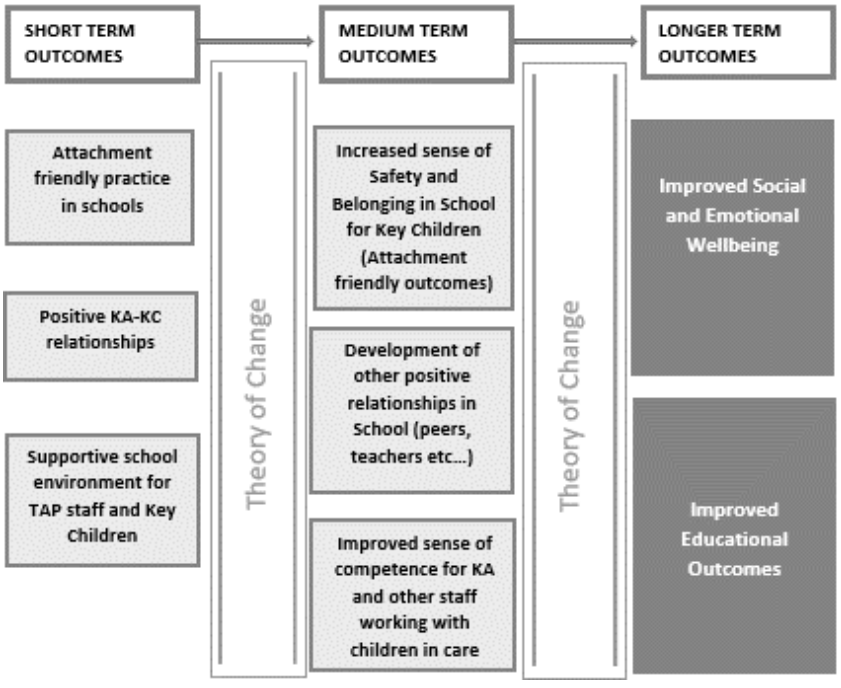
Chapter Seven

Assessing the Theories of Change

7.1 Introduction

The purpose of this Chapter is to consider findings related to RQ3 of the current study which asks: 'What are the relations between the initial, medium, and long-term outcomes of TAP?' Through analysing the quantitative and qualitative data collected for the purposes of this research, it was possible to articulate the relations between the initial, medium-term and longer-term outcomes depicted in the emerging TAP logic model, elucidating the programme's theories of change. This enabled an exploration of TAP's implementation as conducted and also explored the programme's evidence of promise for effectiveness.

Figure 7.1: Hypothesised Relations between the TAP Outcomes (model is author's own)



The findings are explored throughout the remainder of this Chapter. The hypothesised relations (as detailed in the emerging TAP logic model) are depicted in Figure 7.1.

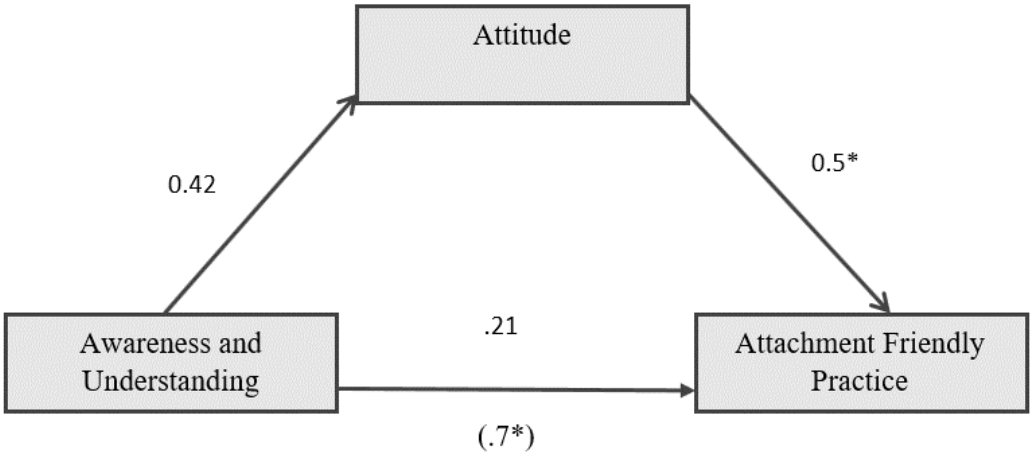
7.2 Quantitative Measures

As outlined in Chapter Five, two mediation models were developed and tested to explore TAP's theory of change. The mediation models were tested using the PROCESS macro add-on tool for SPSS. As already pointed out, it should be re-iterated that the psychometric assessments conducted on all follow-up scales (included in the mediation analyses), had a lower than desirable sample size and, therefore, these findings should be interpreted with caution.

7.2.1 Mediation Analysis

Mediation Model One. The first Mediation Model was developed to test the effect of awareness and understanding (at follow-up, as measured by the SSAAS) on Attachment Friendly Practice as mediated by participants', attitudes. Implementation and School Promotion were included in the analysis as covariates. Figure 7.2 shows the relations between the variables in Model One.

Figure 7.2: Mediation Model One Showing the Coefficient Values for the Relations Between Awareness and Understanding and Attachment Friendly Practice as Mediated by Attitude.



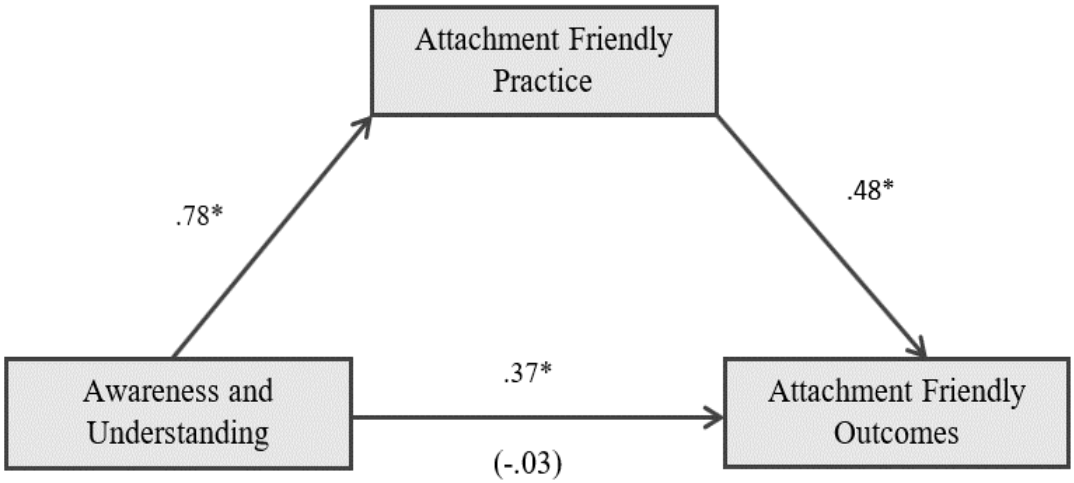
Note. The direct effect of awareness and understanding on attachment friendly practice is in parentheses. *Signifies significant pathways.

The analysis of this model showed that there was not a significant indirect effect of awareness and understanding on attachment friendly practice through attitude, $\beta = .21$, BCa CI [- 0.28, 0.55]. This means that, within this sample, participants' attitudes did not mediate the relationship between their awareness and understanding scores at follow-up and their attachment friendly practice scores. There was, however, a significant direct effect of awareness and understanding on attachment friendly practice (path c), ($\beta = 0.7$, t=3.48, p <0.01) and a significant second-stage effect of attitude on attachment friendly practice (path b) ($\beta = 0.5$, $t = 2.88$, p<.01). The covariates, (implementation and school promotion) did not significantly influence attachment friendly practice in this model. The model summary table showed that R^2=.46, meaning that 46% of the variance in attachment friendly practice scores can be explained by the variables included in the model. The model summary table was significant (F (5, 38) = 6.4, p<.001), therefore, it is unlikely that the R^2 value was obtained by chance alone.

Mediation Model Two. Model Two tested the effect of awareness and understanding (at follow-up, as measured by the SSAAS) on attachment friendly outcomes, as

mediated by attachment friendly practice. Implementation, School Promotion and Attitude measures were included in the analysis as covariates. Figure 7.3 shows the relations between variables in Model Two.

Figure 7.3: Mediation Model Two: The Coefficient Values for the Relations Between Participants' Awareness and Understanding and Attachment Friendly Outcomes as Mediated by Attachment Friendly Practice



Note. The direct effect of awareness and understanding on attachment friendly outcomes is in parentheses. *Signifies significant pathways.

The analysis of this model showed that there was a statistically significant indirect effect of awareness and understanding on attachment friendly outcomes through attachment friendly practice, $\beta = .37$, 95% BCa CI [0.13, 0.37]. This means that, within this sample, attachment friendly practice mediates the relation between participants' awareness and understanding scores (at follow-up, as measured by the SSAAS) and attachment friendly outcomes (path ab). There was not a statistically significant direct effect between participants' awareness and understanding scores and attachment friendly outcomes (path c). This indicates that the relationship between awareness and understanding scores, and attachment friendly outcomes (path c'), is fully mediated by attachment friendly practice.

While implementation, school promotion and attitude (included in the model as covariates) did not influence attachment friendly outcome scores in this analysis, the PROCESS output indicated that participants' attitude scores, significantly influenced their attachment friendly practice scores. This finding re-iterates the relation between these two variables that was evidenced in mediation model 7.3. The model summary table showed that R^2=.57, meaning that 57% of the variance in attachment friendly practice scores can be explained by participants' awareness and understanding scores, at follow-up, and their attitude scores. The model summary table was significant (F (4, 39) = 12.24, p<.001), therefore, it is unlikely that the R^2 value was obtained by chance alone.

7.3 Qualitative Findings: Initial Outcomes

7.3.1 Attachment Friendly, Trauma Informed Practice in Schools

Thematic analysis of semi-structured interviews and focus groups revealed several key themes related to attachment friendly practice in schools. In addition to the increased reflective functioning and confidence in using attachment friendly language as a result of TAP training, (as discussed in Chapter Six), participants highlighted the importance of openness and honesty and using direct language when interacting with Key Children. Several participants gave examples of how they integrated playfulness and curiosity into their approach when working with Key Children. Additionally, several participants (Key Adults in particular) highlighted that giving children time was critical to ensuring that their attachment needs could be met. Some of these themes are indicated below:

> Yeah, because I kept saying to him, you know when he went into crisis and then came back down again and you'd time to talk to him… 'we are your school family, I know things are different for you, but in here, in our wee room we are a family, and we try to look after each other and try to help each other'. And

> he would say "no you're not, you're not!" but you know I'm just saying, 'we're here to help you.*'* ***School 4, Key Adult***

> If I was to give anybody (advice) it's just to be open and honest, they (the Key Children), they respect you, they know… she's not telling me something for the sake of telling me it, you know. It's just, it's so important, and sometimes that's difficult to get that across to other staff members, because you are the teacher and you know… as a teacher that can be difficult and you know, even with the Principal; having to say to the Principal about, no I have to tell her the truth… because If she finds out that I knew this and didn't tell her, then that's our communication like... trust broke. ***School 4, Key Adult***

It was also identified that TAP helped schools to ensure more positive behaviour management for Key Children. For example, several participants felt that in the event of an incident, or some form of relational breakdown between themselves and the Key Child, they were able to repair the relationship and recognised the importance of doing so. Additionally, it was identified that Key Adults and/or Named Contacts often acted as advocates for the child, both in and out of school, as illustrated below:

> Gosh I'm not too sure. It was a process of whenever he does have maybe an upsetting day… and he has rearranged a room or done something, just having to repair the relationship that you had. I don't know really what way to explain it. It was sort of at the start you would have been like, it's ok he will forget about it, but he remembers everything. And he remembers every detail about it so, it's very important to be there and to repair that relationship because something that we may think isn't really important is massive to him… and it's just bearing in mind everything. It took him so long to build up trust with us and once we got it, it was great but, it took a while and it's just important then to keep that. ***School 3, Focus Group***

> So, yeah overall I think the training itself was really beneficial and I think that we would have had quite a nurturing approach already but, I think that maybe for those staff who perhaps would have seen, sitting down and talking to

> children and talking about why they behaved the way the behaved rather than administering some kind of a punishment. I think that opened their eyes a bit… and it also gave me the opportunity to be able to say things like that as well, you know some days when somebody is at the end of their tether, and that child is sent down to my office and someone is looking for them to be told off… and to get some sort of a punishment. I sit down and talk them through it. So, at least I was able to say… I've got the time to do that and from what the TAP programme is saying that is the approach we need to be taking for these children. So, I think that overall, yes, the programme is beneficial to the children who are looked after but as well as that we have got quite a lot of children here who have needs who are not looked after so, it helps and adds to that environment and approach. ***School 5, Named Contact***

7.3.2 Secure Attachment Bonds between Key Children and TAP Staff in Schools

From a theoretical perspective, it was critical to explore if it was possible for a positive, affectional relationship to be formed between children in care and a 'Key Adult' in their school. Furthermore, it was critical to develop an understanding of TAP's role in facilitating relationship development between children and TAP staff in schools. In order to assess this further, children's relationships, with TAP staff in their school, were considered within the context of the 'four defining features of attachment in middle childhood' (Kerns and Brumariu 2016).

The leading paradigm throughout the literature suggests that school staff (mainly teachers) cannot be considered 'real attachment figures' (Verschueren, 2015). However, there is considerable evidence within the current data set, to suggest that Key Adults (as well as Named Contacts and Back-Up Key Adults in some schools) can become attachment figures for the Key Children who are the recipients of TAP. As expected, it took most children a significant amount of time to 'trust' and 'open-up' to their Key Adult. Furthermore, Key Children from several schools, continued to 'test' and try to 'sabotage' or 'spoil' their relationships with TAP staff, even after

significant progress had been made in their relationships. This is perhaps not surprising, given the social and emotional challenges associated with complex trauma and insecure attachment development.

Nevertheless, it was clear that by providing lawful discontinuity in children's attachment experiences, several Key Children were eventually able to rely on the TAP Staff in their school and started to 'believe' that they cared about them. This development of trust consequently enabled Key Children to feel safe, secure and as though they belonged in school. It was also clear that TAP KA training, as well as the ongoing support and consultation from the TAP team, provided school staff with the knowledge and skill set to form these secure, affectional bonds with their Key Child, as illustrated below:

> **Named Contact 3:** Yeah. Even though we thought we were so nurturing beforehand it just, we realised that if we were going to bring him back, he absolutely could not be suspended or rejected. He came to us after being expelled and he was just asking to be suspended…. Every day 'just get rid of me'. Last year then, in September it was the same… we had that escalation right up until, trying to get onto the roof and on that day, his foster dad said I don't care what you do… you're not being suspended, and I was standing beside him, and I said, 'it doesn't matter what happens, you're not being suspended' and I think that was the switch…
>
> **Researcher:** Yeah
>
> **Named Contact 3:** Because the two of us… he said, 'isn't that right Mrs Galway' and I said absolutely right, no matter what happens you're not going anywhere…And I think from that moment on he was like 'ok…I'm going to believe it now'. You know he said it the odd time, but it was in a joke, it was a totally different conversation after that day. ***School 3, Named Contact***

Children use their Key Adult(s) as a safe haven in school. Participants from five of the six schools who took part in semi-structured interviews and focus groups for the purposes of the current study, described how the Key Child would seek out their Key

Adult or Named Contact when they were struggling within the classroom setting. The children used the TAP staff in their school as a safe haven, if they found their class work too difficult, or when they were trying to cope with stressors associated with their home or family life. This type of safe-haven behaviour was identified in children stereotypically 'avoidant' as well as children who displayed the behavioural manifestations of an 'ambivalent' or 'disorganised' attachment style, as indicated below:

> **Named Contact 2:** Time is definitely an important aspect, and I can see how difficult it could be in different schools. I think from my perspective, my timetable allowed for it to happen, and you know my door became an open door that he could come in and out of. And you know at the end of the year there we did sort of review and evaluate the process with the child…
> **Researcher:** Ok…
> **Named Contact 2:** In terms of sort of, what did you think was good about what we did with you this year and how could we do things better next year for some of the children? And one of the things he did feedback was the fact that he could just come and go and talk at any time and ask questions at any time. That was one of the big things.
> **Researcher:** It was a safe place for him to go.
> **Named Contact 2:** Yeah, mhm. So ehm, I definitely think that that was a benefit… it did make my relationship different because I wasn't directly working with him, but he knew that he could come to me, and he came to me because I made It available to him because of the project. ***Named Contact, School 2***

Children form a 'collaborative alliance' and goal-corrected partnership with their Key Adult(s) in school. TAP staff from three schools described how they were able to support their Key Child to manage their emotions when they experienced heightened arousal, for example, following a fall-out in the playground or at sports day. Furthermore, the Key Adult and Named Contact, from one of the schools described how they were able to help the Key Child learn 'how to do sorry' and repair

their relationships when they fell out with their peers, or when there was a behavioural incident; a social and emotional development that did not seem possible before TAP, as captured in the indicative quote below:

> Yeah, because then again, he would have had a great morning and gone out to the playground and again then he would have been shouted at and put out, 'you are no different from anybody else' kind of language… and you would have been like, oh dear. He then has got to the stage that if it is really bad, he will then ask to come in here and he will pace up and down there and he will say it's going wrong, and I need to speak to so and so. He will come around actually quite quickly now, or he will calm himself quite quickly and vocalise what has happened, and we have got to the stage now if he has done something wrong, I will say well you are going to have to repair this by doing sorry. Now, there are times where he will be good at saying sorry, he will just go and say, 'I shouldn't have done that sorry'. And there will be other times where he will be still quite cross about it, but he knows he has to say sorry. So, we have now said to him you can write it down on a post-it and he will write it down on a post-it. There are times when he has totally wrecked rooms and when he has come down after, there are times when he had self-harmed to regulate himself, now we don't see much of that anymore and he will go and repair the room. He has got the hoover out and tidied the room up which has been brilliant too. And really fantastically, there were times when other ones have struggled and he has talked to them and said, now you need to go and repair, and he has gone with them and taken them to say sorry as well which is amazing. ***Key Adult, School 3***

The Key Child transitions from proximity seeking, to felt security with their Key Adult. It was evident for one Key Child in particular, that through forming a trusting relationship with their Key Adult, they developed a confident expectation that the Key Adult was available to them as and when required. The child was initially reluctant to visit their Key Adult but after some-time, began to visit *"several times a day"*. Over time, however, the number of visits each day began to taper off and the child became

more content spending longer periods of time in their classroom. Similarly, another child became more confident in returning to the mainstream, Primary 7 classroom for longer periods of time, knowing that they could spend time with the Named Contact, Key Adult or Back-Up Key Adult if required. Building the confidence to re-integrate into the mainstream classroom could be interpreted as an increase in secure-base behaviour, with the child using Key Adults in their school as a base to explore from, and return to, if required.

The Key Adult becomes the primary attachment figure. Typically, parents continue to fulfil the primary attachment role for children in middle childhood. This is in contrast to adolescence, when children begin to rely more on their friends (Kerns et al., 2006; Kerns and Siebert, 2011). There is some evidence within the current data set to suggest that gradually, after TAP was implemented in one of the schools, the Key Adult became the primary attachment figure for the Key Child, with the child asking if their Key Adult could take them to their first day of secondary school, instead of their granny. This could also be interpreted as secure-base behaviour, in wake of the anxiety associated with transitioning to secondary school. Another example of attachment behaviour between a child and their Key Adult, was in School 6, where the

child began to "align herself" with her Key Adult, when she spent time with the Key Adult in a small group consisting of younger children, as illustrated below:

> But she's still aligning herself with me. You know that we were saying about aligning. I remember it was Ruth said to me watch some time when you have her… so if I have her with that small group and we're doing a circle time, Kelly will make sure the chair is right beside me so she's facing, you know…she aligns herself with the adult, so she has the attachment. So, she sees herself on my level and…. ***School 6, Key Adult***

7.3.3 Creating a Supportive School Environment for TAP Staff and Key Children

Information surrounding the impact of WST on ensuring an attachment friendly, supportive environment for Key Children, was detailed in Chapter Six (the theory of

intervention). The role of the TAP (implementation) Team in supporting schools was also outlined. In addition to these findings, it is clear that a 'team effort' from TAP staff in schools, class teachers and classroom assistants, was integral to ensuring that TAP staff felt supported (emotionally and instrumentally) in their role, and that Key Children were consistently being engaged in an attachment friendly way, as noted below:

> Yes, Kat is very good and if there's anything I need or if I'm having a really tough day she'll come up and say how did it go? Or she'll say to me could you do me a favour, there's nobody… say for example Kelly's not very good at going on these educational trips. She doesn't do it. They would leave her behind maybe and Kat would say would you take her over with you and she could be your helper and she loves that, anything like that. It's sort of accommodated by management in the school. ***Key Adult, School 6***

> It was harder, it was harder for her to concentrate but I think because she was allowed those 5 minutes out just to go up and check in with Ava, the class teacher would recognise that this was happening, and rather than maybe before with others…who would say to knuckle down and get on with that, it's nearly break time and you will have it finished. He realised that no, this isn't going to work. So, rather than say to her to go and see Ava, he would give it a minute and he would write a wee note and say, "Could you take that up to Ava for me, she was asking for something" and just give her a wee message to do. ***Key Adult, School 4.***

7.4 Qualitative Findings: Medium-Term Outcomes

In the current study, the relations between the initial and medium-term outcomes depicted in the emerging TAP logic model, represent the first stage in the theory of change (with relations between the TAP outputs and the initial outcomes representing the theory of intervention). Therefore, the findings presented in this section represent a continuation of the findings presented in the previous section.

7.4.1 Increased Sense of Safety and Belonging for Key Children

There is some evidence interspersed throughout the extracts included in earlier sections, that increased attachment friendly practice, formation of attachment-like relationships between Key Children and TAP staff, and the presence of a supportive whole school ethos can help children to feel safe and as though they belong in school. These sentiments are further evidenced in the following extracts:

> From a pastoral perspective it means that when they are coming into school, they are coming in feeling a little bit happier in themselves and about coming into the environment. They are going to feel that they have got somebody here who cares about them, they are going to feel that they are understood and that they are welcomed. So, from that pastoral perspective, it is going to remove some of the barriers that perhaps would have been in place otherwise. ***Named Contact, School 5***

> He's back in school, he is now transferring post-primary you know in September. He is engaged, he has got great relationships, his difficulties are, you know he would have lashed out an awful lot and had major meltdowns, and runaway and now school is a safe place for him. And here actually is a safe place for him too so, if he finds himself with things going wrong, he will take himself out of the situation and come here and I suppose use me to kind of give him advice, and how to sort it all out… because he just doesn't have those strategies. ***Key Adult, School 3***

7.4.2 Development of Other Relationships in School

As evidenced so far, many Key Children formed positive, trusting relationships with their Key Adult, Named Contact or Back-Up Key Adult in school. Furthermore, support from the wider school staff has been described as instrumental in ensuring that these relationships can be maintained and that children feel safe and have a sense of school belonging. There is also some evidence within the current data set, to suggest

that TAP supports Key Children, who have struggled with friendships and peer relationships in the past, to develop and maintain these relationships and believe that there can be a future, after a fall-out or relational breakdown, as seen below:

> Yeah. Even, he ended up forming really good relationships with some of the other p7 boys. In his head, he used to (think) whenever things end, that's the end, there is no more. So, whenever he fell out with them before, he was like, 'it doesn't matter, I am not going to see them again'… and then we repaired the friendship and they have now organised to meet up in the summer and keep in contact which is great. He now understands that there is more after. ***Focus Group, School 3***

There is also evidence to suggest that a group dynamic, where children can spend time in a small group with other children who are in care, or who are recognised as having 'attachment issues', can help them to develop peer relationships, as noted below:

> With Kelly, Kelly is part of the wee group because it just worked out better. She knows that she comes over once a week and that's her time with this group and she gets on with them even though they are younger children. Kelly is in p7 now. These children are P6, but she does get on well with them. ***Key Adult, School 6***

> I would take them out and we would do group work together so we would, activities and then discuss if there are any issues or if anybody is worried about anything or concerned. We know that we have our circle of trust and what we discuss in that circle is confidential and then at the end of it, I would always ask if anybody wanted one to one time, if they wanted to discuss it privately with myself, but our children are all very great, there is no major issues at all so there is not. They are actually a lovely wee bunch of children, so they are, and it's worked really well. ***Key Adult, School 1***

7.4.3 Outcomes for School Staff

With regard to outcomes for school staff, it has been suggested by participants in various schools and job roles, that involvement with TAP has changed or improved their practice. For some schools (the special education school in particular), TAP training and involvement in the programme gave staff a sense of confidence, or reassurance, that they were already doing 'good work' with children experiencing attachment and trauma related difficulties. It was also evidenced within the data set, that for some staff, and TAP staff in particular, involvement with the intervention has given them a sense of joy or satisfaction in the role, as explained below:

> So, I haven't struggled with it, I've actually got an awful lot out of it myself and I have really enjoyed working with the children you know? It's been that wee release from the classroom too that we get to go and do our fun activities and obviously if there is anything that arises and there hasn't been any major issues at all this year. ***Key Adult, School 1***

However, the most prevailing theme with regard to outcomes for school staff, was that forming affectional bonds with Key Children, particularly those who had experienced the most challenges, came with a high degree of emotional burden and concern. TAP staff from several schools, emphasised how 'abandonment' was likely to be a big issue for some children, if something was not put in place to support them as they transitioned. A few schools also pointed out the necessity of introducing formal supervisions, to support TAP staff in schools through these difficult emotions, as indicated below:

> But if post-primary were given training and I don't know, is it thought out? It's not a criticism but I was just thinking, was it thought out? Abandonment is a big word here, especially for these LAC children and how are they going to... we have done I would say as a teaching staff as much and more than we could even imagine but we are all sitting anxious about this wee girl in particular. Is she going to be ok? ***Focus Group, School 4***

7.5 Qualitative Findings: Evidence of Promise for Long-term Outcomes

It was not within the remit of the current study to provide conclusive evidence related to the longer-term effects of TAP. However, there was a general consensus, among staff from participating schools, that TAP could benefit many children in school, not just those in care. While some participants were dubious about the possibility of improving children's academic profile or outcomes over such a short period of time, there was a general consensus that involvement in TAP improved children's social and emotional wellbeing, helping them to engage more with school, and to settle to learn. Furthermore, some participants felt that the most important thing they could do was to help children feel safe with a sense of belonging, so that some of their worries and difficulties could be alleviated in the long term, as shown below:

> He trusts us, and he's allowing himself to try… the fear of failing has lifted off him, is what I think of it, because he trusts the environment that he's in. ***School 2, Focus Group***

> "To steal an example would be, who was it, you know feelings about school went from 22.3 to 82.8, perceived learning capability 3.7 to 60.2, self-regard as a learner 29.3 to 84, preparedness for learning 1.4 to 39.3… general work ethic 38.3, went to 100%, confidence in learning 51.6 to 83.3, attitude towards attendance 28.7 to 100 and response to curriculum demands 15.7 to 69.8. So, if you want evidence, there you have it." ***School 1, Named Contact***

While participants from every school discussed noticeable improvements to children's social and emotional wellbeing, and their school readiness or engagement to a lesser extent, the social and emotional developments made by the Key Child in school 3, were particularly striking. The Key Child in this school had previously been expelled from school and could not engage in or maintain any type of social relationship with staff or peers. Harrowingly, this child did not appear to have any response to physical pain and could not tolerate staff's attempts to take care of him. After participating in TAP, this child could repair friendships and had aspirations for the future. Furthermore, he began to trust, feel safe and ask for help, when something went wrong,

or when he was hurt. There was also some evidence to suggest that through involvement with TAP, the Key Child in school 3 was able to become more empathetic and able to support other children, who were having a difficult time in school, as seen below:

> **Named Contact 3:** …to the point where he was scratching his ankle last year. You know, he was so uncomfortable that he had blood under his fingernails…but he had no emotional response to that at all. Even when I was distressed and I'd have said that has to be sore… 'it's not, I don't feel pain'… very shut down, completely shut down and couldn't have expressed emotion. 'I don't tell anybody anything', that's what he said to me… and I thought I don't know how to reach him, and I couldn't. The two of us were in here and I said to him, you have to have somebody, and he didn't, he said, 'I don't tell anybody anything.' So, now we have a child who is coming looking for a plaster, like a 3-year-old which is like awh, lovely. It's just so wonderful because you were looking and going ah! That must be really, really sore…because his response to when like, there was hot water out of the tap… he would have held that (his arm) in and he would have scalded himself.
>
> **Researcher:** That's mad.
>
> **Named Contact 3:** And yeah, it's just that observation… he broke his arm last year and he didn't feel any pain, he picked the entire cast off and you know, he had to get it reset and I felt at that time… you know we'll talk about that and laugh about that, ehm, he just couldn't… he had no normal response to physical pain and it was Mark (Consultant Clinical Psychologist) that had said that it was because the pain inside was so great… which nearly killed me when I heard. I thought right ok… but now he is open. He is able to express how he's feeling and I think the biggest change was he was having a really tough day about October time, November... and that's the first chink that I saw that what we were doing was actually going in… because I said come with me to my office, you know you're safe in my office and a p2 child was also having a bad day, so the shoes came flying out of the p2 room… so I said, 'I need you here, I need you to help me'… because the teacher had left, left this child with an assistant and I needed to go and deal with the child. So, whenever he came in,

> I said, 'right you here, you there', and I thought right, what are we going to do, and the next thing I just said to him, 'this wee one looks like he's having a really bad day and we all know what that feels like', and he said, 'are you?' and he immediately started to talk the child down. ***School 3, Named Contact***

7.6 Chapter Summary

It was revealed, through the analysis of two Mediation Models (caveated by a lower than desirable sample size), that participants' awareness and understanding scores at follow-up, significantly predicted the degree of their self-rated, attachment friendly practice. Additionally, the analysis of mediation model two (Figure 7.3) indicated that the relation between participants' awareness and understanding scores at follow-up, and attachment friendly outcomes for the children in their care, was fully mediated by attachment friendly practice.

Qualitative measures, including semi-structured interviews with TAP Staff in schools and focus groups consisting of a range of school professionals, generally supported the hypothesised relations between the initial, medium-term and longer-term outcomes of TAP, as they are depicted in the emerging TAP logic model. There is also considerable evidence to suggest that some Key Children formed an attachment bond with their Key Adult, or the Named Contact, in their school. It was evidenced, however, that for some Key Adults and Named Contacts, there was an overwhelming sense of concern for their Key Child, as they were soon moving on to secondary school. While this was further evidence of the genuine, reciprocal bond that was formed between Key Children and TAP staff in their school, it emphasised the necessity of ensuring that both children, and school staff, receive adequate support throughout the transition process. Chapter Eight outlines some of the key implementation factors and potential barriers to effective implementation, associated with TAP's implementation in schools.

Chapter Eight

Exploring Assumptions, Implementation Factors and Barriers to Implementation

8.1 Introduction

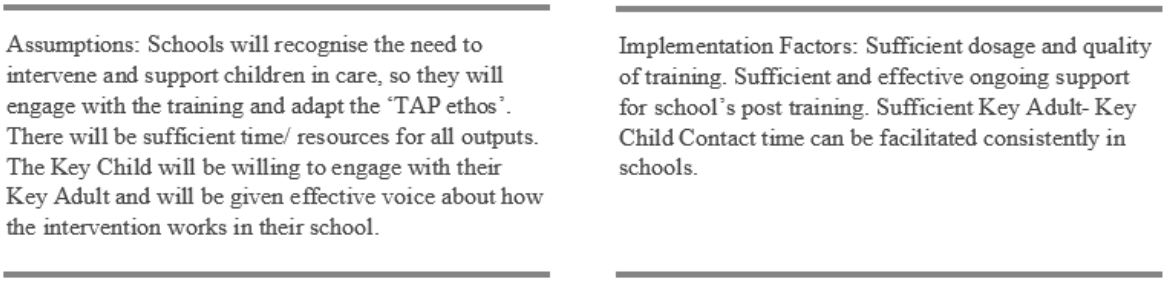
Chapter Six and Chapter Seven have outlined TAP's theory of intervention and theories of change. Quantitative and qualitative analysis provided support for hypothesised relations between the TAP outputs and initial outcomes, as well as the initial and medium-term outcomes, as they were depicted in the emerging TAP logic model. While it was not possible to conclusively infer from the current study, if introducing TAP for children in care at Key Stage Two can improve their longer-term outcomes, it is clear the programme shows some evidence of promise for effectiveness. Nevertheless, a critical aim of the current study was to explore TAP's implementation factors and assumptions and identify any barriers to TAP's implementation in schools. Furthermore, the current study was concerned with finding resolutions to problems that could impact upon the programme's scalability, ongoing implementation and effectiveness in the future.

The remainder of this Chapter discusses research findings associated with TAP's assumptions and implementation factors, as they were outlined in the emerging TAP logic model. Specifically, it addresses RQ4**:** What implementation factors are associated with outcome change? Barriers to implementation and potential resolutions to these problems are explored and several recommendations for programme differentiation are explained. Lastly, and critically, the theoretical implications associated with introducing this type of relational intervention at Key Stage Two are considered, with an emphasis on the necessity of continuing relational support for Key Children into the secondary school setting. It should be noted that some of the information included in this chapter, as well as several of the recommendations made, were previously included in a 'Practice Report' that was written for the TAP team (January 2020) to ensure the optimal benefits to the schools participating in TAP during the implementation phase (see Appendix G at the end of this thesis).

8.2 Exploring TAP's Assumptions and Implementation Factors

Several of the assumptions and implementation factors listed in Figure 8.1 have been alluded to or explored in earlier chapters. Nevertheless, it was evidenced in the current data set that not all of the assumptions underpinning TAP were met by all schools. Namely, it was not always the case that the Key Child wanted to engage with their Key Adult or Back-Up Key Adult. It was also evidenced, however, that Key Children were usually given effective voice and had some agency in how TAP worked for them in school.

Figure 8.1: Assumptions and Implementation Factors Underpinning TAP (model is author's own)



8.2.1 Ensuring the Right Fit for Key Adult-Key Child Pairs

Although selecting the Key Adult and Back-Up Key Adult for children participating in the programme was a 'natural fit' for most schools, on one occasion the school Named Contact felt it was necessary to change the Back-Up Key Adult. This was because their relationship with the Key Child was not progressing in a positive way, and they were unable to effectively apply key TAP principles. According to the Named Contact, the effect of this change in personnel proved to impact positively upon the Key Child's experience and improved their wellbeing in school. It should be noted, however, that the Back-Up Key Adult was introduced without having attended TAP KA training. This may have impacted their ability to develop a positive, attachment friendly relationship with the Key Child.

Relatedly, a Back-Up Key Adult in another school, who was also the child's full time classroom assistant, found it difficult to balance the classroom assistant and Key Adult role, particularly in disciplinary situations. Indeed, the most effective Key Adult-Key Child relationships were developed when the child could go to their Key Adult, as an opportunity to escape their main classroom, when they were finding things difficult, or they became stressed, as noted below:

> Yeah, I think that we were cautious in how we allocated the training. The two classroom assistants that I am talking about work with the two boys who are in P5. Looking back on it one of the things we have reviewed and feel we would do differently next time around is perhaps we wouldn't have those as the Key Adult for the boys because they are working with the children all of the time so, I think that it's better for them and it might be better for the boys to have somebody else, and also good for them to have some free time. So, that's something that we would do differently next time. ***School 6, Named Contact***

> Now, that may just be him, that individual child… it might be different for other pupils in other classes and other children may like that comfort there, that they know they can do that, but at the end of the day when you're doing your post incident learning… which is what we're doing is probably the crux of it. You know, trying to build that relationship with the child, trying to move them on, trying to help them understand how they're feeling and what they're doing and how they are feeling it… which is what we promote it school anyway, but that post incident learning can be very difficult in the school. ***School 2, Focus Group***

8.2.2 Evidence of Effective Voice and Agency for Key Children

Given the evidence to suggest that children in care often feel that they have little control or agency surrounding their own lives, it was important to explore if children had these opportunities, as part of TAP. It was hoped that a sub-sample of Key Children could voice their opinions about TAP, and therefore contribute to this

research. While this was not possible, there was some evidence collected from TAP staff in schools, to suggest that Key Children usually had a say in how TAP and other aspects of the wider CLAEP were operationalised in their school, as noted below:

> Ehm, and I think that even for our boy to see as well… because it wasn't this bizarre kind of hand over… he tried to cancel it about 10 times before (laughs) but he made the tea… he made the soda bread for everybody coming in and he was able to get his voice heard and that was something that I, you know, Wendy was able to… she filled in his pupil voice but I was able to say, 'is there anything else I need to fight for? What do I need to say?' ***School 3, Named Contact***

> They have thoroughly enjoyed it and have been making craft with the staff, toast and hot chocolate outside, different things. So, we sort of set up things that we thought they would enjoy at the start and then they took ownership of it. Gemma then asked them what they would like to do so they really brought up their own timetable. ***School 1, Key Adult.***

8.3 Implementation Barriers and Potential Resolutions

Two key barriers to implementation, which may have limited the impact of TAP for some schools during the 2018/19 academic year were identified within this data set, as outlined next.

8.3.1 Barrier 1: Understanding the Named Contact Role

Firstly, and crucially, it is not possible for the Named Contact role to be conducted effectively if they are not fully informed and kept up to date with personal and confidential information regarding the Key Child or Children in the programme, as evidenced in the extract below. The Named Contact for each child should be fully involved and have some authority in other supports put in place for the child in school, for example PEP meetings and the transition process.

In schools where the Named Contact was the Principal or Vice-Principal, the role of Named Contact was most fluid. Seeking out extra TAP training and support was also more straightforward in these schools. In many instances, the Named Contact became an extra layer of direct support for the Key Child, and it was beneficial when children could 'drop in' and see them in their office throughout the day. However, it is not essential for the Named Contact to also be the Principal or Vice-Principal and the role was conducted effectively, in all schools, where they had the full support from the senior management team.

> **Researcher:** So, you're the named contact and you're working within the senior staff of the school… have you felt supported by other senior staff? You know was that a natural transition for the school, becoming part of the project?
> **Named Contact 2:** Ehm, in terms of how the leadership role was passed to me I think it could have been handled a little bit better. As I say the information that was given to those people at the time wasn't passed on to me with the title of Named Contact. So, in that respect yes, I think it could have been done better initially. In terms of working through the project itself, certainly 75% of the leadership team have been open minded in listening and appreciating the benefits of the project. Ehm, there have been some issues in some instances where the project has not been captured in the whole respect of being all information coming with that child. There was a lot of information that still stopped with a certain person, or people…
> **Researcher:** It wasn't shared to you as Named Contact?
> **Named Contact 2:** It wasn't shared effectively as Named Contact and as part of the TAP project because it wasn't seen as connected if you understand…So, the information that was held about a looked after child was one entity and the TAP project was a separate entity, and it has taken this whole year to merge those two things. ***School 2, Named Contact***

Given the experience of the Named Contact in School 2, it was recommended that the importance of information sharing with Named Contacts and Key Adults is emphasised as early as possible in schools. It was also recommended that schools are

encouraged to ensure TAP Named Contacts and/or Key Adults can attend PEP meetings and are involved in formal communications with carers, social workers and other agencies (if any), regarding the Key Child. In instances where the Named Contact is not the Principal or Vice-Principal, it was recommended, in the 'Practice Report' (written for the TAP Team), that the TAP Team arrange a meeting with the Named Contact and senior management team in the school, to ensure the Named Contact and the over-all programme is being supported and implemented to its full potential.

8.3.2 Barrier 2: Paperwork Commitments

As part of the iterative, collaborative design aspect of the current study (as outlined in DBIR) it was suggested by the research team, that Named Contacts complete 'monthly reports' for each Key Child and Key Adults complete 'contact record' forms after each contact with their Key Child. These forms were co-designed by the TAP team and the research team at QUB. The purpose of each form was to remind staff of their training and to help schools, and the TAP team, identify if and when further intervention was required.

This added component, however, was identified by school staff as excessive, especially in instances where there is more than one Key Child or when the Named Contact or Key Adult have other paperwork responsibilities within the school. Schools expressed a concern that paperwork responsibilities were taking away from more important, core components of the programme such as spending time with children. Notably, however, each school recognised the value of this type of paperwork in supporting the programme, in reinforcing their learning and encouraging information sharing about each Key Child. Some participants suggested reducing the frequency in which these forms were completed. Other participants explained how they preferred to meet as a team periodically, or when required, to discuss different aspects usually covered through the forms, as noted here:

> **Researcher:** Do you think from your perspective or from the Key Adults perspective was it a useful exercise to have, or was it just extra paperwork with no real…?
>
> **Named Contact 2:** Ehm, there is definitely a benefit in some of the stuff, however I would advocate that not a whole lot of time is put into it, because I wouldn't want that to detract from the amount of time actually put in with the child. We found that it was much more beneficial to actually spend the time round the table and chat it out rather than one person writing it and someone else reading it and thinking something else… so we did take some time to just thrash it out together between the 3 of us.
>
> **Researcher:** Ok
>
> **Named Contact 2:** Ehm, and we did find that that was a wee bit more beneficial, so in terms of cutting out one level of paperwork I think that either the Named Contact or Key Adult could do one piece of paperwork that would cover it all, rather than a Named Contact and then the Key Adult. ***School 2, Named Contact***

Due to the benefits associated with collecting this type of information, it was recommended that information previously collected through monthly report and contact record forms, was combined. To help to ensure that important information was being shared effectively, it was also recommended that TAP personnel in schools met together to complete the form. In order to reduce participant burden, it was suggested that 20 minutes of protected time could be set aside each week to complete the form. This could be particularly important in schools where there is more than one child in care in attendance, as Named Contacts in several schools expressed the limited time available to fulfil all aspects of the role. Should it not be possible for a school to facilitate protected time, the 'team' approach to TAP should be emphasised to ensure important information is effectively shared between TAP personnel in the school.

8.4 Participant Responsiveness and Facilitation Strategies

Participant responsiveness involves consideration of participants' views and experiences of the intervention and includes considering potential adaptations which could improve participation and reduce attrition (Carroll et al., 2007). Facilitation strategies, such as participant responsiveness, involve identifying ways of optimising intervention delivery, through providing means of overcoming potential barriers. Facilitation strategies will allow for a degree of flexibility, so that the intervention can be applied in different settings and allow for the natural variation in service delivery (Fixsen and Ogden, 2014). The remainder of this section identifies various facilitation strategies, that were recommended for the ongoing implementation of TAP.

8.4.1 Blocked Care, Emotional Labour and the Importance of Supervision

It is recognised throughout the literature, and indeed within the current data set, that teaching or supporting complexly traumatised children comes with a high degree of emotional labour and can often result in burnout (Edwards, 2016). Furthermore, as it is evidenced in Chapter Six, TAP staff in schools sometimes experienced blocked care. While TAP personnel from several schools referred to blocked care specifically, or otherwise alluded to emotional labour resulting from being part of TAP, only one school contacted the TAP team, to seek extra support on an ongoing basis. Many of the participants interviewed discussed the hardship associated with being a Named Contact or Key Adult. This was not only with regard to blocked care, but also the emotional toll of developing a sincere bond with the Key Child, learning more about their background and also dealing with the prospect of them moving on to another school, as noted below:

> There needs to be mentoring. If we are recording what is needed, in other professions people have supervisors they can go to and talk to. We don't really have, we support each other as staff and we have a good, really supportive staff but, it is very important that there is a link and there is a mentoring sort of thing that people can go and say, that didn't go well for me… but not feel that that is

> going to be viewed as a negative on their professional ability. I think because what we were meeting there, is not something that is a usual normal thing in most cases, but we are going to have to actually look more at that because there is a lot more emotional difficulties coming our way. ***School 4, Focus Group***
>
> **Key Adult 4:** …just you know you can't, I just don't (interviewee begins to get upset/ tearful) I don't understand how… and I never really thought about it, so I can understand why others didn't think about it… I never really thought about it until I thought, this child is going on to first year, how… am I just meant to stop now?
> **Researcher:** Yeah, with all, everything you've developed and trained for and relationships you've built.
> **Key Adult 4:** Absolutely, you know, am I just meant to say ok I've set you free… away you go, I just couldn't do that, I couldn't do that, that would break my heart. ***School 4, Key Adult***

Given this evidence, it was recommended that the availability of emotional support from the TAP team is further emphasised at all TAP training. It may also be beneficial for the TAP team to ask specific questions about staff wellbeing, during consultations with schools.

8.4.2 Variation and Flexibility in Schools

For an intervention to be effective in achieving its desired goals and outcomes, the main components of the programme must be implemented with a high degree of fidelity, yet flexible enough to be applied in different settings (Wang et al., 2015). Due to the variation in practice in schools, there is evidence to suggest that programme flexibility is particularly important for TAP. Although it was not initially outlined as a requirement, most schools were able to facilitate some form of protected time for the Key Child and Key Adult to meet throughout the week in school.

Furthermore, in most schools, the Child was able to spend time with the Key Adult, Back-Up Key Adult or Named Contact at various times throughout the week, when they required extra support. Having the flexibility and overlap in the Key Adult, Back-up Key Adult and Named Contact roles seemed to be particularly beneficial to children, with multiple supporting relationships developing in tandem. This also ensured that Key Children were 'covered' when a staff member was not available or was not in school. The variation and flexibility in the nature of children's interactions with TAP personnel was also beneficial and enabled schools to facilitate TAP in a way that worked best for the school and the Key Children. Some children met with their Key Adult in a small group, some met up individually to play games or make a snack, and others worked with their Key Adult as a 'Helper', while they joined in with younger children in the school, as indicated below:

> **Researcher:** And did you find that with the flexibility that benefited (your school) then because you were able to do it as a group rather than one to one and you were able to…?
> **Named Contact 1:** I think so, I think practically it worked well for us, time wise with Keri (Key Adult) being able to come out of the classroom. The confidence in the group dynamics was really strong. ***School 1, Named Contact***

8.5 Programme Differentiation

Programme differentiation refers to identifying which components of the programme should be changed, improved, removed or emphasised (Mihalic and Director 2009). This then allows for the adaptation of the programme's logic model, to help guide future stakeholders (Funnell, and Rogers, 2011). Several recommendations for the differentiation of TAP, in addition to the adaptations made to TAP KAT (as described in Chapter 6), can be identified within the current data set, as detailed next.

8.5.1 Building Relationships with Other Significant Adults in Children's Lives

In cases where TAP staff in the school actively engaged the Key Child's carers and social worker and developed a positive relationship with them, TAP was most effective

for the Key Child. TAP personnel were able to support and build a positive relationship with their Key Child more easily due to an increased understanding and empathy for the child each day. Often, TAP personnel were informed of when the child had a difficult night or weekend before coming to school and were able to provide increased support accordingly. In contrast, TAP was not as effective when there was poor communication, or miscommunication between school staff and carers, or when it was difficult to get in touch with the Key Child's social worker, as indicated below:

> **Key Adult 4:** She suffered; you know. So, things were going on, I had to go to her, so it was about me building that, not just building a relationship with her but building a relationship with her grandparents, who she is now living with. So, it was about me, seeking them out every morning… how have things been, has anything happened?
> **Researcher:** That was really important?
> **Key Adult 4:** And that was really important because then I was able to go to her without her having to come to me at the start, so I built that through time. Then she began to start to come to me…. Because then she was like, 'well she comes to me, so I'm able to come to her'. ***School 4, Key Adult***

It was, therefore, recommended that developing relationships with other significant adults in the child's life is encouraged and facilitated. Although the importance of developing these links is incorporated into TAP training, it may be beneficial for a member of the TAP team to meet with TAP staff in the school and the child's carer(s) and social worker to encourage this type of 'team' effort and information sharing.

8.5.2 Inviting Boards of Governors to Whole School Training

Although it was at the liberty of each school to invite their Boards of Governors to WST, it was not specified as a requirement from the TAP team. In schools where Governors attended the training, there was much greater support for TAP and a move towards less harsh disciplinary action through particularly trying situations. In one school in particular, having the Governors 'on board' resulted in a 'break-through' for

the Key Child. Their feelings of safety and security in school were augmented through the insurance that they would not be suspended or expelled after a major incident, as seen below:

> **Named Contact 3:** So, it's just absolutely… it's transformative. But the importance of having the governors at that whole school awareness it was… before, I would have been having a different conversation with them about this child and they could have been pushing me to say we need to suspend…
> **Researcher:** Yeah…
> **Named Contact 3:** You're taking up too much time, this is such a drain on resources… it would have been a completely different conversation.
> **Researcher:** Yeah, so them being involved….
> **Named Contact 3:** They immediately had that understanding, so it was a better conversation for me with the Board of Governors. Because I could say ok this is what has happened… you know without going into details, but they still need to know when an incident happened. We can say this is what has happened, this is how we've repaired… this is the action we've taken in keeping with all that we learnt in TAP and there's been no challenge. So that's the difference… whereas he had to be removed last year, pre-TAP. He was out of the school for 5 months because we didn't feel we could meet his needs. So, this has allowed us to meet his needs. ***School 3, Named Contact***

Given this evidence, it was recommended that Governors' attendance at TAP WST is considered a key requirement to ensure the full efficacy of the training. The TAP team should encourage schools to ensure their Boards of Governors can attend, along with the full staff team.

8.5.3 Introducing TAP Earlier

Although looked after children in Primary 6 and 7 (Key Stage Two) are the target recipients of TAP, it was unanimous between participants that the programme would be more beneficial if it were introduced at an earlier age. As indicated in the extracts below, participants felt that they were 'playing catch-up' or 'putting out fires' by not

intervening earlier. However, although it was generally recognised that early intervention is key, some participants thought that TAP would have most impact if it were introduced for a child in Primary 3 or 4, after they have left the more nurturing Primary 1 and 2 environments. It should be noted that many schools took advantage of available TAP KAT and trained various members of staff to act as a Key Adult, for other, younger children in their school.

> You'd be getting ahead of it... you know you're kind of putting out fires already. You know and that's, by starting it in Key Stage Two you're just putting out a fire, instead of you know getting ready for it, you know getting ready for all those changes in their body and what's happening, you know with their mind and so if it was done in p3 and p4 then yeah. I think maybe the bottom of the school would be a bit too young, like p1 and p2 but I think p3, p4 would be key, would be really good to get in. **School 4, Focus Group**

> No, I think I have already said it, the quality of it was excellent and I think it is something that every school and teacher should get, and I think that if you want it to succeed, you need to start earlier. There is no point starting in p7, it needs to start earlier and get early intervention and it also needs to be carried through into post-primary and the teachers need time. **School 5, Named Contact**

It is likely that the attainment gap identified for children in care at Key Stage Two would not be as pronounced if schools had the appropriate support and resources to intervene earlier. Should it not be possible to fully extend TAP to younger children, it was recommended that as many school staff as possible attend the two-day KAT, so that TAP principles can be introduced to other children, at the liberty of each school.

8.6 Theoretical Considerations: The Future for TAP Children

As alluded to in Chapter Seven of the current thesis, a key concern shared by various TAP staff, was the wellbeing of Key Children who were transitioning from the nurturing primary environment to the less structured secondary school setting. Various

participants emphasised the potential implications of further relational break-down, for children who had been 'rejected' or 'abandoned' their whole lives. From a theoretical perspective, this is particularly concerning, as it is recognised that multiple placement moves are associated with more negative outcomes for care experienced children (Sebba et al., 2015). Furthermore, it is recognised that consistent relational break-down can reinforce the negative internal working models often experienced by children in care, as a result of their attachment history (Bomber and Hughes, 2013).

Further relational breakdown, particularly in instances where Key Children formed a secure attachment bond with their Key Adult or Named Contact, could result in a reluctance to trust adults in their new, secondary school setting. As it was pointed out by one of the Key Adults within the current data set, this could further inhibit their ability or willingness to form new, positive relationships, which could act as protective factors in the face of later stress or adversity (Ahrens et al., 2011; Harwood, 2018; Kobak, Zajac and Madsen, 2016).

In three of the schools, that participated in interviews, TAP personnel (and other staff in the school) actively engaged with the Key Child's secondary school, and their carers, to arranged time for them to continue their relationship. A further two schools queried if it would be possible for something like this to be put in place. In conjunction with creating a transition plan for children, some schools also ensured that all information about TAP, the child's support needs and the importance of them having a 'safe place' (Key Adult) in school has been passed on, this may help to negate the possible implications of leaving a TAP school, as outlined below:

> **Key Adult 4:** This child has asked me to bring her to school on the first day of secondary school, I couldn't possibly cut her off as she goes into first year, she would… I have put in place somebody in her secondary school, willing now to take her kind of under her wing and just kind of letting her talk, playing a game, whatever… but how would she trust her if I completely cut her off because she's going to think 'oh this other woman is going to do the same thing!' You

> know as soon as I leave the school or I… she's going to cut me off as well, why am I going to build a trust and a bond with her?
>
> **Researcher:** Mm, that's a very good point.
>
> **Key Adult 4:** You know, so, I definitely think something needs to be in place you know for the Key Adult within the primary school being allowed time in the secondary school, even if it's starting with once every two weeks and then you lengthen it to once a month… but that that needs to continue because you are telling this child, I care for you, I'm here for you, and then, but here you've left the school so bye bye I don't… how could I do that? ***School 4, Key Adult***

As it was explained in Chapter Seven, it is likely that the development of a positive and trusting affectional bond, can help children to develop their self-esteem, their interpersonal skills and their emotional regulation, which could support their social and emotional development and academic engagement as they get older. This hypothesis, however, needs to be further researched through randomised controlled trials and longitudinal research. Nevertheless, it is also plausible that the loss of another close relationship (with TAP Staff) could have negative repercussions for the child as they move onto secondary school.

8.7 Chapter Summary

The current Chapter explored TAP's assumptions and implementation factors as they are depicted in the emerging TAP logic model (also see figure 8.1). Additionally, through semi-structured interviews and focus groups with staff working in TAP schools, potential barriers to TAP's implementation on an ongoing basis were explored, with themes elicited from the data set also suggesting potential resolutions to some of these barriers, highlighting recommendations to improve participant responsiveness and enable programme differentiation. Perhaps most obviously, it was recognised that it is critical for TAP Named Contacts and Key Adults to have the full support of the senior leadership teams within their schools, if the Named Contact is not already a senior member of staff (preferably the Principal or Vice-Principal). This could help to ensure that all information about the Key Child is effectively shared with

these key TAP personnel, and that any additional training or support needs in the school are met.

Additionally, given the considerable emotional toll associated with supporting complexly traumatised children in school, and the increased risk of blocked care and burnout, it is essential that the TAP team facilitate opportunities for TAP Staff (and other staff who regularly work with Key Children), to experience ongoing supervision and clinical support if required. Lastly, and as it was previously alluded to in Chapter 7, it is not possible to infer the long-term impact of TAP based on data collected for the purposes of the current study. It was speculated, however, that further relational loss could have negative implications for Key Children, if the transition process is not adequately handled, and if there is no opportunity for children to continue their relationship with these significant adults, in some way. The TAP Team's response to these findings, are explored in more detail in Chapter Nine.

Chapter Nine

Updating the TAP Logic Model and Exploring Capacity for Sustaining Change in The Education System in Northern Ireland

9.1 Introduction

Chapters Six and Seven elucidated TAP's theory of intervention and theory of change, while Chapter Eight explored TAP's key implementation factors and barriers to the programme's implementation in schools. As alluded to throughout Chapter Eight, various recommendations for refining and optimising TAP were written into a 'Practice Report' for the CLAEP team in January 2020. In keeping with the second key principle underpinning Design Based Implementation Research (DBIR), that is: 'a commitment to iterative, collaborative design', individual follow-up interviews were conducted with the acting TAP Coordinator and the CLA Education Champion, in June 2020. These interviews were conducted to explore the extent to which recommendations for optimising TAP were integrated into the programme delivery. Additionally, these interviews aimed to explore if there were any barriers to the programme's implementation from an organisational perspective, or if any further changes or updates had been introduced. Interviews with the acting TAP coordinator and the CLA Education Champion, also facilitated an exploration into TAP's position within the wider CLAEP, and an investigation into the capacity for TAP to be rolled-out across the primary sector in Northern Ireland.

The remainder of this Chapter addresses RQ5**:** How was the emerging TAP logic model updated and what does the finalised logic model look like? Firstly, changes made to the TAP process are outlined, before depicting what the finalised TAP logic model should look like, based on the findings from this research. Secondly, TAP's position within the wider CLAEP is discussed. Finally, the findings evidenced in the current study are considered with reference to ongoing knowledge and theory development and the capacity for sustaining change in the education system, through the integration of TAP.

9.2 The Finalised TAP Logic Model

This section highlights some of the key findings associated with TAP's Theory of Intervention and Theories of Change, and reviews the implementation factors, assumptions, barriers to implementation and recommendations for programme differentiation, that were outlined in Chapter Eight. These findings help contextualise changes and refinements that were made by the TAP team in light of this evidence and in efforts to facilitate ongoing service improvements.

9.2.1 Extending Children's Time in TAP

It was evidenced throughout Chapters Six and Seven that the hypothesised relations between the components depicted in the emerging TAP logic model, were supported through findings in the current research. However, two clear themes relating to TAP's evidence of promise in the longer-term, were identified. Namely, it was suggested by participants that for TAP to be effective in improving children's academic profile, the programme should be introduced earlier. Additionally, it was conceived that for TAP to benefit children as they progress into adolescence, the intervention should be introduced in secondary schools, and there must be an effective transition between primary school and secondary school for all Key Children. Furthermore, it was emphasised that a process must be put in place to ensure continuity in relationships between Key Children and staff in their primary school, with whom they had developed an attachment, or attachment-like bond.

Follow-up interviews that were conducted with the acting TAP coordinator and the CLA Champion, revealed that there are plans to scale-out TAP for all children in care in the primary sector, including those in younger age brackets. This could help to consolidate any benefits to children's social and emotional development and help schools to 'get ahead of' the attainment gap. It was not specifically expressed by the acting TAP coordinator, or the CLA Champion, that TAP was going to be rolled-out in secondary schools in the near future. However, the Named Contact in one of the schools interviewed in 2019, expressed appreciation that the four TAP children in

attendance at their school, were moving onto a secondary school who had received TAP whole school awareness training.

With regard to concerns associated with furthering children's experiences of relational loss, when they transition into secondary school and away from their Key Adult (or Named Contact), the acting TAP Coordinator and CLA Champion, highlighted the necessity of integrating TAP into the wider CLAEP. Specifically, reviewed PEP and transition planning through the wider project became instrumental in ensuring that children were supported through this process and had the opportunity to meet key personnel in their prospective schools.

As alluded to in earlier Chapters, some schools that participated in TAP during the 2018-2019 academic year, had already taken the initiative to integrate TAP into these wider processes. Children in these schools were invited to attend and contribute to PEP meetings. Furthermore, through the close relationships developed by many Key Children and the Key Adults or Named Contact in their school, children had the opportunity to contribute to their transition plan, highlighting ways that they could be supported in secondary school. It was explained by the CLA Champion in a follow-up interview, that the TAP Key Adult and/or Named Contact should attend all PEP and transition meetings, as "they are the ones who know the child and their needs best". This finding preludes the "interwoven" and "integrated" approach, between TAP and the wider CLAEP, that is outlined in the following section of this Chapter. It was also detailed, however, that COVID-19 made the transition process for TAP children transitioning in the 2020-2021 academic year, much more difficult.

Some of the Key Adults and Named Contacts, who participated in semi-structured interviews for the purposes of this research, described the lengths they were going to to ensure that they could continue their relationship with their Key Child. Other participants, while expressing an interest in doing so, were not sure if they were "allowed", or how to go about it. After this information had been brought to the TAP team through the practice report, it was explained by the acting TAP coordinator in a follow-up interview, that schools were now being encouraged to keep in touch with

their Key Child, through a phone call or visit, to remind the child that their Key Adult was "keeping them in mind". Of course, it was identified that this process became much more difficult due to the COVID-19 school closures. Nevertheless, it was explained by the CLA champion, that TAP staff in several schools were "going above and beyond" to continue their relationships with their Key Child and support them through the transition process.

9.2.2 Increased Emotional Support and Supervision for 'TAP Staff in Schools'

While it was evidenced in Chapter Six that staff from participating schools felt that they were receiving adequate support from the TAP team, it was also evidenced in Chapters Seven and Eight that there was a significant emotional toll associated with taking on the Key Adult (and sometimes Named Contact) role, particularly with respect to the Key Child's transition. In light of this, it was emphasised in the interview with the CLA Champion, that emotional support for TAP staff in schools was now considered an integral component of TAP and the wider CLAEP, because a "dysregulated adult cannot support a dysregulated child". While it was explained by the acting TAP coordinator and the CLA Champion, that the Education Project Workers (who were initially not considered part of the TAP team) would be instrumental in providing this type of support in the future, it was also highlighted that "Clinical Psychology" would also be available if required.

9.2.3 Reducing Paperwork through Increased Consultation and Implementation Support

It was recommended in the practice report that was written for the TAP team (and explored in Chapter Eight of the current thesis), that information collected through Contact Records and Monthly reports should be combined and completed once a month, or as and when required, in order to reduce the burden on school staff. It was revealed by the acting TAP coordinator, however, that completing these forms had been made completely optional for schools, and that the information previously

obtained through this type of paperwork was now being collected through monthly consultations with schools (increased to bi-weekly sessions if required). Additionally, it was suggested that the Education Project Workers, who were in constant communication with their assigned schools, were able to pass on all information relevant to TAP and the wider project. It was also suggested that this model of working was more streamlined, as project workers already had good relationships with schools.

9.2.4 Prioritising the Involvement of Senior Leadership in TAP Schools

It was recommended that the TAP Named Contact in each school should be part of the senior leadership team where possible. This was to ensure that important information about Key Children was being effectively communicated and that additional support or training needs, for school staff, were being passed on to the TAP team. It was evidenced in the interview conducted with the acting TAP Coordinator that, when new schools joined TAP, it was specifically requested that the nominated Named Contact be a member of the Senior Leadership Team in the school, preferably the school Principal or Vice Principal.

The acting TAP coordinator recognised this as a "really effective change", that was "working really well" and that this refinement of the programme helped to ensure that the trauma and attachment whole school ethos was integrated throughout the school, proving to be beneficial for school staff and all children. It was also recommended by the acting TAP coordinator that, if the school Principal is not the Named Contact in a school, he or she is asked to attend at least the first TAP consultation meeting, and that they are encouraged to attend on an ongoing basis.

9.3 Integration of The Attach Project into the Wider Children Looked After Education Project

It was evidenced throughout the previous section that CLAEP Project Workers have become fully integrated into the TAP process. Not only has this helped to ensure that

all support and consultation needs of TAP schools are met, but it has also ensured that specific educational and support needs of Key Children can be identified. Additionally, this integration of Project Workers and the wider project into the TAP process, has helped to ensure that links between schools, social workers and children's carers or parents, can be facilitated and maintained. This is a positive outcome as it was evidenced (in Chapter Seven) that the needs of Key Children are better met when these links and relationships are developed, forming a cohesive "team around the child".

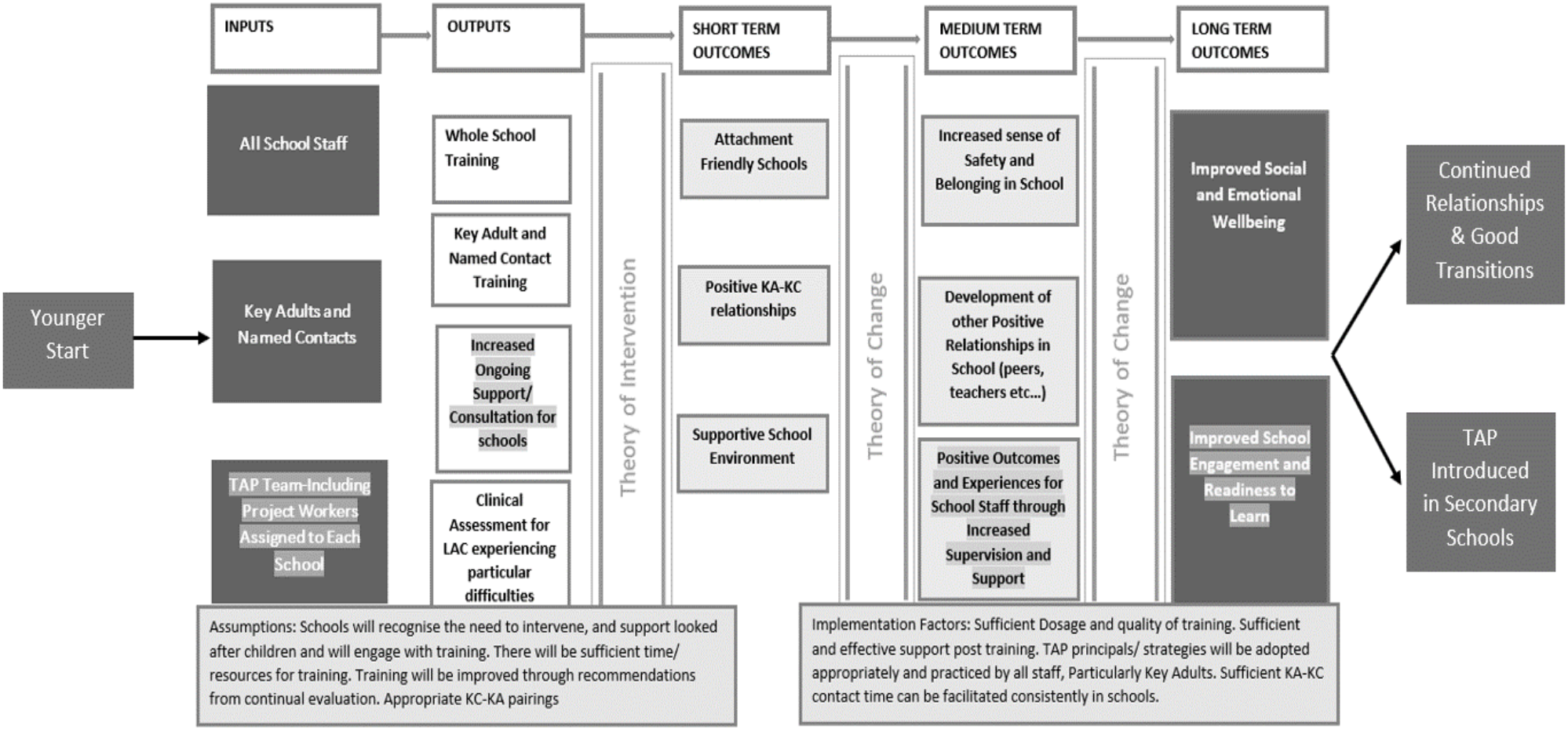
Further to this, it was evidenced through a semi-structured interview with one of the TAP Named Contacts, that the support of the CLAEP Project worker was instrumental in facilitating PEP and transition meetings. This particular Named Contact was responsible for supporting four Key Children, who were transitioning to secondary school. It is therefore logical to assume that through being fully immersed in TAP, the Project Workers can better serve the needs of Key Children throughout the PEP and transition process.

With regard to the wider CLAEP, the combination of Education Project Workers, the TAP Coordinator and Practitioner Psychologists, was described by the CLA Champion as a "winning team". It was pointed out by the CLA Champion and the acting TAP Coordinator, that professionals who have different professional backgrounds and experiences, are now "sitting in the same office, learning from each other and supporting each other", thus ensuring that the best available support is afforded to schools, and Key Children.

At this stage, it seems particularly salient to introduce the changes and refinements that were made to PEP training and support, "because of TAP". One of the aims of the wider CLAEP, was to ensure that PEPs could become an effective working document. As explained by the CLA Champion, the reviewed PEP training that was developed as part of the wider CLAEP, facilitates combined training, where school staff and social workers receive the same training, and have an opportunity to discuss issues pertinent to the effective development and use of PEPs.

With reference to TAP specifically, the revised two-day PEP training incorporates one full day of TAP training. This 'awareness and understanding training' can be considered as being a "condensed version of TAP two-day training, or an extended version of TAP whole school awareness training". This addition to PEP training was introduced in order to ensure that the attachment and trauma informed ethos, underpinning TAP, is integrated into the wider project. Indeed, TAP was referred to by the acting TAP coordinator as the "foundation" of the wider CLAEP, with a shared understanding of trauma and attachment being described as "essential" to the whole project. As it was pointed out by the CLA Champion, "nothing can happen without a shared understanding of trauma and attachment. You need to raise awareness about why we are doing this before you can build capacity". Figure 9.1 depicts the finalised TAP Logic Model, as updated according to the current study.

Figure 9.1 The finalised TAP Logic Model (model is author's own)



9.4 Capacity for Sustaining Change in the Education Systems

Given the evident implementation gap in education service provision for children in care, it was deemed imperative that the current study explored the wider contextual factors associated with sustaining change through well implemented, theory-based interventions. In this ethos, current plans for ensuring the effective role out of TAP were explored in the follow-up interviews that were conducted with the CLA Champion, who is responsible for overseeing the CLAEP, and the acting TAP coordinator.

9.4.1 Ensuring Ongoing Service Provision

During the implementation phase, the TAP coordinator who was responsible for overseeing the project, and indeed partially responsible for developing and facilitating TAP training, was unable to work for an extended period of time. In light of this, it was considered important to the current study, to develop an understanding of the systems that were in place to ensure ongoing service provision, in the event of long-term absences. It was explained in the interview with the acting TAP Coordinator, that her transition from Project Worker to TAP Coordinator was smooth and that it felt like a "natural transition" from the Project Worker role. She also expressed that she received increased supervision and support from the CLA Champion and the TAP Clinical Psychologist during this time.

Additionally, the acting TAP coordinator had the opportunity to shadow the TAP Clinical Psychologist during consultations with schools. It was further evidenced that, while the TAP Clinical Psychologist had an increased workload for a brief period, the integration of the CLAEP project workers ensured that there was no gap in service provision for schools and that they were fully supported throughout the transition process.

With regard to ongoing service provision from a wider perspective, it was explained by the CLA Champion, that the Department for Education and Department of Health, who are responsible for CLA policy development and resource administration, are now

"very much on-board with the trauma and attachment informed approach". Furthermore, it was suggested that a new relational policy for schools in Northern Ireland was being written "thanks to TAP". The CLA Champion also identified that securing further funding to continue and "scale-up" TAP and the wider CLAEP was "in the works".

9.4.2 Supervision and Ongoing Professional Development for the Children Looked After Education Project Team

It was evidenced in the follow-up interviews with the CLA Champion and the acting TAP coordinator, that as well as introducing additional processes for ensuring emotional support and supervision for staff in TAP schools, clinical supervision has been introduced for the TAP team (including Project Workers). It was explained by the TAP coordinator, that the TAP ethos must run through the whole project, and it was emphasised that, to "take care of schools and children, the team needs to take care of each other". In addition, it was explained by the CLA champion, that project workers, who have become integral to the TAP process, have been given the opportunity to attend workshops with clinical and educational psychologists, enhancing their professional knowledge and skill sets and enabling them to become more involved in the clinical assessment and formulation process.

9.4.3 Barriers to Implementation from an Organisational Perspective

In order to explore potential barriers to TAP's ongoing implementation from the perspective of the programme facilitators, several questions were incorporated into the follow-up interviews with the CLA Champion and the Acting TAP Coordinator. The CLA Champion emphasised that the main barrier to TAP's implementation, from an organisational perspective, was recruitment. This was particularly challenging with regard to recruiting Practitioner Psychologists from the trust. She indicated that "getting Ruth (the TAP Clinical Psychologist) into the position, took a long time, and delayed the full implementation of the intervention for almost six months…". As it

was evidenced in Chapter 6, most schools that had staff participate in semi-structured interviews and focus groups as part of the current study, were not aware that more in-depth clinical assessment and formulation for children was available as part of TAP. It is likely that this was partially due to the delayed recruitment of an adequate number of Practitioner Psychologists.

A further barrier to TAP's implementation from an organisational perspective, as outlined by the CLA Champion, was that it was difficult to obtain the relevant consents that were required for children to participate in the intervention. Further to this, it was difficult to obtain the relevant consents required to review wellbeing and outcome data that was collected from Key Children, making it very difficult to explore the ongoing effectiveness and service provision of TAP and the wider CLAEP. As detailed in Chapter Five, obtaining the relevant approvals to recruit and collect data from children in care as part of the current study, was remarkably difficult, further evidencing the pervasiveness of this problem. It is recommended that the CLAEP team, in partnership with schools, continue in their endeavour to give children in care effective voice about their education.

9.5 Chapter Summary

The current Chapter explored data that was collected from the CLA Champion and the Acting TAP Coordinator five months after the TAP team received a practice report that reflected the findings outlined in Chapter Eight. These interviews were conducted in order to explore TAP's implementation as conducted, through an ongoing and iterative process, and in order to explore if and how recommendations for the optimisation of TAP had been adopted. Given the recognised implementation gap in educational provisions for children in care, and in keeping with the fourth key principle of DBIR, it was also considered critical to the current study, to explore TAP's capacity for sustaining change in systems. In other words, follow-up interviews with members of the 'TAP team' enabled further exploration into the processes and systems available to facilitate the effective roll-out of TAP on an ongoing basis. The current Chapter also

includes an up-dated TAP logic model, reflecting changes that should be made to TAP if it continues to be implemented and reflecting the theory of intervention and theories of change evidenced in the current study. The next and final Chapter provides further discussion related to the findings of the current study, and their relevance to up-to-date literature in this area.

Chapter Ten

Discussion and Conclusions

10.1 Introduction

The current design and implementation study aimed to explore the implementation of TAP, which is a school-based, attachment-focused intervention that was developed to improve the academic attainment and psychosocial outcomes for children in care in Northern Ireland. The current study explored TAP's 'implementation as conducted' so that the programme's evidence of promise for effectiveness could be assessed and so that the programme could be refined and optimised for future implementation.

The specific research questions of the current study were as follows:

RQ1: What are TAP outputs and outcomes and how can they be assessed?

RQ2: What are the relations between TAP outputs and outcome change (what is the programme's theory of intervention)?

RQ3: What are the relations between the initial, medium, and long-term outcomes of TAP (what is the programme's theory of change)?

RQ4: What implementation factors are associated with outcome change?

RQ5: How was the emerging TAP logic model updated and what does the finalised logic model look like?

In order to answer Research Question One, an 'emerging' TAP logic model was developed. The logic model was developed after the researcher reviewed the findings from a report written by Sproule and Regan (2014), which highlighted the TAP process and the intervention's evidence of effectiveness in the secondary education setting (see section 5.2 for more detail). The emerging TAP logic model was also informed by a semi-structured interview that was conducted in January 2018 with the 'TAP Coordinator', who was partially responsible for bringing TAP into fruition, and who

was involved in designing and delivering TAP training. The emerging TAP logic model, that detailed the outputs and theoretical outcomes of TAP, was then used as a basis for designing measures to explore TAP's theory of intervention, theories of change, assumptions and implementation factors. Ergo, the research methodology, outlined in Chapter Five, in itself answered Research Question One: 'What are TAP outputs and outcomes and how can they be assessed?'.

Research Questions Two and Three were concerned with exploring TAP's theory of intervention and theories of change. In other words, answering these questions enabled the relations between the components of the emerging TAP logic model to be explored and confirmed. Alternatively, some of the findings that are outlined in Chapters Six and Seven, fed into an iterative feedback process used to refine and optimise TAP's delivery model and its implementation in the primary education setting. Relatedly, Chapter Eight of this thesis outlined findings associated with TAP's 'implementation as conducted' and highlighted relevant implementation factors, assumptions and barriers to the intervention's implementation in primary schools, during the implementation research phase. Many of these findings were also incorporated into a 'practice report' that was written for the TAP team. The practice report provided recommendations for overcoming potential barriers, and optimising TAP's implementation in primary schools.

The final research question (RQ5); 'How was the emerging TAP logic model updated and what does the finalised logic model look like?' was answered in Chapter Nine. Findings, outlined in Chapter Nine, primarily described how the 'TAP team' responded to the findings and recommendations that were outlined in the 'practice report' and that are detailed in Chapters Six, Seven and Eight of this thesis. The amalgamation of data collected to answer Research Questions One-Four, as well as the data collected through semi-structured interviews with the CLA Education Champion and the Acting TAP Coordinator, enabled the TAP logic model to be up-dated, therefore answering Research Question Five.

Through answering the five specific research questions that are outline above, and through the conceptual lens of DBIR, four 'emergent themes' have been elicited

from the current study, with each theme reflecting and adding to the growing evidence base that is associated with school-based, attachment-focused interventions, children in care, and implementation science. Chapter Ten outlines, in turn, these four themes that have emerged from this research and summarises by recommending potential directions for future research.

10.2 Theme One: Assessing the Design and Implementation of TAP has Helped to Address Persistent Problems Associated with the Education of Care Experienced Children

There is a 'persistent problem' of educational underachievement for looked after children (Sen, 2018 and Bomber and Hughes 2013) and a lack of research on their educational experiences (Mannay et al., 2015). While the current study does not directly focus on underachievement for children in care, it has suggested that the integration of TAP, into the wider CLAEP, could be a step in the right direction for ensuring better educational service provision for children in care, and better multidisciplinary working between the social care and education sectors in Northern Ireland. Furthermore, the current study has emphasised that an attachment and trauma informed approach to supporting the most disadvantaged groups of children in our schools, including care experienced children, could be key to improving their social and emotional wellbeing and their academic outcomes.

With regard to children in care, the current study has further evidenced the difficulties associated with complex trauma and disorders of attachment, that are commonly associated with care experienced children in school (Bomber and Hughes, 2013). For example, qualitative data collected through semi-structured interviews and focus groups with school staff, demonstrated that many of the 'Key Children', who were the recipients of TAP, found it difficult to regulate their emotions and behaviours. Furthermore, it was evidenced that several Key Children found it difficult to trust other people and maintain peer relationships. Additionally, it was evidenced that many Key Children struggled academically and found settling to learn very difficult.

Nevertheless, findings from the current study also suggested that through the integration of TAP in schools, children in care in Key Stage Two can form positive and trusting relationships with significant adults in their school, improve their social and emotional skills, make and keep friends and feel as though they belong in the school environment. Developing these positive relationships also helped to ensure that Key Children could be involved in PEP meetings and contribute to the decisions being made about their educational future. Despite considerable efforts by the researcher and her supervisory team, however, ensuring that children in care could directly participate in the current research, was a laborious task, confirming that there continue to be substantial systematic barriers to overcome, before children in care can be asked if they would like to participate in research of this type, as called for by Mannay et al. 2015. Clearly, further work is needed to streamline this process for future care experienced children and young people.

As it was recommended in sections 5.6 and 9.4, and despite the challenges, the CLAEP team must continue in their endeavour to give children in care active and effective voice, in ongoing educational service developments, that aim to help and support them in school. This could be done through child-friendly, semi-structured interviews, as was intended in this study. Reflecting on the evidence suggesting that incorporating creative methods, into data collection with children and young people in care, enables researchers to work alongside participants and offer more nuanced understandings of their lives (Brady & Brown, 2013; Lomax, 2015), techniques such as sandboxing[15], clay modelling, or jewellery making, could be introduced as further optional activities for children to do, while engaging with the researcher (Mannay et al., 2019). Additionally, the CLAEP team could facilitate the development of an advisory, or peer research group, consisting of children in care who are experts by experience, and therefore could provide recommendations regarding the data collection process (see for example, Boffey et al., 2022). Involving children in care as peer researchers and giving them the opportunity to shape and inform the research methodology, could

[15] Sandboxing is an activity involving plastic, portable trays, filled with sand and a range of miniature figures including people, houses, trees, fences, animals, transport and street signs. (Sangganjanavanich & Magnuson, 2011). The term "sandboxing" is used to differentiate it from "sand play" and "the world technique" which are therapeutic approaches (Lowenfield, 1950; Hutton, 2004).

enable them to have full participatory involvement in the research and service development process.

Given the evidence to suggest that some TAP Staff in schools actively sought feedback from the Key Child(ren) about their involvement with TAP and how it could be improved during the implementation research phase (see section 8.2), it is also recommended that TAP Staff in schools are actively encouraged to collect this type of feedback and information from the Key Children who are the recipients of the programme, and that schools are supported to make changes or adaptions to the TAP process as directed by the child, where possible.

With regard to the persistent problem experienced by schools, the findings of the current study have identified additional training needs, for pre-service and in-service teachers and more importantly, for support staff who work closely with children in care and children who have similar, complex needs. The remainder of this section re-iterates and discusses the findings associated with TAP training and ongoing consultation and support for schools, in relation to the wider existing evidence in this area.

10.2.1 TAP Whole School and Key Adult Training

Quantitative findings. As was expected, quantitative analysis of baseline data collected prior to TAP whole school awareness training, indicated that participants, who had previously attended TAP KAT, had significantly increased awareness and understanding scores (as measured by the SSAAS) than participants who had not previously attended the more intensive two-day training. It was also identified, however, that senior teachers scored significantly higher than teachers and 'other support staff' at baseline. Other support staff (including lunchtime and playground assistants, caretakers and cleaners) also evidenced significantly lower baseline SSAAS scores than teachers and classroom assistants. Interestingly, teachers or senior teachers, did not score significantly higher than classroom assistants on the baseline awareness and understanding scale.

It is not possible to infer from the data collected for the purposes of the current study, why these findings were evidenced. However, it is possible that senior teachers are more likely to have received extra training of this type (through involvement with nurture groups, or the designated teacher for child protection role). Classroom assistants, alternatively, may have reported increased awareness and understanding scores at baseline, based on increased experience working directly with children who have special education or behavioural support needs.

This latter hypothesis is supported through statistical evidence suggesting that staff from special education schools had significantly higher awareness and understanding scores at baseline than staff working in maintained and controlled schools. These statistical differences were reinforced through qualitative findings evidenced in the current study, with participants from the special education school highlighting that TAP reinforced a lot of the practice they were already trying to do in school. Despite these statistical differences identified at baseline, the results of a paired-samples t-test, and several mixed-ANOVAs, indicated that TAP WST raised participants' awareness and understanding scores to a higher and equal level, regardless of their job role, or the type of school they worked in.

As discussed in Chapter Two, it is recognised that in general, pre-service teacher training and continued professional development courses do not prioritise the specific needs of children in care (Perry, 2014), or other children who have experienced complex trauma and adversity in childhood. Perhaps more conspicuously, non-teaching staff, who interact with children on a daily basis, seldom receive any training at all. The significant difference in participants' awareness and understanding scores at baseline and follow-up, reinforce these obvious gaps in training for professionals working in schools, suggesting that schools cannot feel equipped to meet the needs of children in care, as they are not adequately trained to do so. Furthermore, it is clear that there is an urgent imperative to provide training for *all staff* working in schools, not just teaching staff.

Qualitative Findings. Findings from qualitative analysis of semi-structured interviews and focus groups echoed the quantitative evidence relating to TAP KA and

WST. Participants indicated that they hoped all staff could participate in the two-day training, and that 'refresher training' could benefit the whole staff team. In addition to evidencing the impact of TAP training in improving participants' awareness and understanding regarding children in care and attachment in school, three further themes relating to TAP training were identified. Namely: TAP training increased participants' states of mind and reflective functioning with regard to trauma and attachment, TAP training gave participants strategies and 'language' to use when interacting with children in care, and TAP training helped school staff to 'get it' and support the Key Adult and Named Contact in their school, even if this meant taking a 'step back' from emotive or challenging situations.

These themes are important, given that attachment friendly 'language' is fundamental to the PACE approach underpinning TAP. Additionally, it has been evidenced through intervention research in the pre-school setting, that improving alternative caregivers' 'states of mind' and 'reflective functioning' with regard to attachment, can increase their ability to become emotionally available to the children they are caring for or teaching, and more sensitive to their needs (Spilt et al., 2012). It is plausible that similar relations are apparent for professionals working in schools, and the Key Children who are the recipients of TAP.

The third theme that was identified was that usually, TAP WST helped the full staff team to understand the purpose of TAP, facilitating an attachment-friendly and supportive whole school ethos. One school availed of further training, to encourage some of the support staff who found it difficult to engage in TAP WST training the first time around. While it was mentioned that two members of support staff 'may never get it', the whole school ethos that had filtered through the rest of the school, ensured that the Key Child was always supported and advocated for, through attachment friendly, trauma informed practice.

10.2.2 Ongoing Consultation and Support

With regard to TAP ongoing consultation and implementation support, it was evidenced in semi-structured interviews and focus-groups, that school staff felt

adequately supported by the TAP team and knew that the TAP team were available to them if required. The Named Contact and Key Adult in one school, found ongoing consultations with the TAP team especially beneficial when they were experiencing blocked care. However, in keeping with previous literature in the area (Bomber and Hughes, 2013; Edwards, 2016), it was clear that some Named Contacts, and Key Adults in particular, experienced significant emotional toll and specific, complex challenges associated with working closely with their Key Child. As well as overcoming challenges associated with blocked care, several members of TAP staff expressed real concern for their Key Child as they prepared to move on to secondary school. These individuals are also likely to have experienced a sense of loss akin to the loss of a close relational bond. It is therefore essential that the TAP team increase and continue to provide emotional support for schools.

10.2.3 Exploring the Relations Between the Components of the Emerging TAP Logic Model Through Mediation Analysis and Qualitative Data

It was indicated from the analyses of two Mediation Models, that participants' level of awareness and understanding following TAP training influenced their practice. There was a positive relationship between awareness and understanding and attachment friendly practice, evidenced in both of the mediation models. This indicates that increased awareness and understanding predicts increased attachment friendly practice. Participants' 'attitudes' to supporting children in an attachment friendly way, were also found to influence their practice within this sample, with more positive attitudes, predicting higher levels of attachment friendly practice. Interestingly, participants' attitudes were not significantly predicted by their awareness and understanding scores (at follow-up). It is not possible to infer from the current study why this was the case, however it is possible that other personality factors, such as optimism or sense of competence, that were not measured, are more influential than participants' level of awareness and understanding, on their attitude towards improving outcomes for children in care.

As evidenced in Mediation Model Two, the relation between participants' awareness and understanding scores at follow-up, and their perceptions of attachment friendly outcomes for children, was fully mediated by attachment friendly practice. Together with the statistical evidence to suggest that TAP training significantly increases participants' awareness and understanding surrounding children in care and attachment in school (as detailed in Chapter 6.3), the results of the mediation analyses are promising in that they support the theories of change depicted in the emerging TAP logic model.

There is some evidence to suggest that by increasing school staff's awareness and understanding, TAP training facilitates the development of attachment friendly practice in schools. Theoretically, according to the logic model, this should lead to improved outcomes for children in care. Overall, the relations between the components that were depicted in the emerging TAP logic model, can be partially supported through the quantitative findings in the current research.

Findings elicited from all quantitative follow-up data, must be caveated by the lower than desirable sample size. The same data set was used to conduct psychometric assessments of the bespoke scales and the mediation analyses. Given the ample qualitative evidence collected in the current study, exploring TAP's implementation as conducted and the programmes theories of change, (that are now depicted in the up-dated TAP logic model, Figure 9.1) it could be argued that the mediation analyses could have been excluded. However, given that the follow-up sample size was adequate for EFA and CFA, based on participant-parameter ratios, and due to the fact that the findings of the mediation analyses echo the themes elicited from the qualitative data, it was concluded that the analysis should be included.

10.2.4 Key Contributions to the Contemporary Evidence Base

The findings of the current study echo many of the findings that were evidenced in recent research that was conducted by Harrison (2020) on the 'Alex Timpson

Attachment and Trauma Awareness Programme', that are detailed in section 4.4 of this thesis. Specifically, the importance and potential benefits of introducing training on attachment and trauma in schools are highlighted in the current study, and in the Timpson research. It was recognised by Harrison (2020), however, that while training on attachment and trauma for schools is an essential starting point for improving school experiences and outcomes for children in care, it is not the 'end of the journey' (Harrison, 2020, p.15), with schools evidencing 'specific anxieties' (Harrison 2020, p.10) regarding the application of what they learned at training.

It was evidenced in the current study that concerns and specific anxieties associated with balancing the attachment needs of a care experienced child in the classroom, and classroom management, can be relieved, at least in part, through the introduction of a 'Key Adult' or 'Named Contact', who is not the child's class teacher. Key Children participating in TAP were able to use 'TAP Staff' in their school as a safe haven when they were finding classroom tasks and school activities more difficult. Furthermore, it was evidenced that ongoing consultation and support, provided by the TAP Team and developing a detailed 'Key Child Profile', which considered the specific attachment needs of the child and strategies for supporting them, ensured that 'Key Adults' and 'Named Contacts' were confident in supporting individual children who had differing, complex needs.

Ongoing consultation and support, that was provided as part of TAP, was considered to be instrumental in ensuring that school staff were adequately supported to build and maintain positive relationships with Key Children and interact with them in an attachment-friendly and trauma informed way, even when there were challenging or emotive circumstances, or when there was a perceived 'step-back' in progress. This finding was clearly evidenced in semi-structured interviews that were conducted with 'TAP Staff' in schools.

Based on findings elicited from research conducted through the Timpson Programme, as well as the current study, it is clear that facilitating training on attachment and trauma is essential in supporting schools to become attachment-friendly and trauma informed. However, there is also evidence within the current study to suggest that a

more in-depth and personalised plan for supporting specific children in care, through ongoing consultation and support for schools, could ensure the wellbeing of school staff, help schools to overcome specific challenges, or barriers to implementation, and promote optimal outcomes for care experienced children and young people. These important findings that are associated with TAP and by extension, all attachment-focused, school-based interventions, would not have been identified without conducting a robust design and implementation study.

10.3 Theme Two: Refining and Optimising TAP Through an Iterative Approach Incorporating Multiple Stakeholder's Perspectives Helped to Ensure that Contextual Problems and Implementation Barriers Were Identified and Resolved

The mixed-methods approach employed to explore TAP's theory of intervention, enabled an exploration of the fidelity of TAP Key Adult training (KAT). Furthermore, the iterative approach to data collection, conducted throughout the TAP KAT sets, enabled the adaption of the training content and structure on an ongoing basis in order to optimise TAP KAT for future participants.

The iterative approach to data collection was also employed in the current study by interviewing the Children Looked After (CLA) CLA Education Champion, who is responsible for overseeing the CLAEP and the Acting TAP coordinator, several months after the 'TAP team' received a practice report, highlighting barriers to TAP's implementation from the perspective of school staff. The practice report also recommended potential facilitation strategies and methods for improving participant responsiveness, based on the qualitative data that was collected through semi-structured interviews and focus groups conducted in schools.

One key example of how the implementation of TAP was improved, as a result of this research, was that in response to the practice report, it was made a specific requirement for the TAP Named Contact in schools to be a member of the Senior Leadership Team in the school, preferably the Principal or Vice-Principal. Lack of shared understanding within educational settings, and poorly co-ordinated leadership within schools, can be

a barrier to the implementation and sustainability of new interventions (EEF, 2020). It is therefore not surprising that according to the Acting TAP Coordinator, getting the school Principal or Vice Principal 'on board' helped to improve the uptake of TAP throughout the next cohort of TAP schools. This refinement of the programme could also help to ensure that all important information about a Key Child, is effectively shared and that all training and support needs in TAP Schools can be met.

While the iterative approach to data collection incorporated the perspectives of a range of school staff, as well as members of the TAP team, it was hoped that a sub-sample of 'Key-Children' could also take part in child friendly, semi-structured interviews. However, obtaining consent to interview children in care, was a long and arduous process, with interviews that had been schedules for April 2020, ultimately being cancelled due to the COVID-19 school closures. While it is not within the scope of the current study to speculate why such challenges exist, it is likely related to high staff-turn over within the social care sector, and a further gap between 'rhetoric and reality' when it comes to giving children in care effective voice in participatory research (Christensen and Prout, 2002; Harwood, 2018). There is, however, some evidence to suggest that the voice of the child was heard, in the current study, through the interview data collected from Key Adults and Named Contacts in schools.

Given the recognised relational difficulties that are often experienced by children in care, it is plausible that the 'TAP staff' in schools were in a unique position to gain insight into the perspectives and experiences of Key Children. Indeed, several Key Adults or Named Contacts actively sought feedback from the Key Child/ Children in their school. Nevertheless, it is speculated here that children's participation could have provided valuable insight into how Key Children felt about being part of the programme, as well as provided useful information relating to TAP's implementation as conducted, and how the programme could be refined or optimised for the target recipients. As detailed in section 10.2, it is held in this thesis that interviews with children who would like to participate, should be facilitated as soon as possible and as part of ongoing service evaluation.

10.4 Theme Three: Exploring TAP's Design and Implementation Contributed to the Development of Theory and Knowledge Related to School Relationships for Care Experienced Children, and the Potential Impact of These Relationships on Their Wellbeing and Education

From a theoretical perspective, the current study has suggested that through adequate training and support, significant adults in schools can become attachment figures for children in care in Key Stage Two. This argument is particularly salient when considered in relation to the 'four defining features of attachment in middle childhood', as evidenced in Chapter Seven of the current study. It was also evidenced that affectional bonds between Key Adults (and some Named Contacts) and Key Children were most likely to form when the adult did not work directly with the child in the classroom setting, as it meant that the child could use their Key Adult as a safe haven, as and when required.

While the development of secure, affectional bonds between Key Children and their Key Adults should be considered integral to the TAP process, some available evidence, throughout the literature in this area, suggests that teacher-sensitivity at the classroom level and the presence of a nurturing, attachment-friendly school ethos, is predictive of children's school adjustment, wellbeing, and academic attainment (Ahnert et al., 2006; Buyse, Verschueren, and Doumen, 2011; Zsolnai and Szabó 2020). In keeping with this paradigm, it was also evidenced in the current study, that improving school staff's awareness and understanding surrounding trauma and attachment, and how to support complexly traumatised children in the school setting, facilitated the development of attachment friendly practice in schools and a supportive whole school ethos. It was evident that these developments were beneficial to both staff and pupils in TAP schools, including the Key Children. Facilitating these positive relationships, and encouraging trauma informed, attachment friendly practice through school-based interventions such as TAP, has obvious moral merit. It is evidenced in the current study that this type of practice in schools can improve the social and emotional wellbeing of Children in Care, facilitating a readiness to learn. Nevertheless, this endeavour must

be approached and handled with caution, as further relational loss has potential negative implications for this group of children.

10.4.1 Attachment-Focus Interventions in Schools Could Support Children in Need, as well as Children in Care

As it was discussed in Chapter One, it is recognised that children in care and children in need share a variety of experiences relating to their early care and education. For example, it is recognised that both children in care, and children in need, are significantly more likely to be economically deprived than the general population of children and are significantly more likely to have a special educational need (DoH, 2020; Lee et al., 2017). Relatedly, there is evidence to suggest that many children in need and children in care are listed on the child protection register (Lee et al., 2017; DfE 2020), with abuse and neglect representing the main reasons for their registration (DoH, 2020), and for their entry to care (NSPCC, 2021). Furthermore, social service data collected in England on the 31st of March 2019 (DfE, 2020), indicated that at the end of Key Stage Two, children in need performed significantly less well academically than their peers in the general population, with little difference between children in need and children in care (DfE, 2020).

In recognition of these trends, and the potential long-term implications of ACEs, complex trauma and insecure attachment development on children's ability to thrive in school (discussed in Chapter Two of this thesis), it is argued here that attachment-focused interventions, such as TAP, could benefit children in care and children in need in school. Indeed, multiple participants at TAP KAT, and several participants who participated in semi-structured interviews and focus-groups, emphasised that "TAP was so applicable to so many children in (their) school, not just looked-after children", with two-schools designating a Key Adult to children who were not looked after, but who displayed the emotional and behavioural needs associated with complex trauma and attachment difficulties. While it may not be feasible to introduce TAP, in its entirety, to all children in need and those in care, the findings of the current study emphasise the potential benefits of training all staff working in schools, to be

attachment aware and trauma informed, when working with the most disadvantaged children in our society.

10.5 Theme Four: Exploring TAP's Design and Implementation Helped to Develop an Understanding of the Organisational Systems that are in Place, to Ensure the Effective Ongoing Implementation of TAP

As well as developing an understanding of how TAP could be optimised, if it is to be 'scaled-up' or 'scaled-out' across the education sector in Northern Ireland, Chapter Nine focused upon developing an understanding of the organisational systems that are in place to ensure the effective, ongoing implementation of TAP. Also, in Chapter Nine, consideration was given to whether or not TAP, and the wider CLAEP, could catalyse a sustained change in the education system in Northern Ireland, with regard to the education of children in care.

It was clear from the data collected from interviews with the CLA Education Champion and the acting TAP coordinator, that the appointment of the CLA Education Champion was an important step towards better multidisciplinary working between the health and education sectors, emphasising the necessity of ensuring that there is a cohesive "team around the child", helping them to thrive both inside and outside of school. For example, it was explained that up-dated, joint PEP training for professionals working in schools as well as social workers, had been commissioned. This two-day training comprised of an extended version of TAP whole school awareness training, and one-day of training specifically related to the development and maintenance of PEPs.

The up-dated PEP guidance and training also emphasises the importance of "sitting around the table" to discuss the child's educational needs, as well as the necessity of making sure the voice of the child can be heard with regard to all decisions being made about their lives. The CLA Education Champion in Northern Ireland has also advocated for further funding to optimise and roll-out TAP and other evidence-based CLAEP interventions. Therefore, it can be concluded that the CLA Education

Champion has acted as a 'corporate parent' advocating for each child and working to ensure that the best possible educational provisions are available, just as any good parent would do for their own child.

Continuing in this ethos, and in keeping with the Bio-Ecological Model of Human Development (Bronfenbrenner and Morris, 1998) that describes the broad ecological systems that can influence a child's developmental outcomes (see section 2.2 of this thesis for further detail), it is becoming increasingly recognised throughout the research literature, that schools do not operate in isolation (Sloan et al., 2020). Therefore, it is argued in this thesis that a robust and effective educational intervention, aimed at supporting children in care in school, must take into consideration their attachment history, their current care environment, the policies, practices and procedures of their school and the wider school system and, importantly, the individual personality, strengths, weaknesses and aspirations of the child. As well as building capacity for improving multidisciplinary working between the health and education sectors in Northern Ireland, it was evidenced in the current study that TAP facilitated the development of positive relationships and communication networks between some schools and the parents and/or carers of Key Children. It was suggested that the 'TAP Team' specifically aim to encourage and facilitate these important relationships in the future.

10.6 Implications for Future Research

Chapter Ten has outlined the implications of the current study, including considerations of how the findings have contributed to theory development, and the growing evidence-base surrounding school-based interventions for children in care. Strengths and limitations of the current study have already been discussed in Chapter Five. With regard to future directions for research, the study has identified several areas in need of further exploration.

Firstly, in order to confirm and consolidate the benefits of TAP, further research must be conducted, by giving Key Children the opportunity to voice their opinion and share their experiences of being involved in the intervention. Where possible, it is recommended that children have the opportunity to participate in this type of research, in a secure and trusted setting, supported or interviewed by an adult who they know and trust, with the option of engaging in creative activities throughout the interview. Furthermore, it is recommended that longitudinal research, as well as a large scale randomised controlled trial, is conducted, to fully assess the effectiveness of TAP in improving the academic attainment and psychosocial outcomes of care experienced children in Northern Ireland.

The second recommendation for future research, is related to the bespoke 'attachment friendly practice' and 'attitude' scales, that were developed for the purposes of the current study. Caveated by the lower than desirable sample size for conducting Confirmatory Factor Analysis, the development and psychometric assessment of these scales has provided a blue-print for quantitatively exploring 'attachment friendly practice', in schools, and staff 'attitudes' to supporting children in an attachment friendly way. It is therefore argued that these bespoke scales should be further developed and tested, so that they can be utilised in future research of this type.

Lastly, it is clear that research into the attachment process in middle-childhood has somewhat overlooked the implications of being in care. In fact, to the author's knowledge, there is no study which specifically explores attachment, middle childhood and being in care simultaneously. Furthermore, these variables have not been explored in relation to attachment to teachers or other professionals working in schools. Given the qualitative evidence to suggest that Key Children were able to form attachment bonds with a significant adult in their school, and that this affectional bond was reciprocated by the Key Adult or Named Contact, it is recommended that specific research into attachment relationships between children in care in middle childhood, and key professionals working in schools is conducted. More specifically, an investigation into the Key Child-Key Adult relationships in TAP schools, could further

reinforce the benefits of introducing this type of attachment-focused, school-based intervention.

10.7 Conclusion

The current study has utilised a mixed-methods design to explore and assess the design and implementation of The Attach Project (TAP), a school-based, attachment-focused intervention for children in care. Keeping in mind the recommendations for programme differentiation, that are described throughout the findings Chapters, and that are depicted in the finalised TAP logic model (figure 9.1), the current study has revealed that TAP shows sufficient evidence of promise for effectiveness and should be 'scaled-up' so that a larger scale, randomised controlled trial can be conducted. There is some evidence to suggest that Key Children, who were the recipients of TAP, showed improvements associated with their wellbeing and sense of safety in school, their emotional regulation and readiness to learn, as well as their ability to maintain positive peer and adult relationships in school. The current study has also provided insight into the educational systems in Northern Ireland and has highlighted recent efforts to improve the lives and outcomes of the care experienced population.

From a theoretical perspective, the current study has suggested that, through adequate training and support, significant adults in schools can become attachment figures for children in care in Key Stage Two. Furthermore, it is clear that improving school staff's awareness and understanding surrounding trauma and attachment, can facilitate the development of attachment friendly practice in schools and a supportive whole school ethos, particularly when schools are provided with adequate support on an ongoing basis.

While it is likely that the development of secure attachment or 'attachment-like' relationships in school could positively influence children's social and emotional wellbeing, theoretically helping them to thrive in the school environment, it is emphasised that the transition process, 'after TAP', must be handled with caution, as further relational loss could have negative implications for this group of children. It is likely that further qualitative and quantitative research, with children who are the key

recipients of the intervention, could provide valuable insight into this process, and their perspectives on being part of TAP.

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Appendix A: Finalised TAP Training

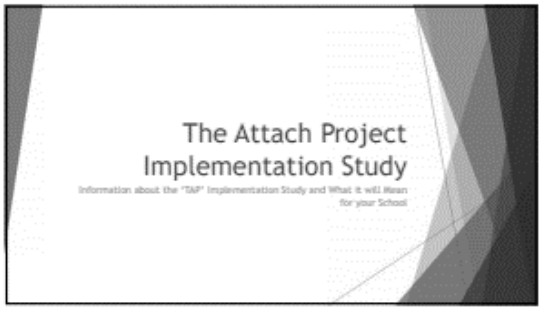
Appendix A was removed prior to publication due to copyright permission not being granted by EA.

Appendix B: School Profiles

School	School Type	School Size (number of pupils)	Number of Children in Primary 6 (during the 2017/2018 academic year)	Number of Children in Primary 7 (during the 2017/2108 academic year)	Trust Area	Area Type
1	Special Education	50	1	1	Belfast	Urban
2	Special Education	220	1	0	South-Eastern	Rural
3	Maintained	239	1	0	South-Eastern	Urban
4	Maintained	402	1	0	South-Eastern	Rural
5	Maintained	515	1	2	Belfast	Urban
6	Maintained	486	3	0	Belfast	Urban
7	Controlled	152	1	1	Belfast	Urban
8	Controlled	178	1	0	Belfast	Urban
9	Controlled	374	1	2	Belfast	Urban
10	Controlled	361	1	0	Belfast	Urban
11	Maintained	239	1	0	South-Eastern	Urban
12	Controlled	191	1	0	South-Eastern	Urban

13	Controlled		193	2	0	South-Eastern		Urban	
14	Controlled		215	1	0	South-Eastern		Urban	
15	Maintained		152	1	1	Belfast		Urban	
16	Maintained		661	1	1	Belfast		Urban	
17	Controlled		347	4	1	South-Eastern		Urban	
18	Maintained		407	1	0	South-Eastern		Urban	
19	Controlled		212	1	0	South-Eastern		Urban	
20	Maintained		332	1	0	Belfast		Urban	
21	Controlled		403	1	0	Belfast		Urban	
22	Controlled		73	1	0	South-Eastern		Rural	
23	Controlled		445	2	0	Belfast		Urban	
Totals	**Special**	2	6847	30	9	**South-Eastern**	11	**Rural**	3
	Controlled	13							
	Maintained	8				**Belfast**	12	**Urban**	20

Appendix C: PowerPoint Presented at CLAEP Information Session



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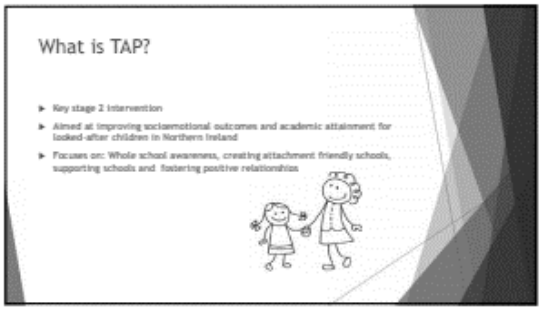

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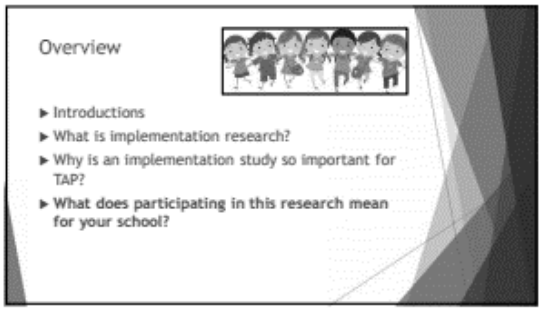

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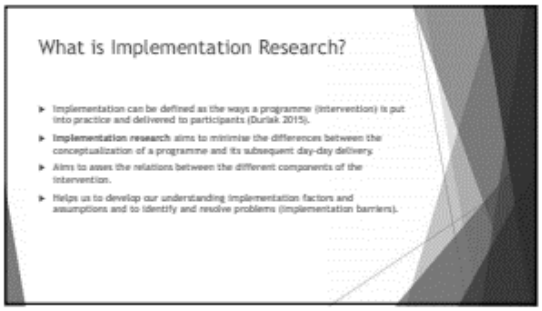

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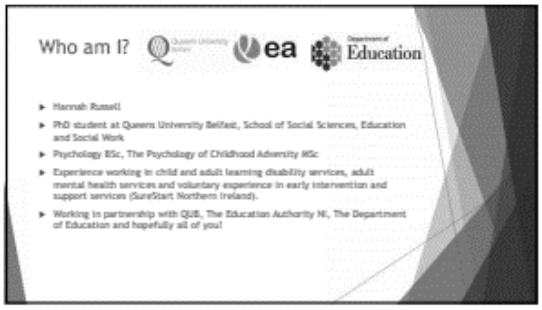

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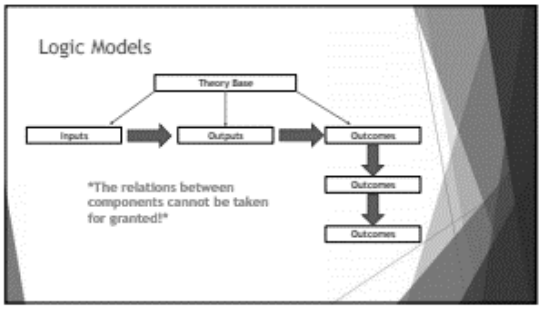

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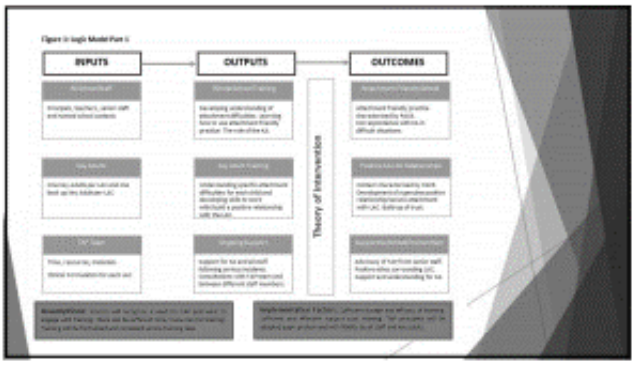
Things to Consider

- Assumptions
- Implementation factors
- Dosage (how much)
- Fidelity (how good)
- Theory of intervention
- Theory of change

7



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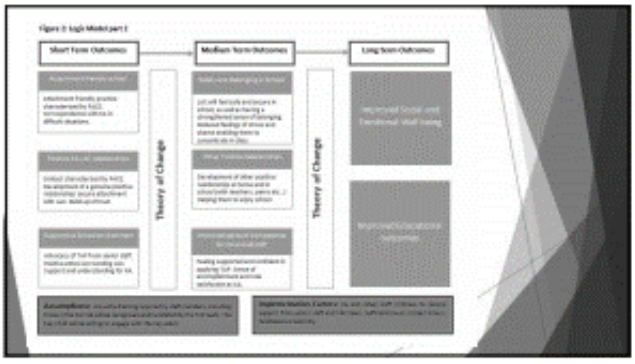

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Why bother with an Implementation Study?

?

- Bridges the gap between theory and practice
- Identifies and helps to resolves problems
- **Gives a voice to all stakeholders, including the children**
- Ensures the intervention is feasible, cost effective
- Ensures the intervention is ready to be 'scaled-up' and disseminated on a larger scale

10

Why is Implementation Research Important for TAP?

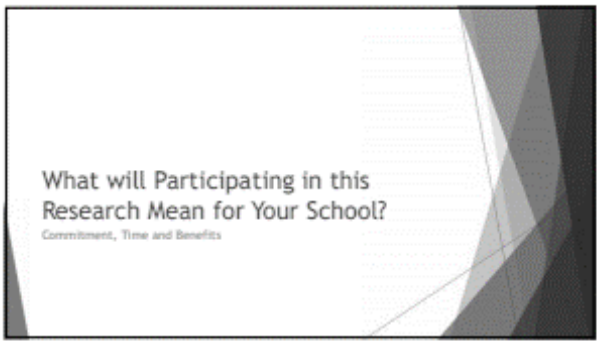
- It will ensure that the intervention will **do no harm**
- It will ensure schools receive adequate training and support
- It will ensure there is sufficient time and resources available to implement TAP effectively
- It will asses the benefits of TAP for both **staff and pupils**

11

'If we do not assess implementation, we do not know if a programme has been put to an adequate test. It may fail not because the intervention lacks value, but because the intervention was not implemented at a sufficiently high enough level to produce its effects' (Durlak, 2015).

We now know that it is not evidence based programmes that are effective, but it is well-implemented evidenced-based programmes that are effective. Therefore, knowledge about implementation is crucial to the development, evaluation, and successful dissemination of evidence-based initiatives.

12



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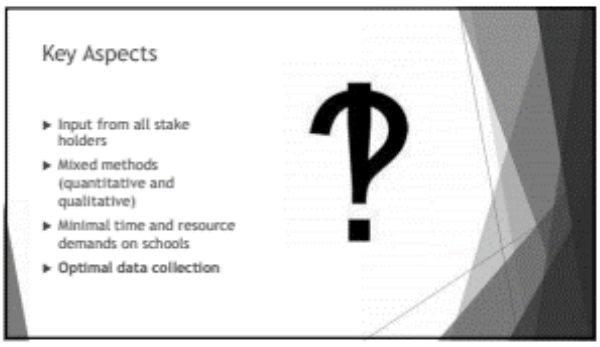

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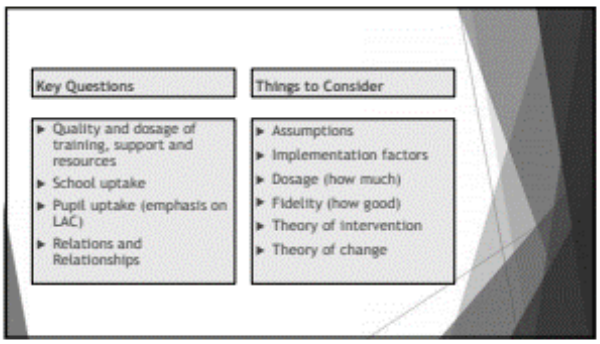

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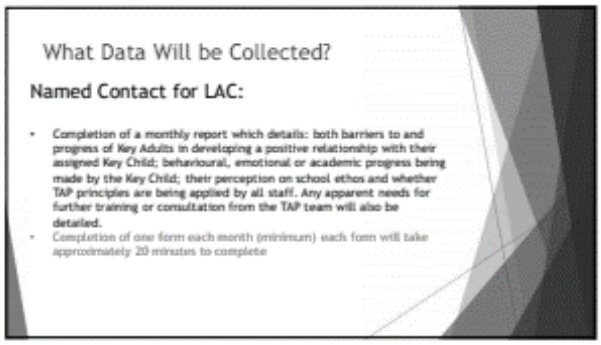

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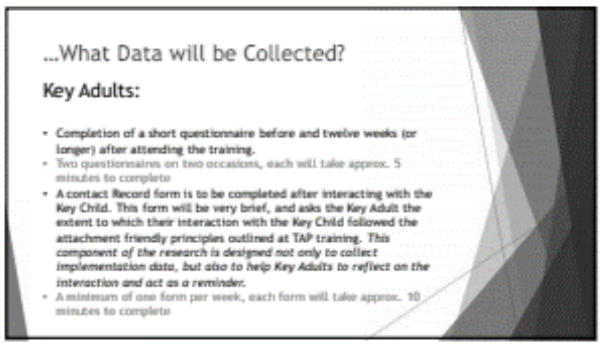

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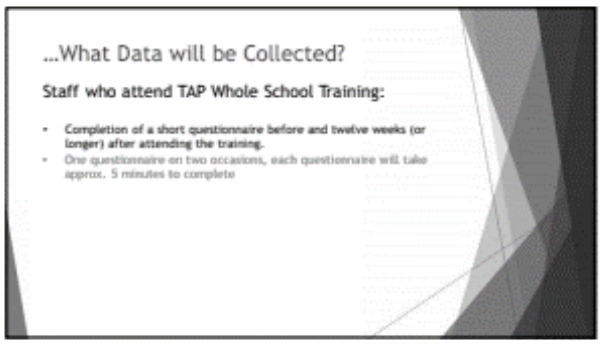

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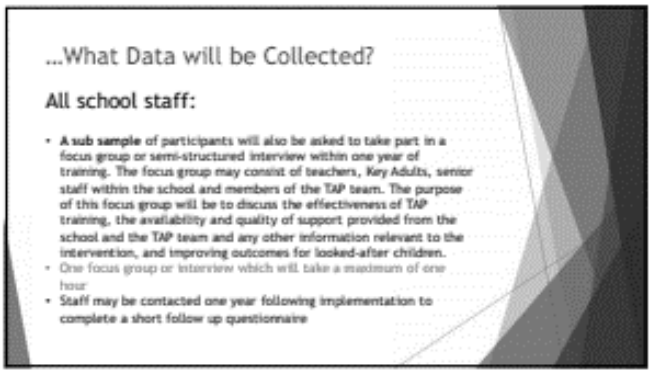
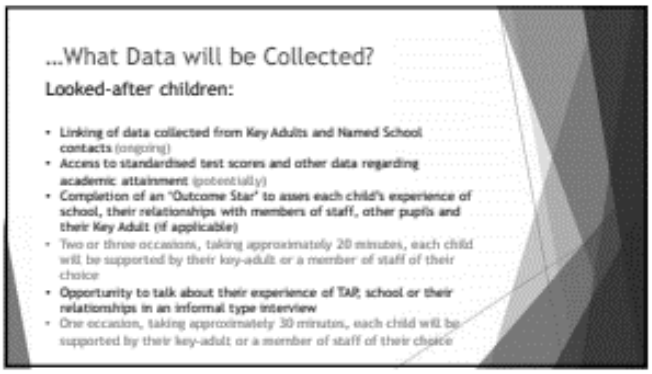
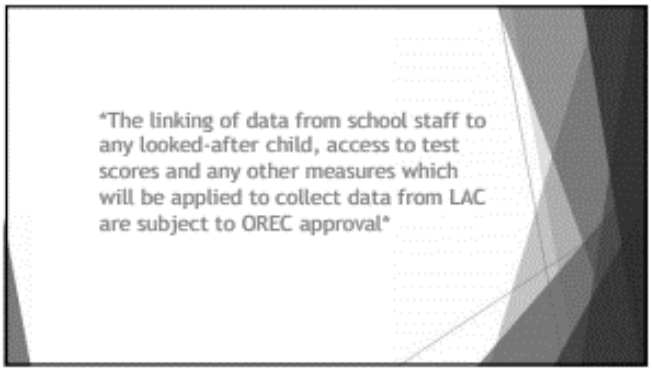

...What Data will be Collected?
All school staff:
A sub sample of participants will also be asked to take part in a focus group or semi-structured interview within one year of training. The focus group may consist of teachers, Key Adults, senior staff within the school and members of the TAP team. The purpose of this focus group will be to discuss the effectiveness of TAP training, the availability and quality of support provided from the school and the TAP team and any other information relevant to the intervention, and improving outcomes for looked-after children.
One focus group or interview which will take a maximum of one hour
Staff may be contacted one year following implementation to complete a short follow up questionnaire

19


...What Data will be Collected?
Looked-after children:
Linking of data collected from Key Adults and Named School contacts (ongoing)
Access to standardised test scores and other data regarding academic attainment (potentially)
Completion of an 'Outcome Star' to asses each child's experience of school, their relationships with members of staff, other pupils and their Key Adult (if applicable)
Two or three occasions, taking approximately 20 minutes, each child will be supported by their key-adult or a member of staff of their choice
Opportunity to talk about their experience of TAP, school or their relationships in an informal type interview
One occasion, taking approximately 30 minutes, each child will be supported by their key-adult or a member of staff of their choice

20


The linking of data from school staff to any looked-after child, access to test scores and any other measures which will be applied to collect data from LAC are subject to OREC approval

21


Any Questions?

22

Appendix D: Ethics Approval Letter, Participant Information and Consent Forms and Measures Employed

Ethical Approval Letter

QUEEN'S UNIVERSITY BELFAST

School of Social Sciences, Education and Social Work
69/71 University Street
Belfast
BT7 1HL
TEL: +44 (0) 28 9097 3041/5906
www.qub.ac.uk

Memorandum

To	Hannah Russell
From	Dirk Schubotz, SREC Chair
Date	9 February 2018
Distribution	Liam O'Hare, Supervisor Karen Winter, Supervisor File

Subject: **Ethics Review – 'An Implementation Study of 'The Attach Project' for Looked-After-Children in Primary Schools: Phase 1'**

The School of Social Sciences, Education and Social Work Ethics Committee has reviewed your proposed study and has granted approval for you to proceed, upon completion of the following points:

- In the information to participants please indicate the anticipated time commitment.
- Please make sure that the TAP acronym is explained in the documentation.

- It is important to ensure that you follow the procedures outlined in your submission. Any departure from these may require additional ethical approval.

Note for the principal investigator: it is the responsibility of the investigator to add any research projects involving human participants, their material or data, to the University's Human Subjects Database for insurance purposes. (The Human Subjects Database is accessible through QOL under 'My Research').

The Committee wishes you every success with your research.

Dirk Schubotz
Chair, SSESW SREC

Ethical Approval Letter for Amendments

QUEEN'S UNIVERSITY BELFAST

School of Social Sciences,
Education and Social Work
69/71 University Street
Belfast
BT7 1HL

TEL: +44 (0) 28 9097 1233/5941
www.qub.ac.uk

Memorandum

REF	050_1718
To	Hannah Russell
From	Dina Belluigi, SREC Chair
Date	5 June 2020
Distribution	Karen Winter, Supervisor File
Subject:	The Design and Implementation of Educational Interventions for Looked After Children: A Detailed Case Study of 'The Attach Project'
REF:	**050_1718**

The School of Social Sciences, Education and Social Work Ethics Committee has reviewed your notification of changes to the proposed project. These are approved as outlined below:

Amendment approved.
There is a risk with virtual focus groups that individuals outside of the group may overhear what is being said if all participants do not access a quiet, private space. Therefore, please insert in the participant information sheet that to maximise confidentiality, all participants in focus groups are requested to access a private space where there is no risk of being overheard by a third party. At the beginning of the focus group, the researcher should check that everyone is in a private space before commencing.

- It is important to ensure that you follow the procedures outlined in your submission. Any departure from these may require additional ethical approval.
- **Note for the principal investigator**: Please update or re-register the registered insurance log (if applicable), and cite the reference number above in the title line. (The Human Subjects Database is accessible through QOL under 'My Research').
- Please ensure that the Committee is notified when the study is complete. Pseudonymised data is to be kept for a minimum period of 5 years within a safe QUB repository from the date of completion onwards, such as Q-Drive.

The Committee wishes you every success with your research.

Dina Belluigi, Chair, SSESW SREC

Participant Information Sheets and Consent Forms

Participant Information Form- Key Adult

Dear Key Adult,

I would like to thank you on behalf of the TAP team for agreeing to become a Key Adult for a looked-after-child in your school. TAP is an intervention designed to improve socio-emotional and educational outcomes for looked-after-children at key stage 2.

TAP involves two sets of training, one for all members of staff and a more extensive training day for Key Adults. The purpose of training is to help all members of staff to understand the reasons why looked-after children so often underachieve at school and how that can lead to maladaptive outcomes later in life. TAP training also provides staff with appropriate attachment friendly ways of building positive relationships with these children, helping them to feel safe, efficacious and strengthen their sense of belonging in school thus promoting their well-being and academic attainment. As a Key Adult, you will also be an advocate for the child and aim to become a secondary attachment figure through which the child can scaffold other positive relationships inside and outside of school.

I am writing to request your participation in an implementation study which is designed to assess the quality of TAP training, the quality of support you receive as a Key Adult from the TAP team and other staff in the school, the effectiveness and feasibility of the Key Adult component of TAP and any barriers or difficulties you may face in the coming year which may impact the intervention.

There are various components to this research, and it would be very helpful if you could take part in any/ all the following:

1. Completion of a short questionnaire before and twelve weeks (or longer) after you attend the training. The questionnaire will include questions regarding the content of training, your knowledge of the difficulties faced by looked-after children and your confidence in working with looked-after children.
2. Completion of a short questionnaire regarding your sense of competence in working with your Key Child and your relationship with him/her. You will be asked to complete this questionnaire at your key adult training and 12 weeks (or longer) after you attend training.
3. A contact Record form to be completed after interacting with your Key Child (a minimum of one form per week). This form will be very brief and asks you to rate the extent to which your interaction with your Key Child followed the attachment friendly principles outlined at TAP training. This component of the research is designed not only to collect implementation data, but also to help you to reflect on the interaction and act as a reminder.
4. A sub sample of participants will also be asked to volunteer to take part in a focus group and/or a semi-structured interview within six months of training. The focus group may consist of teachers, key adults, senior staff within the school and members of the TAP team. The purpose of this focus group will be to discuss the effectiveness of TAP training, the availability and

quality of support provided from the school and the TAP team, any other information relevant to the intervention, and improving outcomes for LAC.

5. You may be contacted approximately one year after beginning your role as a Key Adult to participate in a short follow up questionnaire.

Any data which you provide will be used to improve the design of the TAP programme. This data will also be used as part my PhD research entitled 'An implementation Study of the Attach Project for Looked-After Children in Primary Schools'. Input from Key Adults is very important and could play a pivotal role in the development of an intervention to improve outcomes for looked-after children throughout Northern Ireland.

The project has ethical approval from Queen's University Belfast School of Education Ethics Committee. As participation is voluntary, you are free to withdraw from the study at any time up until the point that the information provided is made anonymous, prior to the publication of any reports derived from the study. Any reports or publications will not mention individual names or even the name of schools that participated in the project. Any information we collect will be held securely on an encrypted computer at Queen's University Belfast for a minimum period of 5 years before being destroyed under university policies.

If you have any questions please don't hesitate to contact Hannah Russell, 6 College Green, School of Education, Queen's University Belfast, Belfast. Telephone: 07841497828, email: hrussell09@qub.ac.uk

If you have any other concerns about the conduct of the research, then contact Liam O'Hare at Queen's University Belfast. Telephone: 02890975973, email: l.ohare@qub.ac.uk

Participant Identification number:

Participant Consent Form- Key Adult

I have read the attached information letter which explains the purpose of The Attach Project and of this implementation research.

I understand that the letter is asking me to participate in an implementation study of 'The Attach Project'.

I understand that all the information gathered will be kept strictly confidential and that my name and the name of the organisation/school will not be included in any reports.

I understand that participation is voluntary and that I am free to withdraw my consent at any time (or during the time of data collection; until submission of the anonymous survey etc.).

I understand that this research will be published in form of a Doctoral dissertation.

(Please tick the following boxes to indicate whether you agree to taking part):

☐ I **AGREE** to taking part in the pre-and post-training questionnaires

☐ I **AGREE** to taking part in the focus group

☐ I **AGREE** to taking part in a semi-structured interview

☐ I **AGREE** to being participating in a follow-up questionnaire in the future

☐ I **AGREE** to information I provide on the contact record form being used as data for this research

☐ I **AGREE** to for my data to be used in the development of a TAP logic model and for use in a doctoral dissertation.

Signature _____ Date: _____

Participant Information Form- Named Contact

Dear Named Contact,

Thank you for agreeing to participate in 'The Attach Project' (TAP) for looked-after children in primary schools. TAP is an intervention designed to improve socio-emotional and educational outcomes for looked-after children at key stage 2.

TAP involves two sets of training, one for all members of staff and more extensive training for Key Adults. The purpose of training is to help all members of staff to understand the reasons why looked-after children so often underachieve at school and how that can lead to maladaptive outcomes later in life. TAP training also provides staff with appropriate attachment friendly ways of building positive relationships with these children, helping them to feel safe, confident and strengthen their sense of belonging in school, thus promoting their well-being and academic attainment. The assigned Key Adults will also become an advocate for the child and aim to become a secondary attachment figure through which the child can build other positive relationships inside and outside of school. TAP also aims to provide support for all members of staff throughout the school year.

I am writing to request your participation in an implementation study which is designed to assess how effectively TAP is being implemented in your school.

There are various components to this research, and it would be very helpful if you could take part in any or all the following:

1. Completion of a monthly report which details both barriers to and progress of Key Adults in developing a positive relationship with their assigned Key Child; behavioural, emotional or academic progress being made by the Key Child; your perception on school ethos and whether TAP principles are being applied by all staff. Any apparent needs for further training or consultation from the TAP team will also be detailed.
2. Taking part in a focus group within six months of TAP being introduced in the school, and/or a semi-structured interview within six months of training. The focus group may consist of teachers, Key Adults, senior staff within the school, named contacts form each school and members of the TAP team. The purpose of this focus group will be to discuss the effectiveness of TAP training, the availability and quality of support provided from the school and the TAP team and any other information relevant to the intervention and improving of outcomes for LAC.
3. You may be contacted in approximately one year to complete a short follow up questionnaire.

Any data which you provide will be used to improve the design of the TAP programme. This data will also be used as part of my PhD research entitled 'An Implementation Study of the Attach Project for Looked-After Children in Primary Schools'. Input from all stake-holders is very important and could play a pivotal role in the development of an intervention to improve outcomes for LAC throughout Northern Ireland.

The project has ethical approval from Queen's University Belfast School of Education Ethics Committee. As participation is voluntary, you are free to withdraw from the study at any time up until the point that the information provided is made anonymous, prior to the publication of any reports derived from the study. Any reports or publications will not mention individual names or even the name of schools that participated in the project. Any information we collect will be held securely on an encrypted computer at Queen's University Belfast for a minimum period of five years before being destroyed under university policies.

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If you have any other concerns about the conduct of the research, then contact Liam O'Hare at Queen's University Belfast. Telephone: 02890975973, email: l.ohare@qub.ac.uk

Participant Identification number:

Participant Consent Form- Named Contact

I have read the attached information letter which explains the purpose of The Attach Project and of this implementation research.

I understand that the letter is asking me to participate in an implementation study of 'The Attach Project'.

I understand that all the information gathered will be kept strictly confidential and that my name and the name of the organisation/school will not be included in any reports.

I understand that participation is voluntary and that I am free to withdraw my consent at any time (or during the time of data collection; until submission of the anonymous survey etc.).

I understand that this research will be published in form of a Doctoral dissertation.

(Please tick the following boxes to indicate whether you agree to taking part):

☐ I **AGREE** to taking part in the monthly reports

☐ I **AGREE** to taking part in the focus groups.

☐ I **AGREE to** completing a short follow up questionnaire in the future.

☐ I **AGREE** to for my data to be used in the development of a TAP logic model and for use in a doctoral dissertation.

Signature _____ Date: _____

(Name)

Participant Information Form- Whole School

Dear Teacher, Classroom Assistant or other member of staff,

Thank you for agreeing to be part of 'The Attach Project' (TAP) which is an intervention designed to improve socio-emotional and educational outcomes for looked-after-children at key stage 2.
TAP involves helping all members of staff to understand the reasons why looked-after children so often underachieve at school and how that can lead to maladaptive outcomes later in life. TAP training also provides staff with appropriate attachment friendly ways of building positive relationships with these children, helping them to feel safe, efficacious and strengthen their sense of belonging in school, thus promoting their well-being and academic attainment.
I am writing to request your participation in an implementation study which is designed to assess the quality of TAP WST. This will involve completion of a short questionnaire before you attend training and a follow up questionnaire approximately 12 weeks post training. The questionnaire will include questions regarding the content of training, your knowledge of the difficulties faced by looked-after-children and your confidence in working with looked-after children. You may also be contacted approximately one year after TAP has been implemented in your school, and asked to complete a short follow up questionnaire.

A sub sample of participants will also be asked to volunteer to take part in a focus group within six months of training. The focus group may consist of teachers, Key Adults, senior staff within the school and members of the TAP team. The purpose of this focus group will be to discuss the effectiveness of TAP training, the availability and quality of support provided from the school and the TAP team and any other information relevant to the intervention, and improving outcomes for looked-after children.
Any data which you provide will be used to improve the design of the TAP programme. This data will also be used as part my PhD research entitled 'An Implementation Study of the Attach Project for Looked After Children in Primary Schools'.

The project has ethical approval from Queen's University Belfast School of Education Ethics Committee. As participation is voluntary, you are free to withdraw from the study at any time up until the point that the information provided is made anonymous, prior to the publication of any reports derived from the study. Any reports or publications will not mention individual names or even the name of schools that participated in the project. Any information we collect will be held securely on an encrypted computer at Queen's University Belfast for a minimum period of 5 years before being destroyed under university policies.

If you have any questions please don't hesitate to contact Hannah Russell, 6 College Green, School of Education, Queen's University Belfast, Belfast. Telephone: 07841497828, email: hrussell09@qub.ac.uk

If you have any other concerns about the conduct of the research, then contact Liam O'Hare at Queen's University Belfast. Telephone: 02890975973, email: l.ohare@qub.ac.uk

Participant Identification number:

Participant Consent Form- Whole School

I have read the attached information letter which explains the purpose of The Attach Project and of this implementation research.
I understand that the letter is asking me to participate in an implementation study of 'The Attach project'.

I understand that all the information gathered will be kept strictly confidential and that my name and the name of the organisation/school will not be included in any reports.

I understand that participation is voluntary and that I am free to withdraw my consent at any time (or during the time of data collection/until submission of the anonymous survey/etc.).

I understand that this research will be published in form of a Doctoral dissertation.

(Please tick the following boxes to indicate whether you agree to taking part):

☐ I **AGREE** to taking part in the pre-and post-training questionnaire

☐ I **AGREE** to taking part in the focus group

☐ I **AGREE** to completing a short follow up questionnaire in the future

☐ I **AGREE** to for my data to be used in the development of a TAP logic model and for use in a doctoral dissertation.

Signature _____ Date: _____
(Name)

Participant Information Form- TAP Team

Dear Member of 'The Attach Project' Team,

TAP involves two sets of training, one for all members of staff and a more extensive training day for Key Adults. The purpose of training is to help all members of staff to understand the reasons why looked-after children so often underachieve at school and how that can lead to maladaptive outcomes later in life. TAP training also provides staff with appropriate attachment friendly ways of building positive relationships with these children, helping them to feel safe, efficacious and strengthen their sense of belonging in school thus promoting their well-being and academic attainment. As a Key Adult, you will also be an advocate for the child and aim to become a secondary attachment figure through which the child can scaffold other positive relationships inside and outside of school.

I am writing to request your participation in an implementation study which is designed to assess the quality and feasibility of implementing TAP in primary schools. Your participation will involve consenting to the research team (Hannah Russell and Supervisors) accessing data collected from you by the TAP team, regarding the quality of training you received to facilitate TAP whole school and Key Adult training. I would also like to request your participation in an observational measure, in which I will observe training which you are facilitating and asses the consistency and quality between different facilitators and different training sessions.

A sub sample of participants will also be asked to volunteer to take part in a semi-structured interview or focus group. The semi-structured interview or focus group may take place in person, or virtually via video-call on Microsoft Teams. Should the interview take place virtually, it is asked that the participant(s) find a quiet and private space to participate, so that confidentiality can be ensured. The focus group may consist of teachers, Key Adults, senior staff within the school and members of the TAP team. The purpose of this focus group will be to discuss the effectiveness of TAP training, the availability and quality of support provided from the school and the TAP team and any other information relevant to the intervention and improving outcomes for looked-after children.

Any data which you provide will be used to improve the design of the TAP programme. This data will also be used as part my PhD research entitled 'An Implementation Study of the Attach Project for Looked After Children in Primary Schools'.

The project has ethical approval from Queen's University Belfast School of Education Ethics Committee. As participation is voluntary, you are free to withdraw from the study at any time up until the point that the information provided is made anonymous, prior to the publication of any reports derived from the study. Any reports or publications will not mention individual names or even the name of schools that participated in the project. Any information we collect will be held securely on an encrypted computer at Queen's University Belfast for a minimum period of 5 years before being destroyed under university policies.

If you have any questions please don't hesitate to contact Hannah Russell, 6 College Green, School of Education, Queen's University Belfast, Belfast. Telephone: 07841497828, email: hrussell09@qub.ac.uk

If you have any other concerns about the conduct of the research, then contact Karen Winter at Queen's University Belfast. Telephone: 02890975973, email: k.winter@qub.ac.uk

Participant Identification number:

Participant Consent Form-TAP Team

I have read the attached information letter which explains the purpose of The Attach Project and of this implementation research.
I understand that the letter is asking me to participate in an implementation study of 'The Attach project'.

I understand that all the information gathered will be kept strictly confidential and that my name and the name of the organisation/school will not be included in any reports.
I understand that I may be asked to take part in a semi-structured interview or focus group in person, or virtually via video-call on Microsoft Teams external/ guest access. Should I participate in a virtual interview, I agree to participating in a quiet and private room to ensure confidentiality.
I understand that participation is voluntary and that I am free to withdraw my consent at any time (or during the time of data collection/until submission of the anonymous survey/etc.).
I understand that this research will be published in form of a Doctoral dissertation.

(Please tick the following boxes to indicate whether you agree to taking part):

☐ I **AGREE** to the research team accessing data I provided regarding my TAP facilitator training.

☐ I **AGREE** to taking part in a semi-structured interview or focus group.

☐ I **AGREE** to being observed during training sessions which I facilitate

☐ I **AGREE** to for my data to be used in the development of a TAP logic model and for use in a doctoral dissertation.

Signature _____ **Date: _____**

GDPR Information

Dear Sir/ Madame,

Thank you for your willingness to participate in an interview via video-conference for the purposes of 'The Attach Project' Design and Implementation Study. The following letter provides an update in the project plans regarding the management and storage of your personal data and outlines your rights with respect to the 'The General Data Protection Regulation (GDPR)' which came into effect in Europe in 2018. The following steps are being made to ensure your data is collected and stored in compliance with the guidelines, alongside the regulations set out by Queen's University Belfast. We would appreciate if you would take the time to read through the following information.

- All personal information (including your name and email address), collected via your consent form and during the video call interview will be stored on a password protected computer.
- All data collected as part of the study will be anonymized and stored on a password protected encrypted computer in a locked room.
- Audio data will be recorded from the video call interview via a Dictaphone and then transcribed verbatim. The audio recording will be deleted after the interview has been transcribed.
- Only the researcher (Hannah Russell) and her supervisors (Dr Karen Winter and Dr Liam O'Hare will be able to access the anonymized, transcribed data.
- As with all research the aim is to disseminate findings, therefore there is a chance that findings may be published in scientific journals or be presented at conferences. If this is the case, all data collected will be fully anonymized, so that you cannot be identified. Findings from this research will also be provided for the Education Authority and Department for Education Northern Ireland to support the ongoing implementation of the project.
- Once the research is completed, data will be kept at Queen's University Belfast premises (physical or digital format) for a minimum of 5 years as per the University Guidelines.

Participation in the research is voluntary. You can choose to withdraw your participation at any point. Additionally, you may choose to withdraw your data until the audio recording has been transcribed. After this time, data analysis will have commenced, and any data collected prior to this may be used in the research but will remain fully anonymized. Thank you for your continued participation in the project, please sign and date the letter below to indicate your understanding of the information. Please do not hesitate to ask any questions to the email address below.

Name _____ Date _____

Signed _____

Measures

Participant ID:

Key Adult Training Quality Questionnaire

11. Do you feel that TAP Key Adult training was effective in explaining the difficulties faced by looked-after children in a school setting and the reasons behind these difficulties?

Not at all A little bit A medium amount A lot

12. Do you feel that TAP Key Adult training was effective in explaining attachment friendly practice, the PACE approach and how to use it in a real-life situation?

Not at all A little bit A medium amount A lot

13. Do you feel that the knowledge and skill you acquired during training will be useful in the Key Adult role?

Not at all A little bit A medium amount A lot

14. Did TAP Key Adult training help you to develop strategies for working with looked-after children in challenging situations?

Not at all A little bit A medium amount A lot

15. Do you think that what you learnt at TAP training will help you to develop a positive relationship with your Key Child and other looked-after children in your school?

Not at all A little bit A medium amount A lot

16. Do you think that the skills and understanding you developed at TAP training will help you to support other members of staff working with looked-after children in your school?

Not at all A little bit A medium amount A lot

17. To what extent do you think you will apply the skills and practices you developed at training?

Not at all A little bit A medium amount A lot

18. Do you think that TAP Named Contact training is long enough and goes into enough detail?

Not at all Not Quite Just Enough More than Enough

19. Do you think that all school staff should receive more training like this?

Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Disagree

20. Do you feel that you had the opportunity to ask questions regarding any aspect of the training and were provided with appropriate answers?

Agree Somewhat Agree Neither Agree/Disagree Somewhat Disagree Disagree

21. Were there any aspects of the training that you found particularly interesting, useful, or important?

22. Were there any aspects of the training that you found confusing or impractical?

23. Do you have any further comments about the training?

Thank you for your participation!

The Attach Project: Key Adult Training Observation Structure

Date:	
Training Session ref:	
Type of Training: (KA or WST)	
Trainer delivering lesson:	
Duration of lesson:	
No. of Participants	
Composite class?	
Key Elements of training	**Topics** • Attachment Theory and Attachment Styles • Issues faced by LAC, Outcomes for LAC • Impact of ACE'S • Toxic stress and Toxic Shame • Working with Children who have maladaptive attachment styles • DDP • Attachment Friendly Practice • PACE

	Activities • Listening • Group Discussion • Scenario based thinking • Questions

1. **Fidelity**

	Yes	**No**	**Notes**
b) Was the full training delivered?			*What was omitted/added?*
c) Key ingredients covered?			*Included/ excluded?*
d) Was the training delivered as per the manual			*Note any differences*
e) Adaptations made?			*Note additional adaptations? Any rationale offered for adaptations made? 'Local adaptations?' Additional resources used/ beneficial?*
f) Useful adaptations?			*Were the adaptations useful, did they improve or detract from the lesson?*

g) Key resources (e.g., ICU box, posters, TAF badge, activity sheet)			*Note all resources used/ evident*
h) Overall scores			i. **Overall fidelity score: /5** **ii. Overall high/ low adaptor/ useful adaptations/ not useful (circle)**

1. **Responsiveness**

	1	**2**	**3**	**4**	**5**	**Notes**
a) Participant engagement (1 = low)						*Signs of engagement (e.g., interaction with lesson, hands up) or lack of engagement (e.g., distraction).* *When is engagement high/low?*
b) Participant enjoyment						*Signs of enjoyment (e.g., buzz in the classroom, laughter, eagerness to take part) or lack of enjoyment (e.g., boredom). When is enjoyment high/ low?*

c) Overall score						**Overall pupil responsiveness score: /5**
d) Facilitator engagement						*Signs of engagement (e.g., tone of voice, staying on task) or lack of engagement (e.g., distraction).*
e) Facilitator enjoyment						*Signs of enjoyment (e.g., smiling, interacting with the pupils) or lack of enjoyment (e.g., boredom).*
f) Overall score						**Overall teacher responsiveness score: /5**

2. Quality of delivery

	1	**2**	**3**	**4**	**5**	**Notes**
a) Preparation & planning (1= low)						*E.g., resources prepared*
b) Facilitator confidence						*E.g., confident delivery, not 'stuck' to the book etc.*

c) Making the training work for participants						*E.g., recognizing pupils' capacity, engagement etc., making the lesson work for them*
d) Fun/engaging session						*E.g., is it fun, engaging, animated or more 'serious'?*
e) Interactive session						*E.g., pupil involvement/ interaction with the lesson, use of group work etc.*
f) Use of materials						*Quality of resources used*
g) Overall score						***Overall quality of programme delivery: /5***

3. **Evidence of 'good' practice**

	Yes	**No**	**Notes**
d) Less formal/ didactic teaching			*E.g., moving between the class, talking to participants individually*

e) Recapping			*E.g., key learning points from previous lessons*
f) Reinforcement			*E.g., writing on the whiteboard to reinforce ideas*
g) Checking for clarification			*E.g., checking certain words or concepts are understood before proceeding*
h) Conclusion reminds students of lesson's 'Purpose' statement			*E.g., At conclusion, the trainer ties lesson back into the Purpose statement.*
i) Using additional resources			*E.g., Video clips/ images*
j) Anything else??			

k) Overall score			**Overall good practice score: /5**

4. Evidence of The 'PACE' approach during session

	Yes	**No**	**Notes**
a) Acceptance			*E.g. Some participants may not initially agree with the TAP principles or the usefulness of the intervention. This should be responded to appropriately, accepting their feelings*
b) Understanding (Empathy)			*E.g., Some participants may have experienced difficult situations when working with LAC this should be responded to appropriately*
c) Curiosity			*E.g. does the facilitator ask questions and seem interested in the feelings and experiences of participants?*
d) Guidance			*E.g. Does the facilitator effectively try answer/respond to participant questions or concerns in a productive and positive way?*
			Overall contradictory practice score: /5

Any additional implementation notes
Nb contextual info, practical issues, practical constraints

Participant ID:

Whole School Training Questionnaire

The following questionnaire is designed to assess your knowledge and understanding of Attachment Theory, the difficulties faced by children with maladaptive attachments, the reasons behind these difficulties and why looked-after children are a significant risk of poorer outcomes.

The Questionnaire is also designed to assess your knowledge, confidence and skill in working with children who are looked after.

Section 1

Please answer these general questions by circling the appropriate response.

1. **Have you previously attended TAP Key Adult or Named Contact Training?**

   Yes No

2. **What is your job role within the school?**

   Teacher Senior teacher Classroom assistant Playground or Lunchtime assistant

   Other (please state here) _____

3. **What is you gender?**

   Male Female Prefer not to say

4. **How long have you worked in this school, or any other educational setting?**

0-2 years 2-4 years 4-8 years 8-16 years over 16 years

Section 2

Please answer the following questions by circling the most appropriate response.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. **I have adequate knowledge and understanding of attachment theory and the different types of attachment styles (we all have attachment styles!).**

1 2 3 4 5 6

2. **I am aware of how children's attachment styles may be manifested through their behaviour in school.**

1 2 3 4 5 6

3. **I have adequate understanding of what is meant by the term 'ACE'S' and how they can impact on a child's emotional, intellectual and social development.**

1 2 3 4 5 6

4. **I understand what is meant by the term developmental trauma.**

1 2 3 4 5 6

5. **I am aware of why children who are looked after are at significant risk of lower academic attainment and poorer outcomes in life.**

1 2 3 4 5 6

6. **I am aware of the challenges and difficulties many children who are looked after face on a day-day basis.**

1 2 3 4 5 6

7. **I believe that it is vital that more is done to support children who are looked-after in their school setting.**

1 2 3 4 5 6

8. **I believe that is it possible to improve outcomes for looked-after children through improved outcomes in schools.**

1 2 3 4 5 6

9. **I am passionate about learning new skills and changing my practice to better support looked-after children in school.**

1 2 3 4 5 6

10. **I think that I have adequate skills and understanding to work with looked-after children in school, even when they present with difficult or challenging behaviour.**

1 2 3 4 5 6

11. I am aware of what is meant by 'attachment friendly practice' and how it should be applied when working with children who are looked after.

1 2 3 4 5 6

12. I understand what is meant by the term 'blocked care' and how it may impact on my ability to support children who are looked-after in my school.

1 2 3 4 5 6

13. I think it is important to develop positive and trusting relationships with children who are looked-after.

1 2 3 4 5 6

14. I feel confident that I can work with looked-after children in a way that will foster a positive relationship with them, helping them feel safe, competent and strengthening their sense of belonging in school.

1 2 3 4 5 6

Thank you for your participation!

The Attach Project- Follow-Up Questionnaire for all School Staff

Section 1

*Please answer the following questions so that the data collected in this questionnaire can be matched to the consent form and questionnaire you completed prior to TAP training. Your name and school **will not** be included in any reports or datasets and your data will be made anonymous.*

Name: _____

School: _____

Section 2

Please answer the following questions by circling the most appropriate response.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. **I have adequate knowledge and understanding of attachment theory and the different types of attachment styles (we all have attachment styles!).**

   1 2 3 4 5 6

2. **I am aware of how children's attachment styles may be manifested through their behaviour in school.**

   1 2 3 4 5 6

3. **I have adequate understanding of what is meant by the term 'ACE'S' and how they can impact on a child's emotional, intellectual and social development.**

1 2 3 4 5 6

4. **I understand what is meant by the term developmental trauma.**

1 2 3 4 5 6

5. **I am aware of why children who are looked after are at significant risk of lower academic attainment and poorer outcomes in life.**

1 2 3 4 5 6

6. **I am aware of the challenges and difficulties many children who are looked after face on a day-day basis.**

1 2 3 4 5 6

7. **I believe that it is vital that more is done to support children who are looked-after in their school setting.**

1 2 3 4 5 6

8. **I believe that is it possible to improve outcomes for looked-after children through improved outcomes in schools.**

1 2 3 4 5 6

9. **I am passionate about learning new skills and changing my practice to better support looked-after children in school.**

1 2 3 4 5 6

10. I think that I have adequate skills and understanding to work with looked-after children in school, even when they present with difficult or challenging behaviour.

1 2 3 4 5 6

11. I am aware of what is meant by 'attachment friendly practice' and how it should be applied when working with children who are looked after.

1 2 3 4 5 6

12. I understand what is meant by the term 'blocked care' and how it may impact on my ability to support children who are looked-after in my school.

1 2 3 4 5 6

13. I think it is important to develop positive and trusting relationships with children who are looked-after.

1 2 3 4 5 6

14. I feel confident that I can work with looked-after children in a way that will foster a positive relationship with them, helping them feel safe, competent and strengthening their sense of belonging in school.

1 2 3 4 5 6

Section 3

Please answer the following questions by circling the most appropriate response.

Strongly Disagree 1	Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Agree 5	Strongly Agree 6

1. **Since my school attended 'The Attach Project (TAP)' training- considering children's attachment style/ history has become more of a focus for the staff in my school.**

   1 2 3 4 5 6

2. **There have been changes made to the policies/ procedures/ practice in my school as a result of attending TAP whole school training.**

   1 2 3 4 5 6

3. **I understand the role of the TAP Key Adult(s) and Named School contact for children who are looked after.**

   1 2 3 4 5 6

4. **I am aware of who the Key Adult(s) is in my school, and I support them in their role when I can.**

   1 2 3 4 5 6

5. **I am aware of who the Named Contact for children who are looked after is in my school and I support them in their role when I can.**

1 2 3 4 5 6

6. **I am aware of more input from the TAP team in my school since I attended whole school training.**

1 2 3 4 5 6

7. **I feel that through TAP I have been adequately trained to support children who are looked after or have attachment difficulties.**

1 2 3 4 5 6

8. **Since TAP training, I am more likely to tell a senior member of staff or the Named School Contact if I have concerns or suggestions related to a child who may have attachment difficulties in my school.**

1 2 3 4 5 6

9. **I have made use of the library and other resources provided by the TAP team since I attended whole school training.**

Never Hardly at all Every so often Quite often All the time

10. **Since TAP whole school training , TAP has been discussed in staff meetings in my school.**

Never Hardly at all Every so often Quite often All the time

11. **Senior staff members in my school remind me about TAP on a regular basis.**

Never Hardly at all Every so often Quite often All the time

12. **Since I attended TAP training, I have thought about what I learned.**

Never Hardly at all Every so often Quite often All the time

Section 4

Please respond to the following questions by circling the most appropriate response.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1. **I consider a child's attachment style/ history before I react in a disciplinary situation.**

1 2 3 4 5 6

2. **If I think that a child is having a bad day, I am curious about how they are feeling and provide empathy when I can.**

1 2 3 4 5 6

3. **Children's social and emotional wellbeing is not impacted by what happens in school.**

1 2 3 4 5 6

4. **After a child is disciplined, I feel it is important to rebuild a positive relationship with them.**

1 2 3 4 5 6

Strongly Disagree 1	Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Agree 5	Strongly Agree 6

5. **There is no good reason for bad behaviour in school.**

1 2 3 4 5 6

6. **If I am finding it difficult to deal with a child, I can reflect on how I'm feeling and speak to another member of staff about it.**

1 2 3 4 5 6

7. **Ten years olds should be treated like ten-year-olds no matter what.**

1 2 3 4 5 6

8. **I try to accept children's feelings, even if I do not accept their behaviour.**

1 2 3 4 5 6

9. **All children should be treated the same in disciplinary situations.**

1 2 3 4 5 6

10. **When you are an adult working in a school, you must be an authority figure for children.**

1 2 3 4 5 6

11. **The main aim of school is to improve children's grades and academic outcomes, nothing else really matters.**

1 2 3 4 5 6

12. **I think children learn better if they feel safe in school.**

1 2 3 4 5 6

Strongly Disagree 1	Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Agree 5	Strongly Agree 6

13. **I can't help a child to cope with things that have happened in their home life.**

1 2 3 4 5 6

14. If a child is quiet in class I am curious about their well-being.

1 2 3 4 5 6

15. If I see that a child is struggling to make or keep friends, I try to think of ways to help them.

1 2 3 4 5 6

16. There is not much I can do if a child feels left out.

1 2 3 4 5 6

17. I make sure I acknowledge every child under my supervision.

1 2 3 4 5 6

18. Promoting positive attachments in school isn't practical or feasible.

1 2 3 4 5 6

19. By supporting children emotionally and forming positive relationships with them, I can help them to learn.

1 2 3 4 5 6

Strongly Disagree 1	Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Agree 5	Strongly Agree 6

20. I try to be playful with children when I can.

1 2 3 4 5 6

21. If a child doesn't want to talk to me about a problem, I can't help them.

1 2 3 4 5 6

22. I think about what might have happened to a child at home before I react to a difficult or challenging situation.

1 2 3 4 5 6

23. Getting an apology from a child if they have misbehaved is the most important thing.

1 2 3 4 5 6

24. I think about children who may have had a difficult background or home life in a positive way.

1 2 3 4 5 6

25. Trying to improve children's attachment behaviour in school is a waste of time.

1 2 3 4 5 6

Section 5

Please respond to the following questions by circling the most appropriate response.

Strongly Disagree 1	Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Agree 5	Strongly Agree 6

1. **Developing positive relationships with children, especially those who can be challenging at times increases my job satisfaction.**

   1 2 3 4 5 6

2. **I have found that I can help children to settle in class, enabling them to focus on their work.**

   1 2 3 4 5 6

3. **Children know they can rely on me to help them if they are having trouble in school.**

   1 2 3 4 5 6

4. **I have noticed that when children feel safe in school, they enjoy playing more.**

   1 2 3 4 5 6

Strongly Disagree 1	Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Agree 5	Strongly Agree 6

5. **I have noticed that when children feel safe and like they belong in school, they get into less trouble with staff and other children.**

1 2 3 4 5 6

6. **Reaching milestones with regard to children's academic, social or emotional progress is important to me.**

1 2 3 4 5 6

7. **When children trust me, they tend to get into less trouble under my supervision.**

1 2 3 4 5 6

8. **I find that children feel safe under my supervision.**

1 2 3 4 5 6

9. **Children who push me away when I try to help them lower my confidence in my job role.**

1 2 3 4 5 6

10. **I have noticed that when children feel safe and happy in school, they find it easier to maintain their friendships with other children.**

1 2 3 4 5 6

Thank you for your participation!

Interview Schedules

Interview Schedule- Named Contacts

Note. As this is a semi-structured interview, the questions include in this schedule are simply a guideline. It is hoped that participant can lead the discussion as far as possible, however it is important that various topics related to the implementation of TAP are discussed.

Introductions:

- Interview will introduce themselves formally and explain the purpose of the interview.
- Interviewer will ask the participants their name and job role/ responsibilities in the school (which will later be anonymised)
- Interview will ask the participant what their role is in relation to TAP and what it involves.
- Interview will make sure the participants understands the purpose of the interview, explain about confidentiality and re-iterate that participation in voluntary and that they can leave the interview/ take a break at any time.

Topic 1: What is TAP

- From your point of view, what is the purpose of TAP
- When did your school first get involved with TAP?
- When did you get involved and how did that come about?
- How many looked-after children are you/ your school supporting?

Topic 2: The Named Contact Role

- What has your experience of the Named Contact role been this year?
- Was the role what you expected it to be?
- Did you feel equipped to be the Named Contact? Did that ever change throughout your time in the role?

- Did you feel that you had support from other staff in your school to do the role effectively?
- Have there been any problems or barriers that have made the role more difficult?
- Do you think that you developed a positive relationship with the Key Child? How did it come about?
- Were you able to act as a support/ advocate for the Key Child/ Children in school?
- Was there ever a time when you had to re-attune/ repair your relationship with the Key Child?

Topic 3: TAP Training

- Before undertaking the TAP Named Contact role, did you have the opportunity to attend the two-day Named Contact/ Key adult training?
- What was it like?
- Do you have any suggestions or comments that might improve the training?
- Did your training improve your knowledge and understanding of children in care and how to support them in school? Tell me a bit about that?
- Did the training help you to build a positive relationship with the looked after child/ children in your school?
- Did you develop a good understanding of the Key Adult role in TAP, what that should be like and how to support them in their role?

Topic 4: Uptake and Ethos Surrounding TAP

- Did your school have the opportunity to attend TAP whole school training? When was that?
- Do you feel that the uptake of TAP from other members of staff was positive?
- Did you have any say in who became the Key Adult(s) in your school?
- Did you feel supported by senior staff in your school to do the Named Contact role effectively?

- Do you think that TAP has helped your school to become more attachment and trauma informed? What has been the impact of that?
- Were involved in any incidents/ disciplinary situations with the key child this year? What was that like? Did what you learned at TAP training influence how you handled it?

Topic 5: Ongoing Training and Support

- Did you feel supported by the TAP team throughout this year? Tell me a bit about this experience and what it was like for your school.
- Did you express a need for any additional training or support from the TAP team for you or anyone in your school? If so, how?

Topic 6: Clinical consultations, assessments and recommendations

- Did the Key Child in your school undergo a clinical consultation from the clinical psychologist working in the TAP team?
- How did it come about?
- Did you think there was enough input of this type?
- Was it helpful?
- What do you think that experience was like for the child?

Topic 7: Pros and Cons of the Programme

- What are your overall thoughts about TAP and its impact in your school?
- Do you think the Key Child/ Children benefited from being part of the programme?
- Do you think that having a Named Contact and Key Adult in your school helped to make the child feel safe, efficacious and better equipped to manage any difficulties they experienced in school?
- Do you think that in any way, TAP impacted the social or emotional wellbeing or academic attainment of the Key Child/ Children?

Concluding Comments:

- Is there anything you would like to add in relation to the project, your role or anything related to how TAP has been implemented in your school?

- Do you think the Key Child/Children enjoyed/ were happy to be part of the project?
- Do you have any questions regarding this interview or the analysis process?

Interview Schedule- Key Adults

Note. As this is a semi-structured interview, the questions include in this schedule are simply a guideline. It is hoped that participant can lead the discussion as far as possible, however it is important that various topics related to the implementation of TAP are discussed.

Introductions:

- Interview will introduce themselves formally and explain the purpose of the interview.
- Interviewer will ask the participants their name and job role/ responsibilities in the school (which will later be anonymised)
- Interview will ask the participant what their role is in relation to TAP and what it involves.
- Interview will make sure the participants understands the purpose of the interview, explain about confidentiality and re-iterate that participation in voluntary and that they can leave the interview/ take a break at any time.

Topic 1: What is TAP

- From your point of view, what is the purpose of TAP
- When did your school first get involved with TAP?
- When did you get involved and how did that come about?
- How many looked-after children are you/ your school supporting?

Topic 2: The Key Adult Role

- What has your experience of the Key Adult role been this year?
- Was the role what you expected it to be?

- Did you feel equipped to be the Key Adult? Did that ever change throughout your time in the role?
- Did you feel that you had support from other staff in your school to do the role effectively?
- Have there been any problems or barriers that have made the role more difficult?
- Do you think you applied PACE (playfulness, acceptance, curiosity and empathy) when working with your key child?
- How much time did you spend with your key child? What was the nature of the time you shared?
- Do you think that you developed a positive relationship with the Key Child? How did it come about?
- Do you think having you as a Key Adult helped your Key-Child to feel safe and efficacious/ more confident in school?
- Do you think having a Key Adult helped the Key Child to deal with any challenges they faced in school?
- Do you think having a Key Adult had any impact on the child's social and emotional wellbeing or academic attainment?
- Was there ever a time when you had to re-attune/ repair your relationship with the Key Child?
- Have you enjoyed being a Key-Adult?

Topic 3: TAP training

- Before undertaking the TAP Named Contact role, did you have the opportunity to attend the two-day Named Contact/ Key adult training?
- What was it like?
- Do you have any suggestions or comments that might improve the training?
- Did your training improve your knowledge and understanding of children in care and how to support them in school? Tell me a bit about that?
- Did the training help you to build a positive relationship with the looked after child/ children in your school?

Topic 4: Uptake and Ethos Surrounding TAP

- Did your school have the opportunity to attend TAP whole school training? When was that?
- Do you feel that the uptake of TAP from other members of staff was positive?
- Did you feel supported by senior staff in your school to do the Key Adult role effectively?
- Do you think that TAP has helped your school to become more attachment and trauma informed? What has been the impact of that?
- Were involved in any incidents/ disciplinary situations with the key child this year? What was that like? Did what you learned at TAP training influence how you handled it?

Topic 5: Ongoing Training and Support

- Did you feel supported by the TAP team throughout this year? Tell me a bit about this experience and what it was like for your school.
- Did you express a need for any additional training or support from the TAP team for you or anyone in your school? If so, how?

Topic 6: Clinical consultations, assessments and recommendations

- Did the Key Child in your school undergo a clinical consultation from the clinical psychologist working in the TAP team?
- How did it come about?
- Did you think there was enough input of this type?
- Was it helpful?
- What do you think that experience was like for the child?

Topic 7: Pros and Cons of the Programme

- What are your overall thoughts about TAP and its impact in your school?
- Do you think the Key Child/ Children benefited from being part of the programme?

- Do you think that having a Named Contact and Key Adult in your school helped to make the child feel safe, efficacious and better equipped to manage any difficulties they experienced in school?
- Do you think that in any way, TAP impacted the social or emotional wellbeing or academic attainment of the Key Child/ Children?

Concluding Comments:

- Is there anything you would like to add in relation to the project, your role or anything related to how TAP has been implemented in your school?
- Do you think the Key Child/Children enjoyed/ were happy to be part of the project?
- Do you have any questions regarding this interview or the analysis process?

Focus Group Schedule

Focus Group Schedule- Whole School Staff

Introductions:

- Interviewer will introduce themselves formally and explain the purpose of the interview.
- Interviewer will ask the participants their name and job role/ responsibilities in the school (which will later be anonymised)
- Interviewer will ask if any of the participants have a specific role in relation to TAP
- Interviewer will make sure the participants understands the purpose of the focus group, explain about confidentiality and re-iterate that participation in voluntary and that they can leave the focus group/ take a break at any time.

Topic 1: What is TAP

- From your point of view, what is the purpose of TAP
- What has your school's involvement with TAP been like from your perspective?
- Do you know who the TAP Named Contact and Key Adult in your school are and what they do?

Topic 2: TAP Training

- Did you have the opportunity to attend TAP whole school training?
- Who all from your school attended?
- What was it like?
- Do you have any suggestions or comments that might improve the training?
- Did the training improve your awareness and understanding of children in care and ways to support them in school? Tell me a bit about that?
- Did TAP training change your perspective in anyway?
- Did you ever have any other training like it?

Topic 3: Uptake and Ethos Surrounding TAP

- Did you feel that the uptake of TAP from other members of staff in your school was positive or was there any difference? For example, do you think that staff took into consideration some of the things they learnt at training?
- Do you think that involvement with TAP has made your school more attachment and trauma informed? What has been the impact of this?
- Did you feel supported by other members of staff, including senior staff to support children in a trauma and attachment informed way?

Topic 4: Ongoing Training and support

- Did you feel supported by the TAP team throughout the year? Were you aware of any involvement they may have had after TAP training?
- Tell me a bit about it… what was the impact of this on your school?

Topic 5: Pros and Cons of the Programme

- What are your overall thoughts about TAP and its impact in your school?
- Do you think the Key Child/ Children benefited from being part of the programme?
- Do you think that in any way, TAP impacted the social or emotional wellbeing or academic attainment of the children in care, or any other children in your school?

Concluding Comments:

- Is there anything you would like to add in relation to the project, your role or anything related to how TAP has been implemented in your school?
- Do you have any questions regarding this interview or the analysis process?

Interviews with the TAP Team

Interview Schedule- Children Looked After Champion in Northern Ireland

Interview Themes:

1. Discuss the CLA champion role and how that translates to TAP. For example, how has your involvement with TAP changed as the programme has progressed? Are you less involved now that a permanent TAP coordinator and clinical psychologist are employed?
2. Discuss the involvement of other members of the EITPCLA team (i.e., the project workers involvement with implementing TAP).
3. Discuss any difficulties or challenges associated with implementing TAP in the past two years. Challenges could be to do with absence within the EITP team, enthusiasm from schools, finding time/ resources to provide TAP training or difficulties/challenges associated with school board of governors, parents or senior management.
4. Discuss any changes to TAP or how it is implemented that have been beneficial to schools, the TAP team or the Key Children.
5. Discuss how has COVID-19 impacted TAP for schools, children and for the TAP team (this is a very general question, and it does not require too much detail, as I know a full response will be multifaceted. It does however need to be acknowledged).
6. From your perspective, how does TAP related to the wider EITP project? Would it be successful as a stand-alone intervention?
7. Discuss the future directions of TAP.
8. Discuss how ongoing the ongoing implementation research has been integrated or impacted the direction of TAP throughout the past two years (if at all).

Clinical input:

1. Have there been any other inputs from clinical/ educational psychology in the past two years related to how TAP is introduced to schools and how schools are supported? (i.e., employment of assistant psychologists).
2. Under what circumstances do schools receive further training or support from the TAP team?
3. Have there been any changes to the clinical theory/ best practice underpinning the programme?
4. Under what circumstances will Key Children receive direct assessment/ intervention from the TAP clinical psychologist?
5. Under what circumstances will the TAP team request further input for a child from other psychological services?

Interview Schedule- Acting TAP Coordinator

Interview Themes:

1. Discuss your role as the TAP coordinator (what all this includes)
2. Discuss the hand over process from Cathy to you as the TAP coordinator (this is very important from an implementation perspective).
3. Discuss the overlap with the wider EITP project (if there is any from your perspective).
4. Discuss TAP's involvement and partnership with schools in the last academic year.
5. Discuss any changes or updates to the TAP outputs in the last year (why changes were introduced and the impact of such).
6. Discuss school closures and COVID-19 (Briefly)
7. Prior to COVID-19, were there any major barriers to implementing TAP?
8. Discuss the plans for TAP moving forward

Clinical Assessment and Intervention :

1. Discuss the input from clinical psychology
2. At what stage is clinical assessment/ intervention introduced for Key Children?
3. How is the need for clinical intervention for a particular child or school decided on?
4. Has there been any significant input from the TAP clinical psychologist for a particular school or child (don't mention any names)?
5. From the perspective of the TAP team, is clinical intervention a valuable output?
6. What do schools and children think about it?
7. Have there been any major barriers or changes made to this process in the last academic year?

Appendix E: Psychometric Assessments of Bespoke Scales

E.1 The School Staff Attachment Awareness Questionnaire (SSAAS)

Exploratory Factor Analysis of the SSAAS. Prior to conducting the psychometric assessments, baseline and follow-up data sets were combined. Considerably more participants completed the whole-school training questionnaire at baseline (n= 544) than at follow-up (n=84). Of these participants, only 76 completed both the baseline and follow-up questionnaires. 552 participants took part in total (N=552). The combined data sets were screened for outliers. 'Extreme outliers' (three standard deviations or above) were removed from the data set prior to further analysis.

The full data set of baseline responses was split in half so that an exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) could be conducted on separate data sets. 'Set 2' was selected at random and used to conduct the EFA (n=276). The EFA revealed three separate scales/constructs as theorised.

The minimum amount of data for factor analysis was satisfied, with a final sample size of 501 (using listwise deletion), providing a ratio of over 35.8 cases per variable. Prior to conducting the EFA, a correlation matrix was produced and revealed multiple correlation coefficients >.3. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .8.6, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (78) = 33320.05, $p < .001$).

Given these overall indicators, factor analysis was deemed to be suitable for all 14 items included in section two of the baseline questionnaire. Prior to conducting the EFA, a Principal Components Analysis (PCA) was conducted to produce an overview of the components as well as produce a scree plot. Three eigenvalues over one were identified. The initial eigenvalues showed that the first three factors accounted for 41%, 17% and 9% of the total variance in the questionnaire respectively. Examination of the scree plot also suggested that three factors should be extracted from the data set, with factors 4-13 'levelling off' as scree.

Once the number of factors that should be extracted were identified, an EFA was conducted. Principal axis factoring extraction, and direct oblimin rotation was employed. Principal axis extraction was selected due to the data not appearing to be normally distributed. Items were selected for each scale from the pattern matrix, as an oblique rotation had been applied. The pattern matrix revealed three separate scales. All factor loadings were moderate-to-high.

The three sub-scales identified were originally labelled as: 'Awareness and Understanding of Attachment', 'Belief in Improving Practice for Children in Care' and 'Confidence in Supporting Children in Care' (awareness, confidence, and belief for short). According to the EFA, the awareness and understanding scale contained eight items. The 'confidence' scale contained just two items and the 'belief' scale contained three items. On further review of the 'belief' scale, however, it was concluded that this scale had conceptual limitations, and due to the complex wording of the statements, the scale showed poor face validity. Therefore, it was decided that this scale should not be included in further analysis, to test the research questions of the current study against the emerging logic model.

Reliability Analysis of the SSAAS. Prior to conducting a Confirmatory Factor Analysis (CFA) on the remaining scales (that were originally named 'Awareness and Understanding' and 'Confidence'), a test of internal consistency was conducted to partially assess their reliability. The awareness and understanding scale showed excellent internal consistency (Cronbach's Alpha = .904). The internal consistency of the confidence scale, however, was not acceptable (Cronbach's Alpha = .322). Therefore, it was decided that this scale should not be included for further analysis, to test the research questions against the emerging logic model. The reduced reliability of this scale was likely due to the low number of items.

In order to further examine the reliability of the awareness and understanding scale (now called the School Staff Attachment Awareness Scale (SSAAS)), a test-re-test reliability analysis was conducted. It was identified that participants scores at baseline

and follow-up were significantly correlated (r (54) =.414, p=.002), further evidencing the reliability of this scale.

Confirmatory Factor Analysis of SSAAS at Baseline. Following the EFA and test for internal consistency, a CFA was conducted using 'set 1' of the data, to further test the validity of the SSAAS scale. The CFA was conducted using the AMOS soft-ware add-on (Arbuckle, 2014) for SPSS 25 (Armonk, NY: IBM Corp, 2017). 281 participants were included in the analysis, this is a sufficient sample size as the participant-parameter ratio was approximately 35:1. There is a general consensus amongst researchers that there should be a minimum of 10 participants for every parameter within a CFA model (10-1), (Schreiber, Stage, Barlow, & King, 2006).

Due to missing data, not all model fit indices could be produced by AMOS, and the scale appeared to have poor model fit, despite all items loading heavily with the factor according to the EFA. To explore this further, the baseline data was imputed using 'multiple imputation' on SPSS so that missing data could be imputed into the data set. The CFA was conducted again, with the imputed data. All fit indices and modification indices were produced using the imputed data.

AMOS recognised covariance among some of the error values associated with the observed variables. These covariances were then reviewed and 'freed-up' in the model, in instances where it made theoretical sense for participants responses to correlate (for example, when questions shared similar wording or were very similar thematically). This new model, using the imputed data, showed adequate-to-good model fit on all indices ($\chi 2$ (16, N = 281) = 30.987, p < .014, CFI = .988, RMSEA=.058). Figure E.1 shows the model specifications of the SSAAS scale, produced by AMOS following the CFA.

Items Included in the SSAAS CFA Model:

B1. I have adequate knowledge of attachment theory and the different types of attachment styles.

B2. I am aware of how different attachment styles may be manifested through children's behaviour in school.

B4. I have adequate understanding of the term ACEs (Adverse Childhood Experiences) and how they can impact on a child's emotional, intellectual, and social development.

B5. I understand what is meant by the term developmental trauma.

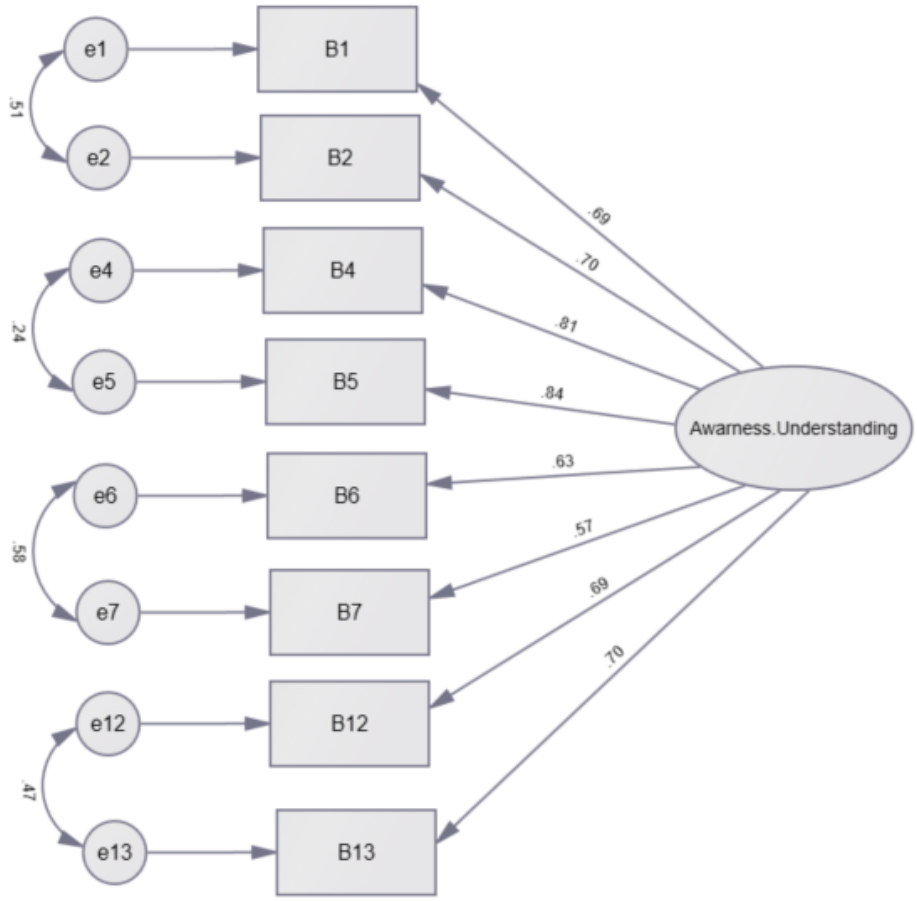
B6. I am aware of why children who are looked after are at significant risk of lower academic attainment and poorer outcomes in later life.

B7. I am aware of the challenges and difficulties children who are looked after may face on a day-day basis.

B12. I am aware of what is meant by 'attachment friendly practice' and how it should be applied when working with children who are looked after.

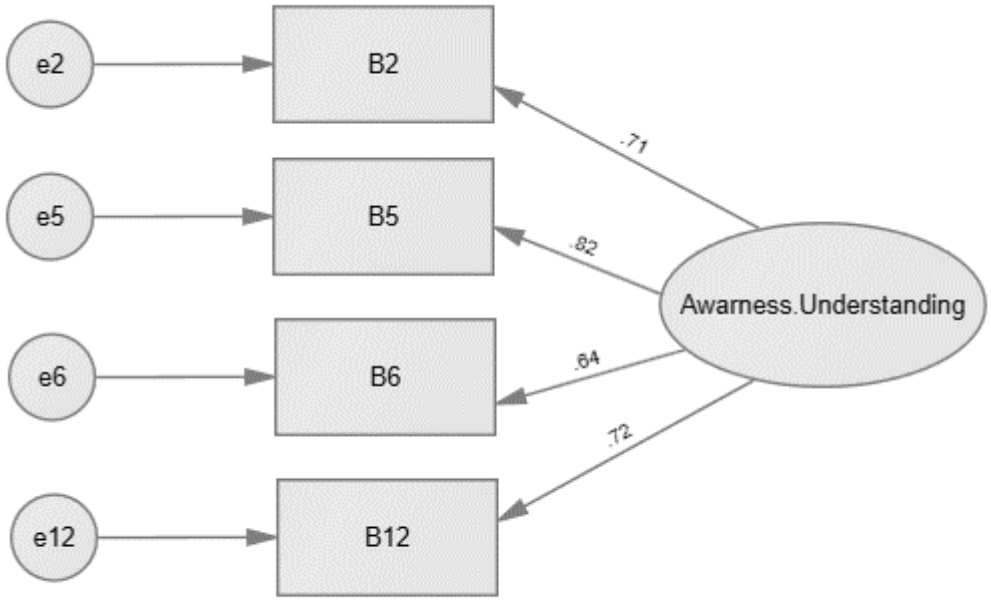
B13. I understand what is meant by the term blocked care and how it may impact on my ability to support children who are looked after in my school.

Figure E.1



There is some debate throughout the literature, as to whether covariance in error values should be considered acceptable in one factor CFA models. Therefore, a CFA of a four-item SSAAS model was also conducted. This four-item model, (also tested using imputed data), showed adequate-to-good model fit on all indices ($\chi 2$ (2, N = 281) = 5.7, p= .058, CFI = .989, TLI=.946, RMSEA=.08). Figure E.2 shows the model specifications of the four-item SSAAS scale, produced by AMOS following the CFA.

Figure E.2



E.2 Psychometric Assessment of the Implementation Scale

EFA of the Implementation Scale. As participants only completed section three at follow-up, the same data set was used to conduct the EFA and CFA of the implementation scale. Prior to conducting the EFA, several items that were originally included in section three of the follow-up questionnaire, were removed from the data set due to ambiguous wording and poor face-validity (some questions did not relate specifically to TAP's implementation in schools). Therefore, only 7 of 10 items that were included in the questionnaire, were included in the EFA.

The minimum amount of data for EFA was satisfied, with a final sample size of 84 (using listwise deletion), providing a participant- parameter ratio of 12:1. It is generally accepted that a participant-parameter ratio of 5:1 is appropriate for conducting EFA. However, 84 is still a very low number for this type of analysis and results should be interpreted with this in mind. Prior to conducting the EFA, a correlation matrix was

produced and revealed multiple correlation coefficients >.3. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .69, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (19) = 84.5, $p < .001$).

Given these overall indicators, factor analysis was deemed to be suitable. Prior to conducting the EFA, a Principal Components Analysis (PCA) was conducted, to produce an overview of the components as well as produce a scree plot. One eigenvalue over one was identified. The initial eigenvalues showed that the first factor accounted for 62% of the total variance within the scale. Examination of the scree plot also indicated that one factors should be extracted.

Once the number of factors that should be extracted was identified, an EFA was conducted. Principle axis factoring and direct oblimin rotation was employed. As there was only one factor identified, however, the factor matrix could not be rotated. All items included in the EFA loaded with the primary factor.

CFA of the Implementation Scale. The EFA (described above) suggested that the seven-item implementation scale was a valid measure for assessing TAP's implementation in schools. To further ensure the validity of the scale, the AMOS soft-ware add-on for SPSS was used to conduct a CFA.

There is a general consensus amongst researchers that there should be a minimum of 10 participants for every parameter within a CFA model (10:1) (Schreiber, Stage, Barlow, & King, 2006). The CFA model developed to test the implementation scale had a participant-parameter ratio of 12:1, and therefore it was deemed appropriate to conduct the analysis.

The CFA of the one-factor implementation scale did not show good model fit (poor model fit on all indices), suggesting that the one-factor model did not fit the data and that the seven-item implementation scale was not a valid test of TAP's implementation in schools.

On closer review of the factor-loadings produced by the CFA and following further consideration of the questions included in the scale; it made theoretical sense for a two-factor model to be tested. While five of the items (questions) included in the scale related to TAP's general implementation from the perspective of school staff, two items (questions) explored the extent to which TAP was being promoted in schools. A two-factor model was developed, and a further CFA was conducted using the AMOS software. The two-factors included in the model were titled 'implementation' (IMP) and 'School Promotion' (ScolP).

The CFA confirmed that the two-factor model was appropriate and showed adequate-to-good model fit on all indices ($\chi 2$ (11), N = 84) = 15.95, $p < .25$, CFI = .987, TLI=.973, RMSEA=.052). It was therefore decided that the questions included in section three of the follow-up questionnaire should be split into two separate scales, to test the research questions of the current study, against the emerging logic model.

Figure E.3 shows the model specifications of the two-factor implementation model, depicting the questions included in the five item 'Implementation Scale' and the two item 'School Promotion Scale'.

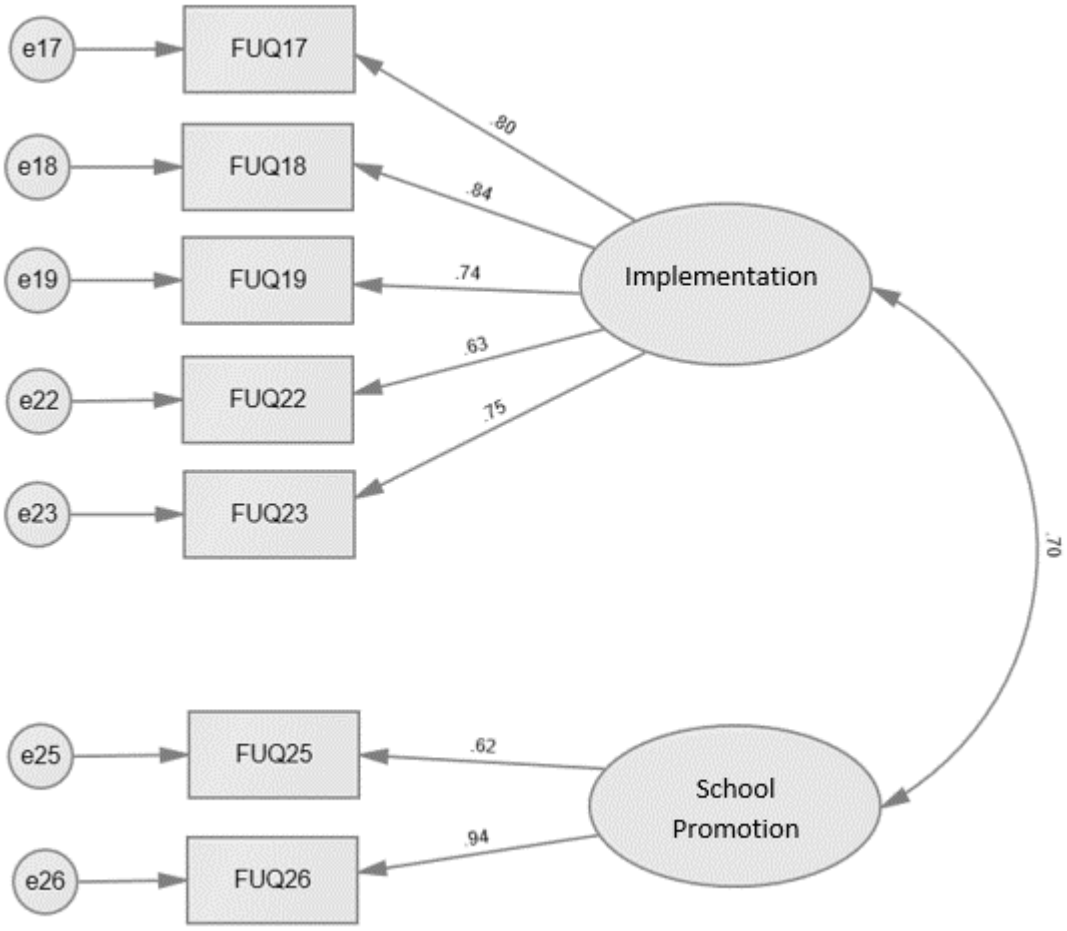
Items included in the Individual Implementation/ School Implementation Model

F17- Since my school attended 'The Attach Project (TAP) whole school training- considering children's attachment style/history has become more of a focus for the staff in my school.
F18- There have been changes made to the policies/procedures/practice in my school as a result of TAP.
F19-I understand the role of the TAP Key Adult(s) and Named School Contact for children who are looked after in my school.
F22- I feel that through TAP I have been adequately trained to support children who are looked after and/or have attachment difficulties.
F23-Since TAP training, I am more likely to tell a senior member of staff or the Named School Contact if I have concerns or suggestions related to a child who may have attachment difficulties.

F25- TAP has been discussed in staff meetings in my school.

F26- Senior members of staff (including the school Principal) remind me about TAP and attachment friendly practice on a regular basis.

Figure E.3



Reliability of the Implementation Scale. To ensure that the five-item implementation scale was reliable, a test of internal consistency was conducted. The Implementation Scale showed good internal consistency (Cronbach's Alpha = .87) and therefore this scale was included for further statistical analysis.

Reliability of the School Promotion Scale. To ensure that the two-item School Promotion scale was reliable, a test of internal consistency was conducted. Despite the low number of items included in the scale, the School Promotion scale showed good

internal consistency (Cronbach's Alpha = .844) and therefore this scale was included in further statistical analysis.

E.3 Psychometric Assessment of the Attachment Friendly Practice Scale

EFA of the Attachment Friendly Practice Scale. As participants only completed section four at follow-up, the same data set was used to conduct the EFA and CFA of the AFP scale. The minimum amount of data for EFA was satisfied, with a final sample size of 76 (using listwise deletion), providing a participant- parameter ratio of 7:1. It is generally accepted that a participant-parameter ratio of 5:1 is appropriate for conducting EFA. Prior to conducting the EFA, a correlation matrix was produced and revealed multiple correlation coefficients >.3. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .846, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (55) = 374.180, $p < .001$).

Given these overall indicators, factor analysis was deemed to be suitable for all 12 items included in section four of the follow-up questionnaire (the initial AFP scale). Prior to conducting the EFA, a Principal Components Analysis (PCA) was conducted, to produce an overview of the components as well as produce a scree plot. Two eigenvalues over one were identified. The initial eigenvalues showed that the first two factors accounted for 46%, and 13.5% of the total variance in the scale respectfully. Examination of the scree plot also suggested that two factors should be extracted from the data set, with factors 3-11 'levelling off' as scree.
Once the number of factors that should be extracted was identified, an EFA was conducted. Principal axis factoring extraction, and direct oblimin rotation was employed. Principal axis extraction was selected due to the data not appearing to be normally distributed.

Items were selected for each scale from the pattern matrix, as an oblique rotation had been applied. The pattern matrix revealed two separate scales. Ten of the eleven

items loaded with one of the factors, with no cross loading evidenced across the two factors for any of the items. Item 38, which did not load with either factor, was excluded from further analysis.

The two scales that were identified through the EFA were labelled as 'Attachment Friendly Practice (AFP) and 'Negative Attitudes' (NA).

CFA of the Attachment Friendly Practice and Negative Attitude Scales. The EFA (described above) revealed that two factors were present in section four of the follow-up questionnaire. Interestingly, all negatively worded items appeared to load as a different factor. After further examination of the items in the scale, it was concluded that it made theoretical sense to split the items included in this section into two scales, as the negatively worded items all related to participants attitudes, rather than their practice.

To test the validity of the 'two-scale' model further, the AMOS soft-ware add-on for SPSS was used to conduct a CFA. The CFA confirmed that the two-factor model was appropriate and showed good model fit ($\chi 2$ 34), N = 76) = 52.059, $p < .025$, CFI = .945, TLI=.910, RMSEA=.031).

There is a general consensus amongst researchers that there should be a minimum of 10 participants for every parameter within a CFA model (10:1) (Schreiber, Stage, Barlow, & King, 2006). With ten items (parameters) and just 76 participants within this sample, the parameter-participant ratio within this model equated to 7.6:1. Nevertheless, when tested as individual scales through CFA, the 'AFP' and 'Attitude' scales had a participant-parameter ratios of over 15:1. Furthermore, when each scale was tested individually using CFA, they continued to evidence good-excellent model fit on all indices. Therefore, both scales were included to test the research questions of the current study, against the emerging logic model.

Figure E.4 shows the model specifications of the Attachment Friendly Practice Scale, and the 'Attitude' Scale, following the CFA.

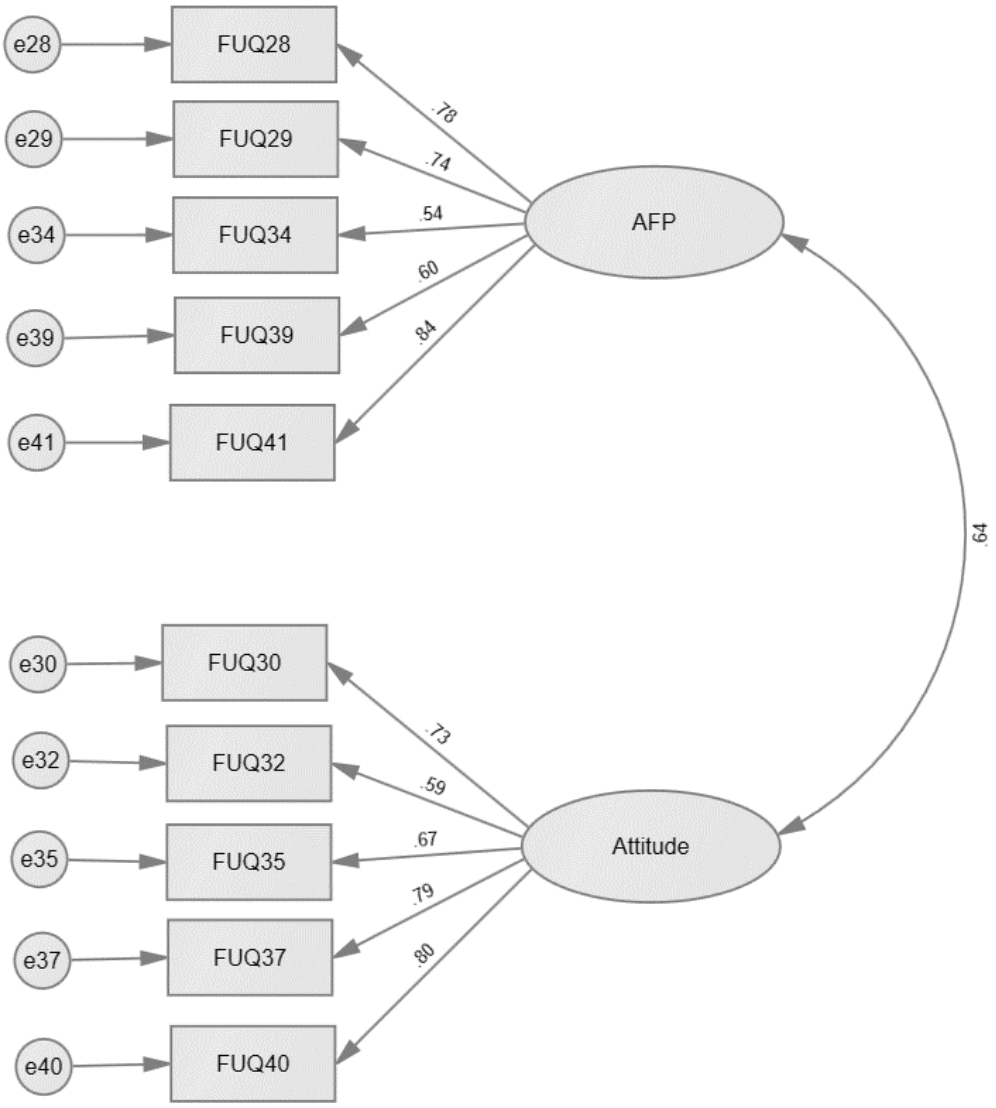
Items included in the Attachment Friendly Practice / Negative Attitudes Model:

F28. I consider a child's attachment style/history before I react in a disciplinary situation.
F29. If I think that a child is having a bad day, I am curious about how they are feeling and provide empathy when I can.
F30. The main aim of school is to improve children's grades and academic outcomes, nothing else really matters.
F32. I can't help a child to cope with things that have happened in their home life.
F34. If I see that a child is struggling to make or keep friends, I try to think of ways to help them.
F35. There is not much I can do if a child feels left out.
F37. Promoting positive attachments in school isn't practical or feasible.
F39. I try to be playful and light-hearted with children when I can.
F40. If a child doesn't want to talk to me about a problem, I can't help them.
F41. I think about what might have happened to a child at home before I react to a difficult or challenging situation.

Reliability of the AFP Scale. To ensure that the AFP scale was reliable, a test of internal consistency was conducted. The AFP scale showed good internal consistency (Cronbach's Alpha = .829) and therefore this scale was included for further statistical analysis.

Reliability of the Attitude Scale. To ensure that the five item Attitude scale was reliable, a test of internal consistency was conducted. The NA scale showed good internal consistency (Cronbach's Alpha = .830) and therefore this scale was included for further statistical analysis.

Figure E.4



E.4 Psychometric Assessment of the Attachment Friendly Outcomes Scale

EFA of the Attachment Friendly Outcome Scale. As participants only completed section five at follow-up, the same data set was used to conduct the EFA and CFA of the Attachment Friendly outcome scale (AFO). The minimum amount of data for EFA was satisfied, with a final sample size of 83 (using listwise deletion), providing a

participant- parameter of 9:1. It is generally accepted that a participant-parameter ratio of 5:1 is appropriate for conducting EFA. A correlation matrix was produced and revealed multiple correlation coefficients >.3. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .72, above the commonly recommended value of .6, and Bartlett's test of sphericity was significant ($\chi 2$ (36) = 158.5, p < .001).
Given these overall indicators, factor analysis was deemed to be suitable for all nine items included in section five of the follow-up questionnaire (the initial AFO scale). A Principal Components Analysis (PCA) was conducted to produce an overview of the components as well as produce a scree plot. Three eigenvalues over one were identified, indicating that the scale was actually testing three different factors. The initial eigenvalues showed that the three factors extracted from the PCA accounted for 35%, 13% and 12% of the total variance in the questionnaire respectfully. Examination of the scree plot also suggested that three factors should be extracted from the data set, with factors 4-9 'levelling off' as scree.

Once the number of factors that should be extracted were identified, an EFA was conducted. Principal axis factoring extraction, and direct oblimin rotation was employed. Principal axis extraction was selected due to the data not appearing to be normally distributed. On review of the pattern matrix, however, multiple cross loadings of items between the three factors were identified. Therefore, to ensure the validity of the measure, only the items that loaded with the primary factor (which accounted for 35% of the variance within the scale), were selected for further psychometric assessment.

CFA of the Attachment Friendly Outcomes Scale. Section 5, which was designed to partially assess outcomes for children in TAP schools, originally contained 9 items. Following the EFA of this section (detailed above), five items were removed from the scale as they did not load heavily with the primary factor.

A CFA was conducted to assess the validity of the four-item AFO scale. The model had a participant-parameter ratio of 20:1, and therefore it was deemed appropriate to conduct the analysis. The CFA confirmed that the four-item model was appropriate and had good model fit on all indices ($\chi 2$ (2, N = 80) = 2.448, p < .294, CFI = .992,

TLI=.984 RMSEA=.051). Figure E.5 shows the model specifications of the Attachment Friendly Outcome Scale, following the CFA.

Items included in the Attachment Friendly Outcomes Model:

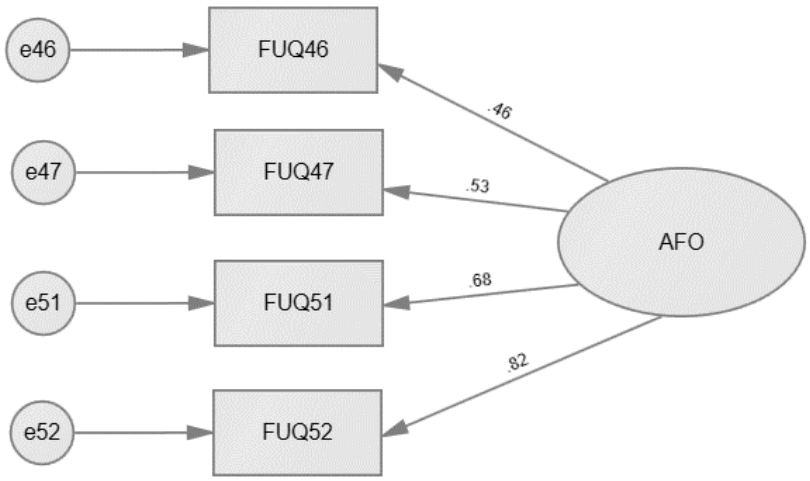
F46. I have found that I can help children to settle in class, enabling them to focus on their work.

F47. Children know they can rely on me to help them if they are having trouble in school.

F51. When children trust me, they tend to get into less trouble under my supervision.

F52. I think that all children feel safe and like they belong under my supervision.

Figure E.5



Reliability of the Attachment Friendly Outcome Scale. A test of internal consistency of the Attachment Friendly Outcome Scale was conducted. The four-item AFO scale showed acceptable internal consistency (Cronbach's Alpha = .721), and therefore this scale was included in further statistical analysis.

Appendix F: TAP Training Reports

Training Evaluation Report 2

Named Contact/ Key Adult Training Report 1

Named Contact Training 1: 12TH & 15th March 2018

Named Contact Training 2: 20th & 22nd March 2018

Summary:

This report is an overview of findings from 'The Attach Project' Named Contact training days based on observations and feedback from participants. The structure of the report is based on 'SAFE' (Sequenced, Active, Focused & Explicit) practices for social-emotional learning (Durlark 2011), the PACE model and an implementation theory comprising of adherence, exposure, quality of programme delivery, participant responsiveness and programme differentiation (Mihalic 2002;2004).

Overall, feedback from participants was very positive. Pre-training questionnaires identified a distinct dearth in knowledge surrounding the experiences of looked-after children (LAC) particularly regarding ACE's and the different types of attachment. Most Participants did however recognise that more should be done to help LAC to thrive in school. The post-training questionnaires emphasised that training was effective in improving participants' knowledge and understanding of difficulties faced by LAC, and how important it is for all school staff who work with these children to be informed in attachment friendly practice. Several participants also commented on the benefits of considering children's 'internal working model'. Some participants however expressed a concern during training, and in the feedback questionnaire, that a half day of whole school training would not suffice, as there is so much to learn. Many also identified how TAP might benefit other children in their schools, who are not necessarily LAC.

In the feedback from NC training 1, although overall participants expressed a positive experience of training, several participants expressed concern that the strategies learned might be 'unrealistic' in a 'busy classroom setting'. This concern however was not reiterated in the feedback from NC training 2. It is likely that this discrepancy is due to increased time/emphasis on the 'Key Adult' activities in training 2, which gave

participants the opportunity to discuss strategies for 'crisis intervention' and how to work effectively with other children in the classroom and other members of staff.

There were time constraints during the second day of both trainings, this was due to "laboured' and "heavy" 'discussions surrounding case studies. The structure of the second training was changed by giving one case study to each group, rather than a 'class discussion' on all three. Although this adaption helped in reducing the time pressure, it may be of benefit to limit the time for group discussion on each case study, and spend more time focusing on the practicalities of implementing the TAP principals in real life situations. However, it is apparent that the case studies should not be omitted in full, as they helped participants understand the different types of attachment and how they might present in children in their schools. It may also be useful to incorporate another type of 'active' learning in way of role-plays rather than group discussions alone. Not only would this give participants an opportunity to practice 'PACE' but also help them to identify and empathise with the children who they work with.

Participants responded positively to the use of video clips during the first day of training. The use of video broke up the talking and listening style of the training and seemed to help participants to focus their attention. It may be useful to adapt the training structure (where appropriate) to include a video/audio clip during the second day. This may be particularly beneficial to those participants who do not contribute as often in group discussions, or those who are visual learners.

During NC training 1 and 2, participants raised a concern regarding the diagnosis of disorders such as ADD/ADHD/ODD and their similarities with attachment difficulties. During both trainings it was emphasised that the same strategies should be used in working with these children, regardless of a specific diagnosis. During the second training however, one participant raised concerns that often parents push for diagnoses like these.

'How do we know…. it's horrible to think I child might be medicated wrongly'.

The training facilitator explained how he diagnoses as a clinical psychologist, and the importance of being thorough- he said that teachers should always have an opportunity to provide context. He advised that teacher do not complete 'Connors' even under pressure from Parents or clinicians if they do not know the child well enough yet- it could determine if they are diagnosed with a disorder and that is a massive

responsibility. This seemed very relevant and important for most participants, and many appeared to make note of this information. It could be suggested that information on this be made a component of the training. There was also a consensus that participants were not aware of and did not receive any benefits from completing 'PEPS' and that information sharing surrounding LAC was not sufficient.

Evidence of PACE:

Due to the application of PACE being an integral part of TAP and how school staff can work effectively with LAC or children with attachment difficulties, it is important that these principals are also applied during training. It is evident that these practices were applied during Named contact training 1 and training 2:

Playfulness: The training facilitators effectively engaged the group through laughter when appropriate.

Acceptance: The training facilitators listened to the experiences of the participants and accepted that it's not always easy working with LAC.

Curiosity: The training facilitators were interested in the different experiences of the participants and asked questions surrounding these. Often participant experiences lead discussion.

Empathy: Training facilitators spent time listening to the concerns of the participants and recognised how working with children with attachment difficulties can impact on them.

SAFE practices:

Sequencing: Before participants were asked to reflect on attachment styles or strategies for working with LAC, day 1 of training focused on development of knowledge and understanding. The training seemed to flow, and participants seemed able to link their new-found knowledge and understanding to the presentation of attachment difficulties in their school.

Active: The training incorporated group interaction and discussion throughout. It may be of benefit to include other active learning strategies such as role-paly.

Focused: The facilitators were good at allowing participant to lead discussion to an extent- but also at refocusing the group to the topic at hand. Towards the end of the

second day participants became tired and found it hard to focus (fidgeting and on phones) it may be of benefit to help participants re-focus through use of other learning techniques such as video on the second day.

Explicit: The training was explicit in explaining attachment difficulties and other issues related to LAC. However, it may be possible to further explore strategies for the real-life application of PACE and how to apply it when working with LAC in real life-difficult situations.

Training Evaluation Report 2

Named Contact/ Key Adult Training Report 2

Key Adult Training 1: 17th & 19th April 2018

Summary:

This report provides an overview of findings from 'The Attach Project' Key Adult training 1, based on observations and feedback from participants. The report will also provide a summary of the changes which were made to the training based on feedback from Named Contact Training 1 & 2. The final section will discuss the impact of changes to the training structure and detail any further recommendations. The report is based on 'SAFE' (Sequenced, Active, Focused & Explicit) practices for social-emotional learning (Durlark 2011), the PACE model and an implementation theory comprising of adherence, exposure, quality of programme delivery, participant responsiveness and programme differentiation (Mihalic 2002;2004).

Similar to the findings from Named Contact Training 1 & 2, pre-training questionnaires identified a distinct dearth in knowledge surrounding the experiences of looked-after children (LAC) particularly regarding ACE's and the different types of attachment. The participants however identified a need to do more to help looked-after children in school and for school staff to work together to do so.

The training quality feedback questionnaires were very positive, with the majority of participants responding with the maximum value on the Likert scale (1-6 and 1-4 depending on the question, questions 9 and 10 were reverse worded, so that a score of 1 was most positive and a score of 6 was least positive). This showed an improvement

when compared to the two Named contact trainings, where more participants were responding with 4's or 5's on the first 7 questions. This improvement however is not statistically significant, as would be expected with a small sample size.

In terms of the qualitative questions (11,12 and 13), in congruence with the Named Contact training 1 and 2, participants highlighted that learning about ACE's, Internal Working Models and the different attachment styles children can have was very useful, interesting or important. Some participants from Named Contact training highlighted that PACE was a key component of training, but also that more time could be spent on developing strategies for crisis intervention/ working with children in a busy classroom setting. This feedback was not reiterated by the Key Adults, with all but one participant identifying the PACE model as a key component. Furthermore, the majority of participants identified that the strategies/case studies surrounding children's presentation in school were very useful, interesting or important.

The suggested improvements in this area are likely due to more time being spent discussing the application of PACE and giving examples/ case studies of how to apply it in school. The case studies also gave participants the opportunity to think about other elements of the training and how to best work with children in an attachment friendly/ trauma informed way, i.e., 'time in' instead of 'time out' in disciplinary situations, and the importance of minimising toxic shame. A video was also introduced on day two which showed Dan Hughes, (the developer of DDP) discussing PACE and giving examples of how he uses it in practice. The inclusion of the Dan Hughes Video was generally well received, with two participants mentioning it specifically as a positive aspect of the training. However, one participant commented that the video was too long. It could be suggested that other participants also felt this way, as some disengaged around halfway through the video and began to check their phones, fidget or look around. Notwithstanding, even those who disengaged seemed to reengage before the end of the video.

Although participants seemed very interested in the application of PACE and how it could apply in their school, when the facilitator asked if anyone could give an example, several participants seemed a bit stuck for words, with one stating "I know what I should do, but don't have the language". This would suggest that an opportunity for participants to practice using PACE would be beneficial. Role plays could be

introduced in which participants work with their peers in a small group, with one participant acting the Key Adult and one the child. Introducing role play in small groups/ with peers may be less pressure and feel safer for the participant, giving them the opportunity to practice without the pressure of 'saying the wrong thing' in front of the room. The facilitator could then take the opportunity to go around the groups and help out/ provide an example if the participants are finding it difficult.

The facilitators emphasised before the Dan Hughes video that the Key Adults are not expected to be therapists and that the PACE model is about a way of being, not a way of doing. This should be reinforced if role-plays are introduced as part of the training, to take the pressure off the participants. The person acting the Key Child could also be advised not to be too difficult when acting out an interaction, to give their peer an opportunity to play around with the language and feel efficacious in using PACE.

Another small adaption made to the training was the time spent on going through the Trauma and attachment informed school model. Each component of the model was explained and discussed. This was a useful adaption, participants seemed interested and willing to engage in discussion. It also identified how TAP can influence and should be applied in their school.

Several participants commented on the quality of the training facilitators, both during training and in their feedback questionnaires. There was a change of one of the facilitators on day two, this did not seem to impact negatively on the training with participants identifying that **all** facilitators were excellent/brilliant. The recap at the beginning of day two was very useful, as the facilitator gave participants the opportunity to highlight what they remembered from day one, but it also enabled him to do some teaching, clarifying some of the more difficult concepts like toxic stress and toxic shame.

Recommendations:

1. The adaptions made to the training were useful and should be carried through to all further Key Adult training days.
2. The Dan Hughes video should be included, but perhaps shortened or split up with discussion surrounding different aspects of PACE or working with LAC in general.

3. Role Plays could be introduced. This would give participants the opportunity to reflect on and practice the different strategies (including PACE) and also help them to develop their understanding of and empathy for the looked-after children in their school.

Training Evaluation Report 3

Named Contact/ Key Adult Training Evaluation Report 3

This report provides an overview of findings from 'The Attach Project' Key Adult training 3 and 4 based on feedback questionnaires from participants in all sessions, and observations from Key Adult training 4. The report will also provide a summary of the changes which were made to the training based on report from Key Adult training 1. The final section will discuss the impact of changes to the training structure and detail any further recommendations. The report is based on 'SAFE' (Sequenced, Active, Focused & Explicit) practices for social-emotional learning (Durlark 2011), the PACE model and an implementation theory comprising of adherence, exposure, quality of programme delivery, participant responsiveness and programme differentiation (Mihalic 2002;2004).

Similar to the findings from Named Contact training 1 & 2 and Key Adult training 1, pre-training questionnaires identified a distinct dearth in knowledge surrounding the experiences of looked-after children (LAC) particularly regarding ACE's and the different types of attachment. The participants however identified a need to do more to help looked-after children in school and for school staff to work together to do so.

The training quality feedback questionnaires were very positive. As it was after Key adult training 1, the majority of participants responded with the maximum value on the Likert scale questions (1-6 and 1-4 depending on questions, questions 9 and 10 were reverse worded, so that a score of 1 was most positive and a score of 6 was least positive). This was an improvement when compared to the Named Contact training sessions, where some participants responded with 'middle' scores on the first 7

questions. This improvement however was not statistically significant, as would be expected with a small sample size.

In terms of the qualitative questions (11,12 and 13), in congruence with the Named Contact training 1 and 2 and Key Adult training 1, participants highlighted that learning about ACE's, Internal Working Models and the different attachment styles children can have was very useful, interesting or important. Some participants from Named Contact training 1 & 2 highlighted that PACE was a key component of training, but also that more time could be spent on developing strategies for crisis intervention/ working with children in a busy classroom setting. This feedback was not reiterated in Key Adult training 1, or Key Adult training 2,3 or 4. Furthermore, the majority of participants identified that the strategies/case studies surrounding children's presentation in school were very useful, interesting or important.

The report based on Key Adult training 1, outlined that some participants felt the Dan Hughes PACE video was too long and that it may have been difficult to stay focused. In light of this, the video was split into sections (P-A-C-E) in the subsequent Key Adult training. Participants watched the first section on Playfulness, the video was then paused for discussion around the approach and how participants could introduce playfulness into their everyday practice. This technique was then repeated for acceptance, curiosity and empathy. This was a useful adaption, as all participants seemed engaged for the duration of the video, and many contributed to the discussions by asking questions regarding how to use the strategies with a child in their school and by giving examples of times they have used similar techniques.

The report from Key Adult training 1 also suggested that role-plays should be introduced to give participants an opportunity to practice using PACE in small groups. This was suggested as during Key Adult training 1, although participants thought that the PACE approach was interesting and potentially very useful, that they "don't have the language" and that they found it difficult to find the right words. Feedback from Key Adult training 2,3 and 4 however identified that two participants found the role-playing 'daunting', even in the small groups. These participants did however identify the usefulness of having this time to discuss previous issues/ experiences they have

had with children in their school, how they reacted then and what they would do differently in light of the knowledge they have acquired from training and seeing examples of PACE. Observation measures at training 4 support this finding, as the participants did tend to discuss their own experiences, rather than practice role plays during the allocated time. Two participants who had an EITP LAC Education Project Worker in their group, commented on how the Project Worker was able to support, prompt and answer questions during the role plays, (it should be noted that all EITP LAC Education Project Workers have been trained in level 1 Dyadic Developmental Psychotherapy, which identifies PACE as a key therapeutic approach). Participants also tended to engage more in the role-playing when they were supported by the training facilitator.

Several participants commented on the quality, experience and compassion of the training facilitators, both during training and in their feedback questionnaires. The majority of participants at training 2,3 and 4 also highlighted that they had a very positive experience at training and that they are looking forward to implementing TAP in their schools. Participants found the training "phenomenal", "fantastic" and "excellent" and stated that they felt 'empowered' and 'inspired' to make a difference in their school and to the lives of the looked-after children (and many other children) who they work with.

<u>Recommendations</u>

1. All adaptions made to training based on Named Contact training 1 & 2 and Key Adult training 1 have been useful and should be carried through to any further training. In particular, spending more time on Key Adult activities helped participants to identify strategies for implementing TAP techniques in their everyday practice.
2. Due to some participants feeling uncomfortable during the role-play, it could be suggested that instead, participants are asked to think about scenarios which they have dealt with in the past, or they are likely to encounter with a looked-after child and how the PACE approach could be applied. Then in turn, the

training facilitator, or a trained EITP LAC Education Project Workers could support each group to practice the PACE approach.

Appendix G: Practice Report Written for the TAP Team in January 2020

The Attach Project (TAP) Implementation Study- Practice Report January 2020

Introduction

This report is based on preliminary analysis of qualitative data which was collected from school staff in the 2018/2019 academic year. School staff included, The Attach Project (TAP) Named Contacts and Key Adults, as well as other teaching and support staff working within schools participating in TAP. Nine individual interviews, one joint interview and four focus groups were conducted throughout May and June 2019. This report outlines implementation factors and barriers to implementation which may be relevant to the ongoing practice of TAP, prior to production of a finalised report and recommendations from the full implementation study. This implementation study is being conducted by Queens University Belfast as part of a PhD studentship, in partnership with The Education Authority Northern Ireland and The Department of Education.

The implementation factors and barriers to implementation detailed in this report outline recommendations to refine and optimise the programme for ongoing delivery. It should be noted, however, that there is ample evidence in the data collected and analysed so far, that TAP shows sufficient evidence of promise for effectiveness. Therefore, the programme should be scaled-up, so that a larger, randomised controlled trial (RCT) can be conducted and the full impact of the programme can be assessed. Notwithstanding, it should be acknowledged that TAP is embedded within the wider EITPLAC project, and it is likely that the benefits of the programme are maximised through the availability of other resources and interventions, such as the availability of EITP project workers for schools, PEP training and support and transition plans for looked after children leaving Primary 7.

There is however, one area of concern with regard to the long-term impact for Key Children. Due to the high intensity of the TAP programme and the evidence to suggest that children can develop a positive attachment with their Key Adult (and Named Contact in some instances) as a result of TAP, staff expressed concern for the children

moving into a larger, less nurturing environment in secondary school. This is discussed in more detail in the final section of this report with recommendations for the future direction on the programme.

It should be noted that key findings and recommendations in this report are subject to change based on further qualitative data being collected from a sub-sample of Key Children and members of the TAP team.

Evidence of Promise for Effectiveness

Within this data set, positive initial outcomes as a result of TAP have been indicated for school staff, the Key (looked-after) Children who are the target recipients of the programme and many other children in attendance at TAP schools. In particular, positive outcomes with regard to children's social and emotional wellbeing have been identified.

"…there are other children in our classroom settings who absolutely, indefinitely are benefiting from the programme…this is reinforcing what we are doing and adding to our skills to allow us to address more children and reach out to those children, and their families." *-School 4, Focus Group*

An increased readiness to learn, ability to settle in class, ability to maintain friendships and improved aspirations for the future were also reported for some Key Children, as a result of being involved in TAP.

"He trust's us, and he's allowing himself to try… the fear of failing has lifted off him, is what I think of it, because he trusts the environment that he's in"- *School 2, Focus Group*

"And I think the big emotional thing for us was that he's never had a future in his sights and one day he just came in here and he says, 'I'm just thinking, when I grow up can I come back and be your building supervisor". *– School 3, Named Contact*

"To steal an example would be, who was it, you know feelings about school went from 22.3 to 82.8, perceived learning capability 3.7 to 60.2, self-regard as a learner 29.3 to 84, preparedness for learning 1.4 to 39.3… general work ethic 38.3, went to 100%, confidence in learning 51.6 to 83.3, attitude towards attendance 28.7 to 100 and response to curriculum demands 15.7 to 69.8. So, if you want evidence, there you have it." *– School 1, Named Contact*

Without exception, all members of staff who attended the TAP two-day training course emphasised the high quality of the training they received as well as the benefits to their school and the change or improvement to their practice. They reported having an increased ability to recognise attachment or trauma related difficulties in all children in their care and an increased confidence and ability in supporting children with this type of need. Some Named Contacts and Key Adults also expressed hope that the full, two-day training could be extended to all staff in their school.

"I think the training has been exemplary. I think it's been absolutely fantastic, and I hope it can roll out to other schools. I know when I talk about its other Principals are totally jealous and rightly so because it has been so fantastic. The whole experience has been so rewarding… I think from a professional point of view, and it's been lovely at my stage of the career, to demonstrate to younger staff that I'm still learning… I would never pretend that I know it all". *– School 3, Named Contact*

"We can say this is what has happened, this is how we've repaired… this is the action we've taken in keeping with all that we learnt in TAP and there's been no challenge. So that's the difference… whereas he had to be removed last year, pre-TAP. He was out of the school for 5 months because we didn't feel we could meet his needs. So this has allowed us to meet his needs".

It is also evident that TAP whole school training is effective in establishing the importance of having an attachment and trauma informed ethos in schools as well as reinforcing 'nurturing' approaches already applied by schools. Furthermore, TAP whole school training helped other staff to support TAP Named Contacts, Key Adults and Back-up Key Adults to implement TAP effectively.

"But I think that the biggest factor for me was it included everybody… I was very, form the outset, I was very aware that I didn't want it to become one person's job and nothing to do with anybody else. So, by having the whole school training it motivated people to think that yeah, this is about everybody… you know. It's not just about the list of children that are on the looked after children's register, it's about all of our children. It's not about the staff who get to go on the training, it's about all of us and all of our practice. Ehm, so having whole staff training really pushed that…"- *School 2, Named Contact*

"I think a bit more in-depth; I think I always had an overview in it, and I suppose within SENCO training you were getting snippets of difficulties that children undergo. Now, the Nurture teacher would have had more, and I did the Nurture training as well, but I can say that what we found out from the Nurture training was not comparable with what we got from TAP… I felt TAP really went into it in-depth and was just much more beneficial". *- School 4, Named Contact*

"I think it changes the approach you use because you are kind of always in the back of your mind, well what have they experienced before they have come to school, so you are kind of thinking that before you actually deal with the situation"- *School 6, Focus Group*

Barriers to Implementation in Schools

Two key barriers to implementation, which may have limited the impact of TAP for some schools during the 2018/19 academic year were identified within this data set.

Barrier 1: Understanding the Named Contact Role

Firstly, and crucially, it is not possible for the Named Contact role to be conducted effectively if they are not fully informed and kept up-to-date with personal and confidential information regarding the Key Child/Children in the programme. The Named Contact for each child should be fully involved and have some authority in other supports put in place for the child in school, for example PEP meetings and the transition process.

In schools where the Named Contact was the Principal or Vice-Principal, the role of Named Contact was most fluid. Seeking out extra TAP training and support was also more straightforward in these schools. In many instances, the Named Contact became an extra layer of direct support for the Key Child/Children, and it was beneficial when children could 'drop in' and see them in their office throughout the day. However, it is not essential for the Named Contact to also be the Principal or Vice-Principal and the role was conducted effectively in all schools, where they had the full support from the senior management team.

Recommendation 1:

It is recommended that the importance of information sharing with Named Contacts and Key Adults is emphasised as early as possible in schools. It is also recommended that schools are encouraged to ensure TAP Named Contacts and/or Key Adults can

attend PEP meetings and are involved in formal communications with carers and social workers etc... regarding the Key Child. Where possible, in instances where the Named Contact is not the Principal or Vice-Principal, it is recommended that the TAP team arrange a meeting with the Named Contact and senior management team in the school, to ensure the Named Contact and the over-all programme is being supported and implemented to its full potential.

Extract 1: School 2, Named Contact

Interviewer: So, you're the named contact and you're working within the senior staff of the school… have you felt supported by other senior staff? You know was that a natural transition for the school, becoming part of the project?

Interviewee: Ehm, in terms of how the leadership role was passed to me I think it could have been handled a little bit better. As I say the information that was given to those people at the time wasn't passed on to me with the title of Named Contact. So in that respect yes I think it could have been done better initially. In terms of working through the project itself, certainly 75% of the leadership team have been open minded in listening and appreciating the benefits of the projects. Ehm, there have been some issues in some instances where the project has not been captured in the whole respect of being all information coming with that child. There was a lot information that still stopped with a certain person, or people…

Hannah: It wasn't shared to you as Named Contact?

Interviewee: It wasn't shared effectively as Named Contact and as part of the TAP project because it wasn't seen as connected if you understand…

Hannah: Yep

Interviewee: So, the information that was held about a looked after child was one entity and the TAP project was a separate entity, and it has taken this whole year to merge those two things.

Hannah: Yeah, so as the Named Contact, it is very important that information is shared with you so that you can do the role effectively?

Interviewee: Yeah, I think because of our practice being the way it is and being so top heavy on attachment and behaviour and addressing those things, I think that the person who was holding that information continued to do the same thing, even though we had this extra layer of management in terms of a Named Contact and that was just a bit of

a barrier at times to break, so that it became a natural and fluid process of communication with information that they both linked… you know it wasn't one person stepping out and the other person stepping in… it was a process of working together. And that has definitely taken the whole year, right up until this point.

Hannah: Ok. So would you say that it could be helpful for the TAP team to be really pointing out to the senior staff in the school how important it is that the Named Contact is given the full credit and the full information that they are…

Interviewee: Yes, I think that there has to be some element of sharing with all members of the senior leadership team in terms of what the actual role of the Named Contact person is.

Hannah: Yes, before you even get training or signed up for the job?

Interviewee: Yes, I think the role needs to be very clear before they appoint the person and when they appoint the person they need to acknowledge that they are going to change how things are already done…

Hannah: Yes, ok.

Interviewee: Ok… ehm, because it was definitely a barrier for us in terms of stepping into a position, but the actual role didn't change. Ok so you had the title and you met with the children… but the actual meetings like LAC meetings and PEP reviews weren't accommodated for because that wasn't seen as the role of the Named Contact.

Barrier 2: Paperwork Commitments

As part of the co-design aspect of the current study (as outlined in DBIR), it was suggested by the research team that Named Contacts complete 'monthly reports' for each Key Child and Key Adults complete 'contact record' forms after each contact with their Key Child. These forms were then co-designed by the TAP team and the research team at QUB. The purpose of each form was to remind staff of their training and to help schools and the TAP team identify if and when further intervention was required. This, however, has been identified by school staff as excessive, especially in instances where there is more than one Key Child or when the Named Contact/ Key Adult has other paperwork responsibilities within the school. Schools expressed a concern that paperwork responsibilities were taking away from more important, core components of the programme such as spending time with children. Notably however, each school recognised the value of this type of paperwork in supporting the

programme, in reinforcing their learning and encouraging information sharing about each Key Child. Some participants suggested reducing the frequency in which these forms were completed. Other participants explained how they preferred to meet as a team periodically, or when required to discuss different aspects usually covered through the forms.

Recommendation 2:

Due to the benefits of collecting this type of information for the TAP team and the implementation of the programme, it is recommended that information previously collected through monthly report and contact record forms is combined. To ensure important information is being shared between the TAP personnel in the school, when possible, it is recommended that the forms be completed collaboratively. To aid in reducing participant burden, it would be beneficial if 20 minutes of protected time could be set aside each week to complete the form. Should it not be possible for the school to facilitate protected time, the 'team' approach to TAP should be emphasised to ensure important information is effectively shared between TAP personnel in the school.

Extract 2: School 2, Named Contact

Interviewee: Ehm, that could be better. That could be tightened up in terms of, because our Key Adult and back-up Key Adult weren't trained initially then it was a slow process to start, ehm, that was one of the factors as to why it didn't kick off… plus because I hadn't been to the initial introduction of the projects, then that information hadn't been passed over to me, so it took quite a wee while to kind of work out what that was about.

Hannah: Do you think form your perspective or from the Key Adults perspective was it a useful exercise to have or was it just extra paperwork with no real…?

Interviewee: Ehm, there is definitely a benefit in some of the stuff, however I would advocate that not a whole lot of time is put into it, because I wouldn't want that to detract from the amount of time actually put in with the child. We found that it was much more beneficial to actually spend the time round the table, and chat it out rather than one person writing it and someone else reading it and thinking something else… so we did take some time to just thrash it out together between the 3 of us.

Hannah: Ok

Interviewee: Ehm, and we did find that that was a wee bit more beneficial, so in terms of cutting out one level of paperwork I think that either the Named Contact or Key Adult could do one piece of paperwork that would cover it all, rather than a Named Contact and then the Key Adult.

Hannah: Because then it would all still get back to the TAP team…

Interviewee: Yeah, mhm. Without the layers in it. If it wasn't a place of practice where you had that communication between the team in the school then that wouldn't work, but for me trying to motivate the others I found that it was beneficial to have the chat and the conversations.

Hannah: Absolutely

Interviewee: And then you know I can go back and write that up if I need to or this year obviously the Key Adult is going to have time tabled time and she can go and write that up and that's part of her role.

Extract 3: School 6, Key Adult

Interviewee: Not really because I'm usually quite …although I did request…was it clinical psychology? It was away back….one of the questionnaires said would you like any further help ….and I think that I requested it, so Kate was happy enough that I did request it and did quite a lot of detail on it and I think Emma (TAP psychologist) did come out.

Hannah: So that was on your contact record? Was that useful to you?

Interviewee: Yes, I don't mind doing that …I know it can be a wee but repetitive, maybe the frequency but if there is anything that I've done or anything that's flagged up I make a wee note of it on the forms.

Hannah: Do you think that it would be better if it were less often for those forms, or you fill them in when you wanted to?

Interviewee: Yes, maybe less often but I think it's a good habit to do that cause' you can reflect.

Programme Differentiation

Programme differentiation refers to identifying which components of the programme should be changed, improved, removed or emphasised (Mihalic and Director 2009). This then allows for the adaptation of the programme's logic model, to help guide

future stakeholders (Funnell, and Rogers, 2011). Various recommendation for the differentiation of TAP can be identified within this data set.

Building Relationships with Other Significant Adults in Children's Lives:

In cases where TAP staff in the school actively engaged the Key Child's carers and/or social worker and developed a positive relationship with them, TAP was most effective for the Key Child. TAP personnel were able to support and build a positive relationship with their Key Child more easily due to an increased understanding and empathy for the child each day. Often, TAP personnel were informed of when the child had a difficult night or weekend before coming to school and were able to provide increased support accordingly.

Recommendation 3:

It is recommended that developing relationships with other significant adults in the child's life is encouraged and facilitated. Although the importance of developing these links is incorporated in TAP training, it may be beneficial for a member of the TAP team to meet with TAP personnel in the school and the child's carer and/or social worker to encourage this type of 'team' effort and information sharing. This may be of particular benefit in instances where there these relationships are not developing naturally.

Extract 4: School 4, Key Adult

Interviewee: She suffered; you know. So, things were going on, I had to go to her, so it was about me building that, not just building a relationship with her but building a relationship with her grandparents, who she is now living with. So, it was about me, seeking them out every morning… how have things been, has anything happened?

Hannah: That was really important?

Interviewee: And that was really important because then I was able to go to her without her having to come to me at the start, so I built that through time. Then she began to start to come to me…. Because then she was like, 'well she comes to me so I'm able to come to her'

Inviting Board of Governors to Whole School Training

Although it was at the liberty of each school to invite their board of governors (BOG) to whole school training, it was not specified as a requirement from the TAP team. In schools where the BOG attended the training, there was much greater support for TAP

and a move towards less harsh disciplinary action through particularly trying situations. In one school in particular, having the BOG 'on board' resulted in a 'break-through' for the Key Child. Their feelings of safety and security in school were augmented through the insurance that they would not be suspended or expelled after a major incident.

Recommendation 4:

It is recommended that board of governors' attendance at TAP whole school training is considered a key requirement to ensure the full efficacy of the training. The TAP team should encourage schools to ensure their board of governors can attend, along with the full staff team.

Extract 5: School 3, Named Contact

Interviewee: So, it's just absolutely… it's transformative. But the importance of having the governors at that whole school awareness it was… before, I would have been having a different conversation with them about this child and they could have been pushing me to say we need to suspend…

Hannah: Yeah…

Interviewee: You're taking up too much time, this is such a drain on resources… it would have been a completely different conversation.

Hannah: Yeah, so them being involved….

Interviewee: They immediately had that understanding, so it was a better conversation for me with the board at governors.

Hannah: Ok

Interviewee: Because I could say ok this is what has happened… you know without going into details, but they still need to know when an incidents happened. We can say this is what has happened, this is how we've repaired… this is the action we've taken in keeping with all that we learnt in TAP and there's been no challenge. So that's the difference… whereas he had to be removed last year, pre-TAP. He was out of the school for 5 months because we didn't feel we could meet his needs. So this has allowed us to meet his needs.

Hannah: Yes. Did TAP influence the decision to bring him back on board?

Interviewee: Yes, mhm!

Both: (laughs)

Interviewee: There was tears during my TAP training because I thought what I have done! It was horrible for me because I felt you know that I'd really let him down.

Hannah: Yes… ehm, so it really did influence on how you respond to, with disciplinary situations…

Interviewee: Yeah. Even though we thought we were so nurturing beforehand it just, we realised that if we were going to bring him back, he absolutely could not be suspended or rejected. He came to us after being expelled and he was just asking to be suspended. Every day, 'just get rid of me'. Last year then, in September it was the same… we had that escalation right up until, trying to get onto the roof and on that day, his foster dad said I don't care what you do… you're not being suspended, and I was standing beside him and I said, 'it doesn't matter what happens, you're not being suspended' and I think that was the switch…

Extra Training for Staff who 'Don't Get It'

One of the Key Benefits of TAP is that after staff training, the TAP team remain an available support. This is particularly beneficial when members of staff within a school require extra training to ensure best practice for the child. Similarly, in instances where staff are new, or returning to work and have not had the opportunity to attend training, the TAP team can facilitate meetings to ensure they understand the key principals of TAP, such as PACE strategies and direct, nurturing language. This has been extremely beneficial in schools who have availed of the resources. Most schools however, although aware they can contact the TAP team at any time, do not avail of the extra support or training, even when it may be beneficial to their school and the Key Child.

Recommendation 5:

It is recommended that the TAP team periodically remind schools of the extra training and support available and ask specific questions surrounding ethos and up-take of TAP within the school, to identify where extra intervention may be beneficial.

Extract 6: School 3, Named Contact

Interviewee: So we have 3 out of our 5 get it… and 2 may never get it, so because I know they haven't got it, I have had to rearrange what the lunch time routine looks like to make sure he's safeguarded at all times and so that he's not being provoked and so that the triggers aren't happening. I've had to stand between him and a dinner lady and she's saying 'stop that! What are you doing?' and he feels that no matter what

she's going to blame him… so I have to stand and make sure, advocate for him in the dinner hall and he knows I'm there to keep him safe.

Hannah: With the 3 who do get it, do you think that having the TAP training helped them to get it or…?

Interviewee: Yes. It was really important for them, but equally and that's why we had a follow-up session, I identified, I sat in with them doing the TAP training. I sat in with the governors as well and the staff because I thought it was really important for me as a manager to see how they reacted and to make sure they were ok as well. So, the dinner ladies, I've known them for 26 years, so I knew their background and I knew for some of them it was going to be very difficult. So, it was important that I sat in with them and I did say to Emma and Ruth (TAP team) that I know that a lot of them felt that… I know that in the initial training it became about them, not about children… so they were processing all of that from their perspective. I knew we had follow-up work to do then, because they weren't ready on that to assimilate about children… it was more about them.

Hannah: Ok

Interviewee: So that was different, and I knew we needed to do a bit more work…

Hannah: So, they were at the initial whole school training and then there was another session for them as well?

Interviewee: Well we did whole school training in kind of 3, sessions so at the time I had sort of said that the lunch time supervisors and cleaners and caretaking staff may need an additional session, and it was right to do that, it definitely was… ehm but then we had a third session with the dinner ladies, just a smaller session and I didn't sit in so that they could say… 'your woman's letting them away with blue murder' (laughs) which I think was said regularly… eh, so that was good because it was real and that's what I want. There is no point in conversations being had behind the scenes… I would rather we're all on the same page.

Younger Start

Although looked after children in Primary 6 & 7 (Key Stage 2) are the target recipients of TAP, it was unanimous between participants that the programme would be more beneficial if it were introduced at an earlier age. Participants felt that they were 'playing catch-up' or 'putting out fires' by not intervening earlier. However, although

it was generally recognised that early intervention is key, some participants thought that TAP would have most impact if it were introduced for a child in Primary 3 or 4, after they have left the more nurturing Primary 1 and 2 environments. It should be noted that many schools took advantage of available TAP Key Adult training and trained various members of staff to act as a Key Adult, for other, younger children in their school.

Recommendation 6:

If possible, it would be beneficial if TAP could be introduced for looked after children at an earlier age. It is likely that the attainment gap identified for these children at Key Stage 2 would not be as pronounced if there was earlier intervention. Should it not be possible to fully extend TAP to younger children, it is recommended that as many school staff as possible attend the two-day Key Adult training, so that TAP principals can be introduced to other children, at the liberty of each school.

Extract 7 School 4, Named Contact:

Hannah: On that, do you think that Key Stage 2, you know, starting there is soon enough, or do you think that if you could maybe get training in Key Stage 1, you know for different strategies and things, would that be beneficial...?

Interviewee: I think it would because, you know if you look at the statistics and they are saying that in literacy there's a fall of 47%, in numeracy its 49%, you're kind of then chasing your tail… so, if this was put in place even in Key Stage 1, like p3, p4…

Hannah: Yeah…

Interviewee: Then, you wouldn't see the drop, you know so…

Hannah: You'd be getting ahead of the game.

Interviewee: You'd be getting ahead of it... you know your kind of putting out fires already. You know and that's, by starting it in key stage 2 you're just putting out a fire, instead of you know getting ready for it, you know getting ready for all those changes in their body and what's happening, you know with their mind and so if it was done in p3 and p4 then yeah. I think maybe the bottom of the school would be a bit too young, like p1 and p2 but I think p3, p4 would be key, would be really good to get in.

Hannah: Ehm, having a person there.

Interviewee: Yeah

Extract 8: School 6, Named Contact

Hannah: Ehm, and how do you feel, so Key Stage 2 obviously at the minute is where TAP is being implemented… do you feel that that's soon enough, or should engagement to this extent be introduced earlier for children?

Interviewee: Oh absolutely…. I mean, I have a year 3 child and my goodness, you know such a difficult story going on… and to be fair, I think because I've been involved, I've learnt so much and I know now nearly more about what resources are available… so I feel that I will be able to access them.

Hannah: Brilliant

Interviewee: It's just very specific now to our year 6 and 7… you know it's funny because that year 7 child has a sibling in year 4

Hannah: Ok….

Interviewee: So, for example we sat at the meeting and for the PEP or whatever and everybody was round the table and then when we were talking about her wee sister then everybody left. You know what I mean like so…

Hannah: Yes

Interviewee: You sort of think well… don't they all deserve it?

Extract 9: School 2, Named Contact

Ehm so, in terms of how we're moving forward with-it next year, because we have potentially got a lot more children next year who are looked after… so it's not our intention to just stick to the year groups that were in the project last year, we want to expand as much as possible and support all of the children who are in that bracket. So, we have managed to have another 3 classroom assistants through the 2-day training at the end of this terms and the plan is that we have back-up adults in all of the rooms for all of the children in September. But the plan is that we've freed up a classroom assistant who has had the full training and she is going to be available all day on a Wednesday to meet with all of the Key-Children and then do the paperwork side of things as well.

Ensuring the Right Fit for Key Adult- Key Child Pairs

Although selecting the Key Adult and Back-Up Key Adult for children participating in the programme was a 'natural fit' for most schools, on one occasion the school Named Contact felt it was necessary to change the Key Adult. This was because their relationship with the Key Child was not progressing in a positive way and they were

unable to effectively apply key TAP principals. This change in personnel indefinitely benefited the Key Child and improved their wellbeing in school.

Relatedly, a Back-Up Key Adult in another school, who was also the child's full time classroom assistant, found it difficult to balance the classroom assistant and Key Adult role, particularly in disciplinary situations. Indeed, the most effective Key Adult-Key Child relationships were developed when the child could go to their Key Adult, as an opportunity to escape their main classroom, when they were finding things difficult, or they became stressed. This type of relationship was also developed between some of the Key Children and their Named Contact in the school.

Recommendation 7:

It is recommended that the TAP team continue to emphasise the importance of finding the right person for the Key Adult/ Back-Up Key Adult role and reassure schools that a change in these personnel is possible and encouraged in situations where they cannot effectively develop a positive relationship for any reason. It is also recommended that at least one of the TAP personnel within the school does not work directly with the child, as their teacher or classroom assistant, so that they have a 'safe place' to go when required.

Extract 10: School 3, Named Contact

Interviewee: And the other thing I would say about the key adult is I think we need to have some kind of flexibility as well, in terms of the children because it's ok me saying I've chosen because…. But if there isn't an actual connection there that is sincere…

Hannah: Absolutely…

Interviewee: We need to have flexibility within the team and people need to be grown-up enough to say, 'this isn't working' and we did have that situation…

Hannah: Oh, did you?

Interviewee: We had a classroom assistant brought in to help him and it wasn't working… and no matter how… we had additional support from the TAP team, but this was an inexperienced classroom assistant… with life experience so I in my wisdom thought it would be ok… but they just clashed.

Hannah: Ok

Interviewee: And there was judgment, and she didn't feel it was… but there was judgment in her voice and that got me… so we were able to have that conversation

about January to say look, this is not a reflection of your ability or anything else but it's just personalities… and personalities have to be considered.

Hannah: Absolutely…

Interviewee: It's vital, so he just didn't click with her at all, and he became cross with her and so we were able to… identified another person in the room that actually he had clicked with and we were able to a straight swap quite quickly. So that was good… Because time's not on your side… you know you can't wait around.

Extract 11: School 2, Focus Group

Focus group (interviewee 4): I suppose I had a looked after child in my class, I was their adult… but I worked with him in the class and from a personal point of view it was quite difficult because I was the one maybe, handing out the chances, loosing points, maybe having to put in time out and doing all that. Then trying to do post incident learning and trying to be their key worker as well, and it all got, and I have to say he was P7, and he has just left, and he didn't necessarily have a good relationship with me. I can't quite make up if it was because of that, because when he first came with me, he knew me through someone else and I was his best buddy, or maybe there is a touch of I'm a female. And there is an issue there with females too… A mixture of both maybe but there was a definite ehm, I don't know, I don't want to say it was lack of trust, because it wasn't lack of trust… he just didn't want to communicate with me. If I asked him anything or in the terminology and said 'I see that you're having a hard day' or 'I see that this is difficult for you' the response generally wasn't positive.

Hannah: Yes, ok

Focus group (interviewee 4): Now that may just be him, that individual child… it might be different for other pupils in other classes and other children may like that comfort there, that they know they can do that, but at the end of the day when you're doing your post incident learning… which is what we're doing is probably the crux of it. You know, trying to build that relationship with the child, trying to move them on, trying to help them understand how they're feeling and what they're doing and how they are feeling it… which is what we promote it school anyway, but that post incident learning can be very difficult in the school.

Hannah: And I suppose because you're always there ehm, you couldn't be his person to go to?

Focus group (interviewee 4): No

Hannah: Ehm, for like a bit of different support or a break from the classroom which might have been… would you say that was a wee bit of a barrier?

Focus group (interviewee 4): Well, he did have Craig (the Key Adult)

Hannah: Yes

Focus group (interviewee 4): He went to him, but I was the, first, the back-up Key Adult, but as I say I don't know whether it was him and just his personality or whether people will find that because they're working with the children that it does… it places you in this sort of discipline area if you like.

Hannah: Ok

Participant Responsiveness and Facilitation Strategies

Participant responsiveness involves consideration of the participant's views and experiences of the intervention and includes considering potential adaptations which could improve participation and reduce attrition.

Facilitation strategies, like participant responsiveness, involve identifying ways of optimising intervention delivery, through providing means of overcoming potential barriers. Facilitation strategies will allow for a degree of flexibility, so that the intervention can be applied in different settings and allow for the natural variation in service delivery.

Blocked Care and the Importance of Supervision

Blocked care is well recognised as having negative implications for a person's ability to support and care for a child. Blocked care is described as when a person feels as though they are not making any progress and are not getting anything back (a reciprocal bond) from the child they are supporting or caring for (reference). Participants within this data set experienced blocked care to varying degrees, particularly when supporting children who continually displayed challenging behaviours in school.

Of the TAP personnel who recognised that they had experienced blocked care, although most expressed a need for more mentoring and support during their interview, only one school contacted the TAP team, to seek extra support on an ongoing basis. Many of the participants interviewed discussed the hardship associated with being a Named Contact or Key Adult. This was not only with regard to blocked care, but also

the emotional toll of developing a sincere bond with the Key Child, learning more about their background and also dealing with the prospect of them moving on to another school.

Recommendation 8:

It is recommended that the availability of emotional support from the TAP team is further emphasised at all TAP training. It may also be beneficial for the TAP team to include a question(s) in the monthly report/ contact record form to enquire about the emotional well-being of TAP personnel in schools, to identify any further mentoring needs. It would also be beneficial to encourage TAP personnel in schools to support each other, ensuring a positive and confidential environment to discuss openly, the natural challenges and difficult emotions associated with being a Key Adult or Named Contact.

Extract 12: School 4, Focus Group

Focus Group: There needs to be mentoring. If we are recording what is needed, in other professions people have supervisors they can go to and talk to. We don't really have, we support each other as staff and we have a good, really supportive staff but, it is very important that there is a link and there is a mentoring sort of thing that people can go and say, that didn't go well for me… but not feel that that is going to be viewed as a negative on their professional ability. I think because what we were meeting there, is not something that is a usual normal thing in most cases but, we are going to have to actually look more at that because there is a lot more emotional difficulties coming our way.

Extract 13: School 3, Named Contact

Hannah: Ehm, did you at times feel, you know… even in February when it escalated was there a wee bit of blocked care or you know, this is hard or...?

Interviewee: Yes… we had, I would say about two days, and Kat and I are very honest with… we've worked together for 26 years. She'll pretend it's less (laughs), but we've worked together for a long time, and we know each other well enough and we knew our resilience was low and it was tough because the staff were all kind of going what are those two at… and you could see it and we felt judged because we felt we weren't doing it as well as we could have and we didn't see the progress at that stage. So, we felt, we just said at that stage… that's it today, we did go home, and I said to my family

you need to leave me for a couple of hours, I just need to get… I could feel it creeping in. It was just a moment and I thought, why am I cross? So, I went home, and I read the putting care into education again and I text Wendy and said right I've done it… and you need to do it to. So, she did it the next night and we were grand, but we'd had a very honest conversation with each other

Hannah: Yes, absolutely…

Interviewee: And we did say to everybody, that if we did identify that in each other, we're going to have to say it out loud… and we did say to Emma and Ruth (TAP Coordinator and Clinical Psychologist) as well. And I think at that stage, they then offered to come every week.

Variation and Flexibility in Schools

For any intervention to be effective in achieving the desired outcomes, the main components of the programme must be implemented with a high degree of fidelity, yet flexible enough to be applied in different settings (Wang et al., 2015). Due to the variation in practice in schools, there is evidence to suggest that programme flexibility is particularly important for TAP.

Although it was not initially outlined as a requirement, most schools were able to facilitate some form of protected time for the Key Child and their Key Adult to meet throughout the week in school. Then, depending on the school, the Child was also able to spend time with the Key Adult or Named Contact at various times throughout the week, when they required extra support. Interestingly, in instances where the Key Child built a particularly positive relationship with staff, they sought out extra support more regularly, especially at earlier stages of the programme.

Having the flexibility and overlap in the Key Adult, Back-up Key Adult and Named Contact roles seemed to be of particular benefit to children participating, with multiple supporting relationships developing in tandem.

The variation and flexibility in the nature of children's interactions with TAP personnel was also beneficial and enabled schools to facilitate TAP in a way that worked best for the school and the Key Child/children. Some children met with their Key Adult in a small group, some met up to play games or make a snack and others worked with their Key Adult as a 'Helper' when they joined in with younger children in the school.

Recommendation 9:

Although in the development of the programme logic model it is important to identify key components of the intervention, it is recommended that there is not a ridged structure put in place for how Key Child-Key Adult relationships are developed. This is in recognition of the fact that each school and more importantly, each child is different and what works for one school may not necessarily work for another. Notwithstanding, ensuring protected time for children to spend with their Key Adult is important and therefore ensuring support from senior staff in the school to facilitate this should be emphasised.

Extract 12: School 1, Key Adult

Hannah: And did you find that with the flexibility that benefited (your school) then because you were able to do it as a group rather than one to one and you were able to…?

Interviewee2 I think so, I think practically it worked well for us, time wise with Gemma being able to come out of the classroom. The confidence in the group dynamics was really strong.

Extract 13: School 2, Named Contact

Hannah: Ok great. So what has your experience of the named contact role been this year?

Interviewee: Ehm, I suppose I have a greater sense of what, I suppose initially I thought it was more of an administration role where you're kind of you know, filtering the emails or forwarding and doing the paperwork, but it's been more practical because of the needs of this particular child… so we've been kind of doubling up as a Key Adult in a sense because I've developed a very close relationship with him and his safe place, one of his safe places has been my office….

Hannah: Great.

Interviewee: … so it's been more than what the traditional or what the Named Contact role was going to be.

Extract 14: School 6, Named Contact

Hannah: So obviously not very many schools are going to explicitly say 'I'm your key adult, I'm your named contact etc…' but was she brought in and made aware that

you know, there is extra support available. For you… you can come to see any of these people…

Interviewee: Absolutely, yeah, yeah and you know the key adult for example will have a session with her every single week

Hannah: Oh brilliant

Interviewee: Aye, yes, she brings her and has an afternoon session with her

Hannah: Ok that's really good

Interviewee: And the back-up key adult had time with her every single day, so she's part of her timetable

Hannah: Oh, ok great. And did you find that that was able to be facilitated in your school ok? Were there no problems with that?

Interviewee: No, we made it work.

Hannah: Brilliant, that's really good.

The Importance of Extending TAP into Secondary Schools

As mentioned in the introduction of this report, a key concern amongst the majority of participants was the inevitability of Children moving on to Secondary School, leaving the nurturing Primary environment and the extra support facilitated through TAP. Not only does this pose uncertainty over the long-term benefits of the programme for Key Children, but also can have a negative emotional impact on TAP personnel within the school. From a theoretical perspective, this is particularly concerning due to the knowledge that multiple placement moves and consistent relationship break-down can reinforce the negative internal working models often experienced by looked-after children, as a result of their attachment history.

In three of the schools who participated in interviews, TAP personnel (and other staff in the school) have actively engaged with the Key Child's secondary school and their careers to arranged time for them to continue their relationship. This, however, so far has been at the liberty of senior staff in each school and the will of the individuals involved. In conjunction with creating a transition plan for children, some schools have also ensured that all information about TAP, the child's support needs and the importance of them having a secure base (Key Adult) in school has been passed on, this may help to negate the possible implications of leaving a TAP school.

Recommendation 10:

It is recommended that a 'transition phase' is put in place for all children, to ensure that the relationships they have developed as a result of TAP are not lost as they leave primary school. This may require protected time for Key personnel in each school to visit their Key Child in Secondary School. It is important that finding is put in place as soon as possible to facilitate this extension of the programme.

Furthermore, should the results of further research confirm the benefits of TAP for children at Key Stage 2, it will likely be beneficial to continue the programme in full, in a Secondary School setting.

Extract 15: Named Contact, School 2

Hannah: Ok, ehm, what about next year and he's moving on, has that been hard for you? I'm sure that you know you've built a relationship and things?

Interviewee: Yeah

Hannah: What are your thoughts about next year?

Interviewee: Yeah, you know it' difficult because he's in a very unknown position at the moment in terms of where he's going to be living… where he's going to be going to school and everything like that, so all those unknowns you think about… you're worrying and you just think, you know it's an awful situation and you really do feel for him and ehm you just, there could be more done by the school I think in terms of follow through and going on you know, checking on progress maybe even in his first year you know… it doesn't have to be a lot but you know a few times just to see how he's getting on because you know that unknown… you just don't know then what holds for them afterword. It's the same with any of our P7s, you don't really know what's happening, what's going on

Hannah: No that's true

Interviewee: So, ehm, yeah as a school we could implement more and I think there is talk of that next year to go and visit some of our, you know P7 leavers to see how they're getting on. I think that will be really important…. Especially for our, the pupil in question.

Extract 16: Key Adult, School 4

Interviewee: I did a transition with her where I brought her up to her secondary school once a week, to try and kind of get a key adult up there that she would bond with

Hannah: Mhm.

Interviewee: And for transition and ehm so that's been happening for like two or three months.

Hannah: Great.

Interviewee: Ehm, once a week and she was fine coming out of the class, you know, you know what kids are like 'where are you going, why are you going with her or whatever'.

Hannah: Yeah… how did you, you know how did it come about?

Interviewee: I didn't make a big issue out of it… I didn't make a big deal out of it, I just I did it without acting kinda you know cloak and dagger about it, I just went in and just.

Hannah: Normalised it

Interviewee: Because ehm, I, my brother has worked on a similar programme to this in social services and we would be discussing things on an always available adult and things like that and ehm, you know this child's going to secondary school… so what am I meant to do? Am I meant to just cut her off?

Hannah: No, I know it's very hard.

Interviewee: And… for me, I couldn't do that.

Hannah: It would be very traumatising, to just…

Interviewee: This child has asked me to bring her to school on the first day of secondary school, I couldn't possibly cut her off as she goes into first year, she would… I have put in place somebody in her secondary school, willing now to take her kind of under her wing and just kind of letting her talk, playing a game, whatever… but how would she trust her if I completely cut her off because she's going to think 'oh this other woman is going to do the same thing! You know as soon as I leave the school or I… she's going to cut me off as well, why am I going to build a trust and a bond with her?

Hannah: Mhm, that's a very good point

Interviewee: You know, so, I definitely think something needs to be in place you know for, the Key Adult within the primary school being allowed time in the secondary school, even if it's starting with once every two weeks and then you lengthen it to once a month… but that that needs to continue because you are telling this child, I care for

you, I'm here for you, and then, but here you've left the school so bye bye I don't… how could I do that

Hannah: That's heart-breaking…

Interviewee: Well that's it, you know we have already spoke, you know and I've spoke to her and I've looked into this, I can't promise you, because I need to speak to your social worker and I need to work out how this works because you're not in the school anymore and I need to work out… I've spoke to the secondary school and they are more than happy with me coming in and out so it's just basically up to social services now, so as I said… that's literally because I'm on maternity leave I can do it.

Hannah: You have the time.

Interviewee: You know, where as if I was coming back to work, I mightn't have, it would my Principal, at my Principals discretion to let me out.

Hannah: Absolutely.

Interviewee: …and you know that would be hard to cover, you know money wise, even with you know a half day sub. You know, like it would be hard to cover that, so… if you're going to do it on a monthly basis or whatever it may be. I think something needs to be worked out because you can't just leave these kids.

Hannah: No.

Interviewee: Once they've finished like, you can't, you can't sit and tell them…

Hannah: Build it all up.

Interviewee: You can't build it all up and then just walk away like…

Hannah: Yeah

Interviewee: You can't do that, it's not fair, so, that's me.

Conclusion

It is evident from this data set that it is possible for TAP to be effectively implemented in primary schools, with simple solutions to the main barriers being identified by participants. The potential benefits of TAP are evident, and the intervention has been well received by schools.

It is apparent that TAP could provide more benefits to the target recipients if it was introduced at an earlier age, with the potential of reducing the attainment gap which has been previously identified at Key Stage 2.

It is evident that the key principals and strategies outlined through TAP may also be beneficial for other children in schools, not just those who are looked after. Furthermore, the flexible nature of the programme helps to ensure its efficacy for individual schools and children.

In the future, it is important that recommendations for programme differentiation are introduced and that a larger scale, RCT is conducted to ensure the effectiveness of the programme before it is rolled out on a national scale. Further research also needs to be undertaken to ensure the long-term benefits of the programme for children, post-primary.

Appendix H: The Finalised TAP Logic Model Embedded in the Wider CLAEP