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The Education of Children in Care: Agency and Resilience

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Abstract

This paper considers the educational experiences and progress of children in care in England. As part of a mixed methods study 26 young people, together with their carers, social workers and teachers, were asked about their educational experiences and the contributory factors to educational progress during secondary schooling. Responses from young people revealed that they were exercising control over their educational experiences – an expression of *agency*. They chose to engage with learning once they felt the problems in their lives were being managed and, therefore, that certain preconditions were being met. Analysis of this qualitative data was set within a theoretical framework linking the Sociology of Childhood with the Social Ecology of Resilience. Four groups of young people were identified who demonstrated different responses: '*Stressed/unresolved*'; '*Committee/trusted support*'; '*Private/self-reliant*'; and '*Disengaged*'. The implications are discussed for social workers and schools in working with young people to improve their educational progress and attainment.

Introduction

The low educational attainment of children living away from home in public care ('in care') is of concern in many countries (Jackson and Cameron, 2014; Pecora, 2012; Flynn, Tessier and Coulombe, 2013; Berridge, 2012). In England, for example, in the 1970s evidence emerged of young people's own accounts of their education being ignored while they were in care (Page and Clark, 1977). In the 1980s, Jackson (1987) drew research attention to this issue. In the subsequent decade, organisational factors were highlighted which impeded the education of children in care, particularly the lack of interprofessional working between social work and education and different professional cultures (Fletcher-Campbell, 1997). Attention then concentrated on the field of resilience: what was it that enabled children in care to flourish educationally despite earlier adversity (eg Gilligan, 2000). Government pilots to raise educational attainments have been evaluated (Berridge *et al*, 2009).

A systematic review of the literature (O'Higgins, Sebba and Luke, 2015) found strong evidence internationally of the gap in the educational attainments of children in care and their peers. The review concluded that a wide range of individual, family, school, community and policy factors need to be considered in predicting attainments. Outcomes for children in care have been shown to improve over time but there is insufficient research which adopts a longitudinal perspective or adequate control groups.

In England, gradual improvements have been made but the 'attainment gap' between children in care and all pupils - some 39 percentage points at age 16 (in achieving the required level in public examinations) - is persistent (Department for Education, 2017). Politicians have been swift to condemn the deficiencies of the care system in bringing this about (Berridge, 2007).

However, it has been argued that criticisms of the care system for being responsible for this attainment gap are simplistic (Berridge, 2012). There has been a failure to take account of the wider sociology of education literature on the attainment gap, including the association between social class, poverty and attainment. The socio-economic context of children's pre-care experiences is relevant in influencing learning, educational engagement and attainment. This wider literature (*ibid*) shows strong links between attainment and prior attainment. Family breakdown has an impact on children's schooling, as do experiences of neglect and abuse. Three-fifths of children in care England have special educational needs including learning, social, emotional and behavioural difficulties (Department for Education, 2016). This is four times the level for all children. A systematic review of the international literature has concluded that '...there was little support for the claim that being in foster or kinship care *per se* is detrimental to the educational outcomes of children in care' (O'Higgins *et al*, *op cit*, p5).

Clearly, none of this gives grounds for complacency and we want attainments for children in care to be as high as possible. In England, a range of initiatives have attempted to address the educational problems of children in care (also referred to as 'looked after'), attracting widespread political and professional support. These include: children in care having top priority in school admissions; 'designated teachers' in schools having lead responsibility; additional funding for pupils ('Pupil Premium Plus' to the value of £1,900 *per annum* [US \$2,370]); and Virtual School Heads appointed in each local authority to coordinate and promote the education of children in care (Rees, 2015). Better understanding of the problems is required to inform effective remedies.

This article stems from a mixed methods research project focusing on the educational progress of children in care in England (Sebba, Berridge, Luke *et al*, 2015). The overall aim was to identify care and educational factors associated with the progress and attainment of children in care between the

end of Key Stage 2 to end of Key Stage 4 (11-16 years of age). It did this by linking data from two national datasets: the *National Pupil Database* and *Children Looked After in England*. The quantitative analysis concentrated mainly on 4,849 children who had been in care for over a year who took their General Certificate of Secondary Education (GCSE) examinations aged about 16 years in summer 2013. These were compared with 13,599 children receiving social work support at home ('children in need') and 622,970 other pupils also completing these public examinations.

Our research looked both at educational *attainment* and *progress* during secondary schooling taking into account the duration of public care. Statistical analysis included regression modelling, path analysis and multi-level modelling to pinpoint factors associated with educational progress linked with the child, placement, school or local authority (Luke, Sinclair and O'Higgins, 2015). Controlling for all variables, factors predicting better educational progress included: greater stability in care placements and schooling; fewer unauthorised school absences and exclusions (suspensions); entering care before adolescence; and lower emotional and behavioural difficulties (ascertained by the *Strengths and Difficulties Questionnaire* [SDQ] [Goodman, 2001]). In addition, children in care were found to make better educational progress than did children in need living at home and receiving social work support. Taking account of pupil variation and school effects, there was relatively little difference between local authorities.

Methods

In our mixed methods study, this quantitative analysis was complemented by a qualitative study, in order both to help understand and explain the statistical findings as well as highlight other factors not contained in the databases (Berridge *et al*, 2015). There is a long tradition of mixed methods approaches in empirical child welfare research in England (for example Author, 2011; 2009); and a belief that, for applied social research to inform policy and practice, macro or micro approaches in isolation are often insufficient but a 'disciplined eclecticism' is preferable, allowing for a more complete analysis (Layder, 1994, p222).

Sample

Hence, the *Educational Progress of Looked After Children in England* study also worked closely with six contrasting local authorities. Three of these, from the national 2013 GCSE results for children in care, were towards the top end and the three others were ranked nearer the lower end. We sought some geographical variation as well type of authority, such as London borough, urban district and shire county. In each we liaised with the Virtual School Head (VSH) to identify six pupils eligible to take their GCSEs in summer 2013: three of whom were felt by the VSH to have made better progress

than expected in their secondary schooling and three made worse progress than expected. We termed these the 'high-progress' and 'lower-progress' groups. For the 36 we aimed to hold semi-structured interviews with young people, carers, social workers and (designated) teachers in order to explore and contrast factors associated with high- and lower-progress. The main focus of this article is the young people's perspectives on their educational progress or lack of it.

Ethics

Ethical approval for this stage of the research was obtained from the University of Bristol School for Policy Studies Ethics Committee. We were guided by the Economic and Social Research Council (ESRC) *Research Ethics Framework* (see ESRC, 2015). As young people interviewed were over the age of 16 they were deemed eligible to give their own permission. Full information was provided in advance to young people to allow for informed consent. The local authority would have been aware of any major risks or vulnerabilities in sample selection, either to avoid or take into account. It was emphasised that participation was entirely voluntary. Initial contact was made with young people by the VSH or their social worker. If verbal assent was given, and with their agreement, we were provided with the young person's contact details in order to arrange a meeting. We stressed the importance of anonymity and confidentiality, with the exception that if it emerged that an individual was at risk of serious harm then we would have a duty to inform someone – no instances of this occurred. Face-to-face interviews with young people were undertaken mainly by two specially trained care-experienced interviewers. (Exceptions were with some young people who were very difficult to contact.) Interviews were recorded with young people's agreement and fully transcribed. These resulted in high quality, rich data and it seemed that participants were often more forthcoming than they would have been in conversation with non-care experienced researchers. Young people were rewarded with a £15 voucher as a token of thanks.

In the interviews with young people we asked permission also to speak with a carer, social worker and teacher or someone else whom they felt best knew their care and educational histories. Some did not want us to speak with a teacher and we followed their wishes. We aimed for telephone interviews with foster carers to be undertaken by trained foster carer interviewees. Other professional interviews were undertaken by phone or in person by the research team.

Identifying and contacting research participants proved very time-consuming. Of the 36 young people, 32 eventually consented to be involved. Some subsequently changed their minds or were otherwise uncontactable, and we were able to interview 26. Adult participants could be similarly elusive and we ended-up having interviewed 17 social workers, 17 foster carers, 1 residential worker

and 20 teachers. Interviews occurred in Spring/early Summer 2015, almost two years after young people had taken their GCSEs.

Our interviews with young people concentrated specifically on their experience of secondary schooling, including transfer from primary to secondary. We considered it unethical to delve unnecessarily into early family experiences and reasons for entry to care, although young people often volunteered additional information. Instead we inquired broadly into young people's attainment in their GCSE examinations; whether or not they did as well as they had expected and reasons for this; their living circumstances and was this perceived to have influenced their schooling; any changes in placements or school and their perceived effects; whether teachers were considered to have been supportive; experiences of personalised support or individual tuition; social workers' contribution; participation in educational planning meetings; and general suggestions to help children in care achieve successful schooling and educational qualifications.

Analysis

Interview data was analysed sequentially by two researchers using a thematic approach (Berridge *et al*, 2015, p11). This incorporated elements of both an inductive and deductive approach, taking into account pre-formulated theory and ideas as well as concepts formed from the data. Following an initial reading of all interviews, NVivo software was then used to organise and code the data. Initial themes included categories such as: 'high aspirations'; 'consistent relationships'; 'recent traumatic events'; 'educational support'; 'transitions'; and 'quality of services'. Themes were added to, removed or changed during the analysis. We compared across particular groups, such as pupils who had made better or worse progress than expected. An intention of qualitative research and analysis, such as ours, is often to systematically describe, conceptualise, make links and develop typologies (Marshall and Rossman, 1999). This can help lead to explanation and suggest policy and practice implications.

Interesting findings emerged from the qualitative study that informed the quantitative analysis as well as being of value in themselves (see Sebba *et al*, 2015; Berridge *et al*, 2015). However, there were certain areas that struck us as especially interesting and worthy of further analysis and theoretical exploration. These concern young people's *agency* and *resilience* and the rest of this paper elaborates on these issues.

An important finding was that young people were exercising control over their educational experiences. We termed this *agency*. Young people reported how they were, or had been, leading stressful lives linked with their early upbringing and its consequences, dealing with separation and

loss. Most were experiencing continuing family contact that could generate ambivalence or be problematic. They were living in foster homes and within a care system that offered varying degrees of support; and coping with academic demands at school as well as relationships with teachers and other pupils. They managed all this in different ways and, as we shall see, with different levels of success. But analysis of interview data revealed that young people often decided whether or not to engage with learning once they felt the problems in their lives were being managed and, therefore, that certain preconditions were being met (Berridge *et al*, 2015). They were, therefore, exercising control and agency.

Children's agency and the Sociology of Childhood

At a theoretical level, the notion of children's 'agency' has been central to the relatively new fields of childhood studies and, more specifically, the sociology of childhood. Growing interest in children as social actors stems from the 1970s (Prout and James, 1990). Children came to be seen more as social actors rather than merely the passive recipients of adult influence. Part of this concerned a critique of early approaches to developmental psychology, which depicted childhood as a series of stages to be passed through as part of 'normal' biological development (James and Prout, 1997). Thus, children were not so much 'human *beings*' but 'human *becomings*' (p34; my emphasis). Hitherto, sociologists had been particularly interested in children from the viewpoint of *socialisation*: the process by which society shapes children to become complete and responsible adults, rather than investigating their social lives as children.

A 'paradigm shift' took place in the 1970s/80s, which reconsidered children's status in society (*ibid*). There was increasing discussion of children's rights, the International Year of the Child in 1979 and growing awareness of child abuse, which encouraged interest in children as a distinct social group. Vygotsky (1978) and others also highlighted children's active role in child development. Prout and James (1990) summarised:

'Children are and must be seen as active in the construction of their own lives, the lives of those around them and of the societies in which they live. Children are not just the passive subjects of social structures and processes' (p8).

Thus, the diversity of childhoods becomes important and children can be seen as social agents who help shape their own experiences (James and James, 2004). Children exercise choices and make a difference to what happens to them.

Mayall (2002) set out to develop a sociology *for* childhood rather than a sociology *of* children, positioning children's lives as of central interest. She differentiates between children as social *actors*,

who participate in family and other relationships, and children as social *agents*, whose involvement makes a difference to what happens.

Childhood studies has its critics, as with most areas of intellectual enquiry (for example Tisdall and Punch, 2016). There are questions about for how long the 'new' sociology of childhood can continue to be considered a novel enterprise. Developmental psychologists have rejected simplistic critiques; and the dichotomous polarisation of sociology v psychology is unhelpful. The expression of agency itself may or may not be a good thing depending on its consequences. There are many descriptive accounts of children's lives with insufficient theorisation (*ibid*). The concept of agency itself has different meaning for different groups of young people: for example, Tisdall *et al* discuss 'thick' and 'thin' agency (p 255), depending on the extent to which children are constrained in their likely influence. This will vary over time, depending on particular contexts and other social statuses such as gender and ethnicity. Despite these concerns, as we shall see, children's expression of agency is a useful theoretical idea to help us understand, and support, the engagement with education of young people in care.

The Social Ecology of Resilience

Children's agency can be linked here with the concept of resilience: what is it that enables some individuals living in adversity to cope successfully? There is a useful literature in the field of resilience in children's services, including for example young people from care attending university (Jackson, Ajayi and Quigley, 2005), the role of school and leisure pursuits (Gilligan, 2000) and leaving care (Stein, 2005). The current author has also written about the provision of driving lessons contributing to the resilience of young people living in children's residential care (Author, 2014).

Rutter (2012) is a major influence in the field of resilience. Importantly, resilience is seen as something that is *dynamic* rather than fixed or inherent to the individual. For resilience to occur there is a need to discontinue negative influences from the past as well as to create new opportunities (Rutter, 2013). 'Turning points' in life can occur, such a new relationship or family, which can lead to a new adult trajectory. Good social relationships are usually important for individuals to be resilient. This is consistent with the provision of secure attachments and unconditional support (Howe, 1995). Raised self-esteem and self-efficacy can help convince individuals that they can overcome life's problems, rather than feel powerless (Rutter, 1999). A sense of achievement can give young people greater confidence to plan for the future.

Ungar (2011) has contributed to this field by outlining a *social ecology* model of resilience. He emphasises the importance of 'interactional processes' rather than the search for 'traits of what

were thought to be vulnerable children' (p1). Thus, resilience should be approached as the result of facilitating environments that enable children to do well – their social ecology. Interestingly, the nature of assessment becomes focused on the quality of the social environment rather than the child's individual characteristics *per se*.

Ungar argues that children's problem behaviour can be seen as an adaptive response to an unsatisfactory environment. It may be a protective mechanism to minimise stress despite apparently negative consequences and is termed by Ungar (2003) 'hidden resilience'. He summarises:

'...resilience will manifest itself in ways that we may not want to promote but that are necessary because of the social ecologies in which children survive. Long-term, one would hope that changes to the environment would help children choose other, more socially acceptable, ways of coping. However, such choices will likely depend more on the condition of the environment than individual traits' (Ungar, 2011, p8).

Individuals will need both to navigate and negotiate their ways through adversity. They will demonstrate agency and motivation in doing so but depend on the resources made available by those in power to the disadvantaged (p10). Ungar concludes that mixed methods designs can be particularly suitable to research children's interactions with their environments. Qualitative studies of children coping well can give insight into adaptive processes.

The study outlined in this paper is consistent with these principles. Theoretically linking the expression of agency from the sociology of childhood with Ungar's approach to the social ecology of resilience seems a useful way to interpret our research findings on the educational experiences of children in care. Let us now apply these ideas to our sample of young people who took their GCSE examinations in 2013.

Findings

Young people's situation and experiences

The 26 young people varied in their circumstances and experiences (Berridge *et al*, 2015). There were 15 females and 11 males, with young women more likely to be in the high-progress group. About a quarter were from minority ethnic groups and one young man had been an asylum seeker. Their educational attainments ranged from some who attained 12/13 grade A and A*s to others who obtained very few (we did not press the lower achievers for their precise results). Entry to care varied between 3-16 years of age with most separations occurring during secondary schooling.

As a group they were subjected to very difficult early experiences, familiar to social work practitioners and child welfare researchers. Bereavements were not infrequent and they lived with different adults, moving between homes and schools. Violence was common in their households and some had been hospitalised for physical injury. Parents suffered from alcoholism and drug misuse, with some bedridden or otherwise incapacitated with health and mental health difficulties. A young woman, the evening before her GCSE English exam, had to revise in the kitchen rather than her room because she needed to be near the phone as her mother was making suicide threats and she was afraid of missing a call. Some spoke of having gone to school tired and hungry, with no breakfast. One brother and his sister had been locked in a cellar for long periods, being released in the morning to go to school. He said he would not have survived if the school had not given him two dinners each day. One boy had been trained to tend and water his parents' cannabis plants in preparation for a career in the drugs industry. Children's mental health problems were reported with at least one, possibly two, attempting suicide.

These experiences inevitably impacted on children's schooling, especially as they had often ended only relatively recently. Young people reported an inability to concentrate in class and problems spilling over into conflict and aggression with teachers or peers. Many lacked confidence.

Encouragingly, there was an overwhelming view from young people that entry to care had led to an improvement in their lives: one young woman put it starkly when she said the biggest difference was that she was no longer being shouted at. Another explained: 'When I got into care, that's what basically saved me'. Entry to care was also generally felt to have benefited schooling. Half our group had made good educational progress, which was how they were sampled, and most overall had become regular attenders.

Detailed analysis of the qualitative data shows that young people had been in quite different educational circumstances and varied in their attitude to schooling and engagement with learning. Expressions of individual agency can help us understand this, which is linked with children's resilience. Four broad groups can be identified from our interviews. These are termed: 1. 'stressed/unresolved'; 2. 'committed/trusted support'; 3. 'private/self-reliant'; and 4. 'disengaged'. Not all young people fit neatly under these headings and there is some overlap between groups. Furthermore, high- and lower-progress young people were included in each of the first three categories. Let us look more closely at each group in turn.

1. *'Stressed/unresolved'*

This first group comprised five individuals, mostly young women, who were experiencing high levels of stress and which was (still) having a major impact on their schooling. Three of the five had long care careers, around 10 years, and three had not experienced stable placements. 'Unresolved' does not imply that care, educational, mental health or other supports were not provided but they reported the stress was not adequately contained. Young people were doing their best to manage the difficulties but they were having major adverse educational and other consequences. The young woman who had been confined in the cellar was in this group.

One important finding from our research was that, for most of our sample, birth family continued to influence their lives and education. Children do not cease to belong to a family simply because they no longer live with one. Social media brings a further dimension to this, permitting children to keep in contact with birth parents and others in different ways. Birth family could have positive benefits but was often a source of conflict. At the time of her GCSEs a young woman had been experiencing a complex and very stressful court case in which her loyalties were torn. She also stated that she would have done better at school if her foster carers and social worker had shown more interest in her education and given her more encouragement. She took an overdose before her examinations but subsequently formed a close bond with her foster carers who did not reject her. She described this as something of a turning point in her life: a key stage in her resilience (Rutter, 2013).

Another young woman was troubled by the continuing violence in her birth family home, especially as 'My poor old brother still lives there'. She explained how she could become aggressive in class as a consequence but teachers were unsympathetic:

'And they didn't understand if you told them, look I just [need] space, and they didn't understand, they didn't really care...They hadn't got a clue, they probably just didn't know'.

In another example, a young woman had entered care early in her secondary schooling. As she explained it, her mother had a new 'boyfriend', who said that she had to choose either him or the children. Shortly after, the girl was hit with a succession of shocks: two bereavements of close foster relatives and her foster mother was diagnosed with cancer. She stated that she had too many social workers and not all teachers were as supportive as they could have been.

'Obviously, when you're going through things, you can't really ignore it completely...And although I tried my best to get on with what I could do, and do the best I could, it wasn't always that easy, and it wasn't easy just to block everything out, but I did the best I could when it came to school'.

One young woman had entered care at 15. She stated that she had no stability in her life and felt that she had no one whom she could talk to. If there had been someone who understood her, she felt that she could have done better.

With this exception, the *'Stressed/unresolved'* group had accessed different forms of support of support, including school mentors, counselling, CAMHS (Child and Adolescent Mental Health Services) and a maths tutor. However, supports were of a varying quality and had not (yet) managed to help young people to contain their problems and engage fully at school. In terms of resilience, the negative influences from the past had not yet been successfully managed. Reliable social relationships, particularly with carers, still needed to be established to help provide a secure base for the future.

2. *'Committed/trusted support'*

This second category comprised six young people, mainly females, who were all in the high-progress group. Most were planning university careers and at least three are at leading UK universities pursuing careers in medicine, engineering and English Literature. There were several distinguishing features of this group. They had strong support, which young people engaged with. They lived with highly caring, sometimes quite remarkable foster families. Young people felt genuinely cared for, that their lives mattered and that it was, therefore, worth making an effort. They said that they needed to feel that their lives matter to someone else before it could matter to them. These foster carers believed strongly in the benefits of a good education and pushed young people to do well. Grandparents also emerged as important in two cases. There were accounts of good teachers, who were also supportive. These positive social relationships facilitated young people's resilience.

To give some examples, one young woman entered care at the end of primary education. She had never liked school, misbehaved and felt overlooked by teachers. It took her a long time to realise that her home life had affected her schooling. She stated that her foster family introduced some boundaries and structure to her life, and she started attending school regularly. It was at this time, she said, that she decided that she wanted to start doing well.

Another young man and a young woman lived with two highly supportive foster families. They come from South Asian/African backgrounds and there is an ethnic match in their placements. Both families pay privately for individual tuition for their own children and the foster children are included. The young man came into care aged eight and, after four placements in a year, settled into the current home. There were six other birth and foster children in total and he had never felt treated differently to any of the others. He commented that he always had good social workers; he

meets his birth mother every weekend; and teachers have respected his wish to keep his family background confidential in the school. If he needs anything for his education or more generally, the foster carers buy it first then claim it back later if they can. He comments:

‘I was treated like one of their own children, so you become part of the family and when that happens it’s easier for you to excel’.

He stressed the importance of support needing to be tailored to the individual and that social workers and teachers need to ask carers and young people about what is required.

The other young woman felt that she always had the ability to do well but did not have the motivation (‘...when you feel, like, constricted inside, you just don’t feel like doing anything...I knew I had the ability but I just didn’t care neither’). Her mother’s mental health has been an enduring problem and she came into care to live with this carer aged 13. She had six social workers in five years and remarked on their low expectations. Her carer helped change her life:

‘...I was like, ok, maybe I need to start, you know, getting settled down...Gradually, I started, like, sort of getting better. Like I stopped being so closed up, I started opening up as well, because all I think I just wanted was just someone to just be there, and just to be there as my guide and just to help me. I mean, to be honest, when it all came to this, my success in education, I can only say it was because of my carer, and not because of anyone else’.

She explained further:

‘I think that everyone has the ability actually to do well in education. It’s just the support mechanism that you give to them...For me, I just needed someone to give me a kick up the backside and say to me “[name], you can do it” ...Because when someone does something for you, you don’t want to let them down...It made me feel touched and it made me feel like, you know, maybe this is not just a placement...And it made me feel more warm’.

Another young woman, now studying English at a leading university, said that her educational success was mainly down to herself but being in care facilitated this by providing a large support system. A main motivation was to succeed for her now deceased grandparents, who had supported her when she was young. Her main message for children in care was to build up ‘a support system they can trust’.

3. *‘Private/self-reliant’*

This third group of young people was different from the others in that they tended to be very private and highly self-reliant. It was a large and heterogeneous group, comprising about a third of the 26. These young people explained that they preferred to remain independent and autonomous. Some

were very clear that they did not like to be treated differently to others and they could be very stubborn. As we shall see, some were very determined to succeed educationally and were doing well. It could entail a high level of support but this '*Private/self-reliant*' group did not like to feel dependent on others.

As a group, they tended to enter care slightly older than other interviewees. They were divided between the high- and lower achieving groups, so independence and self-reliance are not necessarily linked with educational failure. However, this did not apply to the three young men in this category: two were in the lower-progress group and the other had been an unaccompanied asylum seeker, for whom caution of others and self-reliance may be understandable.

When asked to whom how well they did at school was attributable, a frequent answer for this '*Private/Self-Reliant*' group was 'Myself': not other people or a combination of self and others, which was found more frequently with the first two groups. For example:

'I don't think anyone can help you get on in school, it's just yourself, it's if you want to get on yourself...Wasn't focused on the future. I didn't think it was going to end, to be honest...I was living in the moment if you know what I mean'.

Another young woman who did well at school, achieving six GCSEs at B/C grades, was adamant that she would not allow what was happening at home affect her schooling ('I don't let things affect me'). She did not feel that her placement moves affected her achievements ('...I was used to changing. It was a normal thing'). She received support from others '...but I didn't want them knowing my business'. This young woman was determined to do better than her parents did: 'I did work hard because I wanted the best results. I wanted to prove everybody wrong'. Someone from the same authority, who was similarly independent, was particularly sensitive to the stigma associated with public care: 'I wasn't that type of person to be branded needing help'.

Some individuals (young women) in the '*Private/self-reliant*' group described undertaking caring roles for their mothers with substance misuse and mental health problems, which may be linked to their autonomy and exercise of control. One said that at every Personal Education Plan (PEP) meeting she attended, she reiterated that the best way that professionals could help her do well at school was to make sure that her mother was taking her medication. The young woman felt that, in effect, she was having to undertake the social worker's role, who was unhelpful:

'Oh, I'm very outspoken. It's just been part of my character...And I was quite articulate in what I wanted. So I was just like, "This is what I want, and this is what I'm asking". And you

can see I was a bit of a gutsy person, so I wasn't going to take no for an answer. And plus, my IRO [Independent Reviewing Officer] was quite nice... if my social worker wasn't going to do anything, I'd just literally go to my IRO and say, "Look, my social worker and her manager are not helping me out here. So can you help me out, please? Like, I don't know, nag them or do something to them, but just get them to do something". I wanted to ask my social worker about helping my mum, because she's not been taking medication for a year now, and they've been like...they literally will say, "Oh, we'll look into it, we'll look into it, we'll look into it." But they never look into it. So in the end, I'm just like... and I literally, review after review after review, I'm telling them I need someone to look at that'.

This is a powerful expression of agency.

One theme of this *'Private/self-reliant'* group was the criticism of services, particularly foster carers but also some teachers. Services were not sufficiently reliable to genuinely support young people. Their high level of independence could be seen as a demonstration of 'hidden resilience': an attempted protective mechanism against further harm. One described her first carers as 'nasty'. Two others described their carers as uninterested in their education; one of whom never attended any parents' evenings or school functions. Another said her foster carers were too strict, laid down too many rules and so she felt very soon she should leave, which she did. One young man, who had lived in his foster home for seven years, was informed a year before his GCSEs that his carers would be discontinuing fostering and he would have to leave after his exams. He did not find out until Easter where he would be going. He felt that this contributed towards him not doing as well as he hoped ('Messed with my head a bit so I didn't get the grades I was predicted').

One young person, struggling to deal with depression and anxiety, explained how '...I keep it to myself' rather than discuss problems with others. He felt that none of his schools had helped him, spending most of his time in the library having been excluded from classes ('No...I don't think any school did'). Another memorable young woman in this group, now training to become a teacher, liked attending school because it was a place where you could leave your troubles behind and 'no one has to know your business'. She partially attributed her success at school to the fact that her birth mother, despite other problems, had always wanted her to do well educationally. Her mother died just before her daughter's GCSEs. The support she wanted was to be encouraged in the right direction but not to be forced: 'I think you, individually, have to push yourself'. This young woman resented being removed from class to attend meetings: she said that she was too busy with her

schoolwork to attend meetings, but could she be sent a copy of the minutes and she would get in touch if she had any concerns. She could go far.

4. *'Disengaged'*

The final group consists of four young men who, at the time of taking their GCSEs, can be described as *'Disengaged'*. They had entered care in their secondary schooling, one in Year 11, and all were in the lower-progress group. These young men felt that they could have done better in their exams and that the reason for this was down to them. Their explanations were that they disregarded advice and that they did not pay attention. They were often offered support at school, such as counselling for example, but chose not to take advantage.

In their own words:

(Interviewer - 'Is there anyone that's stopped you from doing well?') 'Yeah my mates really...and mainly myself.'

'I think it was mainly down to me...if I'd focused more than I did on my coursework, I probably would have done a lot better.'

'The only person that stopped me was myself...I think it was mainly down to me.'

'I don't think anyone can help you get on in school, it's just yourself, it's if you want to get on yourself...They were telling me I could go further but I wasn't listening'.

There was more evidence of school discipline problems for this group than others, including disobedience of teachers and rule-breaking. There were accounts of fighting at school, smoking and setting-off fire alarms. One young man was selling drugs at school. Some of this group would have been assessed for special educational needs for Social, Emotional and Mental Health Difficulties (SEMH), while educational difficulties and school behaviour problems may have contributed to entry to care. Peer groups also featured prominently for this group: three enjoyed school mainly as a place to meet and interact with friends and to 'mess around'. Two of these young men described themselves respectively as 'I'm one of the cool kids', and 'I was always the class clown'. Professionals perceived that they were trying to obtain peer status with these actions.

This group clearly posed considerable problems to teachers and others. However, they also shared characteristics with the wider interview sample and so their anti-social behaviour and delinquency did not occur in isolation. We did not explore background factors in detail but some factors emerged from either young people or carers/professionals. One young man was said not to cope well with exam pressure and missed a GCSE exam: he said that 'Things were going on at home'. The

mother of one young man had died and another had never met his father, nor had a reliable male adult in his life. The father of one was in prison for drug convictions. One young man was described as a 'social outsider' at school with few friends: he did not enjoy school, had both been bullied and bullied others, and was incontinent. Another, before he entered care, had attended seven or eight primary schools as his family was always moving around; and he was excluded from one primary school and one secondary school, missing a year and a half of primary school. However, since entering care in Year 7, he had been at the same secondary school.

Despite feeling that they had under-achieved, nevertheless, all of this group felt that entry to care had helped them and benefited their education. When interviewed, three were still living in the same, stable placements. Two were at college and one on an apprenticeship. They had become regular school attenders, unlike previously. It was also clear that strategies had been put in place at school to manage difficulties, for example not to permanently exclude. One described an anger management programme, whereby he could temporarily leave a class if he required it by holding up a card. Another had now agreed to access a CAMHS service. Services may have been beginning to influence these young men to adopt more positive forms of resilience.

Discussion

Looking at the educational experiences of children in care through their own eyes shows us how they make sense of, and manage, their own circumstances and how this links with their resilience. It is apparent that they demonstrate *agency* in a variety of ways. They do this by exercising choices; developing individual coping styles; deciding whether or not to engage with supports offered; and by judging the quality of services. They assess the sincerity, integrity and reliability of the adults they encounter, particularly the carers with whom they are asked to live. We would expect 16-18 year-olds to be taking more responsibility for their own lives but the interviewees were reflecting also on their responses when younger.

It was shown that the young people had been living in very complex circumstances. The four groups appeared to be in different positions regarding their education and were exercising their agency in quite different ways. The first '*Stressed/unresolved*' group were clearly experiencing difficulties. There were some unstable care careers and continuing tensions regarding birth parents. They seemed somewhat adrift and overwhelmed by their problems. Young people, in the main, were engaging with services but their difficulties still had major consequences for their education and general welfare. In contrast, the '*Committed/trusted support*' category was more of a success story. They had found stable, permanent families, accessed support and all done well at school. Hopefully,

the first group were *en route* to becoming more like the second but this may be impeded by the false starts and, in any case, time was rapidly running out.

The third '*Private/self-reliant*' group were diverse. A small number, despite acute family problems, had somehow managed to sail through their schooling apparently unaffected. But most were not this fortunate and were exercising high levels of control over their dependence on others. There may have been little choice for some, having been let down by shortcomings in services and in those around them. It seems astonishing that a young man who had lived with a family for seven years, and in what is one of the most important years of his life, was then told that he would be moving after his exams and that this was still not resolved barely eight weeks beforehand. His exam results are a testament to his endurance.

The final '*Disengaged*' group were clearly a challenge and, while at school, most appear not to have been expressing a greater desire for support. They enjoyed attending school mainly for its social benefits, to meet-up with friends and to have fun in their own way. They appeared to gain social status and pleasure from this. Some in the third and fourth groups justified their responses by saying that, as life at home had been very unpleasant, they enjoyed being at school and leaving that behind. They did not want reminders of their 'in need' or 'in care' status.

There are a number of consequences of this analysis. It appears that young people, individually, will need the right forms of help at the right time. Support offered needs to acknowledge and complement their own expressions of agency. Some young people had not realised how their neglectful upbringing had affected them individually and their behaviour and performance at school. Skilled and sensitive individuals need to help them to work through this. Their response may change eventually but the timing could be uncertain; or it may not occur. If high quality, reliable supports are offered, then over time young people may choose to adapt and engage more successfully with learning and school. However, engaging with support for young people entails risks: it may lead to a loss of social status; pupils may attempt to improve their performance but fail; and they may, as previously, be let down by adults they come to trust. It may feel safer not to take the risk.

If young people effectively are in control, then progress may seem hazardous. Yet we saw from our evidence that entry to care had led to improvements. Even with the '*Disengaged*' group, which may appear particularly challenging, there had been stability in placements, young people over time had become regular school attenders, and most were now attending college or industrial training. They were said to have progressed since entry to care but too late for their GCSEs. Achievements may take longer for children in care and the education system in England can be unforgiving if age-

related milestones are missed. This also demonstrates the importance of focusing on educational *progress* while in care, not just attainment (Sebba *et al.*, 2015).

Overall, young people seemed prepared, or more prepared, to engage with learning once certain preconditions were met. These preconditions comprise the social ecology of resilience (Ungar, 2011). First, they needed to be living somewhere which they felt was stable, secure and in which they felt they were genuinely cared for. It can be difficult for 'corporate parents' (children's services departments acting as parents) and bureaucratic structures to provide 'unconditional love' (Bullock *et al.*, 2006; Winnicott, 1964). However, young people's accounts suggest that some carers, particularly in the second 'Committed/trusted support' group, were indeed providing 'unconditional love'. In other circumstances, young people knew when they were not really wanted. Stable, fulfilling relationships provided the foundation for children's resilience. The second precondition for many was that birth family issues need to be managed. Birth parents required support and boundaries need be placed around contact. As far as possible, young people need to be protected from family stress, or helped to deal with it, in order to get on with their own lives and create new opportunities (Rutter, 2013).

Finally, once these structures were in place, young people said that they could then engage with schooling and it was individual teachers who could make the difference. They did this by understanding pupils' social and emotional problems; exercising confidentiality and sensitivity in the classroom; and taking into account individual learning styles with flexibility. Additional tuition was often welcomed. There is no guarantee that this would work: some young people had these supports in place but did not make good progress (yet). A few others did very well despite their difficulties remaining unresolved.

Conclusion

The application of theoretical ideas on agency and resilience is useful in helping to understand the perspectives of young people in care on their educational experiences and progress. It helps us to delve deeper and disaggregate the overall problem by identifying groups of young people in various circumstances. Each may require different solutions. The purpose of the paper has not been to develop social theory as such but to use theoretical insights to develop professional practice that helps support young people and benefit their education.

As with any study our research has its limitations. We did not achieve quite the sample size we hoped, but still had a very good response. Also it could be interesting to speak with younger children and their birth parents about these processes: this is part of our future plans. Further areas for research can be identified from this analysis. For example, there are interesting gender patterns

that it would be useful to investigate further: young men and young women seem to exercise agency and demonstrate resilience in different ways. Future research could also make fuller use of care-experienced young people in overall planning and discussing findings, not just interviewing.

Implications

In considering what recommendations could stem from this research, the final question in interviews with young people was: 'Thinking about your experiences, what do you think are the main things that can be done to help children in care do well at school?'. Responses can be grouped as follows, expressed in their own terms:

- Solutions to educational problems need approaching individually.
- Children's own motivation and frame of mind are important.
- Children need to be happy where they are living.
- Deal with emotional issues.
- Children need to be consistently pushed in the right direction ('Even if it's subliminally').
- Teachers should be more understanding ('Given a longer leash').
- Provide more tuition if it is needed. (Berridge *et al*, 2015)

These are very consistent with our own conclusions.

As researchers, our overriding conclusions for policy and practice are that progress is always possible, never give up. Potential may take longer to fulfil than with other pupils so the UK needs a more forgiving educational system which allows for this over a longer time-scale. Effective multi-professional working is essential between social workers, carers, teachers and others. High quality services are a prerequisite for relationships, stability, support and resilience. Birth families should not be overlooked and carers require good support to provide essential stability. This expression of agency theory may help carers to understand some children's reluctance to reciprocate and barriers to resilience. Teachers need better understanding of children's social, emotional and behavioural problems and their impact on classroom behaviour and learning. Much of this has been said before but there are unlikely to be any shortcuts.

Particularly importantly is young people's involvement in care. In England, this is enshrined in law, policy, good professional practice and social work values. Most young people in our study attended educational planning meetings (Personal Educational Plans [PEPs]) and had a mixed experience of their usefulness. The participation of children in care is a subject that has received much attention and research interest internationally (Cashmore, 2002; Bessell, 2011). Children often complain that they are consulted or spoken with but not genuinely listened to. What they ask for, of course, may not necessarily arise. However, this article shows that children exercise their own agency given the

social contexts in which they find themselves and based on their own judgements of what is being offered. If we are to support children in care to be resilient and make educational progress, we need better understanding of this expression of agency as well as its acknowledgment.

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