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Home tutoring for Children in Care – student, tutor and carers' perspectives

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**Declaration**

Submitted by Elizabeth Anna Russell to the University of Exeter as a thesis for the degree of Doctor of Educational Psychology in Education, Child and Community Psychology, May 2011

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I certify that all material in this thesis which is not my own work had been identified and that no material has previously been submitted and approved for the award of a degree by this or any other university.

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**Signature:**

**Elizabeth Anna Russell**

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## Home tutoring for Children in Care - student, tutor and carers' perspectives

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## **Overview**

This thesis is formed from two papers. The first explores the perspectives of Children in Care in Years 10 and 11 with regards to school, home tutoring and self concept. The educational predictions and attainment of Children in Care are examined. The second paper explores the contribution of a home tutor in supporting Children in Care with the objective of increasing their educational attainment.

### **Paper One: Children in Care; Educational progress and perspectives on school, home tutoring and self concept**

The introduction in paper one sets details the current political climate and describes the context of the local authority in which the home tutoring service is based. The literature describes research which examines various qualities of the group of young people known as 'Children in Care'. It is through this literature that the characteristics which make this group vulnerable can be identified.

The rationale for finding out more about the perspectives of Children in Care and what would support them to achieve their potential is that they are, as a group, underachieving when compared to their peers on many levels such as poorer educational outcomes, they are more likely to be in 'NEET' (not in education,

employment or training) and are more likely to have mental health problems

(Simon and Owen, 2006).

It was found that i) none of the Children in Care in the local authority were predicted to attain above a grade B for either English, maths or science GCSE, ii) those who received home tutoring were on average more likely to be predicted higher grades than those who do not receive home tutoring, iii) those who receive home tutoring are more likely to be entered to take their GCSE exams than those who do not receive home tutoring, iv) that the Children in Care placed a high importance on doing well at school but there was a discrepancy between this rating and the one for how much they liked school and v) a considerable amount of Children in Care are not achieving their predicted GCSE grades.

The results are interpreted as support for the importance of early intervention and the importance of providing equal opportunities to all.

### **Paper Two: 'My Secret Weapon'; The role of a home tutor in the lives of Children in Care and their carers**

Paper two builds upon the findings in paper one by exploring the issues and concepts associated with Children in Care and their educational attainments in greater detail through semi-structured interviews with five home tutors, five

Children in Care and six home tutors. The Children in Care interviewed had an average of 30 tutoring sessions in the previous academic year with their home tutor

Themes were formulated from the interview transcripts using open and horizontal coding; 20 categories were identified which formed the structures of five broad themes; Personal relationships, Confidence, Resilience/Stability under adversity, Normalisation and Filling the gap. These were analysed using interpretative analyses using a grounded theory approach.

It was found that home tutoring was perceived to have made a significant impact to those involved. It has led to increased positive outcomes for the participants. Many factors which affect the outcomes of Children in Care were identified by participants. A theoretically based psychological model emerged from the data to help to develop professional and psychological understanding of the needs of Children in Care. The model is based upon the themes from the data as well as resilience theory and attachment theory. The model shows how the themes may combine to have an effect of the outcome of a Child in Care.

Improvements for the home tutoring service were identified and suggestions regarding the role of the Educational Psychologist and the practice of the Local Authority in supporting Children in Care were put forward.

**Paper One: Children in Care; Educational progress and perspectives on school, home tutoring and self concept**

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**Abstract**

The purpose of this study was to gain the perspectives of Children in Care in Years 10 and 11 with regards to home tuition, their feelings about school and their ratings of self concept. Background information such as predicted educational attainment and number of placement moves in a given time frame were also studied in order to consider factors which are important to Children in Care and their educational progress.

In particular this paper asked the questions;

- 1) How do Children in Care receiving home tutoring differ from those not having home tutoring with regards to predicted GCSE grades?
- 2) What are the perspectives of Children in Care receiving home tuition with regards to school?
- 3) What are the perspectives of Children in Care receiving home tuition with regards to home tutoring?
- 4) What are the self-concept scores for Children in Care receiving home tuition with regards to all dimensions of self concept?
- 5) What are the Children in Care's predicted and actual GCSE scores and what is their relationship?

There were 87 participants, 33 of whom accessed the home tutoring service. The Children in Care completed the Self Description Questionnaire II (Marsh, 1992) and a questionnaire designed by the researcher to elicit participants' opinions on what was important to them with regards to school, home tuition and life in general.

It was found that i) none of the Children in Care in the local authority were i) predicted to attain above a grade B for either English, maths or science GCSE, ii) those who received home tutoring were on average more likely to be predicted higher grades than those who do not receive home tutoring, iii) those who receive home tutoring are more likely to be entered to take their GCSE exams than those who do not receive home tutoring, iv) that the Children in Care placed a high importance on doing well at school but there was a discrepancy between this rating and the one for how much they liked school and v) a considerable amount of Children in Care are not achieving their predicted GCSE grades.

The results were interpreted as support for the importance of early intervention and working to support Children in Care in order to 'close the gap' between their educational attainment and their peers educational attainment before the discrepancy between the two groups enlarges. Key conclusions to improve the home tutoring service will be discussed in paper two.

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## 1.1 Introduction

In the region of 60,000 children in England are 'looked after' by local authorities at any moment in time (Department of Health, 2000) but it is also estimated that throughout the course of a year 90,000 children will spend some time in care in the United Kingdom (Every Child Matters Website, 2008). These children were previously known as 'Looked after Children' but are more recently referred to as 'Children in Care'.

'Children in Care' include young people who are on remand, young people committed for trial or detained, young people who are subject to Emergency Protection Orders or police protection and young people who are available to be adopted (Department of Health, 2000). The term also includes children who are being looked after by someone other than their parents on account of care orders or because their parents have given permission for this to be the case.

Nationally Children in Care when compared to their peers in general are 10 times more likely to be excluded from school, 12 times more likely to leave school with no qualifications and 60 times more likely to be sent to prison (UK Joint Working Party on Foster Care, 1999). Nearly all Children in Care will also have a history of maltreatment (Minnis, Pelosi, Knapp and Dunn, 2001).

In 2005 within the local authority in which this study is based, 79 children or young people per 10,000 population were looked after by the council. This was at a significantly higher rate than the national and local comparator authorities ( \*\* council, 2006, Page 18). In 2006, only 12% of Children in Care (in Year 11) nationally achieved 5 A\*-C grades at GCSE (General Certificate of Secondary Education) (or equivalent) compared to 59% of all children in the UK (Department for Education and Skills, 2007). In 2008 this gap widened to only 14% Children in Care achieving 5 A\*-C grades at GCSE (or equivalent) compared to 65% of all children in the UK. (Department for Children, Schools and Families, 2009). Existing knowledge from data gathered in the United Kingdom shows that the number of Children in Care is rising and that they are under-achieving academically in comparison to their peers (Simon and Owen, 2006).

In the local authority where this research is based an optional home tutoring service is provided for Children in Care in Years 10 and 11 to help combat the discrepancy between the educational attainments of Children in Care and their peer population. A home tutor will typically see a Child in Care for two hours a week and the work will be based upon a school subject which the Child in Care has identified that they would like help in.

Though the local authority has spent money employing home tutors for Children in Care, it has never evaluated the service or found out whether this is the best strategy to help improve the educational attainment of Children in Care.

In 2003 a national report was commissioned to examine what needs to happen for the educational outcomes of Children in Care to improve. The report, *A Better Education for Children in Care* (Social Exclusion Unit, 2003) identified five key issues;

- 1) Too many young people's lives are characterised by instability,
- 2) Young people in care spend too much time out of school or other place of learning,
- 3) Children do not have sufficient help with their education if they get left behind,
- 4) Carers are not expected, or equipped, to provide sufficient support and encouragement at home for learning and development,
- 5) Children in care need more help with emotional, mental or physical health and well-being.

This paper will examine the perspectives of Children in Care in Years 10 and 11 within a particular local authority and find out what is important to Children in Care and which factors they perceive to be important in enabling them to gain an education. As a consequence of this suggestions could be made to build on or improve the home tutoring service. The second paper will examine the home

tutoring service and the outcomes from this in more detail using qualitative methods.

This study is relevant nationally because all local authorities have a duty to support Children in Care. This study may provide advice on how this can be achieved. Current work as an educational psychologist involves viewing Children in care as a vulnerable group. Dent and Cameron (2003) described this as 'recognising the variety and complexity of their needs, understanding the importance of multi-agency co-operation and enabling the local education authority to put into practice its shared responsibilities for corporate parenting' (P.13).

This study is relevant to educational psychology because Children in Care are approximately 9 times more likely than their peers to have statement of special educational need and 13 times more likely to be permanently excluded from school (Cairns and Stanway, 2004). This means that it is likely that Educational Psychologists will work with Children in Care on their caseload or those who are working/living with Children in Care. As a very vulnerable group, there are numerous reasons why an Educational Psychologist may be involved with Children in Care.

## 1.2 Selected Literature

An extensive literature review has been marked and examined separately from the examination of this thesis. It is included in Appendix 3.4.1. Included below is a selection of recent literature involving Children in Care and how this relates to the aims of this study.

Harker, Dobel-Ober, Lawrence, Berridge and Sinclair (2003) interviewed eighty Children in Care aged between 10 and 18 years old. They found that sixty two of the Children in Care were able to name someone they felt 'supported their educational progress'. The list included teachers, foster carers, peers, family and social workers. Although this accounts for 78% of the Children in Care interviewed it still left 22% of the Children in Care who could not think of anyone. Engaging with school and with learning is quite often a process facilitated by key, supportive people in the lives of young people. If 22% of the Children in Care in the study could not name anyone it would have been beneficial to further explore what motivates them to learn. An advantage of this study is the emphasis it places on gaining the young person's views and this point is incorporated into the design of this study.

A limitation of the study by Harker et al (2003) was that the sample may have some bias towards those young people who have had relatively positive experiences whilst in care. Some of the participants who did not take part in the follow-up sample may have had a different opinion and could have affected the results. This

study will learn from that and not include a follow-up sample but instead every effort will be made to gain the views of Children in Care at the one point of data collection.

Marsh and Craven (2006) conducted a review of a great number of research studies. They showed that academic self-concept and achievement were reciprocally reinforcing constructs. Valentine, DuBois and Cooper (2004) examined research from a variety of authors. Their results were consistent with those of Marsh and Craven (2006) as they also found consistent support for mutual effects between academic self-beliefs and achievement. This paper will be looking at the self-concepts of Children in Care including academic self concept.

To extend the research mentioned above this study will look at exam predictions for Children in Care as well as GCSE results in order to examine the relationship between the two and to see if Children in Care receiving home tutoring differ from those not having home tutoring with regards to predicted GCSE grades.

Honey, Rees and Griffey (2011) conducted a study and found that the 51 Children in Care in their sample generally reported positive self-perceptions of their performance in school, behaviour, self-esteem, resilience, sociability and the extent to which they were reaching their potential in education and life. The study by Harker et al (2011) compared the opinions of Children in Care with those children

not in care. In contrast this study will look for differences within the looked after population because the approach used by Harker et al (2011) does not fully appreciate the individual differences which can be generated in one type of population group as diverse as Children in Care.

The study by Honey et al (2011) was interpreted as support for the findings by Harker et al (2003) whose work found that the majority of Children in Care in their study reported positive experiences at school. These pieces of research incorporate the pupil's voice which this study will also do as this can generate rich data.

In contrast to this Fletcher-Campbell and Archer (2003) conducted a study which was based in twelve local authorities and they came to the conclusion that insufficient effort was made into addressing the negative attitudes Children in Care in their study had towards schooling. They also suggested that more stable care placements were associated with better educational progress and that inadequate information was held by local authorities with regards to Children in Care's educational journeys. An advantage of this piece of research is that it has a large sample however due to the specific nature of the home tutoring service this study will take place across one county.

Communication links between professionals working with Children in Care need to be highly efficient so that everyone can support the Child in Care to the best of their abilities. Good communication may also assist in protecting the Child in Care.

The Children's Act 2004 places Educational Psychologists within broad, multi-disciplinary, integrated locality-orientated services. Previous research has highlighted the importance of schools in supporting Children in Care and the ways in which they can foster resilience. For example, through teacher expectations and the support available to Children in Care (Dent and Cameron, 2003). However, further research is needed into how other professionals found in multi-disciplinary teams can support vulnerable groups of young people. This study attempts to answer that query with regards to the home tutoring service by asking the question 'What are the perspectives of Children in Care receiving home tuition with regards to home tutoring?'

In the local authority in which this research is based home tutors are significant adults in the lives of Children in Care. Research is needed into how home tutors and other significant people working with Children in Care can be supported and included in multi-disciplinary ways of working so everyone is working towards the common aim of doing the best that a local authority and its staff can do in the aim of supporting vulnerable groups of young people.



In 1999 school “league tables” were introduced and it seems that since then schools are judged on the basis of how well their pupils perform in key stage four (Connolly, 2006). As a consequence of this local authorities have produced plans and strategies to support their most vulnerable pupils. One such strategy was to create the home tutoring service. However there may be times when strategies or interventions are not reviewed and therefore how effective they are is not known. This study aims to see what the perspectives of Children in Care receiving home tuition are with regards to school.

Although there are pieces of research completed in local authorities which examine various ways in which the educational attainment of vulnerable pupils and specifically Children in Care can be raised, there has not been a study looking at how home tutors could be key players in the strategies and plans to support Children in Care.

My research makes a unique contribution to this area and it is relevant to all local authorities because although not every local authority has a home tutoring service, they all have Children in Care and other vulnerable groups of young people. Any research which contributes to the area of how best to support these groups of vulnerable young people is worthwhile and relevant to today’s society.

### 1.3 Research aims

The purpose of this study was to examine the perspectives of Children in Care in Years 10 and 11 within a particular local authority with regards to home tuition, their feelings about school and their ratings of self concept. Background information such as predicted educational attainment and number of placement moves in a given time frame were also studied in order to consider factors which are important to Children in Care and their educational progress. Exploring these issues will help determine whether the home tutoring service is an appropriate way of supporting Children in Care and if it is not then suggestions will be made on how it can improved or what else may be considered. This is important because legislation from the previous Labour government which is still in use today states 'services should be shaped by and responsive to the children, young people and the families who use them' (Department for Communities and Local Government, 2007). The second paper will examine the factors identified in this paper in closer detail using qualitative methods.

In particular this paper asked the questions;

- 1) How do Children in Care receiving home tutoring differ from those not having home tutoring with regards to predicted GCSE grades?
- 2) What are the perspectives of Children in Care receiving home tuition with regards to school?

- 3) What are the perspectives of Children in Care receiving home tuition with regards to home tutoring?
  - 4) What are the self-concept scores for Children in Care receiving home tuition with regards to all dimensions of self concept?
  - 5) What are the Children in Care's predicted and actual GCSE scores and what is their relationship?
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## **1.4 Design and Methods**

### Methodology

This study is underpinned by social psychology. Paper one is based on an experimental social approach as it is looking to break down behaviour into constituent components. These components could then be further explored in paper two using a social constructionist approach incorporating the belief that human activity is constructed partly by individuals themselves and partly by the culture they are. The design of the study reflects these understandings and uses a mixed methods approach across the two papers. The mixed methods approach allows for views to be obtained from a relatively large population about a general area and some of these views to be explored on a deeper level with a smaller number of participants. The methods of data collection in paper one were selected based on the ease in which data could be gained from 87 pupils geographically l

located in more than one county. These methods also allowed the pupils complete the questionnaires in their own time. The method of data collection in paper two was selected as a way of generating rich data from a relatively small number of participants in a way that allowed the participants to be directly involved guiding the direction of conversation.

### General design

This study uses a single point systematic survey methodology that collects mainly quantitative data. This includes background information on the participants and the responses given to two exploratory questionnaires to answer the research questions. The questionnaires were distributed at the end of the academic year (July 2010) to Children in Care. This was when the Children in Care had completed their last session with their home tutors for the academic year, as the vast majority of Children in Care do not access the home tutoring service when it's the school holidays. It was thought that it was better to ask them about the service while it was still fresh in their minds. The questionnaires could be completed at a time convenient to the participant before being posted back to the researcher.

The Self Description Questionnaire II (Marsh, 1992) has been validated by a number of researchers and is appropriate to provide an overview of how these adolescents view themselves. The Children in Care questionnaire contained broad questions to elicit issues which can be further explored in paper two.

Ideally the study would use an experimental design with a matched controlled group of young people in care not receiving tutoring with before and after measures to evaluate the home tutoring service. This was not possible as the service was already in place and due to Children in Care starting to access the service at different points in the academic year.

### Participants

The current study included 87 pupils in Year 10 and 11 who were under the local authority's care at the end of July 2010. These represented the complete cohort for Year 10 and 11 Children in Care in the local authority. (See Figure 1.4.1) The majority of the Children in Care attended mainstream secondary schools, 13 attended a special school for pupils, three attended a residential school and one Child was not placed in a school at the time.

### Sample characteristics

The majority of the Children in Care were placed in foster placements within the local authority. A small number were placed in foster homes in other local authorities. These Children in Care also had access to the home tutoring service if an appropriate tutor was available and so the Children in Care who live in other authorities but were still under the care of this particular local authority were included in this study.

The number of Children in Care receiving tutoring (n=33) was smaller than those Children in Care who did not receive tuition (n=54). A comparison of the participants showed no significant difference between the proportion of males and females who receive home tutoring (mean=1.55, s.d=0.51) and those who do not (mean=1.65, s.d=0.48 ,  $t(85) = 0.94, p \geq 0.1$ ), the age at which the Children in Care who receive home tutoring enter the care system (mean =62.2, s.d=55.9 ) and those who do not (mean =52.9, s.d=53.9,  $t(85) = -0.763, p \geq 0.1$ ) and the duration of the current placement for those who receive home tutoring (mean =25.6, s.d=31.9) and those who do not (mean =23.9, s.d=30.4=4.1, ( $t(85) = -0.25, p \geq 0.1$ ).

It was found that those who did not have tutoring had on average a higher number of care placements in the last 12 months (mean =1.5, s.d= 1.0) than those who did not have home tutoring (mean =2.7, s.d. =3.6) and the difference between the two groups was statistically significant ( $t(65) = 2.31, p < 0.05$ );. (See Appendix 3.1.1).

Table 1.4.1 depicts the characteristics of the sample mentioned above and illustrates the differences for those characteristics between those Children in Care who have home tutoring and those who do not. 33 Children in Care in this study had received home tutoring, however the number of sessions they had with a tutor ranged from 3 to 50 (mean=26). 28 of these Children in Care had 10 or more sessions and 18 of these had 20 or more sessions with their home tutor (see Appendix 3.1.2).

Table 1.4.1: Characteristics of the participants grouped according to those Children in Care who have home tutoring and those who do not have home tutoring.

	Gender	Year	SEN ?	Type of SEN	Mean time in care (months)	Mean time in current placement (months)	Mean number of placements September 2009-July 2010	Mean number of tutoring sessions	
<i>Children in Care who had home tutoring</i>	<b>M</b> 18	<b>Year 10</b>	<b>Yes</b> 2	BESD x 2	69.00	8.00	2.00	23.00	
			<b>No</b> 4		52.00	16.75	1.25	18.50	
	<b>Year 11</b>	<b>Yes</b> 4	<b>No</b> 8	BESD x 4	109.75	21.50	1.00	33.75	
					68.50	45.75	1.38	23.88	
	<b>F</b> 15	<b>Year 10</b>	<b>Yes</b> 0	<b>No</b> 2		0.00	0.00	0.00	0.00
						21.50	6.00	2.00	11.50
<b>Year 11</b>		<b>Yes</b> 2	<b>No</b> 11	BESD x 1 PD x 1	104.00	37.00	1.00	16.50	
					42.82	20.45	1.82	24.91	
<i>Children in Care who did NOT have tuition</i>	<b>M</b> 35	<b>Year 10</b>	<b>Yes</b> 9	BESD x 5 MLD x 2	62.89	34.78	2.56	0.00	
					<b>No</b> 7	SLD x 1 ASC x 1	53.57	12.43	5.57
		<b>Year 11</b>	<b>Yes</b> 8	<b>No</b> 11		BESD x 4 MLD x 2 MPN x 1 PD x 1	74.25	37.63	1.63
					25.18		14.00	1.64	0.00
	<b>F</b> 19	<b>Year 10</b>	<b>Yes</b> 1	<b>No</b> 6	SpLD x 1	143.00	106.00	1.00	0.00
						57.17	13.50	2.00	0.00
<b>Year 11</b>		<b>Yes</b> 3	<b>No</b> 9	MLD x 2 VI x 1	102.00	20.67	1.67	0.00	
					28.33	20.56	3.78	0.00	

MPN – Medical Physical Neurological

PD – Physical Disability

SpLD – Specific Learning Disability

BESD – Behavioural, Emotional, Social Difficulties

ASC - Autistic Spectrum Condition

SLD – Speech and Language Disorder

MLD – Moderate Learning Difficulty

VI – Visual Impairment

## 1.5 Measures and Procedures

### Background information

Background information on each Child in Care was gained from data held by the Children in Care Team. This included: placement location (placed in or out of county), the age the child entered the care system, predicted and achieved GCSE results, attendance figures and number of placement changes experienced in the last year. The information was correct at the end of July 2010 and was relevant to the academic year September 2009 – July 2010.

### Self Description Questionnaire II (SDQ II)

The Self Description Questionnaire II (Marsh, 1992) was chosen because it gave a wide range of domains to assess including academic self-concept. The Self Description Questionnaire (SDQ) II was chosen over the Self Description Questionnaire (SDQ) III because it is considered to be the most validated self-concept measure that can be used with adolescents (Byrne, 1996). The SDQ III is designed with late adolescents in mind and as some of the participants may be as young as 14 years old this was deemed not to be 'late adolescence'. The wording of some of the questions was slightly adapted for use in this study. For example, where 'parents' was written it was changed to 'carers'.



The self-description questionnaire provides a measure of multiple dimensions of self concept. These include non-academic areas (physical ability, physical appearance, same-sex peer relations, opposite-sex peer relations and parental/carer relations), three academic areas (reading, mathematics and school in general), emotional stability, honesty/trustworthiness and a global perception of self. (See Appendix 3.1.3) From these a score can be gained for academic self-concept as well as providing a broader view of how a young person views themselves.

The structure of the factors in the SDQ II has been validated in a large number of studies based on general populations. For example, Marsh and Craven (1997) and Marsh (1990). In a study by Plucker et al (1997) it was reported that the responses given in the SDQ II were highly reliable, ranging from 0.83 to 0.93 (mean = 0.89).

#### Children in Care Questionnaire

The questionnaire was designed by the researcher after extensive reading of literature regarding Children in Care and considering the potential impact of a home tutoring service. It was easy to comprehend and not too time-consuming for the participant. The questionnaire started with general categories of questions which then broke down into 11 point scales in order to gain participants opinions on questions such as; How much do you like your school? 11 point scales were

selected to enable participant to differentiate between their responses more than a 5 point Likert scale would allow. After each 11 point scale there was a space to qualify the answer if desired.

The questionnaire contained both open and closed questions (see Appendix 3.1.4). The question areas were conceived after extensive reading of literature regarding Children in Care and the researcher had talked to several members of the Children in Care Team regarding the home tutoring service. The questions were broad and specifically chosen to elicit perspectives and concepts which gave an insight into the views of the Children in Care in this paper. The perspectives and concepts will be further explored in greater detail in paper two.

The researcher visited several schools to pass on the questionnaires to Children in Care and the home tutors encouraged the Children in Care they worked with to record their opinions on the questionnaire. For those Children in Care where neither of these methods were appropriate questionnaires were posted to the Children in Care via their carers with a pre-paid self-addressed envelope included for replies to be sent back.

The data from the scores from the Self Description Questionnaires, the Children in Care Questionnaires and the numerical background information were inputted and analysed using SPSS for Windows, Release Version 11.0, (© SPSS, Inc., 2001, Chicago, IL, www.spss.com).

### Ethical consideration

There are several ethical issues which need to be considered in this study. These are informed consent, the right to withdraw, confidentiality and anonymity. Approval for the project was obtained from the University of Exeter School of Education Ethics Committee (Appendix 3.3.1)

All participants were given an information sheet (Appendix 3.3.2) fully outlining the study and asked to sign a consent form (Appendix 3.3.3) if they would like to participate in the research. All the participants in this paper were in Years 10 and 11 (14, 15 and 16 years old). As such there is no need to gain parental or carer consent as young people of this age are generally considered mature enough to make this decision for themselves unless they have a special educational need. Written consent was gained from participants before they took part in this study and where appropriate parental/carers consent was also be obtained.

All participants were informed that they have the right to withdraw from the study at any time and once they have agreed to take part they are under no obligation to continue if they do not wish to do so.

All data collected has been treated as confidential. All data that has been collected on paper has been kept in a locked container at the researcher's home. The data was transferred onto electronic files which have not been saved onto a hard drive but onto two separate memory sticks. Only the researcher has viewed the raw data.

When the data was analysed and written up it was done in a way that made it impossible to deduce which local authority and which young people were involved in the study. Personal details such as school names were not identified. The only person who was aware of which Children in Care elected to participate in this research was the researcher.

## 1.6 Results

The data was analysed using SPSS for Windows, Release Version 11.0, (© SPSS, Inc., 2001, Chicago, IL, www.spss.com). Some of the data is missing for various reasons. For example, a school may have not informed the local authority of predicted GCSE grades or a Child in Care may have chosen not to fill in the questionnaires. The missing data has reduced the sample size for analysis with regards to particular variables. The missing data made it not possible to analyse relationships between perceptions of school, perceptions of home tutoring and self concept. The results are organised in accordance with the research questions.

### 1) How do Children in Care receiving home tutoring differ from those not having home tutoring with regards to predicted GCSE grades?

Table 1.6.1 shows the differences between predicted grades for those who had home tutoring and those who did not. It is interesting to note that only 16.7% of those who do not receive home tutoring are predicted 5 GCSEs graded A-C compared to 39.4% of those who do receive home tutoring. The table also demonstrates how those who do not receive home tutoring are more likely to not be entered to take GCSEs (27.8%) than those who do have home tutoring (3.0%). This is a key finding as it shows home tutoring is given to those Children in Care more likely to get 5 GCSE at A-C level.

*Table 1.6.1: Table illustrating the difference in overall predicted GCSE grades for those who access the home tutoring service and those Children in Care who do not have home tutoring*

			Overall predicted GCSE grades					Total
			Missing data	Not entered for GCSEs	1 A – G	5 A – G	5 A- C	
Do they receive home tutoring?	No	f	3	15	18	9	9	54
		%	5.6	27.8	33.3	16.7	16.7	100
	Yes	f	0	1	15	4	13	33
		%	0	3.0	45.5	12.1	39.4	100

f = frequency % = percentage

A Chi-square test was carried out and although the result was statistically significant ( $\chi^2 = 13.915$ ,  $df = 4$ ,  $p < 0.01$ ) the sample size per cell did not meet the conditions for a Chi-square test, which indicated the need for caution in interpreting the statistical test. A t-test revealed that there was a highly statistically significant difference between overall predicted GCSE grades for those who receive home tutoring (mean=2.7, s.d=1.5) and those who do not receive home tutoring (mean=3.6, s.d=1.4,  $t(82)=2.72$ ,  $p<0.01$ ). Please see Appendix 3.1.5 for further details.

Table 1.6.2 shows the differences between predicted English GCSE grades for those who had home tutoring and those who did not. Again there is a big difference in the number of Children in Care not entered to take the GCSE who do not access the home tutoring service (24.1%) and those who do have home tutoring (6.1%). A point of consideration is that none of the Children in Care in the local authority are predicted above a grade B in their English GCSE. The Children in Care who receive tutoring have generally been predicted higher grades for their English GCSE than those who do not have home tutoring. The difference is particularly noticeable for those Children in Care predicted a grade C who received tutoring (30.3%) and those who do not receive tutoring (5.6%). Levene's test for equality of variances between the two groups was highly significant ( $p < 0.01$ ) and consequently a t-test was unable to be administered. Please see Appendix 3.1.5 for further details.

*Table 1.6.2: Table illustrating the difference in predicted English GCSE grades for those who access the home tutoring service and those Children in Care who do not have home tutoring*

Do they receive home tutoring?		Predicted English GCSE grade											Total	
		MD	B	C	C/D	D	E	E / F	F / G	G	U	NE		
No	f	20	3	3	1	4	4	0	0	0	1	5	13	54
	%	37	5.6	5.6	1.9	7.4	7.4	0	0	0	1.9	9.3	24.1	100
Yes	f	3	1	10	1	9	2	1	0	1	0	3	2	33
	%	9.1	3.0	30.3	3.0	27.3	6.1	3	0	3	0	9.1	6.1	100

MD = Missing data f = frequency % = percentage NE = Not entered for GCSEs  
This data did not meet the conditions for a Chi-square test.

Table 1.6.3 shows the differences between predicted math GCSE grades for those who had home tutoring and those who did not. Again there is a noticeable difference between those Children in Care predicted a grade C who receive home tutoring (30.3%) and those who do not receive tutoring (11.1%). However none of the Children in Care who receive tutoring were predicted above a grade B whereas 37.0% of the Children in Care who do not receive tutoring were predicted a grade B. Levene's test for equality of variances between the two groups was highly significant ( $p < 0.01$ ) and consequently a t-test was unable to be administered. Please see Appendix 3.1.5 for further details.

*Table 1.6.3: Table illustrating the difference in predicted math GCSE grades for those who access the home tutoring service and those Children in Care who do not have home tutoring*

Do they receive home tutoring?		Predicted math GCSE grade											Total	
		MD	B	C	D	D/E	E	E/F	F	F/G	G	U		NE
No	f	20	20	6	6	0	2	0	2	0	0	3	13	54
	%	37	37	11.1	11.1	0	3.7	0	3.7	0	0	5.6	24.1	100
Yes	f	2	0	10	5	1	5	1	1	1	0	5	2	33
	%	6.1	0	30.3	15.2	3	15.2	3	3.0	3	0	15.2	6.6	100

MD = Missing data f = frequency % = percentage NE = Not entered for GCSEs  
This data did not meet the conditions for a Chi-square test.



Table 1.6.4 shows that the percentage of Children in Care predicted a grade C or above in science GCSE is almost double for those who have home tutoring (39.4%) compared to those who do not have home tutoring (20.4%). When considering the percentage of Children in Care predicted a grade D or above in science GCSE it includes 54.6% of those who receive home tutoring and only 27.8% of those who do not. This reinforces the suggestion that those who receive home tutoring are predicted higher grades than those who do not. Levene's test for equality of variances between the two groups was highly significant ( $p < 0.01$ ) and consequently a t-test was unable to be administered. Please see Appendix 3.1.5 for further details.

*Table 1.6.4: Table illustrating the difference in predicted science GCSE grades for those who access the home tutoring service and those Children in Care who do not have home tutoring*

Do they receive home tutoring ?		Predicted science GCSE grade											Total	
		M D	B	C	D	D/E	E	E /F	F	F/ G	G	U		NE
No	f	20	3	8	4	0	2	0	2	0	1	0	14	54
	%	37	5.6	14.8	7.4	0	3.7	0	3.7	0	1.9	0	25.9	100
Yes	f	2	5	8	6	1	4	1	0	1	0	3	3	33
	%	6.1	15.2	24.2	18.2	3.0	12.1	3	0	3	0	6.1	9.1	100

MD = Missing data f = frequency % = percentage NE = Not entered for GCSEs  
This data did not meet the conditions for a Chi-square test.

To summarise; i) None of the Children in Care in the local authority were predicted above a grade B for either English, maths or science GCSE; ii) The data suggests that those who receive home tutoring are on average more likely to be predicted higher grades than those who do not receive home tutoring; and iii) Those who receive home tutoring are more likely to be entered to take their GCSE exams than those who do not receive home tutoring

2) What are the perspectives of Children in Care receiving home tuition with regards to school?

Table 1.6.5 portrays the scores participants gave on 11 point scales designed to elicit their thoughts and feelings about school. One question was scored considerably higher than the other three and that was 'How important is it to get a good education?' The standard deviation was relatively small which shows that the results were clustered around the mean which was high at 10.67.

'A good education' was rated most highly by the Children in Care. This was followed by 'Doing well?' and 'Feeling confident?' but the rating Children in Care gave to show how much they like school was the lowest of the four mean scores.

Table 1.6.5: Table illustrating the attitudes of Children in Care who access the home tutoring service with regards to school based on the data from four 11 point scale questions in the Children in Care Questionnaire

	Frequency of participants making a choice on an 11 point scale											MD	mean	s.d
	1	2	3	4	5	6	7	8	9	10	11			
How much do you like school?	2	1	0	0	0	1	1	2	1	1	1	23	6.30	3.71
How important is it to get a good education?	0	0	0	0	0	0	0	0	1	1	7	24	10.67	0.71
How well are you doing in school?	1	0	0	1	0	0	0	2	0	2	2	26	7.43	3.65
How confident are you that you will be pleased with your GCSE results?	0	0	0	2	0	2	1	0	2	1	0	25	6.88	2.30

MD = Missing data s.d = standard deviation

### 3) What are the perspectives of Children in Care with regards to home tutoring?

Table 1.6.6 portrays the scores participants gave on 11 point scales designed to elicit their thoughts and feelings about school. The question ‘How much do you like tuition?’ obtained the lowest mean score out of the eight questions. In contrast when asked ‘Do you get on well with your tutor?’ the results were much more positive (mean = 8.82) and only one participant gave a score less than half marks.

The results also show that for the majority of participants home tutoring was perceived to be making a difference to their learning and their achievements in school as eight of the participants scored this question more than half marks, whereas only three participants didn’t. The means scores are all clustered around

the middle ratings but relatively high standard deviations show a wide dispersal of responses.

*Table 1.6.6: Table illustrating the attitudes of Children in Care who access the home tutoring service with regards to home tutoring based on the data from eight 11 point scale questions in the Children in Care Questionnaire*

	Frequency of participants making a choice on an 11 point scale												mean	s.d
	1	2	3	4	5	6	7	8	9	10	11	MD		
How much do you like tuition?	2	0	0	0	2	3	1	1	1	1	1	11	6.25	3.11
Do you usually understand what you're supposed to do?	0	0	1	0	0	1	1	3	1	2	3	11	8.50	2.39
Do you have everything you need to do your learning with the home tutor?	1	0	0	1	0	2	0	0	0	1	6	12	8.46	3.59
Can you get on with work the home tutor has set you?	0	0	0	2	0	2	0	2	1	2	2	12	7.91	2.59
Do you get on well with your home tutor?	0	1	0	0	0	3	0	0	0	0	7	12	8.82	3.22
How seriously do you take your home tutoring sessions?	1	0	0	2	0	1	1	0	2	1	4	11	7.83	3.41
How hard do you work in the sessions?	0	0	0	1	2	2	1	1	2	1	2	11	7.58	2.43
Do the home tutoring sessions make a difference to your learning in school or what you achieve in school?	1	0	0	0	2	0	0	1	1	1	5	12	8.44	3.39

MD = Missing data s.d = standard deviation

4) What are the self-concept scores for Children in Care receiving home tuition with regards to all dimensions of self concept?

Table 1.6.7 shows how the scores that the Children in Care obtained on the Self-Description Questionnaire (II) can be divided into quartiles to demonstrate the spread of the data. Overall there was a broad range of results obtained for each variable. The variable which received the lowest overall mean (mean=41.46) was maths, however the standard deviation is large (32.13) relative to the mean which indicates that most of the scores do not cluster close to the mean but are spread out. The mean for verbal was higher at 63.00.

The self concept scores related to schooling (school, math, verbal and overall) scores for Children in Care with home tutors all have a mean between the 41<sup>st</sup> and 63<sup>rd</sup> percentile. There is quite a wide dispersal of standard deviations which reflects the pattern obtained by the ratings for perspectives towards home tuition; the mean being placed near the middle of the data and the relatively high standard deviations showing that the data is dispersed widely among the quartiles or scores.

*Table 1.6.7: Table illustrating the self-concept scores for Children in Care who access the home tutoring service with regards to all dimensions of self concept based on the data from the Self-Description Questionnaire (II)*

SDQ factor	Frequency of participants obtaining a percentile score within a specific quartile				mean	s.d
	Lowest quartile	Second lowest quartile	Second highest quartile	Highest quartile		
Math	5	4	1	3	41.46	32.13
Physical appearance	2	3	4	4	59.46	26.77
General	4	4	2	3	45.62	32.51
Honesty	3	2	4	4	56.38	29.28
Physical Abilities	4	2	3	4	50.23	33.39
Verbal	1	4	4	4	63.00	27.74
Emotional stability	4	2	2	5	50.54	33.62
Carer relationship	3	6	1	3	46.46	27.91
School	4	3	3	3	47.46	29.55
Same-sex relationship	4	2	1	6	56.92	36.05
Opposite-sex relationship	0	1	7	5	72.15	15.26
Overall	3	3	1	6	56.31	33.46

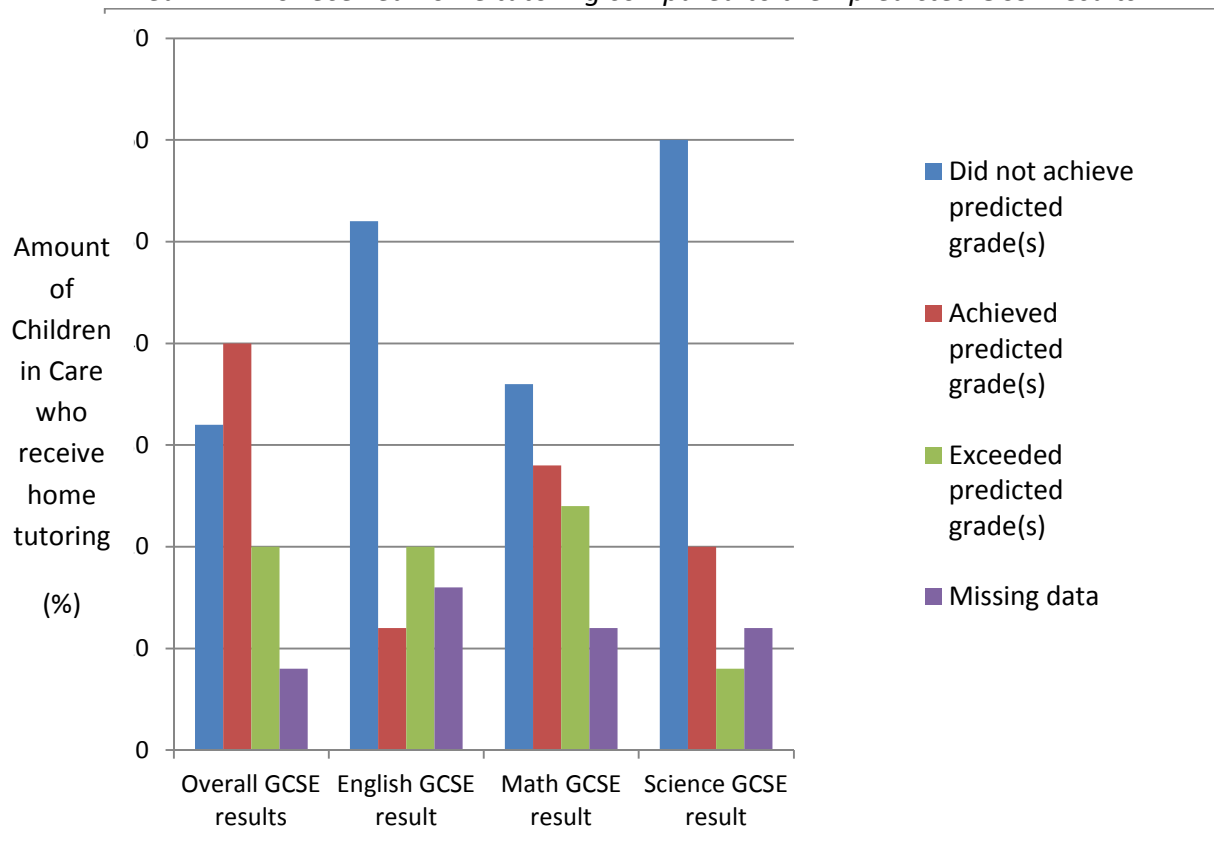
s.d = standard deviation

Missing data = 20 Children in Care

5) What are the Children in Care’s predicted and actual GCSE scores and what is their relationship?

The bar chart below (Figure 1.6.8) clearly shows the relatively high proportions of Children in Care not achieving their GCSE grade predications in the core subjects of English (52%), math (36%) and science (60%). Interestingly a smaller proportion of Children in Care (32%) did not achieve their overall predicted grades which can be interpreted as evidence that the Children in Care in this sample exceeded GCSE predictions in subject areas other than English, math and science.

*Figure 1.6.8: Bar chart depicting how the GCSE results achieved by Children in Care in Year 11 who received home tutoring compared to their predicted GCSE results*



Out of the three 'core' subjects at GCSE level, science was the subject in which the highest proportion of Children in Care (60%) did not achieve their predicted results. Only 8% of the sample improved upon their predicted GCSE grade. The math GCSE results show the greatest number of Children in Care achieving their predictions and the least number of Children in Care not achieving their predicted results when compared to the English and science results. Please see Appendix 3.1.6 for four tables which of raw data showing the relationship between predicted GCSE grade and actual GCSE grades.

To summarise, although a proportion of Children in Care who receive tutoring exceed their GCSE predicted grades there is a greater amount of this sample who do not achieve their predicted results. The specific subject area Children in Care work on when they are with their home tutor should be taken into consideration to see if that has an impact on GCSE grades achieved by Year 11 Children in Care.

Please note, due to missing data the variables which incorporate self concept could not be related to the data from the Child in Care Questionnaire or the GCSE grades. This is because the sample size was too small for the appropriate statistical analysis to take place.



## **Discussion**

The purpose of this study was to examine the perspectives of Children in Care in Years 10 and 11 within a particular local authority with regards to home tuition, their feelings about school and their ratings of self concept. Background information such as predicted educational attainment and number of placement moves in a given time frame were also studied in order to consider factors which are important to Children in Care and their educational progress.

After examination of the predicted grades for Children in Care it was evident that none of the Children in Care (whether they received home tuition or not) were predicted above a grade B for English, maths or science GCSE. However there were Children in Care in both groups predicted to achieve at least 5 A-C GCSE grades.

It has been well documented that the number of Children in Care is rising and that they are under-achieving academically in comparison to their peers (Simon and Owen, 2006). There is a wealth of research associated with achieved GCSE grades for Children in Care but there is little on predicted GCSE grades. Not predicting any of the Children in Care an A grade may be an indication of how far behind Children in Care are behind their peers academically in this particular local authority.

Meltzer, Lader, Corbin, Goodman and Ford (2004) suggest that Children in Care are usually at least twelve months behind their age equivalent intellectual capabilities. They also indicate that around 66% of Children in Care have identified special educational needs and 24% of Children in Care have a statement for special educational needs. In this paper only 33.3% of the participants had an identified special educational need so this sample may not be representative of the population of Children in Care as a whole. Similarly the participants who receive home tutoring may not be representative of the population of Children in Care as a whole. This is because it seems that the pupils more likely to be entered for GCSE exams engaged with the home tutoring service and consequently these pupils have a greater chance of attaining 5 A-C grades at GCSE level than their peers.

The implication that those who receive home tutoring are more likely to be entered to take their GCSE exams than those who do not receive home tutoring could be due to a number of reasons. For example; Children in Care who have home tutors may have the confidence to go through with the exams, they may have increased their educational attainment enough to be considered to be entered for GCSE exams or it could be that the Children in Care who have tutors have made the personal choice that they are going to take every opportunity that comes their way with both hands. These issues need to be explored further in paper two.

The data suggests that those who receive home tutoring are on average more likely to be predicted higher grades than those who do not receive home tutoring. This could be because school staff are aware that they are getting extra input and therefore they have higher expectations of the Child in Care. Alternatively it could be that having a positive role model encouraging and supporting educational progress has made a difference in attainment and so predicted grades rose.

All of the Children in Care who completed the Child in Care Questionnaire scored the question 'How important is it to get a good education?' very highly. However there was discrepancy between how much they liked school and how important they thought it was. This difference could lead to disengagement from school. Previous studies have shown that attitudes towards school tend to become more negative as students grow older (Keys and Kreisman, 1978 and Midgley, Eccles and Feldlaufer, 1991). This could be interpreted as evidence in support of early intervention and providing the home tutoring service to Children in Care before they become disengaged.

Rutter (1990) suggests that good self-esteem for Children in Care and consequently a high self concept is produced from a sense of being accepted by people whose relationships are important to them and from gaining a sense of accomplishment in

tasks that the young person places value on. It is evident from the data that the Children in Care who completed this questionnaire place a great deal on the importance on education and a home tutoring service may be one of the ways in which a local authority can support Children in Care to reach their goals.

When asked 'Do you get on well with your tutor?' the results were positive (mean = 8.82) and only one participant gave a score less than half marks. The factors associated with the tutor-tutee relationship will be explored in more depth in paper two. When asked 'How much do you like tuition?' the Children in Care scored it the lowest mean score out of the eight questions about home tutoring. This will have to be examined further in paper two because if Children in Care are not enjoying the experience of home tutoring then it is unlikely they are making the most of this opportunity or maximising their potential for academic or personal gains which could be accomplished by being involved in the service.

In contrast the results also show that for the majority of participants home tutoring was perceived to be making a difference to their learning and their achievements so although the actual sessions were not rated highly among the other questions, the outcomes of the sessions were recognised and seemingly appreciated.

Overall there was a broad range of results obtained for each variable on the Self-Description Questionnaire (II). The variables relating to school mirrored the

attitudes towards home tuition; a large standard deviation relative to the mean and the mean which was near the middle of the percentiles or scores. This indicates that most of the scores do not cluster close to the mean but are spread out which reflects the diversity of the sample with regards to these particular self concepts.

Looking at the data for predicted and actual GCSE results for the Children in Care who received home tutoring showed that although a small proportion of Children in Care exceed their GCSE predicted grades there is a greater amount of this sample who do not achieve their predicted results in English (52%), math (36%) and science (60%). Denscombe (2000) suggests that success or failure in GCSE examinations represent a critical moment in the lives of young people, becoming a publicly available marker of self-identity and by shaping the future life trajectory of students through access to further educational and/or occupational opportunities. This lends weight to the importance of this research as through analysis of the data across these papers indications will be made to show where improvements to the service could be implemented in order to support Children in Care as much as is required. As the local authority in which this research is based is prepared to spend time and money on a service to increase the educational attainments of Children in Care it indicates that the local authority is aware of how important it is for young people to achieve at something; for a sense of self worth and for the skill or qualification you will always have.

## **Conclusion**

This paper makes a contribution to the local authority in which the home tutoring service is based in both practical terms and in policy terms by making a suggestion to improve the service and identifying issues which can be explored in more depth in paper two.

To make the greatest impact on the educational attainment for Children in Care home tutoring should commence when they experience difficulties in school instead of waiting until they reach Year 10. By Year 10 the Children in Care in this paper were being predicted low GCSE grades and had a negative self-image with regards to how well they were doing at school. One thing of importance to consider is that even if a child changes placements or school they still take the skills they have learnt with them and the confidence which is associated with that. This is one reason why home tutoring is important and early intervention is crucial to stop Children in Care falling behind their peers academically.

Although not all the questionnaires were returned it is believed that everything that could have been done in order to encourage this was. Children in Care were visited at their schools and talked through the questionnaires and home tutors were asked to encourage Children in Care to give their responses. Where neither of these methods was appropriate questionnaires were posted to the Children in Care via

their carers with a pre-paid self-addressed envelope included for replies to be sent back.

One limitation of this study is that of missing data. The Children in Care Team in the local authority only have access to data relating to children who have been in care continuously for the last 12 months. Attempting to track down other people working for the local authority was a very time-consuming process and unfortunately not every piece of data was able to be found before the deadline for this paper. In an ideal world this paper would have been designed around measures being taken before, during and after home tutoring had been initiated for Children in Care. However this was not possible for two reasons; the service was already in place at the time of this project taking place and as a result of children entering the care system at different times they also access the home tutoring service at different times.

This paper has made an important contribution to this topic area as it has identified issues and generated ideas which can be fully investigated in paper two. Following on from this paper more research is needed into the accounts of the people involved with the home tutoring service in order to gain a more intensive insight into this service for evaluative purposes. It may be that through their voices that a clearer view will be gained of how the service does or does not have an impact.

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## **Paper Two**

### **'My Secret Weapon', The role of a home tutor in the lives of Children in Care and their carers.**

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#### **Abstract**

This paper will examine what it is like to be a Child in Care and what difference (if any) home tutoring makes to the lives of those involved. The research questions for this paper are; 1) What difference does home tutoring make to those involved? 2) What affects the outcomes of Children in Care?

Five home tutors (one male and four females), six carers (one male and five females) and five Children in Care in Year 11 (two males and three females) were interviewed using semi-structured interviews. These five Children in Care had an average of 30 tutoring sessions in the previous academic year.

The replies given to the questionnaires in Paper One guided the direction of the semi-structured interviews. Issues which came up through the questionnaires were examined in more depth and explored through the interviews.

Themes were formulated from the interview transcripts via QSR International's NVivo 9 qualitative data analysis software 2010 using open and horizontal coding; 20 categories were identified which formed the structures of five broad themes; Personal relationships, Confidence, Resilience/Stability under adversity, Normalisation and Filling the gap. These were analysed using interpretative analyses using a grounded theory approach.

It was found that home tutoring was perceived to have made a significant impact to those involved. It has led to increased positive outcomes for the participants. Many factors which affect the outcomes of Children in Care were identified by participants. A new theoretically based psychological model emerged from the data to help to develop professional and psychological understanding of the needs of Children in Care. It considers the impact of a home tutor as a key adult to Children in Care and how this helps us to understand what could be offered to support Children in Care. The model is based upon the themes from the data as well as resilience theory and attachment theory. The model shows how the themes may combine to have an effect of the outcome of a Child in Care.

Improvements for the home tutoring service are identified and suggestions regarding the role of the Educational Psychologist and the practice of the Local Authority in supporting Children in Care are put forward.

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## 2.1 Introduction

This paper will examine what it's like to be a Child in Care and what difference (if any) home tutoring makes to the lives of those involved. Paper one examined the views of Children in Care who had tutoring and those who did not choose to access this service. This paper will examine more extensively the views of the Children in Care who had home tutoring. In addition to this it will gain the opinions of the foster carers and the home tutors of the Children in Care involved in this study. The participants will be interviewed about the home tutoring service and about life in foster care in general.

The previous Labour Government introduced a number of strategies to help improve the educational attainment of Children in Care including 'Quality Protects' (Department of Health, 1998) and 'Care Matters' (Department for Education and Skills, 2007). However improving the outcomes for Children in Care is a long process highlighted by the difference between the achievements of Children in Care and their peers. In 2008 14% of the Children in Care in Year 11 studying in the United Kingdom achieved at least five GCSEs or GNVQs graded A\*-C compared to 65% of their peers (Department for Children, Schools and Families, 2009).

The local authority in which the researcher works created a home tutoring service to assist in reducing the difference between the educational attainments of Children in Care and their peer population. All Children in Care in Years 10 and 11 are offered the services of a home tutor for two hours a week. The Child in Care decides if they would like a home tutor to see them and what area of the national curriculum they would like tutoring in. The local authority then matches a home tutor with the Child in Care based on the subject area and background knowledge of the home tutor.

A significant amount of the budget to support children under the care of the local authority is being spent on the home tutoring service. This service has never been evaluated and it has never been considered whether this is the best way to support Children in Care in the hope of improving their outcomes. This paper will serve as a means of examining how home tutoring is perceived to have an effect on those directly involved with this provision. It will look closely at what factors affect the outcomes of Children in Care in the views of home tutors, Children in Care and foster carers and whether the home tutoring service works in accordance with these factors.

## 2.2 Selected Literature

An extensive literature review has been marked and examined separately from the examination of this thesis (Appendix 3.4.1.) Included below is a selection of recent literature involving Children in Care and how this relates to the aims of this study.

Children in Care may repeatedly experience interruptions to their school education and this may involve the young person having to adjust to different courses, school rules, teachers and expectations (Vacca, 2007). Gilligan (2000) advocates a developmental pathway or journey from which even relatively small events or opportunities can either provide positive turning points or equally knock young people off course. This research aims to see if home tutoring helps Children in Care to achieve their potential or whether home tutoring affects the participant's lives in other ways.

The very fact that children are in care indicates some level of disadvantage or disruption. To have a chaotic, an upsetting or a desperate and distressing home life which many of them have from time to time doesn't give them the best chance of getting the most out of school life. Having a disruptive home life lends weight to the suggestion that Children in Care need someone to talk to and supports the need for 'emotional support' for young people in care as described by Jackson, Simon, and Chase (2006). The interviews in this paper will attempt to determine whether a part of the home tutors role provided that for Children in Care.

The literature exploring protective factors for Children in Care acknowledges the importance of a significant adult (McParlin, 1996) and also the presence of support networks (Stein, 2005). However Cousee, Bradt, Roose and Bouverne-De Bie (2010) states that it is a risky assumption that all difficulties can be cured with a good enough one-to-one relationship. This lends weight to the notion that Children in Care need support from a range of people in their lives and the home tutor can be a significant member of the support network around them. Home tutors should not be the only significant person in their lives as they only work with Children in Care for a specific amount of time and everyone should have more than one person they feel they can turn to. This research aims to explore the relationships between those directly involved with home tutoring and determine whether home tutors do become 'significant' to those they work with.

Martin and Jackson (2002) conducted a study with a group of "high achievers" who had spent time in care. They reported that to improve educational opportunities and outcomes for Children in Care the low expectations and negative stereotypes of Children in Care need to be challenged. Honey, Rees, and Griffey (2011) found that the majority of the 51 Children in Care in their study stated the importance of "normalisation" in their lives. They described how they didn't like being singled out by school staff and how they wanted to be treated the same as other people.

### **2.3 Research Aims**

This paper will examine more extensively the views of the Children in Care who had home tutoring. In addition to this it will seek to gain the opinions of the foster carers and the home tutors of the Children in Care involved in this study. The participants were interviewed about the service and about life in foster care in general.

Based on the literature review above and the literature in Appendix 3.4.1 the research aims will be explored using semi-structured interviews to gain rich insights into the views of those directly involved with the home tutoring service; home tutors, Children in Care and foster carers. The rationale for the methodology used to explore this area is considered in section 2.4.

#### Research Questions

The particular research questions for this paper relating to the above aims are;

- 1) What difference does home tutoring make to those involved from the perspectives of young people in care, home tutors and foster carers?
- 2) What perceived factors are seen to affect the outcomes of Children in Care?

## 2.4 Design and Methods

### Methodology

Interviews were conducted on a one-to-one basis. The data were inspected after each interview with the aim of producing a 'hypothesis' or general explanatory proposal. When a subsequent interview had occurred the data from the latest interview was matched with the proposal which was adapted if necessary. This method endeavoured at all parts in the process to keep the proposal consistent with all the interviews that had been examined.

Fontana and Frey (2005, P.698) state that interviews are a 'universal mode of systematic enquiry' and subsequently they provide a process and format which is likely to feel familiar to participants. Each of the interviews were semi-structured to ensure that the discussion covered the topics relevant to the research agenda whilst also allowing the participants to add content and weight to the areas that they felt were most important. It was felt that this method would be the most appropriate way of gathering rich data from a variety of sources in order to answer the research questions.

One semi-structured interview was conducted with each participant. The home tutors were interviewed first as they were found to be the most flexible with regards to time and date of interview. The Children in Care were interviewed on the same dates as their carer.

This method is also complimentary to the methods carried out in paper one as it explores the opinions of the participants in more detail and it builds upon the issues and ideas generated in paper one.

### Sampling and Participants

The research was undertaken within one local authority. Permission to carry out the research was initially sought through the manager of the Children in Care Team and access to participants' names and contact details was gained via the Children in Care Team.

#### Home Tutors

There are 20 home tutors who work for the local authority regularly tutoring Children in Care. The home tutors are all trained and experienced teachers who have passed a Criminal Records Bureau check and have provided two acceptable references. Five of the home tutors (one male and four females) were selected at random and asked if they would consent to being interviewed which they all did.

### Children in Care

A list was constructed which showed how many tutoring sessions each of the Children in Care in Years 10 and 11 had in the previous academic year. Nine foster carers were contacted to ask if the Child in Care in their home might be interested in being interviewed. Two carers stated that it was 'not a good time' and gave reasons such as new Children in Care joining the home and the dynamic had not settled. Two carers told me that the child in question was no longer with them. Five carers spoke to their Child in Care and they consented to being interviewed. The five Children in Care (two males and three females) were in Year 11 and engaged in an average of 30 tutoring sessions in the previous academic year. Please refer to Appendix 3.2.1 for more details about the participants i.e. duration in care. The Children in Care were offered a £10 incentive to be interviewed as this is common practice within the local authority to reward them for their participation. For example, each time a Child in Care fills out a 'Young Person's Half-Termly Feedback Form' they are given the choice of a £10 book voucher or £10 gift card for a shop.

### Foster carers

The carers of the Children in Care participating in this study were asked if they would also like to be interviewed. Of the five Children in Care interviewed six of their carers consented to being interviewed (one male and five females).



## 2.5 Measures and procedures

The number of sessions that Children in Care had with a home tutor during the previous academic year guided the choice of which Children in Care and subsequently their carers were invited to be interviewed. The replies given to the questionnaires in Paper One guided the direction of the semi-structured interviews. Issues which came up through the questionnaires were also examined in more depth and explored through the interviews.

The proposed semi-structured interview scripts used the themes that had emerged from paper one and were designed to start with the practical questions before delving into areas which required opinions to be shared. The proposed semi-structured interview scripts were initially shown to the researcher's supervisor and the Children in care team manager for debate and constructive criticism in order to eliminate the potential of researcher bias. They were then adapted where appropriate to produce the three types of semi-structured interview scripts used in this study.

The semi-structured interview scripts with the home tutors contained six closed questions and 12 open questions (Appendix 3.2.2), with the Children in Care there were 21 open questions (Appendix 3.2.3) and with the carers there were 20 open questions (Appendix 3.2.4).

The questions were designed to prompt a broad ranging discussion encompassing the factors which affect Children in Care and description of the effects which home tutoring has on the people involved. The sequence of questions was derived using the concept of Tomlinson's principle of 'hierarchical focusing' (1989). The questions were consequently designed to begin with broad questions with the purpose of being open to the course that the interviewee wanted to take. The aim was to 'elicit as much spontaneous coverage of the interview agenda as possible' (Tomlinson, 1989, P.169).

The participants all received information sheets and signed the consent forms. (Appendix 3.3.2 and Appendix 3.3.4).

### *Data Analysis*

Grounded theory was developed by Glaser and Strauss in 1967. Grounded theory analysis is a methodology of data analysis which begins without a conceptual framework as this is derived through data analysis. Patton (1980), states 'The cardinal principle of qualitative analysis is that causal relationships and theoretical statements can be clearly emergent from and grounded in the phenomena studied. The theory emerges for the data; it is not imposed on the data' (P.278). This type of analysis is an objective method which uses the participant's experiences to explain a basic social process with the researcher playing a passive role in developing

theory from data. Grounded theory analysis also has the benefit of reflecting the diversity of participant perspectives (Pidgeon and Henwood, 1997, P.261).

Each interview was recorded via a dictaphone and a transcript was retrospectively typed to correspond with the recording. Examples of transcribed interviews with a home tutor, Child in Care and a carer can be found in Appendices 3.2.5, 3.2.6 and 3.2.7 respectively.

The transcripts were imported into QSR International's NVivo 9 qualitative data analysis software 2010 and the data were then coded. A selection of the data was coded by another researcher in order to calculate inter-coder reliability. There was good inter-coder agreement between the raters for all types of participant interviewed.

A diagram depicting all the nodes generated in QSR International's NVivo 9 qualitative data analysis software 2010 can be found in Appendix 3.2.8. The nodes were formulated using open and horizontal coding as the nodes generated categories which classified the data for minute details and the themes were seen to be reflected across the interviews.

Charmaz (1995) suggested that grounded theory approaches can be used in any approach ranging from highly interpretative to structured positive analyses. This

paper will be using interpretative analyses based on the grounded theory approach because it relies on the point of view from the participants who have experienced home tutoring. Interpretative analyses attempts to describe, explain and comprehend the lived experiences of a group of people (Giorgi, 1995) which is embedded in this papers research questions.

### Ethical consideration

There are several ethical issues which need to be considered in this study. These are informed consent, the right to withdraw, confidentiality and anonymity. Approval for the project was obtained from the University of Exeter School of Education Ethics Committee (Appendix 3.3.1).

All participants were given an information sheet fully outlining the study and were asked to sign a consent form if they would like to participate in the research; this included giving consent to being recorded via a dictaphone. All the participants signed the consent form and in addition the carers countersigned the consent forms for their Child in Care.

All participants were informed that they have the right to withdraw from the study at any time and once they had agreed to take part they are under no obligation to continue if they do not wish to do so.

All data collected has been treated as confidential. The recordings on the dictaphone were transferred into electronic files which have not been saved onto a hard drive but onto two separate memory sticks.

When the data was analysed and written up it was done in a way that made it impossible to deduce which local authority and who the participants were in the study. Personal details such as school names were not identified. The only person who was aware of which Children in Care elected to participate in this research was the researcher.

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## **2.6 Results**

The results are organised according to the themes identified by the analyses. The findings will then be discussed with regards to the two research questions for this paper;

- 1) What difference does home tutoring make to those involved from the perspectives of young people in care, home tutors and foster carers?
- 2) What perceived factors are seen to affect the outcomes for Children in Care?

To answer these questions the results are presented in the following order;

- The themes identified during the coding process will be defined and the categories contributing to them will be identified.
- The number of participants who contributed to each category will be depicted in a graph.
- Sections of the transcripts will be presented to illustrate the themes.
- A model which is built upon the themes from the data will be proposed in order to answer the two research questions.

After open coding 20 categories were identified which formed the structures of five broad themes; Personal relationships, Confidence, Resilience/Stability under adversity, Normalisation and Filling the gap.

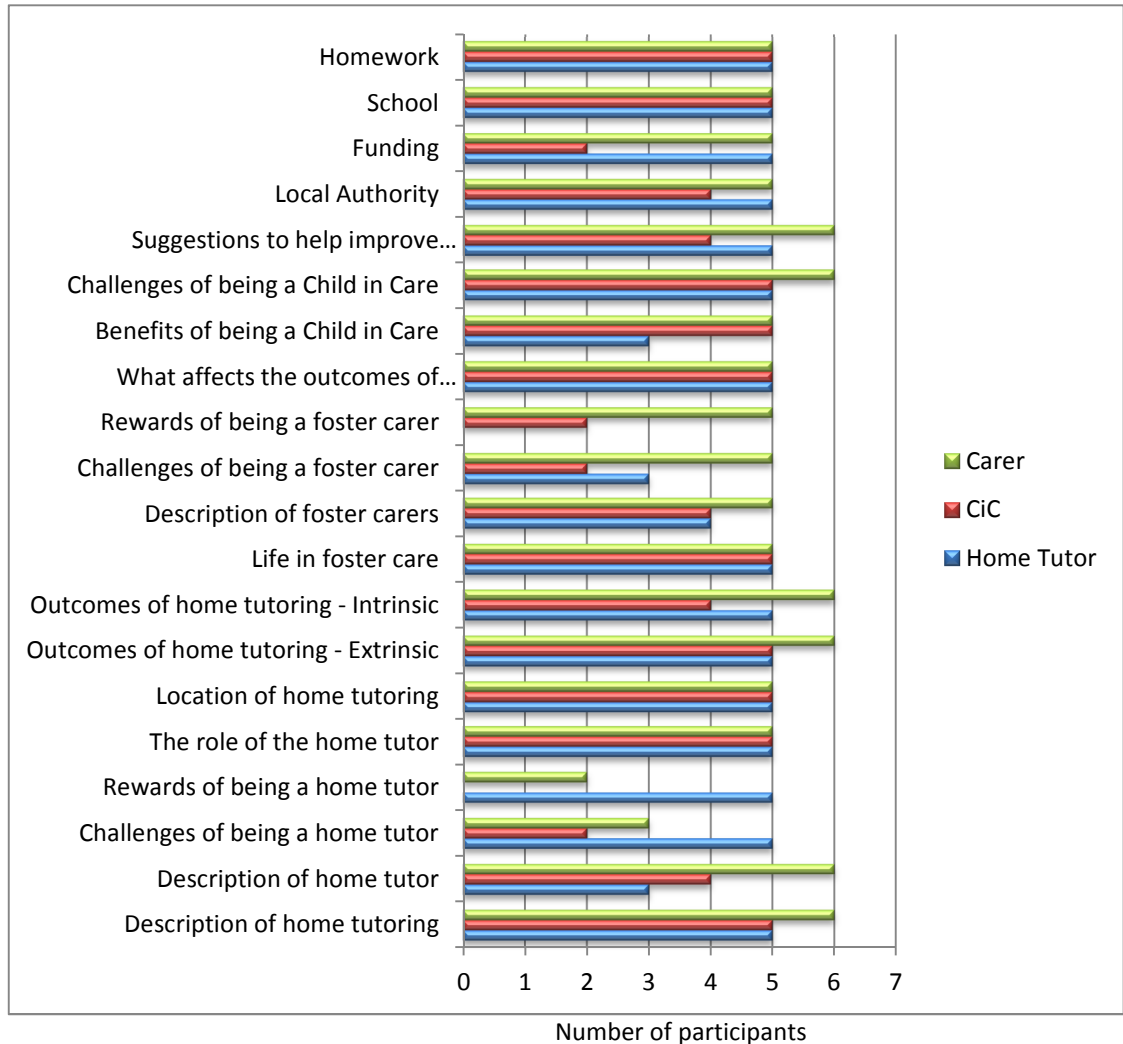
For a full description of each individual category please see Appendix 3.2.9. For identification and description of the five broad themes please see Table 2.6.1.

*Table 2.6.1: Identification and description of themes identified through qualitative analysis*

<b>Themes</b>	<b>Categories</b>	<b>Illustrative examples</b>
Personal relationships	Description of home tutor Description of foster carers Challenges of being a Child in Care Benefits of being a Child in Care	A confidante Making a difference to someone Role models Bereavement and loss Another family
Confidence	Outcomes of home tutoring	Raise aspirations and confidence A safe environment
Resilience/Stability under adversity	Challenges of being a home tutor Rewards of being a home tutor What affects the outcomes of Children in Care	Personality Motivation Going to college The past
Normalisation	Life in foster care Homework Local Authority The role of the home tutor Location of home tutoring	Meetings People knowing about you, not knowing you The impact of social workers Placement moves
Filling the gap	Description of home tutoring session Challenges/rewards of being a foster carer Funding School Suggestions to improve outcomes of Children in Care	Communication with professionals A stable figure Developing knowledge

The themes were also found to be examples of horizontal coding; the categories were important to the majority of participants and this was reflected in the content of their interview transcripts. This is shown by the Figure 2.6.2. This shows that the themes which were devised are representative of the views of the participants as a whole.

Figure 2.6.2: A graph illustrating the number of participants contributing to each category



Personal relationships

Home tutoring was described in a way which strengthened the relationship between school and the carers, took some of the strain off the relationship between carers and Children in Care with regards to school work and also provided the Child in Care with a key role model and confidante.



One of the interesting points raised by two of the carers was that home tutors often provided a significant link between the carers and the school;

*“I mean we’re not teachers and we’re not lecturers or anything and I mean we had no idea. It’s a few years since our children were in that situation and I think he knew what was expected didn’t he and he sort of he used to you know sort out or find out pieces of information, books that he could try out, exams that he could try out which we wouldn’t have got would we?...He just made it easy for us... He just helped him and encouraged him. He didn’t do it for him, no way did he do it for him, but he made him believe in himself. That’s the most positive thing I think that ...and he got on with us as well and he shared information with us, I think that’s wonderful.”*

One of the more unexpected rewards was described by one of the carers as how the knowledge that the Child in Care’s coursework was completed impacted on the atmosphere in the home environment;

*“So he got up with his coursework, that was another problem – getting his coursework finished and handed in. Sometimes he did it and didn’t hand it in. You know, that was all done so that helps with all the marking at the end doesn’t it? So I was pleased with all that and it took pressure off me nagging, it was down to someone else you know, and you don’t want an atmosphere in the house do you?”*

All of the home tutors were keen to assert that it is not just the academic gains which are important but also the quality of the one-to-one relationship;

*“I just teach them and by the end of teaching them it’s just fantastic the way that (the) relationship has developed and then we stay in touch and it’s really worthwhile but it takes some work. That’s my main positive thing is getting to know them.”*

It was also evident that in some cases Children in Care experienced changes in placement but the home tutor remained a constant figure in their lives as they carried on tutoring them in their next placement. The benefit of this was described by one carer;

*“It enabled [Child in Care] to have somebody else to talk to because she didn’t really know me [foster care] that well then but she did know [Tutor] from her tutoring at the other placement.”*

However a need was highlighted by four of the home tutors for more contact with other home tutors when they described the lonely nature of the job;

*“It’s a quite a lonely business. It is fine but having come from teaching in a school you’ve got a big support network, it’s quite different working like this...which is fine. I enjoy it but I do miss being able to say to somebody ‘What do you think about so*

*and so?’ or ‘How would you approach that one?’...Just sort of sharing, sharing your resources I suppose...”*

### Confidence

Increased confidence was mentioned by the majority of participants as a positive consequence resulting from home tutoring. For example one of the Children in Care went into the school she hadn’t attended for over a year to sit her GCSE exams.

One of the carers described home tutoring as

*“It was like a stepping stone towards back into education.”*

One of the Children in Care described how home tutoring had affected her future;

*“It has helped me a lot like getting back into college. If I didn’t have home tutoring I probably wouldn’t be at college like now and I wouldn’t have sat my GCSEs.”*

Other personal factors mentioned were an improvement in the ability to get up in the mornings (as tutoring sessions were often in the mornings), having structure for the task of homework, the satisfaction of knowing that your coursework/homework was done, the satisfaction of knowing that you had revised and an increase in knowledge. One Child in Care summed this up by saying;

*“Knowing that you’ve done it at the end of the day and you can go back into school the next day knowing that you’ve revised and it helps in class and at the end of everything you know that it’s helped you with your tests and everything because you see stuff in your tests that you’ve done at home which does help, just knowing that you’ve done it.”*

A stable placement or keeping the same home tutor during different placements could be the opportunity to become a positive turning point in their life as one of the Children in Care describes it;

*“Just the stability around them, I know that sounds really cheesy but that is really it. It’s all about confidence really and I think they need to be told that they are not worthless and things like that.”*

#### Resilience/stability under adversity

Every participant described multiple ways in which the life of a Child in Care is difficult. One of the Children in Care in this study described how she was not always aware that a move of placement was going to happen until that day;

*“I’ve been in so many different foster placements. Yeah. It’s, at first it’s really like scary but then when you get used to it it’s alright but you think you are going to stay*

*there for a while but then when you get moved it's, it is really hard to like settle down. It took me ages to settle down when I came here".*

Children in Care have all the typical troubles adolescents have, but they have the additional problem of a home life which has been disrupted and they may feel like they are being pulled in more than direction.

*"They need a lot of parental support and they need somewhere to be able to study at home. They need to be motivated and they need to have an example, do you want me to go on? Study skills. I mean it's the same as it is for anybody, the reason they don't succeed is the same reason as other kids don't succeed and then they've got the added problem of a chaotic home life and quite often I sometimes feel as though their family, the family or whatever are almost deliberately you know trying to pull them back a bit. They go to foster carers and suddenly bloom and blossom and it must be quite difficult (for the birth family) which has happened to quite a few kids I know."*

One of the foster carers put the progress Children in Care make partly down to the knowledge that you are now in a safe environment;

*"Looked after children, it isn't their environment but it's an environment they've got to be safe in. They've found out they are safe in that environment and they can just*

*move forward. They haven't got anything going on in the background and it's (home tutoring) just something special for them and I just think it makes them blossom, really big blossom".*

Two of the Children in Care in this study described how the past could have an overwhelming impact on the future and how it could also be viewed as a positive motivator but whether this happened or not was down to the individual person;

*Interviewer: "Why do you think that some Children in Care do badly in school or don't do very well?"*

*Child in Care: "Because they let their past affect them too much."*

*Interviewer: "And what do you think helps some Children in Care do well?"*

*Child in Care: "The fact that their past is a reason for them to do so well. It gives them something to focus on and not become."*

A few of the adults interviewed described how some young people achieved stability under adversity;

*"Sometimes you can meet phenomenal children who have got this inner drive and that you can't actually see where it's coming from because they have been really messed up by their parents and they've moved foster homes quite a lot for various*

*reasons and been in abusive relationships... I'm thinking of somebody in particular and they did fantastically well and they've just got this drive..."*

This inner drive could be put down to individual personality and resilience.

*Interviewer: "What helps some Children in Care beat the odds and succeed?"*

*Foster carer: "I guess it's how resilient they are I think. As well it's dependent on when they come into care, I think it's down to that. It depends on the amount of support they get, how keen they are to do it themselves and I think you have got to get that from them as well. I think basically it's down to how resilient they are and can overcome all the turmoil that's in their heads really."*

### Normalisation

Four of the Children in Care expressed a desire to just be 'normal' and gave examples when being a Child in Care marked them out as being different. For example having to get permission from social services before going on a school trip which not only marks the young person out as different but has the added anxiety of possibly missing the deadline of getting the permission form back.

One of the Children in Care described how everyday conversations when you are making new friends could be awkward;

*“I find it hard when I’m at college talking about my parents and I can’t really talk about my parents. It’s hard explaining things all the time.”*

Having a stable placement could be an opportunity to fit in as there is a smaller chance of moving schools and houses if you are in a long-term placement. One of the Children in Care interviewed had been with his foster parents since he was a toddler and called them ‘mum’ and ‘dad’. Another one of the Children in Care who was also in a long-term placement when asked about the positive things about being in care said;

*“Well having another family really.”*

Direct comparisons were made by several participants regarding home tutoring being one-to-one teaching and the quality of teaching received in a mainstream classroom with regards to not being marked out or feeling uncomfortable when you needed help. One Child in Care said,

*“I liked the fact that it was a one on one and she was teaching me things that I maybe didn’t understand in lesson and if I don’t understand it then she could go into it in detail whereas in class they can’t go into it in detail”.*



This highlights the issue that if a Child in Care does not understand something they could be confident enough to speak out in a one-to-one session and not worry about taking the teacher's time from the rest of the class.

The location of where the home tutoring took place seemed to be an issue for many of the home tutors. For some it was not appropriate for the tutoring to happen in the home environment due to lack of a quiet space and for some the school was not an option due to some Children in Care not wanting to be 'different' from their peers. The location of the home tutoring was negotiated on an individual basis and if required alternative environments were sourced such as the local library.

#### Filling the gap.

One of the home tutors described the way in which Children in Care fall behind at school due to the other issues they have to contend with and how it was the role of the home tutor to minimise this;

*"They need to be catching up because a lot of them have missed a lot and they've missed the basics. They've missed the basic spelling rules and all that kind of stuff that we do down in primary school and a lot of them have missed bits and pieces if that's when the problems were really occurring so it's catching all that back up and the older you get the tougher it is."*

One of the home tutors described her way of supporting the Children in Care she works with to appear the same as the other pupils;

*“The children that I’ve taught very often, particularly the ones I teach at home, I always say to them you don’t have to tell anybody (at school) that you are having extra tuition and then one of them said ‘So you are like my secret weapon?’ and they just love it because you know quite often their teachers see a marked improvement just with the confidence they have from having extra tuition and the teachers don’t know they are getting it (home tutoring) and they (the Children in Care) love that. The teachers give them a little praise and think they have suddenly...”*

Several of the participants had practical ideas to support Children in Care. For example a monetary incentive to attend school or allowing Children in Care to decide when they need a day off school up to a pre-determined maximum number of days. This was proposed by a Child in Care as time that could be spent to ‘get your head together’.

Another participant highlighted an area which home tutors could assist with; the need for Children in Care to have basic social skills and emotional literacy skills.

*"I think stability, knowing where your boundaries are, knowing you know... how to behave, how your actions impact on other people and rather than being...sometimes what happens is they will do something and then they will react really angrily about something and get really cross about something and actually there's no need for that and that's just the wrong emotion to be showing you know? ... I think that's so difficult for them is to actually learn how to read other people and to react appropriately to a situation so that you don't accelerate it but you diffuse it. I think, I think that that is quite important."*

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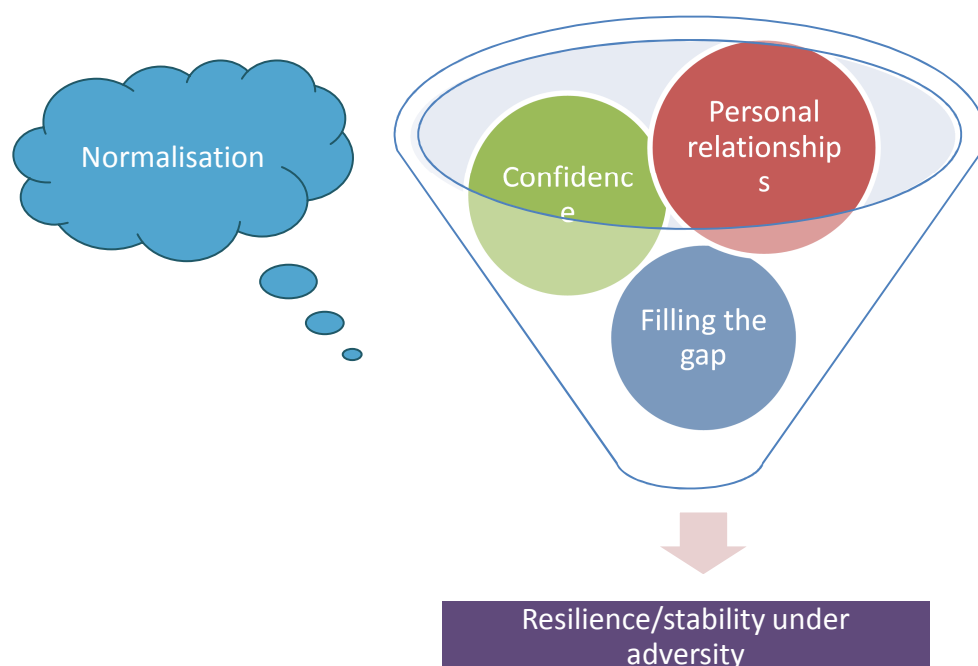
## **2.7 Discussion**

*- The first research question was: what difference does home tutoring make to those involved from the perspectives of young people in care, home tutors and foster carers?*

*- The second research question was; what perceived factors are seen to affect the outcomes of Children in Care?*

The content of the interviews show that home tutoring was perceived to make a significant impact to those involved in a variety of ways. It was perceived to contribute to factors which assist in a Child in Care overcoming adversity through an increase in confidence and knowledge as well as providing an important

supportive adult for the Child in Care. Five themes emerged which are depicted in Figure 2.7.1.



*Figure 2.7.1: A diagram showing the themes that emerged from the semi-structured interviews with regards to how home tutoring can have an effect on those involved*

Figure 2.7.1 is a new theoretically based psychological model that has emerged from the data. It helps to develop professional and psychological understanding of the needs of Children in Care by considering the impact of a home tutor can have as a key adult to Children in Care and how this helps us to understand what could be offered to support Children in Care. The model shows how the themes may combine to have an effect of the outcome of a Child in Care. The themes identified

through the analysis are not independent but are dynamic in nature. This is important to recognise as it will guide professionals in tailoring their support for each individual Child in Care they work with. The model is based upon the themes from the data as well as resilience theory and attachment theory.

Resilience was defined with regards to child development by Masten, Best and Garmezy (1990) as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. An explanation as to why some children develop resilience is put forward by Lambert (2001). It is suggested that the reason is multi-factorial and consists of the way a child cognitively processes life events, the risk and protective factors which surround the child and the quality of the protective mechanisms experienced by the child.

The data from this study suggests that the presence of a home tutor may act as a protective factor. Another protective factor could be the increase in confidence gained from having one-to-one academic support as well as having a consistent adult interested in the well-being of a Child in Care.

While a perspective which is based on promoting resilience may have much to offer, Fraser, Richman and Galinsky (1999) suggested it may be unrealistic and unhelpful to rely exclusively on such a perspective, especially in circumstances of

extreme adversity. The model proposed in this study is also based upon attachment theory.

In a study by Carlson, Cicchetti, Barnett and Brunwald, (1989) it was concluded that young people who have experienced maltreatment are a great deal more likely to have insecure attachments in early childhood than young people who have not

been maltreated. An extension of this was offered by Marcovitch, Goldberg, Gold, Washington, Wasson and Krekewich, (1997) who proposed that maltreated young people who have been separated from their primary caregiver do not seem to form attachments to subsequent caregivers very easily. Those young people displaying insecure attachments are more prone to psychopathology and relational difficulties throughout their lives than young people who display secure attachment to others. (Simpson, Winterheld, Rholes and Oriña, 2007).

The foster parent is in an ideal position to form a secure attachment with a Child in Care. 'For children with a dysfunctional primary caretaker, establishing a positive relationship with an alternative adult may be one mechanism by which children sustain or return to an adaptive trajectory'. (Milan and Pinderhughes, 2000, P.63). This research contributes to this area of knowledge by suggesting that sometimes the less obvious person, for example a home tutor, can also be seen as someone who a Child in Care can form a secure attachment with. This is reinforced by home

tutors being a positive role model and being able to work with Children in Care when they move placements thus being a stable factor in their lives.

A significant positive relationship and increased confidence can lead to Children in Care sitting exams which they never thought they would do. This corroborates with work completed by Jackson, Simon and Chase (2006). They suggested that although achieving targets can be an important indicator of progress, it can also 'detract attention from the broader and equally important aim of ensuring that children have happy and enriching experiences.... something that is hard for outcomes data to measure'. (P.170).

A good relationship with a peer could be viewed as a protective factor or as someone who a Child in Care could be securely attached to. This may help to provide a sense of identity for a child in care as well as being a valuable source of support. In a study by Courtney, Pilavin and Grogan-Kaylor (1995) young people about to leave their foster homes were asked to rate who they perceived as providing them with social support. It was found that friends were scored much higher than either their biological family or their foster family.

The data in this study suggested that the Children in Care interviewed wanted to be 'normal' and not seen as being different from their peers. In this way the Children

in Care are expressing that something which is important to them is being seen to identify with their peer group. This is very important for adults working with Children in Care to consider because for a young person to engage with a service they need to feel comfortable with attending the sessions. The home tutors recognise this and take into account the young person's opinion on where and when the session should take place.

Acevedo and Gilchrist (2007) conducted a study which found that the rewarding aspects of home tutoring included the building of a relationship with the child and the family, being appreciated by the family or the child, making a difference, seeing the child make progress or gain in confidence. The home tutors in this study identified all of the factors identified in the study by Acevedo and Gilchrist with the exception of 'being appreciated by the family or the child' although this is indirectly referred to. For example when home tutors describe how the Children in Care call them on results day. A limitation of the study by Acevedo and Gilchrist (2007) was that the head of service chose which tutors were to be interviewed and their views may not be representative of the group. The home tutors interviewed in this study were selected at random.

Acevedo and Gilchrist also found that the challenging aspects of the role were factors related to the network around the child and practical aspects of the role. In addition they identified the factor of relationships with parents or parental



behaviour. The data from the interviews in this study supports these findings. Stein (2005) suggests that family relationships are a major dilemma for Children in Care, as they 'need and want to have a sense of family' but also need to be able to 'commit themselves to their carers and then move onto new relationships' (P.11). This study only considers the views of home tutors who cannot attend school due to illness whereas the home tutoring service in this study is provided as additional support for education and not as alternative. In this way the home tutoring service can be seen to be filling the gap according to the need of the Children in Care population.

Removing children from their birth families and putting them in foster placements has been associated with negative developmental consequences that place children at risk for psychological, developmental, behavioural and academic problems (Curtis, Dale, Kendall and Rockefeller, 1999). The data collected in the interviews depicts the turbulent nature of being a Child in Care and how this can contribute to the developmental negative outcomes described by Curtis et al (1999). There are many potential concerns for Children in Care so it corresponds that the way to affect the outcomes of Children in Care is multi-faceted also. This study contributes to this area of knowledge because it supports previous studies which have shown that more than one factor is perceived to determine the outcome for a Child in Care but any one factor can make a significant difference and become a protective factor i.e. being able to have a secure attachment with someone.

Recent government policy made listening to the views of Children in Care and involving them in decisions regarding care placements a high priority (Children and Young Person's Act, 2008). This study recognised this and asked three key groups of people including Children in Care for ways in which Children in Care can be supported to achieve their potential. The participants made several practical suggestions to this effect but what is important is that many of these suggestions came from the Children in Care. The Children in Care gave thought provoking answers based on self-reflection and perceptiveness. Their comments gave a small insight in what it is like to be a Child in Care. This is invaluable in this area of research because support will be tailored around Children in Care and the more information we have about their perspectives the more differentiated the support can be.

---

## **2.8 Conclusion**

The findings from paper one imply that home tutors work with Children in Care who are more likely to be entered for their GCSE exams and therefore achieve higher grades than the Children in Care not considered eligible to take GCSE exams. It could be that those Children in Care who have been predicted higher GCSE results place a high importance on education and the services associated with it or it could be that they have the personal factors required to engage with the home tutoring service.

The results in paper one show that those who did not have tutoring had on average a higher number of care placements in the last 12 months than those who had home tutoring and the difference between the two groups was statistically significant. It could be that the stability experienced by the Children in Care is associated with higher predicted grades than the grades predicted for the Children in Care who experience a great number of placement changes. It was also suggested in one of the interviews that the Children in Care in stable placements are more likely to have a good relationship with their carers and therefore would value their carers opinions on services such as home tutoring. Further research needs to be conducted to examine these possible relationships.

Starting work with Children in Care early could be suggested as a way of increasing the likelihood of developing resilience. As young people spend a lot of time in educational setting (nursery or schools) it seems they are the ideal place for successful long-term interventions to be carried out. An Educational Psychologist can assist in putting strategies into place to try and build up the amount of protective factors in a young person's life. Funding could be obtained to provide the home tutoring service for younger pupils as early intervention could assist in dealing with educational difficulties before they grow into 'big issues'. This would help more Children in Care to achieve academically and the local authority to meet their targets with regards to this.

Historically young people may be offered experiences that are not effective, resulting in cynicism or support services fatigue, and a view of engagement as relinquishing fiercely-helped autonomy (Baer, Peterson and Wells, 2004). This provides support for the suggestion of providing services for Children in Care younger than 14 as they may well decline the service when they get to 14 because of support services fatigue which is demonstrated by Children in Care being weary and reluctant to engage with another service.

Another way to improve this service would be to actively encourage those Children in Care who experience a great number of care placement changes to engage with the service. The interviews have shown how the home tutor can also be a confidante and a significant adult in the lives of Children in Care and those experiencing a great number of care placement changes need an attachment to a significant person. This will assist in the Children in Care developing their personal factors such as social skills and self esteem which could also have a positive effect on educational attainment. Placement changes are often associated with school changes and home tutors could provide an imperative link between the Child in Care and learning as each school teaches slightly differently.

The content of the interviews indicates that the home tutoring service is capable of having a powerful impact on people's lives and it should be seen as a valuable

service which contributes to the support provided for Children in Care. The accounts given in this study have shown that the role of the home tutor is not just about targets and academic gains, but is also about being a significant adult, a confidante and an emotional support for Children in Care. This aspect of the role needs to be recognised and training could be offered to the home tutors in this area.

If the home tutoring service does start to work with younger Children in Care or reach out to more Children in Care experiencing a great number of placement changes then it is likely that home tutors will face new challenges and would benefit from time and space to talk about their work, perhaps through supervision. Supervision can be defined as ‘... a quintessential interpersonal interaction with the general goal that one person, the supervisor, meets with another, the supervisee, in an effort to make the latter more effective in helping people’ (Hess, 1980, P.25). Many Educational Psychologists are trained in supervision and already supervise members of staff in schools. Supervising home tutors either through one-to-one supervision or by leading a peer supervision session could be a future development in the role of the Educational Psychologist.

The home tutoring service is not the only way in which professionals and carers can support Children in Care and help them to achieve their potential. Educational Psychologists can provide home visits and consultation with carers, suggest ways

for adults working with the Child in Care in question to increase their confidence/social skills/self-concept and offer ways in which the past can be acknowledged whilst understanding that it has not determined the direction of the rest of their lives.

This paper further explores some of the issues which were referred to in paper one. Semi-structured interviews were an effective way of obtaining rich data by basing questions around some of the concepts which had previously been identified in the previous paper. One limitation of the study is that the research only took place within one local authority. Research is needed to evaluate the ways other local authorities support Children in Care. If these strategies include a home tutoring service then it would be interesting to compare and contrast the views of the home tutors in those authorities with the participants in this study.

The impact of this research has been that as a person I have become conscious of the dangers of putting someone into a category without trying to understand something from their individual position. As a researcher I appreciate how difficult it is to gather data from a group whose numbers and locations are constantly changing but this makes it all the more important to gather data from this group as some researchers may be put off by the practical difficulties they would face with regards to this. As an Educational Psychologist I have realised how important it is that I make sure I am aware of all the Children in Care in my schools and that by

asking how they are getting on when I am with school staff in planning meetings it will help to keep them in focus.

The impact on this research on the development of the Local Authority policy and practice has been that a forum is going to be set up on the virtual school website for home tutors to share good practice, access news regarding developments in the virtual school team, recommend resources and support one another. The impact on the Educational Psychology Service is that the Educational Psychologists are now aware of the key role that a home tutor can play in the life of a Child in Care and they will bear this in mind when it comes to contacting people to gather information about a Child in Care.

The impact of this research on the Educational Psychology profession could be the knowledge that the person who forms a secure attachment with a Child in Care may not necessarily be the most obvious person. This research also advocates listening to the child's voice and appreciates the value of early intervention.

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# Appendices

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Appendix 3.1.1: SPSS output showing t-test for Gender, Duration in care, Duration of current placement and Number of placements September 2009-July 2010

**Group Statistics**

	Do they receive home tutoring?	N	Mean	Std. Deviation	Std. Error Mean
Gender	No	54	1.65	.482	.066
	Yes	33	1.55	.506	.088
Number of months in care	No	54	52.94	53.942	7.341
	Yes	33	62.24	55.913	9.733
Duration of current placements in months	No	54	23.87	30.345	4.129
	Yes	33	25.61	31.885	5.551
Number of placements September 2009- July 2010	No	54	2.69	3.602	.490
	Yes	33	1.48	.972	.169

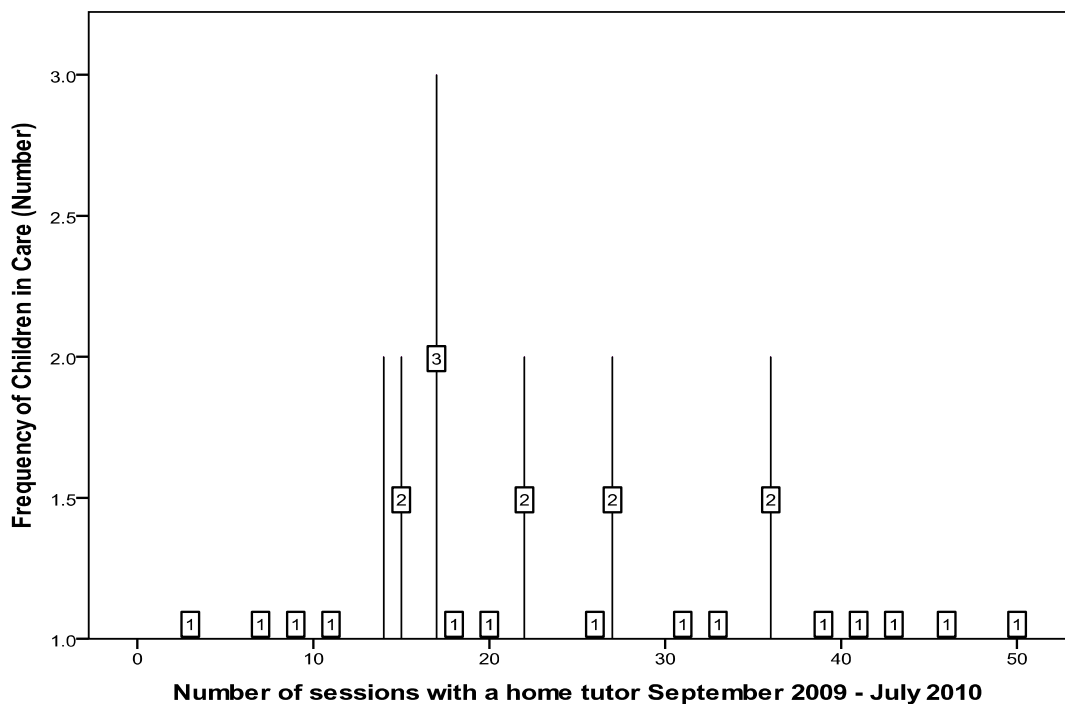


Section 3: Appendix 3.1.1: SPSS output showing t-tests for Gender, Duration in care, Duration of current placement and Number of placements September 2009-July2010

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Gender	Equal variances assumed	2.396	.125	.946	85	.347	.103	.109	-.113	.318
	Equal variances not assumed			.935	65.260	.353	.103	.110	-.117	.322
Number of months in care	Equal variances assumed	.111	.740	-.769	85	.444	-9.298	12.085	-33.325	14.729
	Equal variances not assumed			-.763	65.885	.448	-9.298	12.191	-33.639	15.043
Duration of current placements in months	Equal variances assumed	.257	.614	-.254	85	.800	-1.736	6.835	-15.325	11.854
	Equal variances not assumed			-.251	65.171	.803	-1.736	6.918	-15.551	12.080
Number of placements Sep 2009-July 2010	Equal variances assumed	6.100	.016	1.869	85	.065	1.200	.642	-.076	2.477
	Equal variances not assumed			2.315	64.861	.024	1.200	.519	.165	2.236

Appendix 3.1.2: Number of tutoring sessions for each Child in Care September 2009- July 2010

Gender	Year	Number of sessions 09/09 – 07/10	Gender	Year	Number of sessions 09/09 – 07/10
Male	10	26	Female	10	6
Male	10	25	Female	10	17
Male	10	23	Female	11	27
Male	10	22	Female	11	3
Male	10	18	Female	11	15
Male	10	9	Female	11	17
Male	11	11	Female	11	39
Male	11	8	Female	11	19
Male	11	46	Female	11	17
Male	11	22	Female	11	32
Male	11	41	Female	11	30
Male	11	36	Female	11	14
Male	11	31	Female	11	36
Male	11	50	Female	11	15
Male	11	7	Female	11	43
Male	11	14			
Male	11	33			
Male	11	27			



Appendix 3.1.3: Factors; Self Description Questionnaire II (Marsh, 1992)

# SDQII<sup>®</sup>

## Self Description Questionnaire II

### SDQII FACTORS

FACTOR	DESCRIPTION
Math	Student ratings of their skills and ability in mathematics.
Physical Appearance	Student ratings of their physical attractiveness, how their appearance compares with others, and how others think they look.
General	Student ratings of themselves as effective, capable individuals, who are proud and satisfied with the way they are.
Honesty/Trustworthiness	Student ratings of their honesty and trustworthiness
Physical Abilities	Student ratings of their skills and interest in sports, games and physical activities.
Verbal	Student ratings of their skills and ability in English and reading.
Emotional Stability	Student ratings of themselves as being calm and relaxed, emotional stability, and how much they worry.
Parent Relationships	Student ratings of how well they get along with their parents, whether they like their parents, and the quality of their interactions with their parents.
School	Student ratings of their skills and ability in school subjects in general.
Same-Sex Relationships	Student ratings of their popularity with members of the same sex and how easily they make friends with members of the same sex.
Opposite-Sex Relationships	Student ratings of their popularity with members of the opposite sex and how easily they make friends with members of the opposite sex.

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Appendix 3.1.4: Child in Care Questionnaire

### Questionnaire for Children in Care on Home Tuition

**Pupil's name:** ..... **Year group:** .....

**Tutor's name:** ..... **Date:** .....

How long have you been in care? .....

How many foster homes have you been to? .....

How long have you been in your latest one? .....

How many primary schools did you go to? .....

How many secondary schools have you been to? .....

How long have you been in your latest one? .....

**How much do you like school?**

I don't

A lot!



1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....  
.....

How many home tutors have you had in this home tutoring programme? .....

How long have you been seeing your current home tutor? .....

**Do you like tuition?**

Not really

Very much!



1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....  
.....

**I usually understand what I'm supposed to do**

Never

Always!



1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....  
.....

**I have everything I need to do my learning with my home tutor**

Never

Always!



1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....  
.....

**I can get on with the work the tutor has set me**

Never Always!

☹ ☺ ☺

1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....

.....

**How did you come to find out about home tutoring?**

.....

.....

**Why did you decide to have a home tutor?**

.....

.....

**Have you missed any tuition sessions in the last half-term?**

.....

.....

**What are the main subjects you've covered?**

.....

.....

**What other activities have you done? I.e. talking about issues at school, talking about how to learn**

.....  
.....

**What do you feel has gone well?**

.....  
.....

**Is there anything you'd like more help with?**

.....  
.....

**Do you get on well with your tutor?**

We don't get on We get on very well!

☹ ☹ ☺

1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....  
.....

**Is there anything you'd like to tell your tutor? i.e. things about yourself that they don't know, positive or negative things about tutoring**

.....  
.....





**Do the home tutoring sessions make a difference to your learning in school or what you achieve in school?**

No They make a big difference

☹ ☹ ☺

1    2    3    4    5    6    7    8    9    10    11

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Please explain your answer

.....

.....

**What do you like about your home tutor or your tutoring sessions?**

.....

.....

**Is there anything you would like to change about your tutoring?**

.....

.....

**My perfect session with a tutor would be like**

1) .....

2) .....

3) .....

**What do you see your home tutor as? What are they to you?**

.....

.....

**How important is getting a good education?**

Not important

Very important



1    2    3    4    5    6    7    8    9    10    11



Please explain your answer

.....  
 .....

**What is most important to you?**

Please give them a number.

**1= most important!**

**10 = least important**

<b>Health</b>	
<b>Money</b>	
<b>Friends</b>	
<b>My mobile phone</b>	
<b>My image</b>	
<b>Family</b>	
<b>School</b>	
<b>Having a job</b>	
<b>Having a boyfriend/girlfriend</b>	
<b>Independence</b>	



**What has a big effect on how well you do in school?**

.....  
.....  
.....  
.....

**How could home tutoring be made better?**

.....  
.....  
.....  
.....

**Is there anything else you want to tell us about your tuition?  
Is there anything that would be a better thing to offer you which would help with  
your education?**

.....  
.....  
.....  
.....  
.....  
.....

Appendix 3.1.5: SPSS output showing t-test for predicted GCSE grades

<b>Group Statistics</b>					
Do they receive home tutoring?		N	Mean	Std. Deviation	Std. Error Mean
overall number gcse	No	51	3.5882	1.38819	.19438
predicted grades	Yes	33	2.7273	1.46357	.25478
grade for GCSE Eng	No	34	10.8824	4.54449	.77937
predicted	Yes	30	7.8667	3.50107	.63920
grade for maths GCSE	No	36	10.7500	4.56931	.76155
predicted	Yes	31	8.7419	3.60525	.64752
grade for science GCSE	No	36	10.3333	4.82257	.80376
predicted	Yes	31	7.6129	3.83560	.68889

**Independent Samples Test**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
overall number gcse predicted grades	Equal variances assumed	2.380	.127	2.718	82	.008	.86096	.31681	.23073	1.49120
	Equal variances not assumed			2.687	65.824	.009	.86096	.32046	.22111	1.50082
grade for GCSE Eng predicted	Equal variances assumed	9.199	.004	2.944	62	.005	3.01569	1.02443	.96788	5.06349
	Equal variances not assumed			2.992	60.947	.004	3.01569	1.00797	1.00009	5.03129
grade for maths GCSE predicted	Equal variances assumed	7.955	.006	1.974	65	.053	2.00806	1.01740	-.02382	4.03995
	Equal variances not assumed			2.009	64.543	.049	2.00806	.99962	.01141	4.00472
grade for science GCSE predicted (	Equal variances assumed	8.959	.004	2.526	65	.014	2.72043	1.07679	.56993	4.87093
	Equal variances not assumed			2.570	64.624	.012	2.72043	1.05859	.60605	4.83481

Appendix 3.1.6: Four tables depicting the relationship between predicted GCSE grades and actual GCSE grades for the 25 Year 11 Children in Care who received tutoring

A table depicting the relationship between the predicted overall GCSE grades and the actual overall GCSE grades for the 25 Year 11 Children in Care who received tutoring

		Overall GCSE grades – Actual results					
		Missing	1 A-G	5 A-G	5 A-C	Not entered	Total %
<b>Overall GCSE grades - Predicted</b>	1 A-G % of Total	2 8.0	7 28.0	4 16.0	0	1 4.0	56.0
	5 A-G % of Total	0	0	0	1 4.0	1 4.0	8.0
	5 A-C % of Total	0	2 8.0	4 16.0	3 12.0	0	36.0
	N/A % of Total	0	1 4.0	0	0	0	4.0
	Total %	8.0	40.0	32.0	16.0	8.0	100

Did not achieve predicted 32.0% of total	Achieved predicted 40.0% of total	Exceeded predicted 20% of total	Missing 8.0%
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A table depicting the relationship between the predicted English GCSE grades and the actual English GCSE grades for the 25 Year 11 Children in Care who received tutoring

		English GCSE grades – Actual results								Total %
		Missing	A	B	D	E	F	U	Not entered	
English GCSE grades - Predicted	Missing % of Total	0	0	1 4.0	1 4.0	0	0	0	0	8.0
	B % of Total	0	0	0	0	0	0	0	1 4.0	4.0
	C % of Total	0	1 4.0	0	2 8.0	3 12.0	1 4.0	0	0	28.0
	C/D % of Total	1 4.0	0	0	0	0	0	0	0	4.0
	D % of Total	1 4.0	0	0	1 4.0	2 8.0	1 4.0	0	1 4.0	24.0
	E % of Total	0	0	0	0	0	0	0	1 4.0	4.0
	E/F % of Total	0	0	0	0	0	0	0	1 4.0	4.0
	F/G % of Total	0	0	0	0	0	1 4.0	0	0	4.0
	U % of Total	0	0	0	1 4.0	2 8.0	0	0	0	12.0
	Not entered % of Total	0	0	0	0	0	0	0	2 8.0	8.0
Total %		8.0	4.0	4.0	20.0	28.0	12.0	0.0	24.0	100.0

	Did not achieve predicted 52.0% of total		Achieved predicted 12.0% of total		Exceeded predicted 20.0% of total		Missing 16.0%
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A table depicting the relationship between the predicted Math GCSE grades and the actual Math GCSE grades for the 25 Year 11 Children in Care who received tutoring

		Math GCSE grades – Actual results								Total %
		Missing	C	D	E	F	G	U	Not entered	
<b>Math GCSE grades-Predicted</b>	Missing % of Total	0	0	0	0	1 4.0	0	0	0	4.0
	C % of Total	0	3 12.0	3 12.0	0	0	0	0	2 8.0	12.0
	D % of Total	0	0	2 8.0	1 4.0	0	1 4.0	0	0	12.0
	D/E % of Total	1 4.0	0	0	0	0	0	0	0	4.0
	E % of Total	0	1 4.0	0	0	0	1 4.0	0	0	8.0
	E/F % of Total	0	0	0	1 4.0	0	0	0	0	4.0
	F % of Total	0	0	0	0	0	0	0	0	0.0
	F/G % of Total	0	0	0	0	0	1	0	0	4.0
	U % of Total	1 4.0	0	1 4.0	1 4.0	0	1 4.0	1 4.0	1 4.0	24.0
	Not entered % of Total	0	0	0	1 4.0	0	0	0	1 4.0	8.0
	Total %	8.0	8.0	12.0	16.0	4.0	12.0	4.0	12.0	100.0

Did not achieve predicted 36.0% of total	Achieved predicted 28.0% of total	Exceeded predicted 24.0% of total	Missing 12%
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A table depicting the relationship between the predicted Science GCSE grades and the actual Science GCSE grades for the 25 Year 11 Children in Care who received tutoring

		Science GCSE grades – Actual results							
		Missing	C	D	E	F	G	Not Entered	Total %
Science GCSE grades -Predicted	Missing % of Total	0	0	0	1 4.0	0	0	0	4.0
	B % of Total	0	3 12. 0	2 8.0	0	0	0	0	20.0
	C % of Total	0	1 4.0	3 12.0	0	1 4.0	0	1 4.0	24.0
	D % of Total	0	0	0	2 8.0	1 4.0	0	1 4.0	16.0
	D/E % of Total	1 4.0	0	0	0	0	0	0	4.0
	E % of Total	0	0	0	1 4.0	0	0	0	4.0
	E/F % of Total	0	0	0	1 4.0	0	0	0	4.0
	F/G % of Total	0	0	0	0	0	0	1 4.0	4.0
	U % of Total	1 4.0	0	0	0	0	1 4.0	0	8.0
	Not entered % of Total	0	0	0	0	0	0	3 12.0	12.0
	Total %	8.0	16.0	12.0	20.0	8.0	4.0	24.0	100.0

Did not achieve predicted 60.0% of total	Achieved predicted 20.0% of total	Exceeded predicted 8.0% of total	Missing 12.0%
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Appendix 3.2.1: Participant details – Children in Care

	Child in Care 1	Child in Care 2	Child in Care 3	Child in Care 4	Child in Care 5
Gender	Male	Male	Female	Female	Female
School Year	11	11	11	11	11
Do they a Special Educational Need?	No	No	No	Yes BESD	No
How long have they been in care? (months)	159	137	47	167	12
How long have they been in their current placement? (months)	153	27	16	33	9
How many placements have they had from September 2009 – July 2010?	1	1	1	1	2
How many tutoring sessions have they had from September 2009 – July 2010?	41	33	27	19	30
Percentage attendance in education from September 2009 – July 2010?	86.1	98.4	84.3	76.2	68.9
Predicted overall GCSE grades	5 A-C	5 A-C	5 A-G	5 A-C	1 A-G
Actual overall GCSE grades	5 A-C	5 A-G	5 A-C	1 A-G	1 A-G
Predicted English GCSE grade	C	C	C	C	D
Actual English GCSE grade	D	E	A	E	D
Predicted math GCSE grade	C	C	C	C	U
Actual math grade	C	D	C	U	G
Predicted science GCSE grade	B	B	B	B	U
Actual science GCSE grade	C	D	C	D	G

*Appendix 3.2.2: Interview script – Home tutor*

**Home Tutor**

How many Children in Care have you tutored overall?

How many Children in Care have you tutored in the last year?

So do you get a real mix of how old they are or is it all Year 10s and 11s?

And gender? A mix of girls and boys?

Generally how long on average do you think you tutor them for? A term? Or a year?

How often did you tutor them for?

Why do you think that these Children in Care chose to have home tutoring?

Why do that some Children in Care, why do they not succeed at school?

So what do you think helps children beat the odds?

Can you describe a positive memory from your experiences as a home tutor?

Have you got any negative memories from your experiences as a home tutor?

How do you deal with difficulties like this?

Is there anything that would have helped you, that could have been offered to you in that situation?

How do the local authority contact you and offer work?

How do you arrange your sessions?

What training have you been offered by the local authority?

What opportunities do you have to discuss your work?

Is there anything else that you would like to tell me about your experiences as a home tutor?

*Appendix 3.2.3: Interview script – Child in Care*

**Child in Care**

How did you find out about the home tutoring?

What made you decide to have home tutoring?

What is it that you liked about home tutoring?

Is there a positive memory that has come as a result from the home tutoring that you could share?

Is there a negative memory that has come as a result from the home tutoring that you could share?

How did you arrange the times for your sessions?

Can you describe your home tutor?

What did you do with your home tutor?

In what ways has the home tutoring has changed or helped you?

Do you think that it had any effect on your work in school?

Would you recommend it to other Children in Care and why?

What's it like being a Children in Care?

What is difficult about being a Children in Care?

Are there any good things about being in care?

Why do some Children in Care do badly in school?

What helps others beat the odds?

If you could change home tutoring to make it better in what ways would you change it?

What were the rewards of home tutoring?

Any challenges?

Is there anything else which could be offered to Children in Care to help them?

Is there anything we haven't talked about?

*Appendix 3.2.4: Interview script - Carer*

**Carer**

How did you find out about the home tutoring?

Why do you think that [Child in Care] decided to have home tutoring?

How were the sessions arranged?

In your opinion why do some Children in Care not succeed at school?

What would help other Children in Care beat the odds?

What made you think that the home tutoring was a good idea?

What did you like/dislike about it?

Is there a positive memory that has come as a result from the home tutoring that you could share?

Is there a negative memory that has come as a result from the home tutoring that you could share?

In what ways has the home tutoring changed or helped [Child in Care]?

Has it made a difference to their educational attainment?

What are the rewards of home tutoring?

What are the challenges of home tutoring?

Please describe the home tutor for me.

Would you recommend it to other Children in Care? Why?

What is difficult about being a Child in Care?

If you could change home tutoring to make it better in what ways would you change it?

Is there anything else which could be offered to Children in Care to help them?

Why did you become a foster carer?

What is it like being a foster carer?

*Appendix 3.2.5: Example of interview transcription: Home tutor*

**How many Children in Care have you tutored overall?**

Including now or just last year or...?

**Well how many years have you done it for?**

I've only done it for a year so this is my second year.

**Ok, so last year...?**

Last year I would have done...I had two, three, four, five, six, I had seven last year

**And you've got some more this year?**

This year I've got, I've had one...is this for Children in Care generally or for key stage four children?

**Children in Care generally but if they are not in Key stage four then just say.**

Ok, so the ones I did last year were key stage four and I've done, I'm currently doing one Year five at the moment. I was doing a Year seven but her amount of money, her funding

has dried up so I'm not doing her anymore and I've got one Year ten at the moment this year.

**So boys and girls?**

Erm, yes. I had last year, it was mostly girls, one boy out of seven. So out of seven six were girls and one was a boy, which is...no two were boys sorry.

**Two and five?**

Two and five and this year it's one boy and two girls.

**Ok.**

Which surprised me because I thought I'd have more boys. I really thought there would be more, there would be more boys than girls but maybe it's just the people I've been given which I'm happy about.

**What subjects do you do?**

English, Maths, anything! I'm primary trained. Erm, but I have taught A level and things like that so kind of all different really. I can do anything you like.

**Generally is it a long time like two years or a year or is it...?**



Last year I did erm... last year two of the children went back to their mum so then it was finished and erm one went before Christmas... they were twins... and one went after Christmas so that was very short. Another girl who I tutored last year didn't want tuition so she sabotaged every event she possibly could. She didn't want it. I had one good session. There were tutors before me, I was not the first one and she really didn't want it so she sabotaged that and that finished because we then tried to get her back into school and try and sort out different arrangements. She used the LEO programme. She was a West Asian girl and she went on this LEO which is external learning and she did that which then meant there was a tutor teaching virtually through the headphones and video conferencing so she didn't need me. I don't know whether she ever got another tutor, I don't know, I finished with her at that point. So that was her. Another girl that I tried to tutor didn't want me at all and she was pregnant. She was in a care home up in [Local Authority]. I only tutored her twice, it was pretty...very difficult. She didn't engage, didn't want to engage and went back to her mum so that was the end of that. And then the other two that I took, I took two all the way through to GCSE and one was a boy and one was a girl. The boy was at a special school in [Local Authority] and foster care so he was fine. I worked with him from November to June. The other was a girl who was supposed to be going back to [School] but sabotaged every attempt to go back there. She didn't want to do anything really but in the end I taught her for two a week for the Children in Care Team plus [School] paid me for two hours a week as well because I was at [School] for the morning a week she should have been in school but wouldn't go so I did her for four hours of English a week. And I worked with her from November again through to ...I think it was, yeah the end of June because she was funded to do GCSE and she did some ALAN tests as well because I was convinced she would fail and she was convinced she would fail. She didn't want to do it. She didn't

(fail), she did really well and she was absolutely over the moon, I could have kissed her myself actually! Wonderful, wonderful. It was so wonderful because she just sabotaged the attempts to do the work. We were trying to do things like the poetry that they have to do for GCSE and she hated it. So she just wouldn't do it but it obviously it went in because she answered a poetry question in the exam and she got a D overall. This was someone who just wasn't interested at all so she did really well. So I had her then I had another girl for a very short number of weeks, about five I think, and she just went, again she went back to her mum and she was just doing it because somebody said she should. She was doing it so that she didn't, she was in school, I went into her school to do it and did in [School], no [School]. She was fine, she was lovely but she didn't want to be doing what she should be doing – maths and science. She was, she would rather have done English erm so we did a bit of spelling and things like that and I would try and get her to do a little bit of maths. I did algebra once with her, actually persuaded her to do some, but then she didn't turn up once. One time I was there with another tutor, [Home tutor], we were there together, I was doing one pupil and she was doing another and they went off to lunch and didn't come back. Another time it was her birthday and she'd done exams in the morning, this was a Friday, by the time I had got there, we must have just missed each other because I think if she had seen me she would have come back. But it was her birthday and she had been sitting an English exam which she didn't want to do and she just went home. So I only saw her I think for two and a half times I think out of five and then she went back to mum. So that was the end of that really so I don't know what happened to her. So that's the story of my experience last year really and then this year...oh no then that's it, I took on... I did take on, there were two others actually I've just remembered. They were, it was from their PEA money. Yeah so I did [Child in Care] and [Child in Care]. [Child in Care] I did for ten weeks

with the PEA money to sort of keep her going really. They are sisters, and [Child in Care] was in Year nine at the time so again I did PEA money for ten weeks with her and now I've taken [Child in Care] on as a Year ten and [Child in Care] is doing college and things now. So there was those two as well so that's nine isn't it then. Is that right? Altogether. So I did those and they are lovely, a lovely family. I still see [Child in Care] now which is nice, I get to keep in touch. [Child in Care] is, she is a bit of a monkey and doesn't do her homework, that's her big challenge. So erm yeah. So that's what I did last year and I'm doing this year. For this year... this year I have [Child in Care] and a boy [Child in Care] who is, who should be in school. He's a Year five and hasn't got a school place still at the moment so that's been a pretty onerous situation. So [Children in Care team member] and I just keeping him, I mean I went to teach him for a week and that was a long time ago and he still won't be in school for the next two weeks. So erm... I am teaching him and then [Child in Care] was just a... I did summer catch up with her. That was eight hours, I did four sessions and then I've done an extra eight hours in September with her just before half term. She's now trying to do her homework, that was the issue again (laughs). The only issue.

### **It seems to be a big issue**

A big issue if you don't want to do it and they don't see the point it really. I think that, I think that also with the homework issue is that it can be very sporadic. They have either loads or they don't have any or they are being selective and not saying they've got any. But I mean that's why the virtual learning platform is good because they can go online and the homework is posted. It's there and everyone can see it and that's what's happened with [Child in Care]. She's at [School] and all the homework is online so we can check out what

she should and should not be doing. So we're trying to keep on top of that but it's quite frustrating for them because she did, she was doing a big presentation and we've practiced it and got everything all ready for this big speaking and listening task and she didn't ever do it. So they (Children in Care) are not going to do it are they? Because they've done all that work and that was weeks ago and then it wasn't followed up, she's not texted me to say she's done it yet so it's gone isn't it? What's the point of doing it if it's not being... I think that's difficult for them because if it's not followed through they don't feel that there's some erm...not reward for their efforts but acknowledgement for their effort then they feel 'What's the point in doing it?' Everyone would feel that, it's not just these children. I think that is an issue, but once you get on top of it, if you can get on top of it and get hold of the school and get hold of somebody then that helps. It can be so difficult, getting in touch with somebody. Really difficult, that's the other big issue. That's the most difficult thing of doing this job I think is actually trying to get in touch with the right people at the right time.

#### **School people or people from the local authority?**

The local authority is not bad at all, but I mean obviously not everybody works full time so everyone is not always around when you're around and that's one of the difficult situations. But school is very difficult to get hold of people. You can send an e-mail and e-mail them and like everyone else they get hundreds don't they you know and it's just going through and then remembering to e-mail back. You know, I'm the same. So it's difficult, but that is quite hard when you are trying to follow up on something and the carers are also trying to follow up on something and you still can't get a result that's very frustrating trying to find out what's going on.

**Ok, so why is it that some Children in Care choose home tutoring?**

Why do they choose it? I don't know, I'm not sure that they definitely choose it. Maybe they are persuaded to choose it.

**Encouraged?**

Yes.

**By carers or social workers or...?**

By carers, by everybody. I think so. I think certainly one of the girls who I taught last year would rather have not been doing it and she didn't like it because she felt that she was erm being... that her life was being controlled and interfered with by too many people and she didn't really want to be any different from anyone else but the input was making her feel different and I know that she moaned about coming every week. She came mostly but a couple of times she didn't come and the carer said to me that she moans about it all the time but when she was with me you would never have know that. So it's interesting. So I don't know that necessarily that they, I think, I think with the ones that I've taught they and the same with the boy I taught last year, he would really rather not be doing it. He doesn't want to do it, it's just that everybody thinks he should be doing it and so they are being amenable and I think they are saying ok. I don't think they are necessarily....

**Think 'Oh I would like that?'**

...I don't think that's always the case. Maybe some of them do. I think it's the way it's put that is important. If you put it across to them that it's a good thing, they need to be catching up because a lot of them have missed a lot and they've missed the basics. They've missed the basic spelling rules and all that kind of stuff that we do down in primary school and a lot of them have missed bits and pieces if that's when the problems were really occurring so it's catching all that back up and the older you get the tougher it is. So I don't know and I think some of them are aware of the fact that they need to...[Child in Care] that I'm teaching knows that she needs to do spelling and I said to her 'What do you want to do in this time?' I put to her last year and I said 'What do you want to do?' and she said 'I need to do spelling [Home tutor] and I need to do reading' and that's what we've been doing. We've thrown a bit of maths in and a bit of science and whatever comes along but that's what she wants. Had it not been suggested that she did it, I don't think she would. Well that's what I think, I don't know what others think.

**Ok, why do some children not succeed at school? What goes wrong?**

Erm...

**Do you think it's the missing of the basics bit?**

There's so many factors isn't it... It's stability at home, if they are emotionally not stable... If they are emotionally not stable they can't learn. Definitely without emotional literacy you can't learn and that was very obvious with one of my students last year, really obvious. Once she was calm and stable and was able to think straight she would work really well.

But I think that is the big issue and I think that as they get older, kids in Year 9 and 10, you know it's a difficult age anyway and I think they've got...well it makes life more difficult for them and learning is not important to them at that time. It's everything else isn't it; peer pressure, friends, things like that so I think there is... I think that you've definitely got the emotional literacy side which can stop them learning at any age and then whatever age they've stop learning, they've missed all that and if that then impairs their ability to comprehend what they've got to do, their understanding of everything then...and they don't want to look as if, they don't want to look stupid in front of their friends so therefore you don't always ask for the help that you need because you don't want to be different from anyone else so it's like a vicious circle and I think that particularly with a girl I taught last year and I think, no the boy wasn't as bad actually, well, the girl felt that everybody was looking at her because she was in school doing extra work with me after school so she didn't want people to know that really. But we couldn't do it at home because the carers said there wasn't any room so it was the best place for it to be. But I think that you have that issue as well. So I think that there's lots of reasons why they don't learn and some people just don't...some kids would rather just do sport, put their minds into other areas as opposed to English and Maths. We can understand that really can't we? We're all different. You know...

**Yeah definitely everyone had different talents...**

Yeah absolutely, I think so. It is a difficult one I think. So yeah to answer the question I think it is lots of things, not just one thing.

**What do you think would help them beat the odds?**

What would help them to beat the odds? It's stability I think.

**That's the main thing?**

Yep. I think stability, knowing where your boundaries are, knowing you know... how to behave, how your actions impact on other people and rather than being...sometimes what happens is they will do something and then they will react really angrily about something and get really cross about something and actually there's no need for that and that's just the wrong emotion to be showing you know? And they don't... I think that's so difficult for them is to actually learn how to read other people and to react appropriately to a situation so that you don't... you don't accelerate it but you diffuse it. I think, I think that that is quite important. I've forgotten what the question was!

**What do you think would help them beat the odds?**

Yeah, so I think that it is emotional literacy isn't it? It is all about how to cope, how to cope with your emotions, how to cope with other people's emotions...

**Social skills?**

Yeah those skills and then if you've got an anger issue then that needs to be managed because until that's managed you're not going to succeed in what you're doing because



anything will spark you off. I think emotional stability is really really important. Confidence, in the right way, do you know what I mean? Do I make sense or am I just rambling?

**No that's perfect.**

Am I just rambling on here? I had a long day yesterday.

**Can you describe a positive memory that happened last year?**

Oh yes! When my girl, you know, did really well in her GCSEs and she was soooo excited.

**Did she call you?**

She called me up, she rang me and was 'Jackie! Jackie! Guess what? Guess what? I've got my results!' so I said 'Right, ok, tell me now.' She said 'I've got a D! I've got a D!' I said 'You didn't!' She said 'I did! I can't believe it!' She was....it's making me go all cold now! She was so excited and it was just, it was lovely because she... I mean [Children in Care team member] knew how worried I was about her, school was worried, she was such an angry girl and I wanted things to work out right for her. She moved placements. When I was teaching her she moved twice so that was...

**Quite a lot, in a year.**

Yeah! And she was, she was not easy to work with and I had to work with her for four hours in one day. So two hours, break, two hours or two and a half, break, one and a half. So for both us it was intense so it was great to have such a positive memory at the end of it. That was really nice. That's the one that comes to mind like that (snaps fingers). There are lots of others, lots of them, some good laughs and the kids are all great really, one to one. That was lovely.

**Have you got any negative memories or something that was challenging?**

My negative memory, my most negative memory was going up to the girl in [Local authority] who was pregnant and who refused to speak to me, refused to come down, refused to look at me, refused to engage and she did a little bit of work with me with another girl sitting there who said 'I'll work with you' so we all worked together. She was nothing to do with me this other girl but we all worked together and then this girl decided she had had enough and she went out of the room and went upstairs and I went to the bottom of the stairs and said '[Child in Care], come on, come back. We need to do a bit more.' Then she just turned around, swore at me, shouted at me and didn't listen to me. She went on and on and on and I said to her 'But you haven't spoken to me this morning so...' I spoke to the other girl, she wasn't speaking to me. 'I've spoken to you so how could I not be listening to you?' But I said 'You haven't spoken to me at all!' so that was really... and to be honest I wasn't sorry not to have to go back because it was very...I found it very difficult and I thought... I didn't know whether we would get over it. You know, so that was very negative. And my other one was struggling to see this other girl with the positive memory, through the snow last year, everything was shut. I got to her house, she opened

the door and said 'Oh' and went upstairs and shut the door and she refused to speak to me because I had got there and everyone else in the country was off and not working.

**She wanted a snow day?**

So she wanted a snow day! She wouldn't speak to me, erm, she came down eventually and I said 'I know you don't want to speak to me but you know, you're not in school anyway so it doesn't matter what everyone else is doing as you're not actually in school so...and I'm here and I'll do you a deal. I'll go away and I'll come back next week but even if it's snowing next week you've got to work.' She said 'Yes' and ok, she spoke to me then and I went off. Unfortunately for me because I didn't go back in the afternoon I lost the money, erm, but that was no way she was going to engage with me at all and I went back the following week and it was snowing and she did work. So kind of a negative that turned into a positive and erm, I only, that only really happened that once with her. I had another incident with her but that's something completely different. Yeah, so it's interesting.

**Ok, so how do you deal with difficulties when they happen? Is there anything that would help?**

I think that it's being able to talk to somebody else because we work on our own and (Home Tutor's] the only other person who I've ever met. I met her twice, yeah twice at a school. Erm and it's just dealing with it on your own really. Obviously if you've been teaching for a long time you have got experience. I have been teaching for a very long time, I started in 1982 so I've got quite a lot of years of experience and I have taught challenging

children before, very challenging children so you just have to draw on your own resources you know and when I was having problems with the girl in Crawley I spoke to [Children in Care team member] and [Children in Care team member] was great. She said 'Go back, do this and do that'. So that was nice, just to have somebody to talk to...

**To offload?**

Just to have them say 'Try this', because you've tried everything. You've done what you can do in this situation and you've thought it through and it wasn't, this was the first time that it wasn't very good and I spoke to [Children in Care team member] and then went back again and you need to be thinking that 'Ok, how can I change this? How else can I approach this? Is there another angle that I'm not seeing?' Erm... so but that was also, she was in a children's home so that's a different ball game altogether teaching in the children's....

**Space?**

Space and there's nowhere to go. I was sitting on the sofa with other kids coming in and out all the time and that's quite different. It was a very challenging placement for me and challenging for her so I think definitely having someone to talk to is handy.

**How do the LEA contact you? Is it e-mail or phone?**

E-mail and phone.

**And then do they give you all the details and then....**

And then I have to then contact the social worker which is the most difficult part because they are busy. They are in and out all of the time. A lot of them are part time and it's quite difficult to get in contact with them. I e-mail, I e-mail and I ring and I just keep on until I get hold of somebody. But I e-mailed somebody last week and then [Children in Care team member] contacted me and I hadn't heard anything at all so I have to keep remembering to do it.

**And you can't start until you've done that?**

Until I've spoken to the social worker so you have to speak to the social worker first which is fine but the weeks, the weeks can go on you know and you haven't got round to it really. But some of the social workers are really good, it just depends on their caseload and you know if they are off sick or whatever's happening. It's not their fault, it's difficult.

**It's just the way it is?**

It's just the way it is, it's difficult at times. So that's fine.

**How do you arrange your sessions? Is it with the foster carer, do you arrange it through them or the school or ...?**

Yeah. It's usually via the foster carer so if the foster carer says 'Can you do it in school?' you do it in school. If they say 'Come at this time' then you do. Yeah, and when I was working with a little girl in [Local authority] we went to the library. Erm... so that was good because I knew she wasn't going to run off or anything like that. She would arrive there and be there (laughs), it doesn't work with all children. You have to think carefully which ones and they didn't have the space at home so that was fine.

**Have the LEA offered you any training?**

They have offered some training. Erm not specifically do this one, they just say there's a home tutors meeting. There was one in July...

**Do you do EOTAS as well? (Educated other than at school)**

No, not usually but I am at the moment with this boy in Year 5 erm so no I haven't had... I was teaching so I couldn't go. It was on a Wednesday and I was teaching so I couldn't go. So that's a bit of a shame. Erm, it would be nice to have, just a getting together really so to update on stuff, just a sort of... like it is things like GCSEs have changed, it's got new stuff. I'm just learning through, talking to the teachers who send me the specifications and trying to work out what's going on really. I didn't go to that meeting because I couldn't but it would be useful if there were things set up, you know handouts or something that if you couldn't attend the meeting that there was information. It would be useful, that you could e-mail on to someone. Erm, you see I was teaching, it was a Wednesday and I was teaching all day so I couldn't go. So that would be quite handy.

**What opportunities do you have to discuss your work?**

There isn't any really.

**It's just if you call the office and talk to [Children in Care team member] or someone?**

And because when we went, the meeting I did go to when I first started everybody was there and erm so there were both groups there and I didn't know anybody at all apart from another girl who was new and we stood next to each other because we were both, she was a primary teacher as well. Erm but that was the last, and then seeing [Home tutor] once, that was the last time really. It's a quite a lonely business. It is fine but having come from teaching in a school you've got a big support network, it's quite different working like this...which is fine. I enjoy it but I do miss being able to say to somebody 'What do you think about so and so?' or 'How would you approach that one?' 'Have you got any suggestions for that?' You know, like you do when you are walking along the corridor with somebody. You grab ideas quickly as you are going along. 'Did you find that that worked?' or 'What was the best website for this?' You know what I mean? Just sort of sharing, sharing your resources I suppose...

**Sharing good practice?**

Yeah and just sort of sharing of resources as well because then unless you buy your own there isn't...

**One of the other home tutors told me that you can get money from the Children in Care Education Team, you can get book vouchers so you can buy books.**

For the children?

**Yeah.**

We can buy them for the children I know but I don't know if you can buy them for us.

**I don't know, she said she got £40 the other day and then went to buy books but I can't remember if she said actually who it was for.**

Well I have, I had some money to buy books for some of mine. I asked for some money so I could go and buy some revision guides for them so I've done that. But it's like new resources because GCSEs have changed....

**You almost need like a bank of resources in the office...**

That people could go and photocopy or look at because until you do...if you've got to order the book you don't know what's in it do you until you've got it. It might not be exactly what you want. Is it worth doing and how would that help me really? They all do different (exam) boards, the schools so some do OCR, some do Edexcel, some do... so it's all slightly different. Some are modulus, some are linear. So for maths and science... maths in particular. So that I think is quite difficult especially for somebody like me, I'm from a more



primary middle background to GCSEs. It's, it's different. I mean luckily my kids have done it so I just and they've all done the poetry and all that kind of stuff so I've just, I had lots of stuff on it anyway. So it was alright but now they've changed it all.

**And then everyone's like 'Oh!'**

You have to start again. So yeah...erm was there anything else you need or have I covered anything?

**No, unless you think there's anything I haven't thought of?**

No, Is it just about...no I just enjoy the job you know and the best thing about it is making a difference, knowing you have made a difference. Because when you teach a class of children you hope you make a difference to all of them, don't you? But when you do one to one you know if you are making a difference or not. You know where you are and you know how to help that child with whatever it is whether it's an emotional problem or... it's not always about work.

**It might be something prior to work like the emotional stuff and then work might come later?**

Yeah, with one of my students they had major emotional literacy problems, major! She had to talk that all out, get through all of that before we could do anything. She would tell me what was happening and she wanted ideas of how to do this or how to do with that. You

know, we talked a lot so I think, you know, I think the emotional side of it is so important and I get very frustrated when children can't get the help they need. You know, they need anger management or they need to have counselling about something and that's, it takes so long to get it started and that's time wasted for them.

**Yeah**

So I think that that's, that's something that erm needs to cover an important focus but we are all tied for time and money so... that's how it goes isn't it?

*Appendix 3.2.6: Example of interview transcription: Child in Care*

**So how did you find out about the home tutoring?**

Well it was only when I first when up to [Education Unit] where I did the education that they changed my days around and then they said that I was going to get home tutoring.

**Was is it a choice or was it a 'You are going to get it'?**

I don't know really.

**Ok. So why did you like having home tutoring? Why did you, well I won't say why did you decide to have it if you didn't have the choice...**

(Shrugs).

**So what are the good things about home tutoring?**

It got me back into doing like maths and English and that and it got me towards my GCSEs as [Carer] said and my confidence has grown really.

**Ok. Can you describe a positive memory from home tutoring? Was there one day when you thought oh yeah that was a good session?**

Yeah most of the time it was good but then some of the other days it was not really.

**Ok, what was a good day like or a good session?**

I could just sit, I could go the whole day and sit there and do the work whereas some days I couldn't.

**Was it concentration wise?**

Yeah.

**Ok, so a bad session... what would a bad session look like?**

Like my phone was going off all the time and I couldn't sit down, I was always like walking off like outside having a fag.

**Ok. So how did you arrange the times for your sessions with [Home tutor]? Did you do that with [Home tutor] or was it [Home tutor] and your carer and then they told you?**

Me and [Home tutor].

**You were happy for her to come to the house?**

Yeah.

**So how would you describe [Home tutor], what was she like?**

She was really nice. I got on with her really well. I didn't think I would at first but yeah I did.

**So what was a session like?.... So [Home tutor] would come here and then would you get straight down to it?**

Yeah, she would come here at 9am and then I would get on with it and then at like 12pm or so I would have a break but if I needed one in between like for a quick fag or something then she'd let me and then yeah I'd carry on after.

**Ok. Did you ever talk about other stuff or was it all school work?**

Not really, it was mainly about my GCSEs as well.

**Ok, that was the target?**

Yeah.

**Ok, so in what ways do you think it has changed you or helped you?**

It has helped me a lot like getting back into college. If I didn't have home tutoring I probably wouldn't be at college like now and I wouldn't have sat my GCSEs.

**Ok. How is college now?**

It's alright.

**Better than school?**

Yeah. By a mile.

**Ok. Did it affect your work in school or like back at the unit or was it doing different stuff?**

It was the same but I'd go up to [Education Unit] for like two to three days a week and then I'd have [Home tutor] for the others. It was like 5 days like as if it had been at school but just like some days at home and then...

**Just split differently?**

Yeah

**Ok. So would you recommend it to other Children in Care?**

Yeah

**What would you say to them if they said do you think I should have this?**

Well I would tell them that it is a good experience like if you are going to sit down and get on with it and just do it. It would be a good opportunity do you know what I mean and like in whatever you want to do.

**Ok. So what's it like being a Child in Care?**

I've been in so many different foster placements. Yeah. It's, at first it's really like scary but then when you get used to it it's alright but you think you are going to stay there for a while but then when you get moved it's, it is really hard to like settle down. It took me ages to settle down when I came here.

**Do you get a warning before you're moved?**

I didn't. On that day they just moved me. But I was so messed up before I came here. I was so messed up I was doing drugs and drink and everything and then so that's why they had to keep moving me, because nobody could like...I would go missing all the time and it was it was ridiculous. But since I've been here I haven't done any of it so...

**If you move placement do you usually move school as well or do they try and keep you... have you had a lot of different schools as well?**

I haven't been at school since Year 9. That's why they moved me up to [Education Unit].

**Ok and then they did the home tutoring as well to try and do it as if it was school?**

Yeah. It was hard to get like used to it and back into the routine of like getting up early and that because I never used to have to. At my foster placement before this one she used to, it's bad I know, but she used to let me do whatever I wanted. I didn't have to get up at a certain time. When she went out I could stay at home. I was allowed anyone in. She would give me anything I wanted. I don't have to be back at a certain time and so... But here, when I first came here it's been, it was hard at first because like [Carer], she gives me a set time and a time to be in for dinner and then so...

**And then you have to be back by then?**

Yeah...but I'm used to it now. It's alright.

**Are there any good points about being a Child in Care or is it all difficult?**

It is quite difficult but as I say for me I've been here, there and everywhere. But if you were a little kid I think it would be a bit, do you know I think it would be quite hard and if they get older but, you know, it is hard.

**Ok. Thank you. So why do some Children in Care do badly in school?**

Because of their background or you know stuff that's happened and going to another family is really hard.

**A big change?**



Yeah. So staying in someone's house you don't know it's just like... but I'm quite used to it. But for little kids it would be alright but if they were like really little it would be alright but when they get older... do you know what I mean? It's you have got to tell them all about your background and what's happened when you get older and it is quite hard.

**And you have to go through it all again?**

Yeah it's quite hard.

**Ok. So what helps some Children in Care do well do you think and beat the odds?**

(Shrugs).

**So what were the rewards of home tutoring? Like what did you get from it?**

Like what?

**Like you could say 'I am better at organising' or 'No I just got the good grades'?**

I'm better at getting up in the mornings now! I just had to get used to it in time for college and that because I go to college in Brighton and so I have to get up so early just to leave because I know that if I don't get up like I will just.... and if I sleep over my alarm, say if my alarm goes off at the time I have set it and I press it to like 10 minutes to like snooze for 10 minutes I know I won't get up. Because once I've woken up but I'm like really tired and I

just want to go back to sleep but then I wouldn't be able to get up so I'm quite used to it now.

**Ok, were there any challenges or bad bits about home tutoring?**

No

**If there anything you could change to make it better?**

No

**Ok. Is there anything else if you had all the money that you would offer to Children in Care to help them? Is there anything that we are not doing like people that work with Children in Care? Is there anything that you guys need or you know you just think yeah ok I've got a laptop but what I really need is this or why hasn't someone done this?**

My social worker's an idiot.

**Oh, a new social worker? Would you like a new one? A better one?**

Yes I would! She's an idiot. She's been saying for ages that she would get me a laptop but has she? I don't ever...When she comes over I just ignore her. She's the sort of one that will sit there and stare at you the whole time. Like even when she's driving she will sit there and stare at me.

**And not look at the road?**

She won't and I'm like 'S\*\*t!' and when I'm at like my reviews and that and there's loads of people sitting around the table and me and because it's a review about me about being in care do you know what I mean I will get really... because when, it's [Social worker] I think the lady that's with me, she'll sit there and ask me a question and then everyone's just sitting there staring at me and then I just get... I don't answer the question and I'm silent

**It's all bit much?**

(Nobs) and then they all will look away but my social worker she's still looking at me. Everytime I look over like like that (demonstrates) she's still looking at me. And I just find it so hard to like answer the questions because everyone's looking at me. My social worker, she does it all the time but it really bugs me. Do you know what I mean? I'm like why are you staring at me?

**Can you take [Carer] with you or someone to the meeting with you?**

[Carer] does come and my mum comes as well and my caseworker comes but they've all noticed it but they're not exactly going to tell her are they and to stop her from doing it. It is, especially when she's driving, that's why I try not to talk to her, but then she'll be like... she'll keep asking me questions but I can't really ignore her can I?

**Otherwise she might think you're rude?**

(Nods). And like all my other social workers they will ring up in like a week in advance to come and see me but she doesn't she'll ring up on the day. She'll be like she'll be like I'm coming over in 10 minutes. What if we've got something, like [Carer], I mean she's really busy, plus we've got [Another Child in Care] as well and erm yeah if we are doing something she will still come over. It's just like, do you know what I mean, why don't you ring up in advance?

**Can you say that to her?**

We have but she doesn't...So whenever she says she'll meet me I will deliberately go out. I'm not going to cancel my plans for her do you know what I mean? If she rang up in advance and let me know then yeah I would meet her but she doesn't. [Carer] gets annoyed as well because she'll just ring up and be like I'm coming over in 10 minutes. So...quite annoying.

**Is there anything else that you want to say that we haven't talked about already? About home tutoring or just in general?**

When [Home tutor] told me I was finishing I really didn't want her to...

**Did you know it was going to happen at the end of the exams or did you not...?**

Yeah but I just didn't and at [Education Unit] as well because I'd been there for such a long time and the home tutoring was first and you know I was still doing drugs and drink until I

came here. I've been here for a year and a half now and do you know what I mean. When they told me I was getting home tutoring I just went off on one because I've only... when I first came here to [Carer's] it was like three months into me being here that I got my medication for my ADHD... and I just kicked off on one when they said I was getting home tutoring and I was like 'Why should I?' But I'm quite glad I done it actually. I didn't think I would sit my GCSEs but I did. I'm doing my driving lessons now so it's alright.

**So it's all going well?**

(Nods and smiles).

**Was it good having [Home tutor], because she did tutoring at your previous placement as well and here, was it nice having her?**

At my other placement I went up to [Education Unit] and then she would go the house a couple of times and then I went to when I was up at [Education Unit] she came up there a couple of times and then I came here.

**Was it nice still having her instead of like changing tutor as well? Do you know what I mean, like if you had changed placement they might have thought oh maybe we'll get you a tutor who's nearer.**

At first when I was when I changed placement I didn't want to work at all, I wouldn't work but then once I got into it I was alright.

*Appendix 3.2.7: Example of interview transcription: Carer*

**How did you find out about the home tutoring?**

When [Child in Care] moved here from her last placement erm she was already in home tutoring so that was already set up. So that's how I knew only I wasn't involved in the beginning.

**Do you know why [Child in Care] decided to have home tutoring?**

It was in order to get her back into school, into mainstream I think, because she hadn't been going to school and it was like a stepping stone towards back into education.

**How were the sessions arranged?**

They were, erm well, because [Child in Care] went to two. She had the tutoring here but also was up at the education unit within our agency who I foster for they've got a little education unit. So on the days that she wasn't having home tutoring she went up there so they worked it together with a view to getting her towards, through to her GCSEs because actually she'd missed a lot of school. So I think it was a couple of days if I remember rightly, a couple of mornings but went through with a break for lunch and then onwards for a couple more hours.

**Why do you think some Children in Care don't succeed at school?**

Because of the amount of times they are moved, because of the amount of disruption at home, they have got so much turmoil going on they can't possibly you know in a class of 30, 40 children sometimes they can't concentrate. They can't concentrate at the best of times so yeah it (home tutoring) was particularly good for [Child in Care].

**What helps some Children in Care beat the odds and succeed?**

I guess it's how resilient they are I think. As well it's dependent on when they come into care, I think it's down to that. Erm, it depends on the amount of support they get, how keen they are to do it themselves and I think you have got to get that from them as well. I think basically it's down to how resilient they are and can overcome all the turmoil that's in their heads really.

**Would you say that home tutoring for Children in Care was a good idea?**

For some children yeah I think definitely. I don't think [Child in Care] would have got into college if it hadn't been you know working with the home tutoring and the bit of education she got in the unit. I know she wouldn't. I mean the big thing was that she actually did go in and sit her GCSEs because that's what they aim for. They aim to work towards them and I don't think that she even thought that she would reach that goal because prior to that there was there was nothing really, there was no pattern to her life and then that sort of slowed it all down and she was able to on a 1:1 with [Home tutor], [Home tutor] would sit down and go through everything with her. Whereas in a classroom setting [Child in Care] wouldn't have been able to sit down and do that and she was also able to have a break

when she particularly needed it which was important for her to go out when things got too much. Because after you've been out of education for a long time to then sit down and have to do it and it's quite intensive work one-to-one but it's on a level that she could understand as well which pretty important I think and able to move on at at her pace. Whereas I think that in a classroom you would have to move on with everyone else.

**Are there any Children in Care which you think it wouldn't work for? It worked well for [Child in Care] but is there anything...?**

I think that for some children who need to be with their peers, that's as important to them. [Child in Care] was fortunate because she had a bit of both but I'm not sure about you know on 1:1 if it was constant and no other peers around to be able to mix with. I think that's as important to them.

**So what did you particularly like about the home tutoring?**

I found that for [Child in Care] in particular because I haven't had home tutoring with any other Children who have been in Care that I could see that erm her confidence grew. Erm, they were able to explain to her 'Yeah actually you can do this, we will go through the bits that you don't understand' and if you had have spoken to her just six months before she really wouldn't even have sat down. There was, she just never thought that she would do her GCSEs and to get her to everybody was really impressed that she went in. It was a big big step for her and she was, you know thrilled with it as well that she did it, that she had achieved it.



**Is there anything you didn't like about the home tutoring?**

No I don't think so. I don't think so because [Home tutor] just sat out there, I just left her and the bit that as I say was that [Child in Care] could have a break when she needed one. Yeah it's quite good. But also it's slightly difficult for [Home tutor] because she had been home tutoring [Child in Care] in another placement and then had to come here and so I think it was really back to square one because [Child in Care] moved mid-way and had to settle in here. So she (Child in Care) had that added, she had the move added to her stress but she still continued and went on with it which I was really impressed with. It was good because [Home tutor] knew what she was like in the other placement and how she was here. Well I didn't see anything negative about it and I was quite sad when it ended really because it was also it enabled [Child in Care] to have somebody else to talk to because she didn't really know me that well then but she did know [Home tutor] from her tutoring at the other placement.

**Why did it end? Was it because the exams were taken?**

Yeah and a lot of it after that was funding as well as we know... Yeah it was good and I think the thing was that I think [Child in Care] could say to [Home tutor], 'Well actually I don't understand this' whereas when you are in a big group it's quite hard to say I don't understand something when you are surrounded by your peers but she could actually do that and then they worked on specific things that she needed to work on.

**What was [Home tutor] like?**

She was lovely, yeah she was lovely. Yeah very calm, a calming influence I would say but then at that point [Child in Care] had a few issues going on in the background but [Home tutor] would just go at the pace of the phone calls etc and [Home tutor] would just let her go and do it and then she would come back and re-join her. So yeah she was good.

**Have you got a particular positive memory from home tutoring?**

I think the fact that they all, that [Home tutor] worked alongside the education unit at Families For Children and they worked very closely and all of them wanted [Child in Care] to achieve so much and she did. It was, that was the aim to get her, it didn't matter what the outcome was really at that point of her GCSEs. It was the fact of getting her to sit down and her understanding that she could do it and that's what I think that it was instilling into her that actually you can do it. She did it and believed it and she was really chuffed at the end because she got quite good results as well.

**Any negative memories or challenges?**

I don't think so. I think, I think where [Child in Care] had just arrived here in this placement erm and was in a little bit of turmoil. That was the only negative thing really but that wasn't down to the tutoring it was down to she had had another move again. Erm so very difficult to concentrate for anybody you know so no I thought it was good.

**You mentioned sitting the exams, is there anything else that home tutoring has helped with? You've mentioned confidence as well...**

That was the main thing, that was the main thing and building her self-esteem and her trying to think because even in that short time I could see that as it approached the exam her confidence went down because it was getting closer but then everybody kept on 'Well you can do this, you can do this' and it would have been very easy for [Child in Care] to not go in, very easy considering when at school she hadn't gone in but she really did want to please people and you know people wanted her to do well and they told her that as well and I think that was the thing that it did raise her confidence definitely.

**So would you recommend it to other Children in Care?**

Yes.

**What would you say to them it is they didn't know what it was?**

Well I think that I would just put it across as that it's somebody who would try to help them which you don't get, you can't get that that erm in depth tuition even in a classroom with support teachers in there. You can't because there is so much going on and especially if and in [Child in Care's] case she has ADHD so the concentration is so hard within the classroom setting. Whereas you've got more chance on one-to-one but there's the negative side that it's quite intense which might be a bit scary for some children.

**So what is difficult about being a Child in Care? It's a huge question I know. You've mentioned the moving...**

There's moving, there's the issues that are going on at home, with their families, they've been separated from their families. Gosh, there's so much really. I don't think people actually realise what a big thing it is being in care. You know they've got so many things that are whizzing around inside. They've lost their families so on one hand they are some of them are suffering bereavement to a degree, they've got problems when they go home and have contact with their family and then they have to come back again when they have visits, they often have to start new schools as they've moved schools, or they decide they are not going into school, they have to make if they have moved area they have to make new friends, they have to meet a new family that they've never met before. I could go on...

**It's huge.**

It's massive and you know to expect them to continue and be able to cope at school when all that is going on you know even when my mum was poorly you know it impacts on your life. That's one thing well they've got a whole, it's just a massive culture shock for them. Everything is different for them, everything. So I think they are brilliant because considering what they go through, how they cope I think it's fantastic.

**So if you don't mind me asking why did you become a foster carer?**

I can't remember now. Years and years ago. Erm, I think it was because I just like children and I wanted and actually two of my friends who I met while I was pregnant with my daughter they had actually decided to do it but we'd both gone separate ways. I had already rung up saying that I thought I would like to help and then I bumped into one and

she said 'Oh I've just started that' and we sort of became close friends and ended up doing it all together, supporting. Three friends always supported each other. So yeah the three of us. So whenever we had barbeques there was lots and lots of children erm yeah so it was a long time ago. About twenty three years ago now.

**So what's it like being a foster carer?**

It's just like being a mum but sometimes you have to remember that you are split about ten different ways and you have to take somebody over here and somebody over there. It's fine once you get into the pattern and remember it all but initially it's quite difficult. You know the logistics of getting everybody everywhere and meeting the new family as well because that's quite important that you can get along with the family. So yeah there's quite a bit to do.

**If you could change anything about home tutoring to improve it is there anything that you would change?**

I think that if there was the funding I think it would be a big support for some of the children who maybe aren't coping in school but erm it could be an add on... but I think that's highly unlikely.

**Do you mean younger children?**

Any age really. Any age really but we know that's not going to happen don't we?

**Is there anything else which could be offered to Children in Care which would help them?**

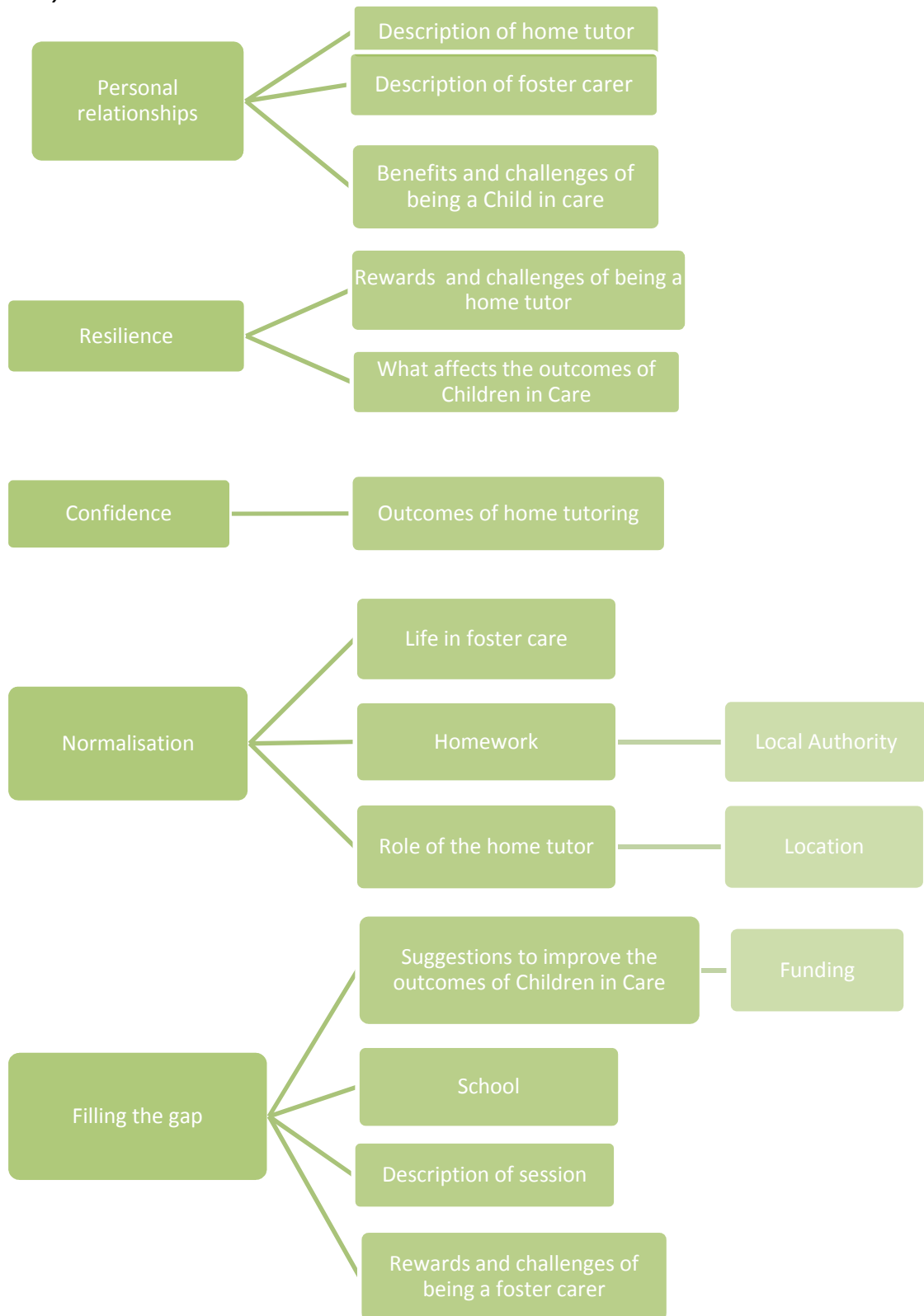
**Anything which isn't being offered already?**

I just, no, I think it's all there in the system it's whether you are able to access it. You know, counselling I think is something that is very helpful for young people but not many of them get it because again it's the funding or the time. Some do but it's a long way down, it's down that route somewhere, you don't get it instantly. Many of them could do with it, you know, somebody to talk to. But again that's down to funding.

**That's it, unless there's anything you want to say that we haven't talked about already?**

No, I don't think so. I just think that it is, it really helped [Child in Care]. I don't think she'd be where she is now because after that she's now in college and it's down to tutoring and that I think that if she continued at school she wouldn't have the confidence she does now and she wouldn't have learnt half the stuff that she learnt in tutoring, I believe anyway.

Appendix 3.2.8: Diagrams depicting the tree nodes identified through qualitative analysis



*Appendix 3.2.9: Identification and description of categories identified through qualitative analysis in Paper Two*

<b>Categories</b>	<b>Definition</b>	<b>Illustrative examples</b>
Description of home tutoring session	The format for what happens within a home tutoring session	Routine, times, subjects covered
Description of home tutor	Reported qualities of the home tutor	Details of personality, details of what the home tutor did
Challenges of being a home tutor	The difficulties for home tutors from the participants	Administration, Motivation of Children in Care, Communication with professional
Rewards of being a home tutor	The highlights or good points about being a home tutor	Satisfaction, building relationships, helping others to achieve
The role of the home tutor	Participants views on what the task of being a home tutor entails	A confidante, a stable figure, raise aspirations and confidence, develop young person's knowledge in a particular area
Location of home tutoring	Where home tutoring takes places and the thought processes involved in this	Locations i.e. school, library, home and what makes these the preferred choice
Outcomes of home tutoring - Extrinsic	The effect of home tutoring on external factors	Sat academic exams, gained entrance into college
Outcomes of home tutoring - Intrinsic	The effect that home tutoring had on internal factors	Increased ability to get up in the morning, confidence, aspirations and knowledge
Life in foster care	Description of what it's like to be in foster care	Placement moves, why children are in care, general routine
Description of foster carers	Depictions of the qualities of foster carers	Values and subsequent behaviours of foster carers
Challenges of being a foster carer	The difficulties associated with being a foster carer	Hard work – mentally, emotionally and physically
Rewards of being a foster carer	The highlights or good points about being a foster carer	Satisfaction, keeps you busy, meeting people, making a difference to someone
What affects the outcomes of Children in Care	Factors which influence whether a Child in Care thrives or needs support	Stability, the reason they are in care, bereavement/loss of relationships, personality, mental challenges.
Benefits of being a Child in Care	The highlights or good points about being a Child in Care	Another family, resources, a safe environment
Challenges of being a Child in Care	The difficulties about being a Child in Care	The past, practical limitations i.e. social services and permission for school trips
Suggestions to improve outcomes	Practical ideas to help support Children in Care	Counselling, days off school, money incentives to engage with education
Local Authority	Contact with members of staff from the local authority	Social workers, parent support workers, members of the Children in Care team
Funding	The effect money has on what can be done to support Children in Care	Restriction of interventions due to funding i.e. lack of resources, time, services offered
School	Contact with the school and how the staff relate to CiC	Difference in schools, challenges in a class environment, communication
Homework	How Children in Care deal with school work which is to be completed at home	Home tutors assistance with homework, attitude of all involved towards homework, accessibility to homework details i.e. online



Appendix 3.3.1: Certificate of Ethics Research Approval

STUDENT HIGHER-LEVEL RESEARCH



Graduate School of Education

**Certificate of ethical research approval**

**STUDENT RESEARCH/FIELDWORK/CASEWORK AND DISSERTATION/THESIS**

**You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).**

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/blog/category/publications/guidelines/> and view the School's statement on the 'Student Documents' web site.

**READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER (the form will expand to contain the text you enter). DO NOT COMPLETE BY HAND**

**Your name:** Elizabeth Russell

**I hereby certify that I will abide by the details given overleaf and that I undertake in my ~~dissertation~~ / thesis (delete whichever is inappropriate) to respect the dignity and privacy of those participating in this research.**

**I confirm that if my research should change radically, I will complete a further form.**

Signed: ER Russell ..... date: 29/03/10 .....

**NB** For Masters dissertations, which are marked blind, this first page must **not be included** in your work. It can be kept for your records.

Chair of the School's Ethics Committee  
last updated: August 2009

## Certificate of ethical research approval

**Your student no:** 570026336

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**Title of your project:** An evaluation of the home-tutoring service provided for Children in Care in Years 10 and 11

**Brief description of your research project**

In GH (a pseudonym for the local authority where the researcher has her second year placement of her Doctorate) Children in Care (CiC) are offered the services of a home tutor and GH provides them for the CiC in year 10 and 11 who want access to this resource. The child in care decides if they would like a home tutor to see them (twice a week for one hour) and what area of the national curriculum they would like tutoring in. GH then match a home tutor with the child in care. There are currently 11 Year 10 CiC in GH who have a regular visit from a home tutor and 17 Year 11 CiC in GH who have a regular visit from a home tutor.

The nature of this study was negotiated with the local authority as they are spending a lot of money on home tutors for children in care but have never evaluated the service or found out whether this is the best strategy to help improve the educational attainment of CiC.

The first paper will be an evaluation of changes in attainment and self description scores. The objectives for this paper will be;

- 1) What effect does home-tutoring have on the educational attainment?
- 2) What effect does home-tutoring have on the academic self concept scores of children in care in GH?

The second paper will be an analysis of the process the home-tutoring service for CiC provides and what difference this makes to the CiC. The objective for this paper will be;

- 1) How does home-tutoring contribute to the educational attainment of children in care in GH?
- 2) How does the quality of the relationship between home tutors and CiC contribute to possible changes in educational attainment for the CiC?

**Give details of the participants in this research (giving ages of any children and/or young people involved):**

There are 11 Year 10 CiC in GH (aged 14 – 15 years old) who have a regular visit from a home tutor. There are 17 Year 11 CiC in GH (aged 15 – 16 years old) who have a regular visit from a home tutor. These 28 young people will be matched with 28 CiC who do not have home tutors and 28 young people who are not in care. The CiC will be matched according to four key variables; age, gender, educational attainment and how long they have been in care.

There are 20 Home tutors in GH who regularly tutor children in care. The home tutors are all previous teachers who have passed a Criminal Records Bureau check and have provided two acceptable references. On average the home tutors will see a CiC twice a week for one hour after school all through year 10 and 11.

The participants will be 56 young people (28 CiC who have home tutors and 28 CiC who do not have home tutors) and 20 home tutors. The total number of participants will be 76.

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Chair of the School's Ethics Committee  
last updated: August 2009

**Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs)** a blank consent form can be downloaded from the SELL student access on-line documents:

All participants will either be adults or adolescents in Year 10 and 11 (14, 15 and 16 years old). As such there is no need to gain parental or carer consent as young people of this age are generally considered mature enough to make this decision for themselves unless they have a special educational need. All participants will be briefed as to the nature of this study and written informed consent will be gained from all participants before they take part, where appropriate parental/carer consent will also be obtained.

All participants will be informed that they have the right to withdraw from the study at any time and once they have agreed to take part they are under no obligation to continue if they do not wish to do so. Once all data has been collected if the participant would like to withdraw their data and not have it included in the analysis and the write up then it is still fine to do so and all participants will be made aware of this.

All data collected will be anonymous. Both the local authority and all the participants will all be given a pseudonym. Only the researcher will have access to the codes which will link a pseudonym to a participant's name.

All data collected will be treated as confidential. All data that is collected on paper will be kept in a locked container at the researcher's home. The data will be transferred onto electronic files which will not be saved onto a hard drive but onto two separate key fobs. The only people who will view the raw data are the researcher and her project supervisor.

When the data is analysed and written up it will be done in a way that makes it impossible to deduce which young people were involved in the study as pseudonyms will be used and personal details such as school names will be not be identified as being associated with a particular participant. The only people who will be aware of the identities of the participants are the researcher and her project supervisor.

**Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:**

The Self-Description Questionnaire II will provide a measure of multiple dimensions of self concept. These include non-academic areas (physical ability, physical appearance, same-sex peer relations, opposite-sex peer relations and parental/carer relations), three academic areas (reading, mathematics and school in general), emotional stability, honesty/trustworthiness and a global perception of self. From these a score can be gained for academic self-concept as well as providing a broader view of how a young person views themselves. The SDQ will be administered by the researcher in a familiar environment to the CiC with the home tutor present. The CiC can ask to stop, pass on a question or have a break at any time.

For the Year 10 students a Goal Attainment Scaling tool will be completed with the home tutors. The Goal Attainment Scaling (GAS) tool involves one or two joint goals/priorities for the term being set between the home tutor and the CiC which are reviewed over time. The possible outcomes which are identified between the home tutor and CiC are individual to each person as each CiC. The outcomes need to be set at a realistic, challenging and relevant level for the needs of each CiC and the time period set for review. The GAS tool will be administered by the home tutor in a familiar environment to the CiC at the beginning of one of their tutoring sessions. As this involves creating joint goals the

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CiC should not feel any additional stress. The CiC can ask to stop, pass on a question or have a break at any time.

Exam results in English and Mathematics for the Year 10 and 11 students who are CiC will be available from the local authority and will not cause the participants extra stress as they will not be asked for these directly.

The questionnaires will be designed by the researcher. The questionnaires will be easy to comprehend and not too time-consuming for the participant. The questionnaire will start with general categories of questions, the questions will then use a smaller focus in order to examine the process and then will cover areas such as what the participant has gained from being involved with the home tutoring service and how outside tutoring has made a difference to them. All of the questionnaires will contain both open and closed questions. If a participant feels like they do not want to answer a particular question then they are allowed to 'pass'. The questionnaires will be available in a paper or e-mail format so participants can find an appropriate time within the week to fill them out.

Approximately a quarter of all participants who fill out the questionnaires will be invited to partake in a semi-structured interview. Selecting participants for semi-structured interviews will be done on the basis of their responses in the questionnaires. Participants are able to decline the invitation to take part in an interview if they so wish.

The monthly report completed by home tutors and the half-termly feedback forms completed by the home tutors with the CiC is a condition of their employment from the local authority and so these will definitely be completed and will not cause extra stress for the participants.

The scores from the self-description questionnaires, the GAS and the GSCE estimates and results will be collated and the numerical data obtained will be inputted and analysed through the SPSS computer programme. The monthly reports from the CiC contain Likert scales so the results of these will also be inputted into SPSS and analysed.

Qualitative data will be gathered via the monthly work records, the monthly reports, the half-termly feedback forms and questionnaires. To analyse qualitative data the computer programme Nvivo will be used to facilitate the thematic analysis of the data collected. The results of this will provide the basis for the semi-structured interviews. The semi-structured interviews will be recorded, transcribed and analysed thematically. The themes occurring will be identified through qualitative data analysis using NVivo 8. On the basis of these themes an evaluation will be made on the service that home tutors provide for CiC.

All data collected will be anonymous. Both the local authority and all the participants will all be given a pseudonym. Only the researcher will have access to the codes which will link a pseudonym to a participant's name. All data collected will be treated as confidential. All data that is collected on paper will be kept in a locked container at the researcher's home. The data will be transferred onto electronic files which will not be saved onto a hard drive but onto two separate key fobs. When the data is analysed and written up it will be done in a way that makes it impossible to deduce which young people were involved in the study as pseudonyms will be used and personal details such as school names will be not be identified as being associated with a particular participant. The only people who will be aware of the identities of the participants are the researcher and her project supervisor.

**Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):**

The questionnaires will be translated or read to those participants who require this service i.e. those with special educational needs or who have English as an additional language.

All data that is collected on paper will be kept in a locked container at the researcher's home. The data will be transferred onto electronic files which will not be saved onto a hard drive but onto two separate key fobs. The only people who will view the raw data are the researcher and her project supervisor.

**Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**

No exceptional factors.

*This form should now be printed out, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's **Research Support Office** for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.*

*N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor*

**This project has been approved for the period:** March 10 **until:** Jan 11

**By** (above mentioned supervisor's signature): *B Noweh* **date:** 1/4/10

*N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occurs a further form is completed.*

**SELL unique approval reference:** *D/09/10/74*

**Signed:** *B Noweh* **date:** 2/4/10  
Chair of the School's Ethics Committee

This form is available from <http://education.exeter.ac.uk/students/>

Chair of the School's Ethics Committee  
last updated: August 2009

Appendix 3.3.2: Information sheet

**Information sheet**

Dear Year 10 and 11 students,

I am conducting research for Brighton and Hove and this will provide them with an evaluation of the home-tutoring service provided for Children in Care in Years 10 and 11. I would be so grateful if you could help me by taking part. It won't take a lot of your time.

- 1) What difference does home tutoring make to those involved from the perspectives of young people in care, home tutors and foster carers?
- 2) What perceived factors are seen to affect the outcomes of Children in Care?
- 3) What are the perspectives of Children in Care with regards to concepts such as school and home tutoring?

I will do this by using

- The Self-Description Questionnaire II
- Short questionnaires
- Interviewing a small number of participants

I am asking Children in Care in Years 10 and 11 to fill in a consent form and two short questionnaires. Even if a Child in Care has not received tutoring their answers will be important because I can compare them to those who have received tutoring.

The Self-Description Questionnaire II will provide a measure of multiple dimensions of self concept. The other questionnaire is designed to elicit your thoughts and feelings about what is important to you.

Please can you fill out the consent form and get a parent/carer to countersign it if you are 14 or 15 years old. When you have completed the questionnaires please post them back to me in the stamped addressed envelope provided.

I would really appreciate your help in this matter.

Yours sincerely,

Elizabeth Russell

Contact details: [Elizabeth.russell@\[REDACTED\].gov.uk](mailto:Elizabeth.russell@[REDACTED].gov.uk)

Appendix 3.3.3: Consent form for paper one

**Consent form**

I understand that

- 1) All information collected during the project is confidential; my name will not be used when the results are shared with others without my knowledge or agreement
- 2) All information collected will be used for research purposes only.
- 3) When the information has been collected it will be written down and made anonymous by the researcher
- 4) I do have the right to leave the project at anytime and if I do this all the information contributed by me will be destroyed
- 5) The data gathered will be kept securely in a locked container at the researcher's home. The data will be transferred onto electronic files which will not be saved onto a hard drive but onto two separate key fobs which will be password protected.
- 6) The information gathered by the researcher will be kept until the project has been completed and the results shared, and then it will be destroyed

Signed.....

Name.....

Date.....

The best way of contacting me is

.....  
.....  
.....

Parent/Carer signature (if applicable)

.....

Date.....

Appendix 3.3.4: Consent form for paper two

**Consent form for Interviews**

I understand that

- 1) All information collected during the project is confidential; my name will not be used when the results are shared with others without my knowledge or agreement
- 2) All information collected will be used for research purposes only.
- 3) When the information has been collected/recorded it will be written down and made anonymous by the researcher
- 4) I do have the right to leave the project at any time and if I do this all the information contributed by me will be destroyed
- 5) The data gathered will be kept securely in a locked container at the researcher's home. The data will be transferred onto electronic files which will not be saved onto a hard drive but onto two separate key fobs which will be password protected.
- 6) I give permission for myself to be recorded on a Dictaphone. I understand that only the researcher will hear this recording.
- 7) I give permission for the researcher to obtain information about me from the local authority i.e. the number of sessions I had with a home tutor, my predicted and actual grades and my attendance data for the previous year.
- 8) The information gathered by the researcher will be kept until the project has been completed and the results shared, and then it will be destroyed

Signed.....

Name.....

Date.....

Carer signature .....

Date.....



### *Appendix 3.4.1: Literature Review*

This literature review has been marked and examined **separately** from the examination of this thesis. It is appended here for completeness and to give coherence to the whole thesis.

## **Literature Review**

### **Introduction**

The researcher was inspired by reading and chose the broad topic of Children in Care (CiC) for this research study. This was because they are an especially vulnerable group of young people nationally. There is evidence showing that the number of children in care is rising and they are, as a group, under-achieving with regards to their educational attainment when compared with their peer population in the United Kingdom (Simon and Owen, 2006).

To help combat the discrepancy between the educational attainments of CiC and their peer population in the local authority where the researcher is working a home-tutoring service is provided for CiC. All CiC in Year 10 and Year 11 are offered the services of a home tutor and the local authority provides them for those who want access to this resource. The child in care decides if they would like a home tutor to see them, when they would like to see them (usually after school, twice a week for one hour) and what area of the national curriculum they would like tutoring in. The local authority then 'matches' a home tutor with the child in care.

The nature of this study was negotiated with the local authority as they are spending a lot of money on home tutors for children in care but have never evaluated the service or found out whether this is the best strategy to help improve the educational attainment of CiC.

This essay will define what is meant by 'children in care', state why this study is important and then review the literature in three different areas relevant to the study which will be carried out by the researcher. Due to the nature of this study there is not an extensive research base for this topic area. With this in mind the review of literature is split into three sections; Children in care, issues surrounding CiC and their educational attainment and the work of tutors and the impact of this.

In the region of 60,000 children in England are 'looked after' by local authorities at any moment in time (Department of Health, 2000). They are also known as 'Children in Care'. In March 2005 this number was 60,300 (Department for Education and Skills, 2007) and also in March 2005 there were 12,185 CiC in Scotland (Scottish Executive National Statistics, 2005). 'Children in care' include young people who are on remand, young people committed for trial or detained, young people who are subject to Emergency Protection Orders or police protection and young people who are freed for adoption, (Department of Health, 2000). The term also includes children who are being looked after by someone other than their

parents on account of care orders or because their parents have given permission for this to be the case.

When it is concluded that the parent of a child can no longer provide adequate care for that child there is a duty for what is written in The Children's Act 2004 (Department for Education and Skills, 2004) to be followed to manage the legal status of caregiver. Potential caregivers are defined in the Act as the local authorities, any family member or any other adult who is not a parent of the child in question.

Current work as an educational psychologist involves treating vulnerable children as a priority group. Dent and Cameron (2003) described this as 'recognising the variety and complexity of their needs, understanding the importance of multi-agency co-operation and enabling the local education authority to put into practice its shared responsibilities for corporate parenting'. As CiC are a priority group this study by the researcher will be important in understanding how best we can support CiC with regards to their educational attainment.

### **Children in Care**

Schofield et al (2000) conducted a study of children who were in care for a considerable period of time. Of the children involved in the study 10% were reported as not having been subjected to neglect or abuse in any form but 81%

were reported to have experienced three or more types of abuse or neglect. This study implies that children in care, as a group, are very vulnerable and may experience a variety of situations which can cause stress, anxiety and pain which will consequently hinder their development. Schofield et al (2000, p.6) went on to summarise this by describing children in care as 'a high risk population of children placed in a legally insecure system with mixed outcomes'.

Erickson and Egeland (1996) stated that, 'whether or not the child sustains physical injury, at the core of maltreatment is lasting damage to the child's sense of self and the resulting impairment of social, emotional and cognitive functioning'. (Erickson and Egeland, 1996 p.5. cited in Daniel, Wassell and Gilligan, 1999).

The notion that CiC who have been neglected or abused may achieve such different outcomes could be interpreted as support for the importance of resilience to the development of children. It could be seen as being especially important to children in care as the separation from their homes and families is just one of the difficult things that they will have to deal with in order to overcome adversity and do well in adulthood.

An explanation as to why some children develop resilience is put forward by Lambert (2001). It is suggested that the reason is multi-factorial and consists of the way a child cognitively processes life events, the risk and protective factors which

surround the child and the quality of the protective mechanisms experienced by the child. Children who are maltreated and who may subsequently become children in care would benefit from enhancing these factors and acquiring resilience.

Resilience of children in care relates to a wide range of areas. One of which is attachment. In a study by Carlson et al (1989) it was concluded that young people who have experienced maltreatment are a great deal more likely to have insecure attachments in early childhood than young people who have not been maltreated.

An extension of this was offered by Marcovitch et al (1997) who proposed that maltreated young people who have been separated from their primary caregiver do not seem to form attachments to subsequent caregivers very easily. It could be suggested that the presence of several protective factors which promote resilience may assist in reducing the number of maltreated young people who have subsequent attachment difficulties.

Insecure attachment has been linked to other areas in child development.

Those young people displaying insecure attachments are more prone to psychopathology and relational difficulties throughout their lives than young people who display secure attachment to others. (Simpson et al, 2007).

Being taken into care is a risk factor in itself as this will result in being separated from members of the family. If a child in care is not given the means to stay in touch with their siblings then this could mean that not only may the relationship suffer but the young person may also lose a role model and an important source to help them form their own sense of identity. Foster parents who share the same cultural background or are aware of the young person's cultural background and traditions may help the young person to establish their identity. Argent and Kerrane (1997, p.70) suggested that 'dietary laws, rules of hygiene and dress, traditions, rituals and festivals can draw people together or set them apart'.

Friendship with peers is also linked to resilience in that protective factors may come from a strong social relationship with a friend. This may help to provide a sense of identity for a child in care as well as being a valuable source of support. In a study by Courtney et al (1995) young people about to leave their foster homes were asked to rate the people in their lives who they perceived as providing them with social support. It was found that friends were scored much higher than either their biological family or their foster family.

Friendships among young people which have been created and maintained have also been associated with other areas of child development including emotional health. Schaffer (1996) proposed that a useful indicator of emotional health was

the ability of a young person to create and maintain a friendship with peers their own age. Children in care may find this especially difficult due to moving homes.

How resilient a young person is will have an effect on their capability of managing and understanding their emotions. Larose et al (2002) conducted research in the field of emotion regulation theory. They found that adapting to regulate emotions was challenging for young people who had experienced maltreatment. Shields et al (1994) offered an explanation into how young people who had been abused physically regulated their emotions. They suggested that the way they processed social and emotional cues gave way to an inclination to show aggression. Aggression displayed by young people can in turn lead to various other issues such as exclusion from school, problems with peer friendships, difficulties in building and maintaining relationships with caregivers and trouble with the police.

Bellamy (2008) examined behavioural problems following children who had been in long-term foster care once they had been placed back in their birth family's home. An analysis of the results implies that there is an increase in the young person internalising problems after being placed back in their birth family's home. It is suggested that this is in part due to children's exposure to risks, for example their parent's relatively poor mental health in comparison to their foster parents mental health, rather than any direct effect of reunification.

The young people who had spent a significant amount of time in care were showing a greater proportion of behaviour problems. This effect decreased with time and therefore the author concluded that long-term foster care did not have a lasting effect on the young people's behavioural health. This is important in terms of resilience because it implies that protective factors experienced in foster care may continue to have a positive effect on the young person even after the stimulus is no longer there.

This study highlights the need for interventions and professionals to pay significant attention to the identification and subsequent addressing of less obvious internalising problems among children in care once they have been reunited with their family. One limitation of this study was it used caregivers' reports of behaviour rather than those from the young person so these may not be entirely accurate as the young people will have spent a significant part of the study in school where parents could not view their behaviour. This study also lends weight to the argument that families should receive support before, during and after a child has been in foster care.

People who have been in care as children are at higher risk of social exclusion than any other group where social exclusion is taken to mean being blocked from participating in the key activities of a society (Abrams et al, 2007). However it has been suggested that if a young person has one or more social roles that they



consider meaningful then they will benefit from this enormously (Bifulco and Moran, 1998). Contributing to a community could help to serve as a protective factor against abuse as it will provide the young person with another role to see themselves in other than the victim and could help enhance their levels of self-esteem and assertiveness. Good self-esteem for a child in care is produced from a sense of being accepted by people whose relationships are important to the young person and from gaining a sense of accomplishment in tasks that the young person places value on (Rutter, 1990).

### **Children in Care and Educational Attainment**

The National Institute for Literacy and Poverty (1990) reported that poor children are vastly over-represented in the foster care system. Many parents do not have the education, the means, the abilities or the time to consistently help and support their child achieve their academic potential.

Simon and Owen (2006) report on aspects of the educational performance of the general population of young people in England and Wales compared to the CiC in England and Wales. They found that in 2002 while the vast majority of young people in England and Wales took their General Certificate of Secondary Education Exams, only 56.8% of CiC did so (data in relation to 2002 from the Department of Education and Science, reported in Simon and Owen, 2006). This shows that some CiC may not even sit their exams and therefore cannot gain qualifications which will

be useful in securing employment. One limitation of the study is that they could have investigated why there was such a big discrepancy in the number of CiC and the number of young people who sit exams.

In the local authority where the researcher is working it is hoped that the interest of a positive role model and a supportive adult with regards to the educational attainments of CiC may help to increase the number of CiC who sit their exams, raise their aspirations and increase the grades they obtain for their General Certificate of Secondary Education (GCSE) exams.

The educational attainment of CiC is a government concern too, as shown by the 1998 White Paper, *Modernising Social Services*. It stated that, 'Too many reports and inquiries have highlighted cases where social services have failed vulnerable children. Children in the care of local authorities have been abused and neglected by the care system that was supposed to look after them...the majority of looked after children leave care with no educational qualifications at all, many of them at great risk of falling into unemployment, homelessness, crime and prostitution'. (Department of Health, 1998, p.41). One area that this study will explore is the voice of the CiC and whether or not having a home tutor makes a difference to them in ways other than educational attainment for example, raising academic self-concept, raising aspirations or increasing attendance or interest in academic activities.

Marsh and Craven (2006) conducted a review of great number of research studies. They showed that academic self-concept and achievement were reciprocally reinforcing constructs, each having an effect on the other. They also found that academic self-concept was nearly unrelated to global self-esteem and other non-academic components of self-concept. Taking this into account, an instrument will be used in the researchers study to measure academic self-concept of the CiC at two different points in the year. One limitation of the review by Marsh and Craven is that the vast majority of studies examined were carried out by the author and it may be difficult to remain impartial as an author in this case. In contrast a meta-analysis by Valentine et al (2004) examined research from a variety of authors. Their results were consistent with those of Marsh and Craven (2006) as they also found consistent support for mutual effects between academic self-beliefs and achievement but very little mutual effects based on self-esteem.

Gibbison and Paul (2005) used data from the 1990 an annual national household survey (the Jamaica Survey of Living Conditions (JSLC)) to examine the educational issues raised for Jamaican children when they are informally fostered. The JSLC collects information on household composition, the consumption of public and private goods, health and education from about 1,800 households.

Informal fostering (also known as child shifting) is the placement of children in the care or relatives or friends. It is common in some developing countries. Fostering

arrangements vary considerably by region and country. Even within a country the fostering arrangements may vary because of the customs of different ethnic groups (Isiugo-Abanihe, 1985).

There has been research highlighting the positive aspects of informal fostering. For example Lange and Rodman (1992, p.190) argue, 'The custom of child-shifting has proven to be an important means to ensure support for children's development.' In support of this Russell-Brown et al (1997) suggest that the difficulties faced by teenage mothers could be somewhat alleviated by the child being cared for by an older member of the family who has more experience in raising children. Additionally, when informal fostering happens among relations 'one could assume that children will be socialised in ways that are compatible with values of that specific family'. (P.238).

The multivariate analysis by Gibbison and Paul focuses only on children enrolled in primary schools and the results can only be generalised to this specific age group within the Jamaican culture. They found that 27% of households had foster children and in total foster children represent 24% of the children in the sample. 32% of the foster children were absent one or more days in a week with an average of 0.91 days absent but only 20% of children who lived with at least one of their own parents were absent one or more days in a week with an average of 0.59 days

absent. If children do not attend school or an educational setting then it is likely that this will have a negative effect on their educational attainment.

Children from the sampled households were completed tests in mathematics computation and reading comprehension when they were at school. Regrettably less than 50% of the children were tested due to differences between colloquial names for children used in the household and legal names used to enrol at school and low school attendance of some children. Therefore the following results from Gibbison and Paul should be generalised with caution as the children who did not complete the tests may have significantly affected the results. However it does add weight to the fact that if children do not attend school then they may miss tests and in the future this could lead to not gaining important qualifications.

From their limited sample Gibbison and Paul found that fostered boys were more than two grade levels behind girls who live with at least one of their own parents in reading and about 1.5 grade levels behind them in mathematics. This is statistically significant at the 1% level. They also found that fostered girls experience no disadvantage when compared to girls who live with at least one of their own parents and fostered girls actually performed better than boys who live with at least one of their own parents in reading. When they compared fostered children against each other they found that girls were two grade levels ahead of boys in reading and one grade level ahead in maths. To eliminate the effect of gender on

the results they compared fostered boys with boys who live with at least one of their own parents. Gibbison and Paul found that the discrepancy in educational attainment between foster boys and boys who live with at least one of their own parents is the equivalent of nearly one grade level in reading and one half grade level in mathematics. They also found that fostered boys in primary school go to school less often and are behind all other children in educational levels of achievement.

One advantage of this study is that it depicts the correlated relationship between attendance and achievement. It is also useful in comparing the different groups of children against each other to see whether gender or whether they are fostered or not has an effect on educational attainment. A limitation of this study is the restricted sample size and that the authors were unable to explore why certain children did not attend school and how this caused interruptions in their school education.

Children in care may repeatedly experience interruptions to their school education and this may involve the young person having to adjust to different courses, school rules, teachers and expectations (Vacca, 2007). By attending school clubs children in care will be able to develop talents and acquire new sets of skills which they will be able to take with them if they are moved to a new school. Their skills and self-confidence will serve as a protective factor in a variety of settings.

Children in care are under-represented in further education this may be partly due to a lack of finances. When children in care have their eighteenth birthday they often lose their housing and their support. In order for children in care to have access to educational opportunities they need to be made aware of funding and grants available so they can reach their full potential.

### **Tutors**

Assisting a young person to form secure attachments will help to serve as a protective factor. The foster parent is in an ideal position to do this. 'For children with a dysfunctional primary caretaker, establishing a positive relationship with an alternative adult may be one mechanism by which children sustain or return to an adaptive trajectory'. (Milan and Pinderhughes, 2000).

Additionally, any significant adult may serve as a role model for a child in care. Whether this be someone with a formal relationship with the child, for example a teacher or home tutor, or someone with a more informal relationship with the child, for example a Grandmother. If a child has someone who is reliable (when other things in their life may not be) and who values them for themselves it will go a long way in serving as a protective factor.

Triseliotis et al (1995) conducted a study and found that young people got on well with helping adults who '... were informal in approach, respected young people,

could recognise the difference between being frank and sometimes challenging from being 'pushy' and 'naggy', were available, punctual and reliable, did practical things to help and carried out their promises.'(P.272)

It is important to note that some of the research regarding home tuition looks at home tuition as a substitution of school attendance whereas this study looks at the home tuition service being provided as an addition to the provision the CiC receive at school. Another significant area of research into home-tutoring incorporates the use of peers as tutors whereas this study will concentrate on home tutors who are all qualified teachers.

In 2007 Acevedo and Gilchrist sought to gain the views of 12 home tutors in Scotland who tutor children not attending school due to illness. They explored the working patterns and the perceptions of the group of home tutors and they found that rewarding aspects of the work included the building of a relationship with the child and the family, being appreciated by the family or the child, making a difference, seeing the child make progress or gain in confidence. In interviews with the home tutors the challenging aspects of the role that were mentioned were factors related to the network around the child, relationships with parents or parents behaviour, relationships with the child and practical aspects of the role. The home tutors reported that additional training on topics relevant to their work



One limitation of this study is that the home tutors who were invited for interviews were chosen by the heads of service. The heads of service were aware of the purpose of the research and were asked to choose home tutors who would 'best represent the type of work carried out by the service', Acevedo and Gilchrist, 2007, P.91). Others factors may have affected the decision made by the heads of service when it came to deciding who should be interviewed. With this in mind the home tutors chosen for interview by the researcher will be made on the basis of their answers in the questionnaires and as many participants will be interviewed as possible.

One advantage of this study was the depth of information given by the tutors in the interviews. A limitation of it was that it did not seek to gain the views of the young person or their family which upon analysis could have provided information about the strength of the relationship. It would have been interesting to compare the rewarding and challenging aspects of the work from the home tutor's point of view with the outlook of the work from the young person's point of view. Although the home tutors in this study are dealing with young people with an illness it is anticipated that many of the rewarding and challenging aspects of the work will be the same for home tutors who work with CiC.

A prominent theme in the interview responses from the home tutors was the issue of close personal relationships with the young people and their families. Obstacles

to building a relationship were described as something negative and the feeling of having built a good relationship with a young person was frequently described as a rewarding aspect of the work. However there were training requests in order to determine how to put in place boundaries and stop creating a relationship which could be considered too close. This was requested as a way of protecting the professional relationship and deterring the strong emotions connected with relationships with very ill young people.

Harker et al (2003) interviewed 80 CiC aged between 10 and 18 years old about their educational experiences. They found that 62 of the CiC were able to name someone they felt 'supported their educational progress'. The list included teachers, foster carers, peers, family and social workers. Although this accounts for 78% of the CiC interviewed it still left 22% of the CiC who could not think of anyone. Engaging with school and with learning is quite often a process facilitated by key, supportive people in the lives of young people. If 22% of the CiC in the study could not name anyone it would have been good to further explore what (if anything) motivates them to learn.

The study by Harker et al (2003) is relevant to this one because this study will examine the concept of motivation of CiC to learn via questionnaires and interviews. An advantage of the study by Harker et al (2003) is the emphasis it

places on gaining the young person's views and this will be incorporated into the design of this study into home tutoring CiC.

The results of the study showed that the majority of the CiC could suggest extra support which they felt would increase their educational attainment. A number of the CiC also wanted someone to listen to and acknowledge their individual needs with regards to supporting their education. Some of the CiC also expressed an interest in finding out more about what education they are entitled to and what is associated with this i.e. bursaries. This demonstrates the need to include the voice of the CiC within a study as they could have some very salient views which could give useful insights into how tutoring would work best for them.

Mayfield and Vollmer (2007) conducted a study into home-based peer tutoring. The peer tutoring was used with four girls who had a history of neglect or abuse as well as a weakness in their mathematics educational attainment. The four girls lived in the same house as the girl they were partnered with and each girl played the role of the tutor and the tutee at different points in the study. A limitation of this study is the extremely small number of participants and that all participants were female so any results obtained cannot be easily generalised. An advantage of the study is that because all participants were at some point the tutee and the tutor then it discounts the effect of some girls being naturally suited to either role.

The results obtained indicated that out of all the skills practiced the participants improved their performance levels. After a further 3-5months the skills were assessed again and the participants maintained the levels they had achieved for 7 out of the 12 skills. This demonstrates the long-term benefits that can be achieved from using one-to-one tuition.

Research done by Bargh and Schul (1980) puts forward a suggestion for why peer tutoring may be successful. They found that the tutor will need some understanding of the topic to explain it and the process of explaining assists the tutor in clarifying concepts and evaluating and conceptually reorganising material. By explaining something out loud to a tutee a tutor will also become aware of and try to recognise and resolve variations or disparities.

The questions that a tutee asks can also facilitate learning when the questions are ones that involve higher order processes. Graesser and Person (1994) reported a positive correlation between the use of tutees 'deep thinking' questions and the educational attainment of the tutees. The correlation emerged as high school and university student tutors obtained an increasing amount of experience in tutoring.

A study by Lepper et al (1990) looked into how tutors could promote the learning of their tutees by using questioning effectively. They found that tutors of a better quality used hints to indicate to their tutee that something in their answer or their

reasoning was wrong rather than telling them the correct answer. By indicating a part of the problem that a tutee might like to give more thought to or by suggesting a possible route for a tutee to take it helped the tutees to figure out the correct answer for themselves.

### **Conclusion**

Although there has been a wealth of research into CiC and more specifically CiC with regards to their educational attainment there has not been any research into how local authorities can support CiC in achieving GCSE results which reflect their potential. The researchers own study will fill the gap in this market and although the results will be specific to the local authority in which she is placed it is possible that they may be indicative of issues faced by CiC in other local authorities.

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