

THE UNIVERSITY OF HULL

A Whole School Approach to Understanding Complex Developmental Trauma

Being a thesis submitted in partial fulfilment of the requirements for the degree of

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By

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Overview

This portfolio thesis consists of three parts: a systematic literature review, an empirical report and supporting appendices.

Part one is a systematic literature review exploring looked after children's psychological experiences of education across the UK. A systematic search identified 14 studies. A narrative synthesis of the findings revealed 4 themes: (1) Relationships with Peers and Professionals, (2) The Feeling of Safety and Belonging, (3) The Importance of Equity, and (4) Stereotypes and Discourses. The narrative which emerged from the synthesis was summarised and discussed in the context of future implications for clinical practice and future research.

Part two is an empirical research paper which used a qualitative methodology, Foucauldian discourse analysis to examine the operations of discursive constructs of children who have experienced complex developmental trauma via interviewing teachers. Analysis revealed 3 popular discourses: (1) trauma informed, (2) educational, and (3) individualistic. The findings are discussed and implications for clinical practice and future research are discussed.

Part three consists of the appendices which support both the systematic literature review and empirical research paper. The appendices also include a reflective statement and epistemological statement.

Total Word Count: 15,450 (Excluding Tables, Figures, References and Appendices)

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Part One: Systematic Literature Review

This Paper is written in the format ready for submission to the Children and Youth Sciences
Review Journal.

Please see Appendix A for submission guidelines

Looked After Children's Experiences and Perspectives of Education in the UK: A Systematic Literature Review

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Highlights

- Looked after children in the UK value their autonomy and equity within education
- Looked after children acknowledge the school and their teachers as important members of their system regarding feelings of safety and belonging
- Looked after children feel negative stereotypes and discourses are harmful to their psychological experiences within school

Abstract

The education system has a huge influence on the lives and psychological experiences of children in the looked after system. There is currently no systematic review that explored these children's psychological experiences in specific relation to their time in UK education. Therefore, the current review systematically synthesised and reviewed the findings of 14 studies (quantitative, qualitative, and mixed methods) that directly or indirectly explored looked after children's psychological experiences of education in the UK. Narrative Synthesis was utilised, outlining 4 overarching themes: (1) Relationships with Peers and Professionals, (2) The Feeling of Safety and Belonging, (3) The Importance of Equity, and (4) Stereotypes and Discourses. The data synthesis showed a narrative of shared experiences across looked after children was present in the UK, and this was associated across looked after children's systems. Clinical and wider implications are discussed. Further research should a) explore Looked After Children's experiences of person-centred care and education, and b) explore the use of psychological systemic interventions that directly involve school.

Keywords: Looked After Children, Psychological Experiences, Education

1. Introduction

The combined number of looked after children (LAC) across the United Kingdom is at an all-time high with over 106,000 young people (Department of Education, 2021; Scottish Government, 2020; Welsh Government, 2021; Rodgers, & McCluney, 2021). LAC typically have poorer academic results (O'Sullivan, & Westerman, 2007; Evans, Brown, Rees, & Smith, 2017) and a higher prevalence of mental health disorders (McAuley, & Davis, 2009; Oswald, Heil, & Goldbeck, 2010) compared to their peers. Difficulties often persevere into adulthood, as care leavers disproportionately experience homelessness (Cameron, et al., 2018), access to adult mental health services (Butterworth, et al., 2017; Kelly, McShane, Davidson, & Pinkerton, 2014), access to drug and alcohol services (Alderson, et al., 2020) and do not access higher education as much as their peers (Berridge, Bell, Sebba, & Luke, 2015). Evidently, the neglect and abuse that LAC often experience can impact their wellbeing throughout their lifetime. Therefore, it should be within clinical psychologist's interests to understand LAC's needs and develop effective interventions early in their care, as to prevent recurrent admissions into services throughout life. Recent research highlights the importance of multi-disciplinary working and supporting LAC via their systems (York & Jones, 2017; Golding, 2010; Green et al., 2014; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006). However, the effectiveness of interventions for LAC have varying success (Francis, Bennion, & Humrich, 2017; Callaghan, Young, Pace, & Vostanis, 2004; Alderson et al., 2020). This is also reflected in National Institute Clinical Excellence guidance (NICE), as a review of the interventions to support LAC and their families revealed out of 74 studies (reporting 36 different interventions), there was a range in effectiveness (NICE, 2021a). Hence, it appears that current interventions for supporting LAC would benefit from further research.

Interventions for LAC often involve their systems, including foster carers, social workers, therapists, and school personnel working together (NICE, 2021a). This often involves creating therapeutic relationships between the child and the adults in their care (NICE, 2021b). One area that is under researched is the effectiveness of involving schools in supporting LAC, with one systematic review by Evans, Brown, Rees and Smith (2017), reporting a small pool of educational interventions with limited results. This raises the question, if interventions within schools are not effectively supporting LAC, then perhaps it is necessary to understand the difficulties LAC face within the education system to help them overcome them. Simply, whilst there is research showing the effectiveness of multiple interventions, there is a clear gap in a review of research of looked after children's experiences of school. Therefore, the present review aims to analyse research pertaining to LAC's experiences of education in the UK with the intention that a current review can inform the development of interventions to support LAC in the earlier stages of their life.

Whilst there are existing systematic reviews on LAC's experiences of foster placement (Rock, Michelson, Thomson, & Day, 2015), and mental health services (Davies & Wright, 2008), there is no existing review looking at LAC's experiences of school within the UK. The education system within the UK is arguably unique compared to others. For example, British narratives around socioeconomic status have been linked to greater variation in student performance, and unequal access to higher education (Hansen, & Vignoles, 2005). Furthermore, it is suggested that the increasing prevalence of academies are preserving socio-economic status segregation by having a lower uptake of disadvantaged children (Gorard, 2014). With differences in educational experience and LAC's care having to be organised between schools, local authorities, and children's mental

health services, this necessitates a literature review on just UK based schools to accurately reflect LAC's experiences.

Taken together, the present paper aims to review LAC's experiences of the education in the UK. The rationale for this is that a better understanding of LAC's experiences within school fills a gap in knowledge of LAC's systems that clinical psychologists attempt to engage and intervene. Research in recent years highlights the importance of developing child centred care (Goodyer, 2013). Therefore, by understanding LAC's experiences, this could inform how clinical psychology better supports LAC's systems and advise new research/interventions by using child led experiences.

Ecological Systems Theory (Bronfenbrenner, 1979) provides a useful framework in understanding the psychological experiences of LAC. Ecological Systems Theory identifies that the contexts and systems that children grow up in are intercorrelated and shape experiences. LAC arguably have more interaction with their systems (and interaction between systems) such as social care, health services, education, and court services may be integrated within LAC's system more overtly (Drew, & Banerjee, 2019). Similarly, Ecological Systems Theory identifies how the systems around children can also be influenced by a culture and the respective narratives (Bronfenbrenner, 1979). This provides an especially useful framework for understanding specifically how LAC experience education within the UK.

The present review aims to critically review and synthesise findings from both quantitative and qualitative methodologies. Direct subjective experiences across any stage of looked after children's compulsory education (ages 4-16) were sought to address the identified gap with existing reviews. The question asked was: what are looked after

children's psychological experiences of education within the UK? In this context, psychological experiences refer to the first hand, subjective understanding LAC hold of what empowers or hinders their psychological wellbeing within education across the UK.

2. Methods

2.1. Search Strategy

Articles were sought which explored LAC's psychological experiences of school within the UK – involving primary education, secondary education, or both. Between December 2021 and January 2022, a literature search was employed using the platform EBSCOhost. The following databases were included: APA PsycInfo, Academic Search Premier, MEDLINE, CINAHL Complete, Education Research Complete, ERIC, APA PsycArticles. This accommodated for general, psychological, and educational research databases to be covered. Therefore, a wide range of databases were utilised to increase the likelihood of finding all relevant research. The following search terms were used:

"looked after child*" or LAC or "foster care" or "child* in care" or CIC or "foster child*"

AND

school* or educat* or classroom*

AND

experien* or perceptio* or stor*

AND

UK or "United Kingdom" or Britain or England or Wales or Scotland or Ireland

A wide range of terms were used to reflect the variance in terms used to describe LAC as this often is an umbrella term. This was to minimise chances of inadvertently eliminating relevant research. Quotation marks were used to bunch specific terms of interest together (e.g., looked after child). Asterisk truncations were used after words to account for word variations (e.g., child, children, children's). To ensure a wider range of applicable articles and identifying relevant research papers, the Boolean operator "AND" was used. To ensure articles were relevant to the research question, the field "TI Title" was used for LAC search terms. The field operator "TX All Text" on UK search terms was used to ensure that research included all UK based literature.

2.2 Selection Strategy

The articles from the literature search were screened by title and abstract to evaluate their relevance and to discount duplicates. If the identified articles were deemed relevant, they were read in entirety and measured against the inclusion and exclusion criteria (see tables 1 and 2). Finally, the relevant paper's reference list were checked. Two further articles were identified via this method and were subsequently added to the final pool of papers. This was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher, Liberati, Tetzlaff, & Altman, 2009). The PRISMA (Figure 1) offers a guide for identifying and selecting appropriate article for systematic reviews. This is done by systematically identifying and screening articles based on title and abstract. Then, assessing eligibility via reading the full text of remaining articles.

Table 1***Inclusion Criteria***

Inclusion Criteria	Rationale
Written in English language	Translation services were not available. For synthesis and analysis, this necessitated articles to be written in English. As the review is concerned with UK based research, it is unlikely that any articles were excluded by this criterion
Qualitative and Quantitative methodology	Due to focusing on research just in the UK, both Quantitative and Qualitative methodologies were included to ensure the experiences of LAC's experiences had breadth and depth
First-hand LAC's experiences	To facilitate data synthesis which is grounded in understanding the lived experiences of LAC through their own lens
Studies investigating LAC's experiences within UK education	To facilitate data synthesis which is grounded in understanding the unique experiences of attending the UK education system

Peer reviewed	Peer reviewed articles contribution to research are appraised against their quality, resulting in studies of a higher quality
Inclusion of LAC and/or 'care leavers' experiences	Experiences of care leavers were included due to the absence of previous systematic reviews on the topic and to capture the experiences of care leavers that were still in or recently finished education

Table 2

Exclusion Criteria

Exclusion Criteria	Rationale
Systematic review papers	Reviews involve the process of interpreting data from primary resources. The present review aimed to stick to primary resources
Articles that were too heavily focused on one specific area of LAC's experiences that it became too far removed from the review question and aim (e.g., focus just on LAC's academic grades)	This did not align with the review's aims

Articles that broadly explored LAC's experiences, and indirectly explored LAC's experiences of school, but contained insufficient information on educational experiences.	To facilitate data synthesis, these studies did not capture sufficient data for thorough synthesis and analysis.
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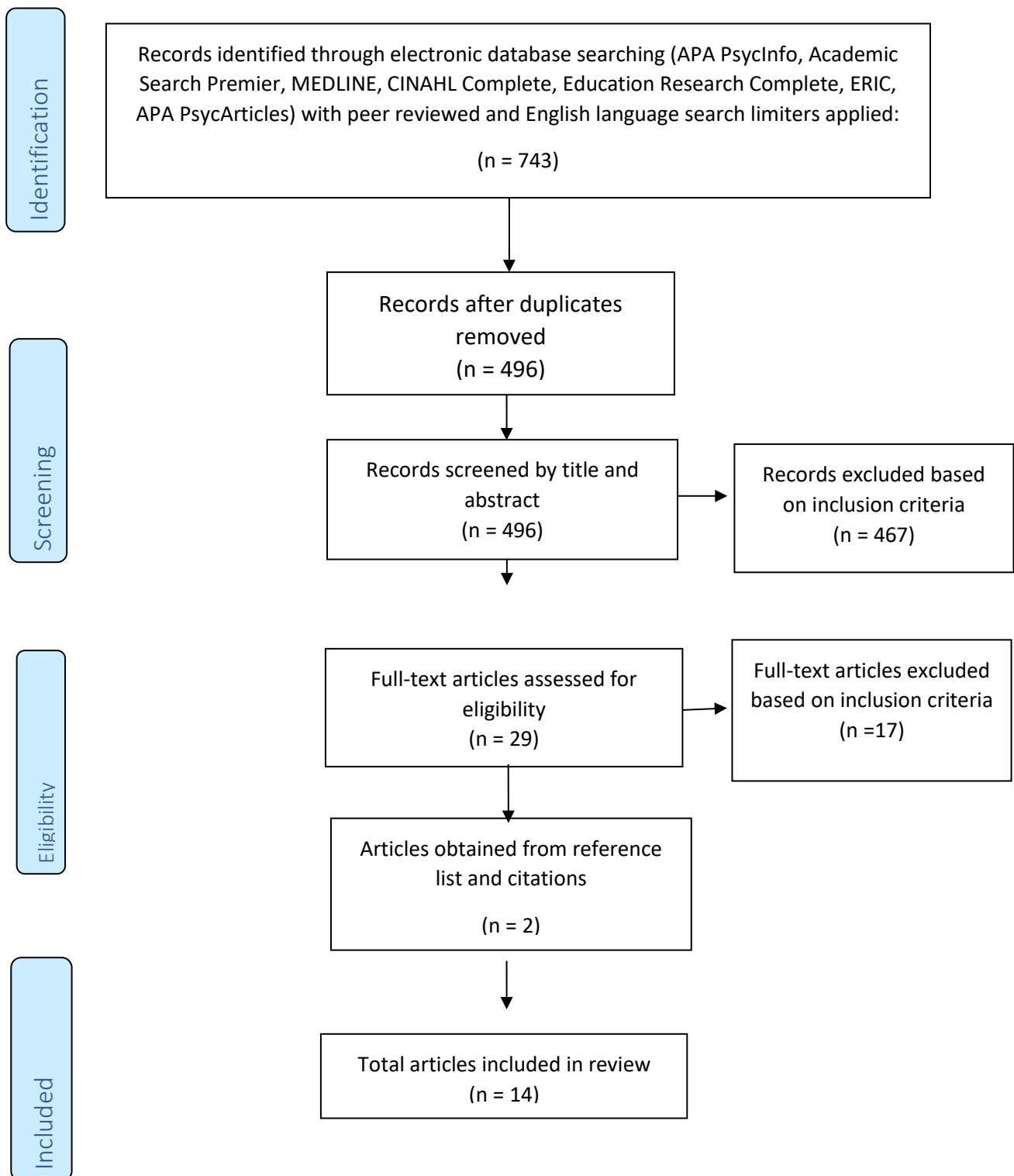
Articles that did not include LAC's individual subjective experiences (e.g. studies that explored teacher's, carer's or general school population's experiences)	To ensure that synthesised data reflected the subjective experiences of LAC and remained true to the aims and research question.
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2.3 Data Extraction

The principal investigator extracted the information from all identified articles using a data extraction form. The data extraction form included identifiers, participant information, research question, methodology and analysis used, key findings and conclusions.

Figure 1:

Article Selection Process (Adapted from "PRISMA Flow Diagram" (Moher et al., 2009))



2.4 Quality Assessment

To assess the quality of the articles collated for this review, a quality assessment was completed for each of the articles. Due to the range of study designs (quantitative, qualitative, and mixed methods), the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) was adopted (Table 6). The assessment process within the MMAT consists of completing questions that have three possible answers: (Yes (Y), No (N), Can't Tell (CT)). Hong et al. (2018) caution against using overall scores when appraising articles. Therefore, the number of responses (Yes, no, can't tell) were calculated. None of the studies were excluded from the review based on the quality assessment. Reflections on quality of papers will form part of the synthesis.

Critical appraisal often involves judgement making which can introduce subjective bias. It is recommended that independent reviewers are involved in the quality assessment. The inter-rater reliability was assessed by a second independent reviewer. The second reviewer rated three (23.07%) of the included articles. The overall inter-rater reliability score was 85.72%. Where differences of ratings occurred, this was discussed between reviewers to come to agreement in all papers. See table 6 for quality assessment ratings.

2.5 Data Synthesis

Due to the methodological range of the studies (Quantitative, qualitative, mixed methods), a Narrative Synthesis (Popay et al., 2006) was adopted and used upon 14 papers. Narrative synthesis was favourable as it can synthesise data sets with quantitative, qualitative and mixed method designs to create an overarching story within research findings. Narrative synthesis also facilitates introducing rigour and reliability in the process. By drawing this information together, it allows for connecting common themes within

research (Popay et al., 2006; Rodgers et al., 2009). This is described as a “form of storytelling” by Popay et al. (2006). In essence, there are four key stages of the narrative synthesis process: (1) develop a theoretical understanding (2) present a preliminary synthesis of included studies and their findings (3) explore the relationships in the data (4) assess the robustness of the synthesis.

Data synthesis was done by thoroughly reading each article whilst being attentive to the utilisation of language to outline a preliminary synthesis and tabulation of data. From there, common themes and relationships were identified across the data set. From there, the final themes and sub themes were refined. Finally, the robustness of the synthesis was assessed. This was done by assessing several factors such as the methodological quality, sample sizes, and number of studies.

3. Results

3.1 Overview of studies

In total, 685 participants were recruited across 14 studies (Tables 3, 4 and 5) and published between 2002-2021. Two studies (Harker et al., 2003, 2004) shared the same pool of participants as the second study was a follow up of the original study. Of the 685 of participants across the studies, 180 identified as male, 196 identified as female, the gender of 1 participant was unreported. Two studies (Long et al., 2017; Brewin & Statham, 2011) did not report gender distribution of the sample ($n = 309$). Sample sizes ranged from 6-295 participants.

Most of the studies employed a qualitative methodology ($n = 10$) with the remaining studies either adopting a quantitative ($n = 2$) or a mixed methods approach ($n = 2$). Included

articles reported the following settings: primary school ($n = 4$), secondary school ($n = 11$), transitioning from primary to secondary school ($n = 2$), and the experiences of care leavers ($n = 2$). Note that some of these studies investigated the experiences of more than one setting (Brewin & Statham, 2011; Harker et al., 2004; Mannay et al., 2017; Francis, Rowland, Humrich & Taylor, 2021). There was a range between studies in terms of how children's experiences were collected. Equally, there were differences in how clearly these were reported and how researchers reached subsequent themes. Out of the studies, interviews were the most common method of collecting data ($n = 9$), followed by questionnaires ($n = 3$), then play based activities ($n = 2$), and finally focus groups ($n = 1$). Not many studies reported the length of their interviews. Studies that used questionnaires drew upon validated and reliable questionnaires that were pre-established as appropriate tools (Rao & Simkiss, 2007; Long et al., 2017) and the research that developed their own measure, was informed by previous research and cited the appropriateness of researching this information in this way (Honey, Rees, & Griffey, 2011).

Some studies did not appear to report how they reached themes (Harker et al., 2003; 2004), and others did not appear to explicitly state what form of analysis was used for qualitative data (Jobe & Gorin, 2013; Martin & Jackson, 2002). Types of analysis varied between studies, thematic analysis was the most common analysis ($n = 6$), followed by content analysis ($n = 2$), then IPA ($n = 1$), and framework analysis ($n = 1$). There was a noticeable variance in the richness of participant's data, as some studies used direct quotes throughout analysis, whilst others made little connection between data and themes.

Table 3: Overview of Quantitative Studies

Reference	Study Aims	Participant Characteristics	Measures	Design and Analysis	Key Findings
Rao and Simkiss (2007)	To explore the prevalence of bullying and looked after children (being victim and perpetrator)	32 Looked after children (aged 10-16)	A validated self-administered questionnaire based on the Olweus questionnaire (Solberg and Olweus, 2003)	Cross sectional survey Use of percentages to report results	30% reported they had been bullied recently, and 44% had reported a teacher had spoken to them about being bullied.

Long et al. (2017)	To investigate the association of living in foster care with school satisfaction, substance use, subjective wellbeing, and peer/professional relationships	295 secondary school aged Looked after children	Health Behaviours School Children survey was created, alongside self-report subjective wellbeing and relationship Likert scale questions.	Cross-sectional, population-based health behaviour and lifestyle questionnaire.	Negative outcomes were higher amongst children in foster care; there were poorer relationships with peers/professionals, reported higher substance use and poorer life satisfaction
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Table 4. Overview of Qualitative Studies

Reference	Study Aims	Participant Characteristics	Design and Analysis	Key Findings
Francis, Rowland, Humrich and Taylor (2021)	To echo the voices of looked after children after transitioning from primary to secondary school	36 looked after children aged 10 – 12	Qualitative approach using semi structured interviews pre and post transition. Thematic analysis was used.	Key themes: 1. Social connections 2. relationships 3. feeling safe and belonging in school
Greenwood and Kelly (2020)	To understand what helps develop a	6 looked after children aged 11 – 15	Use of appreciative inquiry interviewing	Key themes: 1. Developing friendships is important

	sense of belonging for looked after children when transitioning to a new school		and focus groups. Thematic analysis used.	<ol style="list-style-type: none"> 2. plan for individual needs without singling out. 3. Someone to trust in new school 4. Child friendly information 5. Asking the child directly how they want to transition
Martin and Jackson (2002)	To explore the opinions and experiences of “high achieving” care leavers on furthering educational progress	38 care leavers	Qualitative approach using semi structured interviews.	Key themes: <ol style="list-style-type: none"> 1. being like other people 2. encouragement from others 3. characteristics of carers 4. the contribution of social workers

for looked after

children

5. the importance of continuity

6. stereotyping

7. practical resources

8. teachers, schools and school support

9. support for everyone, not just chosen
few

10. encouragement for higher education

Jobe and Gorin (2013)	To explore looked after children's experiences of help seeking	24 Looked after children (aged 11 – 17)	Qualitative approach using semi structured interviews.	Key themes: <ol style="list-style-type: none"> 1. Young people's experiences of seeking help 2. Young people's experiences of receiving help from Children's Social Care Services
Mannay et al. (2017)	To explore the educational experiences of care experienced young people and adults.	67 care experienced people (age 6 – 27)	Qualitative approach using a variety of techniques including interviews, focus groups, sand trays and emotional	Key themes: <ol style="list-style-type: none"> 1. From similarity to difference: Inscription of the 'looked-after' label

			sticker activities.		2. Outside dominant discourses of success: The 'supported' subject position
			Thematic analysis was used		3. Reclaiming success: Resisting the 'failing' subject position
O'Donnell, Sanford and Parker (2020)	To explore the experiences of looked after children with physical education and school sport (PESS)	10 looked after children aged 12 – 19 (3 of which were care leavers)	Semi structured interviews using thematic analysis	Key themes:	<ol style="list-style-type: none"> 1. Looked after Children's perceptions of Health, wellbeing and PESS 2. Looked after children's behaviour, attitude, and mindset towards PESS

Harker et al. (2003)	To explore looked after children's perceptions of support for their progress in school	80 looked after children aged 10-18	Semi structured interviews using content analysis	44% of children described their progress as better than average, teachers were cited most frequently as the most supportive within school, and social workers were cited most frequently as a hinderance to educational progress. Encouragement, better educational provision, and improving facilities were most frequently mentioned as things that would improve their school progress
Harker et al. (2004)	To explore looked after children's perceptions of	56 looked after children (24 lost from the original sample)	Semi structured interviews using content analysis,	There was an increase in number of participants reporting their educational progress as going "well" or "very well". Only

support for their
progress in school.

The study follows up
with the same
participants in
Harker et al's (2003)
study 18 months
later

14% of participants gave a lower rating than
before

The number of participants reporting their
looked after label as positive or negative was
equal in the original study, but after 18
months, 45% reported a positive impact, 22%
reported negative impact, and 33% reported
no impact

Teachers still cited as being the most
frequently supportive influence in school, but
the most common response for biggest
hinderance to education was "no one"

				Participants attributed positive changes 18 months on due to stability in school and at home
Brewin and Statham (2011)	To find out the key factors that support looked after children during the transition from primary to secondary school	14 looked after children (Pre and post transition)	Semi structured interviews using framework analysis	no single factor or set of factors were associated with positive transition, but an interplay of factors on several levels were important. This was mapped within Bronfenbrenner's ecological systems theory (1979). Identified factors at each level of the system.
Sugden (2013)	To explore looked after children's perceptions of what	6 looked after children (aged 8 – 9)	Semi structured interviews using Interpretative	Super ordinate themes: 1. A place that personalises learning

supports them to learn	Phenomenological Analysis	2. A place where I am accepted 3. A place where I can make choices
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Table 5. Overview of Mixed Methods Studies

Reference	Study Aims	Participant Characteristics	Measures	Design and Analysis	Key Findings
Berridge (2017)	To explore looked after children's perspectives on their educational progress	26 Looked after children	Semi structured interviews used for qualitative data, measure for quantitative data unclear	Mixed methods study Thematic analysis was used for interview data, unclear what was used for quantitative analysis	4 qualitative themes found: 1. 'stressed/unresolved'; 2. 'committed/trusted support'; 3. 'private/self-reliant' 4. 'Disengaged' Main quantitative finding was that educational

					attainment was correlated with number of placement moves
Honey, Rees and Griffey (2011)	To explore looked after children's perceptions of their school experiences	51 looked after children across 1 local authority (aged 11 – 15) compared to 99 children not in care	Use of self-report questionnaire using Likert scales. Open-ended questions were designed to measure aspirations, messages for teachers and personal strengths	Mixed methods design. Paired t-tests were used to compare samples, and thematic analysis was used for qualitative data	Looked after children reported more positive self-perception and experiences of school. LAC's aspirations focused on their living arrangements, and they often chose non-academic related careers.

3.2 Methodological Quality

Methodological quality was appraised using the MMAT (Hong et al., 2018). None of the 14 studies were excluded from the review because of quality appraisal. According to the MMAT quality assessment tool, the papers received good ratings (Table 6). Nine of the studies received “Yes” ratings on all the criteria. Whilst the remaining studies received mostly “Yes” ratings, indicating a high methodological quality. However, there were some quality issues with several papers. Firstly, two of the papers (O’Donnell, Sandford, & Parker, 2020; Brewin and Statham, 2011) had issues with explicitly demonstrating how themes were derived from the data. This was especially notable with Brewin and Statham (2011) as researchers failed to report direct quotes from participants, making it difficult to assess if findings were adequately derived from the data.

A second primary issue with quality assessment was regarding dropout rates within Rao and Simkiss (2007). This study had a small pool of participants that met the eligibility criteria and only a response of 32 participants. In turn, this makes the representativeness of the sample and impact of non-response bias questionable.

Table 6: Quality assessment Table

Category of study designs	Methodological quality criteria	Francis, Rowland, Humrich, & Taylor, (2021)	Rao & Simkiss, (2007)	Long, et al. (2017)	Jobe & Gorin, (2013)	Honey, Rees & Griffey, (2011)	O' Donnell, Sandford, & Parker, (2020)	Sugden, (2013)	Mannay, et al. (2017)	Berridge, (2017)	Greenwood & Kelly, (2020)	Harker et al., (2003)	Harker et al., (2004)	Martin & Jackson, (2002)	Brewin & Statham, (2011)
Screening questions (For all types)	S1. Are there clear research questions?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	S2. Do the collected data allow to address the research questions?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions														
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	Y			Y		Y	Y	Y		Y	Y	Y	Y	Y
	1.2. Are the qualitative data collection methods adequate to address the research question?	Y			Y		Y	Y	Y		Y	Y	Y	Y	Y
	1.3. Are the findings adequately derived from the data?	Y			Y		Y	Y	Y		Y	Y	Y	Y	CT

	1.4. Is the interpretation of results sufficiently substantiated by data?	Y			Y		CT	Y	Y		Y	Y	Y	Y	N
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	Y			Y		Y	Y	Y		Y	Y	Y	Y	CT
2. Mixed Methods	2.1. Is there an adequate rationale for using a mixed methods design to address the research question?					Y				Y					
	2.2. Are the different components of the study effectively integrated to answer the research question?					Y				Y					
	2.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?					Y				CT					
	2.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?					CT				Y					
	2.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?					CT				CT					
3. Quantitative descriptive	3.1. Is the sampling strategy relevant to address the research question?		Y	Y											

	3.2. Is the sample representative of the target population?		C	Y														
			T															
	3.3. Are the measurements appropriate?		Y	Y														
	3.4. Is the risk of nonresponse bias low		N	Y														
	3.5. Is the statistical analysis appropriate to answer the research question?		Y	Y														

Key: Y: Yes, N: No, CT: Cannot tell.

3.3 Synthesis of Findings

From the 14 studies, 4 themes, each with subthemes were constructed in relation to looked after children's psychological experiences of UK compulsory education (see Appendix D for themes table). The four superordinate themes identified were (1) Relationships with Peers and Professionals (2) The Feeling of Safety and Belonging (3) The Importance of Equity, and (4) Stereotypes and Discourses. Findings were organised and guided by ecological systems theory (Bronfenbrenner, 1979) as a tool to identify the systems that surround LAC and wider narratives that influence these systems. Specifically, themes were mapped in relation to different sections of ecological systems, with consideration of how these systems interact with each other and may be influenced by wider narratives and discourses.

3.4 Relationships with Peers and Professionals

This theme refers to the psychological experiences of LAC's relationships through school with those in their school's system. LAC's psychological experiences of school and relationships were mentioned across all the 14 studies. Within this theme, LAC placed an importance of building relationships with both their peers and teachers, which was especially important when experiencing times of adversity or transition. Similarly, the experiences of bullying were often referred to by LAC, noted across half of the studies (O'Donnell, Stanford & Parker, 2020; Rao & Simkiss, 2007; Long et al., 2017; Berridge, 2017; Harker et al., 2003; 2004, Brewin & Statham, 2011).

3.4.1. Relationships with Peers

This subtheme refers to the psychological experiences of LAC's peer relationships, encompassing their positive and protective experiences. 10 of the studies referred to peer relationships (Francis, Rowland, Humrich & Taylor, 2021; Long et al., 2017; Jobe & Gorin, 2011; Sugden, 2013; Mannay et al., 2017; Berridge, 2017; Greenwood & Kelly, 2020; Harker et al., 2003; 2004; Brewin & Statham, 2011).

LAC often found comfort within their peer relationships, as it provided a source of emotional support and facilitated enjoyment of play. These relationships were crucial for LAC at times of transition as it could evoke fears, and their peer relationships provided comfort. Participants spoke of what they would find helpful at times of transition:

"Loads of my friends going to the same school as me"

"To get to know someone before I move to that school"

(Francis, Rowland, Humrich & Taylor, 2021, figure 5)

Similarly, one study (Greenwood & Kelly, 2020) used appreciative inquiry to identify what helps students feel happy and safe when experiencing transitions, one participant quoted:

"It feels like it's not changed that much if you have friends"

(Greenwood & Kelly, 2020. p. 752)

Peer relationships were cited as being important for enhancing LAC's psychological experiences within schools (Harker et al., 2003; 2004) and that when children needed to make disclosures about their home life, their peers were often the first person that these disclosures were made to (Jobe & Gorin, 2013). School was cited as a place where children could help feel connected with their peers:

“Interviewer: What is it about school that’s nice?”

Freddie: Cos I have...I get to see my friends everyday”

(Sugden, 2013. p. 379)

Dome LAC, as documented by Berridge (2017) peer relationships were the only important factor to their psychological experiences at school, as a place where they could interact with friends or be seen as one of the “cool kids” or “class clown” (Berridge, 2017. p. 91). These findings were often linked with a feeling of safety, which will be explored within theme 2.

3.4.2. Relationships with Teachers

This subtheme relates to LAC’s psychological experiences in relation to teachers. All the 14 studies referred to the importance of schoolteachers in relation to their psychological experiences. A common topic referred to LAC finding having the same teachers to build trust with important, this facilitated their engagement with school and could even enhance their academic performance. Students especially felt that building this trusting relationship with teachers was important to them:

“it’s all about trust isn’t it- some people you get on with and some people you don’t like- some people you can trust and some people you can’t so I don’t know really just keep trying to be approachable and then people would probably go to you.”

(Jobe & Gorin, 2014. p. 10)

A common message from participants was feeling unheard by teachers. LAC discussed a desire for teachers to be more responsive and supportive to their needs within school. Some participants felt like teachers did not take disclosures seriously:

“...it would have been nice to have a little bit more help and support from them. I told my form teacher everything that was going on at home with my step dad’s violence and stuff. And she was like well I’ll talk it out with your head of year and everything and we can see what can be done ... and then nothing was ever done from there.”

(Jobe & Gorin, 2014. p. 10)

They were similar feelings about feeling not listened to by teachers, with young people expressing they wanted teachers to be more “*understanding*”, “*nice*”, “*caring and loving*”, and “*supportive*” (Honey, Rees, & Griffey, 2011. p. 43).

Interestingly, one study (Long et al., 2017) found that LAC were more likely to report poorer relationships with their teachers, and that this was significantly associated with increased substance misuse and their ratings of life satisfaction. 2 studies conducted by the same researchers (Harker et al., 2003; 2004) interviewed the same pool of LAC 18 months apart, finding that teachers were the most frequently mentioned people adopting a supportive role across both studies. Furthermore, after 18 months, the frequency of comments about teachers being hindering decreased. Taken with comments around developing trust with teachers, it is possible that building relationships over time with teachers is important to improving LAC’s psychological experiences.

3.4.3. Bullying and Peer Pressure

This subtheme refers to LAC’s experiences of bullying, including being the victim or perpetrator of bullying. This encompasses their feelings around bullying within school. 9 of the studies cited bullying as part of LAC’S psychological experiences. Both Harker et al. (2003; 2004) papers cited that LAC directly experienced bullying once their peers discovered

their label of being looked after which was associated with de-moralising and de-motivating students whilst at school. Furthermore, just the fear of anticipating bullying during a transition was a main concern for LAC:

“I’m worried in case I get bullied”

“People might bully me” (Francis, Rowland, Humrich & Taylor, 2021. Figure 3)

One qualitative study (Long et al., 2017) reported that children with foster parents were more than twice as likely to experience bullying compared to peers living with their biological parents. Furthermore, bullying was the only factor that had significant association across all other variables investigated (substance use, subjective wellbeing, poorer peer and teacher relationships and life satisfaction). The experiences of bullying were linked with peer pressure across three studies:

“My mates told me to do it [bully other children] for a laugh or they would belt me”

(Rao & Simkiss, 2007. p. 53)

The prevalence of LAC experiencing bullying in the same study was 44%. However, 22% of the same cohort had also been the perpetrators of bullying.

3.5. The Feeling of Safety and Belonging

This theme refers to the importance participants placed on their need for feeling safe in the school environment in regard to their wellbeing. Similarly, LAC’s need for a sense of belonging to school was especially important. The feeling of safety and belonging was mentioned across 12 of the studies.

3.5.1. Belonging and fitting in

This subtheme refers to the importance of belonging and fitting into the school environment, LAC felt that a sense of belonging to a school was relevant to their psychological experience. School was a place where LAC could feel like they were accepted and filled with people who did not know their history, or even their label of “looked after”. School could provide comfort and a ground to build their peer relationships:

“Cos like it’s like another family isn’t it. You go to school, like everyone’s the same, you’re all unique in your own way, but you’re all part of one big family and feel wanted. And it’s where I can shine, because at home no one really cares what I do, and when I start telling them about science they’re like ‘Oh Bradley shut up’. But in school they all listen and they’re like ‘Oh thanks Bradley that’s really useful”

(O’Donnell, Sanford & Parker, 2020. p. 614)

These topics were psychologically associated with feeling content, happy and safe. School allowed them to be free of their troubles at home:

“no one has to know your business”

(Berridge, 2017. p. 91)

LAC often attributed the sense of belonging in school to stability, it is a physical place where children can attend that is predictable and contains their peer and professional relationships:

“Well we’ve got displays of our work like erm I brung this boomerang toy and teacher put it up there cos it’s one thing that of the things I got from Mexico ... and every single thing some people bring she puts on the wall cos she wants people to make that thing special.”

(Sugden, 2013. p. 373)

3.5.2. Stability and transitions

This subtheme refers to children's want for stability within schools, and an acknowledgement that times of transitioning were threatening to their psychological experiences. 10 of the studies referred to transitions in some way, almost entirely negatively. Transitions could evoke fears of the unknown and introduced uncertainty to people's lives. This was especially threatening given LAC's accounts of needing time to build trust with professionals (Theme 1). This included transitions from primary to secondary, managed moves and moving of residence:

"sad, scared, frightened, I'm not going to make any friends and be lonely" (Francis, Rowland, Humrich and Taylor, 2021) – when talking about transitioning to secondary school.

"I think things improved because of being in the same place. I had a fair bit of moving around at first, but then I got settled here and things definitely improved. It's just easier to think about school and stuff when you don't have to worry where you're at [in terms of placement]" (Harker et al., 2004. p. 277)

"I was doing OK 'til I went into care but I was messed around so much that I fell right behind. The first 6 months I was moved 7 times so I never settled anywhere and never had no chance to think about school and stuff." (Harker et al., 2003. p. 93)

As seen, the change in environments was especially disruptive, and LAC found that having the stability within school was conducive to their experiences. Some felt that schools acted in a reactive way to transitions without consulting what children would find helpful:

"As soon as I went into care, then went back to school and my teacher's majority of them treated me completely different, because I was in care they moved me down sets, they put

me in special help, they gave me – put me in support groups. And I was just like I don't need all this shit" (Mannay et al., 2017. p. 691)

3.5.3. The School Environment

This subtheme refers to the physical environment within the school, including the positives and negative aspects of school life. It was cited across studies that LAC's concerns often related to practical problems of the school environment. The school environment was also associated with feeling safe and belonging.

LAC cited several aspects of the school environment that enhanced a sense of belonging. Uniform was mentioned as something that helped them feel a sense of belonging to a wider group:

"it allows you to represent your school" (Greenwood & Kelly, 2020. p. 748)

Likewise, being involved in school activities with other children was important to being seen as belonging.

"It's not just about education, it should be like making it more normal for them to have hobbies and things. When people are thinking of education, they should be thinking about developing the whole of that person" (Martin & Jackson, 2002. p. 124)

"With my drama, music, sport, I needed to have the encouragement and resources. So if someone was in that position, I would make sure they had the resources and didn't feel out of it in terms of their clothing and their mixing with friends." (p.124)

It was apparent from these topics that being within the school was important for LAC. It was not simply a place to learn, but an environment where they could feel connected

and explore their interests safely and this was enhanced when around supported and trusted professionals.

3.6. The Importance of Equity

This theme refers to LAC'S desire to be seen the same as other children across the school in the absence of their "looked after" status. This coincided with a desire for teachers to understand that whilst they would like to be seen as equals, at times they may need special considerations that other children do not. 11 of the studies referred to the importance of LAC wanting to be treated with fairness and understanding.

3.6.1. Wanting to be seen as Equals

Across the studies, LAC felt like they were often not treated with equity by school staff, which was damaging to their psychological experiences, feelings of being unheard and disregarded accompanied this. Some LAC felt like their education came second to the convenience of professionals. For example, being consistently taken out of teaching for 'LAC reviews' which students found disruptive and highlighted them as different by their peers (Mannay et al., 2017; Berridge, 2017). The want to be seen as the same as their peers was a common thread across the studies:

"If we was a child that wasn't in care we'd be made to sit there and get on with our work or something, like if we wasn't having family problems if we were just in a mood. Then some children that are in care could go into school and just go, 'I ain't doing this today', and then they'd just be left to the side because they think it's just family problems, but it might not be, it might just be them being a normal child" (Mannay et al., 2017. p. 691)

“I don’t know bad bit was like the LAC reviews and whatever because the teachers kind of knew that you were in care and whatever and that, they all were, people would be like, ‘oh why are you going with Miss So-and-so?’” (p.690)

“I just didn’t want it, I was like I don’t need that, it’s singling me out and its making me seem special when I’m not, I’m a normal person. (p.690)

“to be treated the same as the other children in school” (Honey, Rees, & Griffey, 2011. p. 46)

*“we’re not the same because we have to get permission from social services for school trips”
(p. 46)*

Wanting to be seen as the same was often accompanied by wanting to be listened to and taken seriously by staff. Long et al. (2017) found a correlation between students feeling that their teachers took them seriously and their teachers caring about them as a person.

3.6.2. Understanding Difficulties

This subtheme refers to LAC’s experiences of professionals understanding their difficulties. There was an acknowledgement by LAC that sometimes they struggled more than their peers and that sometimes this required understanding and accommodation by their teachers:

*“and they didn't understand if you told them, look I just [need] space, and they didn't understand, they didn't really care...They hadn't got a clue, they probably just didn't know”
(Berridge, 2017. p. 89)*

“Teachers – I know they are there for me if I needed them” (Francis, Rowland, Humrich & Taylor, 2021. Figure 6)

“Yes my teacher. She was really good at listening to my problems and stuff when there wasn’t really anyone else I could talk to about them outside of school” (Harker et al., 2004. p. 280)

12 of the studies mentioned LAC’s experiences of being understood by teachers. in some cases, they were clear messages for teachers that LAC wanted them to be more “supportive”, “understanding”, “nice”, “caring and loving” (Honey, Rees & Griffey, 2011. p. 43). LAC had a strong desire to have teachers encourage them:

“It’s about staff encouraging and taking an interest in the children they care for, and even if the kid isn’t motivated to keep on trying to get them to do their best” (Martin & Jackson, 2002. p.124)”

“It is important for teachers to know that individual pupils in a class are in care, because they do need extra attention, they do need looking after to make sure that they are not being bullied or pressured” (p.127)

3.6.3. Adaptations in education

This subtheme refers to experiences of struggling with standard mainstream education system and a desire for alternative provisions within school policies. This encompassed a desire for meetings to be held outside of school time as already discussed:

“meetings, if they are necessary, should be held outside of school time, not just at a time that is convenient for the professionals.” (Mannay et al., 2017. p.690).

Participants acknowledged that classroom-based learning was not suitable for all children, and that LAC face additional challenges that can create barriers to learning. LAC supported the idea of less conventional learning:

“Yes. It was a great experience. Absolutely great. We were learning all aspects of photography: taking the pictures, getting perspective, developing them. And it was just so much fun but also you were learning about the scientific principles behind taking and developing pictures. It was brilliant” (Harker et al., 2004. p. 282)

This was also reflected in aspirations, one study identified that LAC’s future goals often involved thinking about where they would live in the future, compared to their peers who focused on wanting to do well in GCSE’s (Honey, Rees, & Griffery, 2011). Similarly, LAC’s career aspirations differed from their peers, with non-LAC focusing on academic careers (e.g., doctors, lawyers), whilst LAC opted for manual jobs.

There was an acknowledgement that for LAC, they sometimes just needed practical adaptations that could be overlooked. For example, access to technology at home, book tokens, or as simple as a place to complete their homework:

“There was no desk at the home. If I worked I used to get a plank of wood and just work on there from the bed.” (Martin & Jackson, 2002. p. 126)

3.7. Stereotypes and Discourse

This theme refers to the stereotypes that surround LAC in the school environment. 11 of the articles made references to the stereotypes and discourses that surround LAC. This encompassed assumptions made about LAC, the prejudices LAC have felt and even some of

the stereotypes they felt they had internalised. 10 of the studies referred to the stereotypes, discourses, and internalised beliefs.

3.7.1. The “Looked After” Label

A common thread across the studies was LAC’s experiences of the “looked after” label. LAC felt a strong disdain towards this label and felt it was associated with negative stereotypes such as being badly behaved or a lost cause:

“We don’t want people to be ‘looked-after’, you want to be a normal kid too you know because it’s only one, its only label of you” (Mannay et al., 2017. p.689)

“I wasn’t that type of person to be branded needing help” (Berridge, 2017. p. 90)

Similarly, 33% of LAC in Harker et al.’s (2003) study felt that their educational progress had worsened since being looked after. Although LAC had described the importance of teachers understanding their LAC status, they felt that the label of being looked after was associated with negative stereotypes, and that their teachers did not believe in them:

“Some teachers were like openly against us, you know, they were like ‘oh there’s no point in trying with them’ sort of thing.” (Mannay et al., 2017. p.691)

“I was like yeah I might be in care but the only difference to me is I’ve moved house, that’s it ... they looked at all my papers and where I was in my levels and that and they was like you’re more than capable of being in top set but we don’t think you’re going to be able to cope” (Mannay et al., 2017. p.691)

These stereotypes about LAC appeared to be accompanied by assumptions about what LAC needed without consulting them (theme 2), such as focusing on social and

emotional support (Greenwood & Kelly, 2020) rather than identifying practical needs that LAC often felt were overlooked (Theme 3). This was reflected in one study (Honey, Rees & Griffey, 2011), as questionnaires found that LAC reported a higher self-perception than their peers and rated their levels of sociability higher than their designated teachers. Taken together, being “looked after” appeared to be a loaded term which influenced all levels of LAC’s system, and in turn their psychological experiences of school. LAC appeared to be very aware of their label and the stereotypes that surrounded them, often working to fight the narratives placed onto them:

“I think we have to get across to the pupil that the fact that they are in care makes no difference to their educational ability. I think there is a sort of mind set which says because you are in care you are not actually going to achieve or do very much.” (Martin & Jackson, 2002. p 126)

“To me it seemed as if they’d never come across the situation of having someone in care who wanted to go to university and they didn’t know what to do because they’d just never considered what their policy might be. To me that suggests they’ve got very low expectations but if they don’t seem to expect you to get as far as university it’s sending out a bit of a mixed message” (Harker et al., 2003. p. 281).

3.7.2. Self-perceptions

Within the theme of stereotypes and discourses, a subtheme emerged of LAC’s own self perceptions that often linked into the stereotypes that surrounded them. For example, some children’s fears at school involved their perceptions of themselves:

“people acting cleverer than me in class” – when asked about anxieties after moving to secondary school (Francis, Rowland, Humrich & Taylor, 2021. Figure 4)

“The only person that stopped me was myself...I think it was mainly down to me” – referring to who got in the way of educational progress (Berridge, 2017. p. 91)

These self-perceptions were also reflected in career choices (theme 3) with LAC not often choosing careers that required university degrees (Honey, Rees & Griffery, 2011). Some LAC felt that they started to believe in the narratives that the adults held about them:

“Various foster carers and people to do with the care system were like ‘oh people in care don’t go to into higher education’. I wish social services would focus less on that because a lot of them have social work degrees so who are they to be telling anyone else that they’re not worthy of university? It’s like they don’t believe that children in care will do anything. And so if they don’t believe it, then how is anyone going to believe it about themselves”
(Mannay et al., 2017. p.690).

4. Discussion

The aim of this review was to explore Looked After Children’s psychological experiences of education within the UK. The narrative synthesis indicated four themes across studies that identified different aspects of understandings and experiences. These themes and subthemes were organised in alignment of ecological systems theory (Bronfenbrenner, 1979). Ecological systems theory may be seen as a framework to develop understandings of a child within their social, cultural, and political contexts. Ecological systems theory has been utilised within systemic practice when working with LAC (Drew, &

Banerjee, 2019) and its application in the present review outlines the experiences of LAC within the context of LAC's relationships, the school and the wider narratives that surround them. The present review identified the different levels of LAC's systems through each theme and how these may interact with them, from their peer/professional relationships (micro and mesosystem interactions) to experiences of school and foster placements (exosystem), to wider attitudes and stereotypes (Macrosystem) to experiencing transitions (Chronosystem). Therefore, the findings indicate that LAC can face anxiety on every level of their system. Hence, this necessitates further research into the utility of interventions that incorporate education into LAC's psychological support. Similarly, the findings indicate that clinicians need to work with schools via training into the needs of LAC and challenging the assumptions that professionals could subconsciously hold. This could also include the use of creating support groups and group interventions within schools to enhance the feeling of belonging amongst LAC.

The results indicated that LAC's psychological experiences of schools were strongly intertwined with how they experienced their relationships with their peers and with their teachers. The school environment was often an arena where LAC were able to develop relationships and build trust; often an element of relationships that LAC do not get from their parental homes (Selwyn, Wood & Newman, 2017). The relationships that LAC gained from school was important to their psychological experiences, and it appeared that relationships viewed as supportive, comforting and trusting, fostered feelings of belonging, or even a second family. These were especially important when experiencing chronosystem changes, such as transitioning to secondary school or moving placements, as they helped provide a buffer and stability. This replicates findings of previous reviews into effective interventions for LAC (Evans, Brown, Rees & Smith, 2017) that indicated the experiences of

transitions were especially a difficult period for LAC. Alternatively, the experience of not finding positive relationships within school, or experiencing rejection or bullying was associated with a difficult psychological experience. It appeared that the school environment could either buffer or exacerbate relational difficulties. This has clear implications for clinical practice. It is not uncommon for the NHS to neglect schools in the mental health support of children (Spence, Kagan, Kljakovic, & Bifulco, 2021). Therefore, the findings indicate it is within professional's best interests to extend therapeutic spaces to encompass schools. For example, an increase in psychologist's presence within schools may serve to create stronger relationships with professionals and foster a sense of safety for LAC.

An important person in LAC's psychological experiences were their teachers. Teachers provided a stable and constant relationship in school that held a lot of power in LAC's psychological experiences. When teachers were cited as caring and open, LAC often reported feelings of safety and belonging, whereas when teachers were cited as uninspiring or rejecting, LAC reported they hated or disengaged from school. This echoed previous research, indicating that LAC's feeling of safety was partially rooted within experiencing trusting relationships with adults (Moore & McArthur, 2017). Implications for clinical practice are that teachers are important for fostering a therapeutic system around the child. Suggestions for practice may involve the inclusion of teachers within multi-disciplinary meetings with clinicians, or the development of whole school-based interventions that involve both teachers and LAC. By having school personnel involved in LAC's care, this could serve to increase equity and stronger relationships.

An important discussion point was the stereotypes and narratives that LAC were aware of whilst going through the education system. This was quite prevalent across studies, and the assumptions that followed the “Looked after” label were apparent on each level of children’s systems. LAC felt their label was accompanied by assumptions of low intelligence or social/emotional needs when typically, LAC often felt like they had similar school journeys to their peers. The findings indicate that whilst LAC appreciated that they sometimes needed accommodations to their school experiences, that their label often singled them out as different, which would naturally be a threat to the feeling of belonging that school could provide. This is important for clinical and educational professionals to consider, as practicalities such as schooltime appointments, exclusions, and transitions have the potential to threaten LAC’s sense of safety and belonging, by identifying them as different. As LAC are attentive to their relationships with their respective professionals, there is a clear rationale for implementation of relevant training for school staff on the stereotypes and discourses that surround LAC. As LAC felt they experienced negative and disempowering stereotypes, it would be appropriate to involve LAC and care leavers in the development of training for professionals that encompasses their lived experience of the discursive language that surrounds them. Ideally, the inclusion of service user experience in challenging stereotypes may serve to have an effect through each level of LAC’s system.

4.1. Assessment of Strength of the Review

Overall, the quality assessment indicated a generally high rating for most of the studies. However, the quality assessment tool used (MMAT; Hong et al. 2018) presented with some difficulties, as some of the qualitative studies received high quality ratings

despite some studies not explicitly reporting their qualitative analysis, and some not reporting participant demographics.

An important point is that this review focused exclusively on the experiences of participants within the UK education system. The themes within this review refer to the social and cultural backgrounds within the UK and acknowledge stereotypes and discourses within UK education. Therefore, it is unclear how these findings would represent experiences of children within the care system globally.

The non-response bias for some of the studies (Harker et al., 2004; Rao & Simkiss, 2007) was relatively high. Furthermore, one study using appreciative inquiry (Greenwood & Kelly, 2020) and another only interviewing care leavers with “successful” jobs (Martin & Jackson, 2002) is an issue. Therefore, the representation of the sample may be questionable, as there appeared to be more of a focus on the positives of LAC’S school experiences, and potentially those that struggled more psychologically did not participate in research. However, themes were still identified across the articles, implicating a level of shared experiences across looked after children.

4.2. Wider Implications

There are several implications from this review. Firstly, it highlights the importance of systemic thinking and working with LAC, particularly with schools and designated teachers. Teachers are often involved in disclosures due to the stability of their relationships with their students. Therefore, clinicians should actively work with teachers to encourage developing feelings of safety and belonging for LAC.

It is important to consider the stereotypes and discourses that surround LAC; with them reporting feeling othered and the stigma from the “looked after” label which can create barriers to developing relationships with peers and professionals. Literature already outlines the importance of providing safety and trust within relationships for LAC (Rees, 2006), hence the language used by professionals should be considered when interacting with LAC and their system. Similarly, the use of the term “Looked After Children” within services could potentially be othering of the group of children clinicians are actively trying to support. Further research into LAC’s experiences of their label could enhance LAC’s experiences within services and help develop person centred care.

Burr and Dick (2017), and Dallos and Draper (2010) discuss discourses as constantly changing and propose a bottom-up understanding of them. In relation to the present findings, the development of non-blaming training and education for professionals on language around looked after children could challenge wider discourses. Further research could identify how to further LAC’s experiences of identity to inform the development of interventions and services.

4.3. Conclusion

The findings suggest that LAC’s psychological experiences are impacted by every level of their system. Therefore, it is important to approach the difficulties LAC face in school with a systemic lens. Furthermore, whilst LAC can present with more difficulties than their peers, there was acknowledgement that teachers were often the first adult that children made disclosures to, leading to teachers likely being the ‘support-seekers’ for LAC (Jobe & Gorin, 2013). The need for systemic thinking and practice is apparent as is already

the case for working with LAC. However, a greater emphasis needs to be placed onto teacher's roles in supporting LAC.

Systemic approaches (approaches which engage with the significant people and organisations around a LAC) would also help to deconstruct the narratives and discourses around LAC and help to understand young people on a personal level. When applying to the future of psychological services for LAC, it would be appropriate to think of each level of ecological systems (Bronfenbrenner, 1979), encompassing supporting LAC with their emotional, relational, and practical needs whilst acknowledging the social, cultural, and discursive context.

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Part Two: Empirical Paper

This Paper is written in the format ready for submission to the Children and Youth Sciences
Review journal.

Please see Appendix A for submission guidelines

Complex Developmental Trauma: A Discourse Analysis

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Highlights

- Trauma informed, educational and individualistic discourses were most readily available to teachers in the school environment
- Depending on context, teachers could be positioned as supporters, educators or encouragers of independence
- Each discourse could serve to empower or disadvantage both teachers and children that have experienced complex developmental trauma

Abstract

The experiences and presentation of complex developmental trauma can vary considerably and require a systemic and multidisciplinary approach. Previous research has documented varying success in the interventions for looked after children (a demographic that often experience chronic abuse and neglect) and their systems. When an area of research lacks clinical utility despite its importance, this necessitates examining popular representations and constructs around the area that may serve to disempower individuals. Therefore, a Foucauldian discourse analysis was used to examine the operations of discursive constructs of children who have experienced complex developmental trauma. Specifically, semi structured interviews were conducted with 10 teachers based across England. The analysis revealed 3 popular discourses: (1) trauma informed, (2) educational, and (3) individualistic. Discourses competed in their construction of traumatised children and of the teacher's role which became more readily available in different contexts. A trauma informed discourse endorsed patience and understanding within teachers and constructed traumatised children's behaviour as communication. However, in times of adversity educational and individualist constructions became more available. Clinical implications emphasise the

importance of implementing clinical psychology within schools to provide institutional maintenance of trauma informed discourse and connect teachers into systemic support.

Keywords: Complex Developmental Trauma, Teachers, Discourse Analysis

1.1. Introduction

Complex developmental trauma (CDT) is currently not considered a clinical diagnosis within the Diagnostic Statistical Manual for Mental Health Disorders (DSM-5, American Psychological Association, 2013). However, this term is currently used in literature and health services to describe repeated experiences of relational trauma and neglect through developmental years (Van der Kolk, 2017). Whilst there is currently no clear agreed definition in research, there is a consensus that CDT refers to experiencing prolonged interpersonal traumas (typically from caregivers) through childhood that can have a variety of neurological, psychological, and physiological effects (Van der Kolk & Courtois, 2005; Ford, Spinazzola, Van der Kolk, & Grasso, 2018, Sar, 2011).

As there are no current diagnostic criteria for CDT, it is difficult to assess its prevalence, or establish clear treatment pathways for those who experience CDT. However, one group of people who present with a high prevalence of CDT are children within the care system. There are currently over 106,000 looked after children across the UK (Department of Education, 2021; Scottish Government, 2020; Welsh Government, 2021; Rodgers, & McCluney, 2021), whom are often in the care system due to their experiences of CDT via abuse/neglect and parental inability to care safely (Denton, Frogley, Jackson, John, & Querstret, 2017). It is important to note that experiencing CDT and having a “looked after” status is not synonymous. Whilst looked after children have often experienced abuse/neglect, it is not conducive to assume that all looked after children have experienced CDT. Similarly, experiencing CDT is not exclusive to children within the care system. However, within the UK there is a greater prevalence of trauma informed models within looked after children’s services (National Institute Clinical Excellence guidance 2021). For

example, a neuro-sequential model is often implemented throughout LAC psychological and social care services (Silver, Golding, & Roberts, 2015). Furthermore, individuals who meet the criteria for a range of psychiatric diagnoses often report traumatic experiences of neglect/abuse during childhood without being in the care system (Vogel et al., 2011; Samuels, 2011; Zhang, Chow, Wang, Dai, & Xiao, 2012; Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013). Thus, it is widely accepted that the effects of CDT are severe and pervasive. It can be assumed there is a high prevalence and there is a clear need for clinical intervention for those who experience CDT.

Due to the constraints of classification systems informing treatment pathways in health settings, there is a distinct lack of provision within Child and Adolescent Mental Health Services (CAMHS) for these types of issues. This is particularly concerning, as there is a consensus amongst clinicians and caregivers that diagnoses such as attention deficit hyperactivity disorder or conduct disorder do not adequately encompass the experiences of victims of CDT (Sturgess & Selwyn, 2007). Furthermore, DeJong, (2010) writes that there is a need for developing awareness and understanding of CDT, and marrying this with diagnostic criteria and relevant treatment pathways.

As discussed, there is a high prevalence of CDT amongst looked after children (Denton, Frogley, Jackson, John, & Querstret, 2017). Yet, a systematic review of the interventions to support looked after children by the National Institute Clinical Excellence guidance (NICE, 2021) found that there was a variance in effectiveness of interventions. Furthermore, the assumptions made within standard psychotherapies can make treatment for CDT victims inaccessible. For example, the ability to form secure attachments (Liotti, 2014), self-introspection, (Buckley, 1994) and mentalization (Bateman & Fonagy, 2010) are

all abilities that are often drawn upon in psychotherapy. However, the experiences of CDT can have a negative effect on neuropsychological development which can hinder these abilities (Perry & Hambrick, 2008).

Therefore, there currently appears to be competing discourses surrounding CDT. In some instances, there is a focus on the clear psychological and physiological effects of CDT, facilitating actions of moving CDT to becoming a clinical diagnosis and requiring treatment (Van der Kolk, 2005). However, discourses around psychological therapies facilitate assumptions of basic requirements to access treatment. This creates a double bind for those who experience CDT as this can lead to treatment and support not matching current clinical literature, leaving a distinct lack of support on a psychosocial level.

Attachment models (Bowlby, 1979) offer a useful framework for how to support people who experience CDT. Models of attachment theory outline how a child's relationships with their caregivers creates the foundations for subsequent relationships with others through childhood and into adulthood (Bowlby, 1979; O'Neill, Guenette, & Kitchenham, 2010; Byng-Hall, 2008) These interpersonal dynamics can be acted out with other adults in their systems, which is why interventions often involve working with carers and professionals in their system to create safe and supportive relationships (Kelly, Allan, Roscoe, & Herrick, 2003). Similarly, systemic theory encourages clinicians to think of traumatised children within their constructions as students or Looked After Children and challenging the social norms and structures that surround them (Winkler, 2014; Dallos, & Draper, 2015). Furthermore, Byng-Hall (2008) highlights the importance of integrating attachment and systemic theory via clinicians creating a therapeutic safe base for systems around children.

However, teachers are often neglected in systemic working with traumatised children, despite children spending large portions of time in school (Lobatto, 2021). Therefore, there is a need for incorporating teachers within the systemic intervention in supporting traumatised children.

Research into looked after children's experiences of schools highlights how children often feel there are stereotypes about how looked after children present, such being unintelligent, misbehaved, or rebellious (Mannay et al., 2017; Harker, Dobel-Ober, Lawrence, Berridge, & Sinclair, 2003; Harker, Dobel-Ober, Akhurst, Berridge, & Sinclair, 2004). Care leavers felt like these narratives did not facilitate actions of support for looked after children, but rather their teachers 'not believing' in them (Martin & Jackson, 2002). One could assume that the discourses around looked after children and CDT are very similar, and that these discourses may foster harmful narratives for traumatised children.

Given the above, the present study plans to investigate discourses that surround CDT and inform teachers – a large part of children's systems and have regular interactions with them.

1.2 Rationale For the Present Study

The present study aims to understand CDT and what is already known but on the discursive level. Social constructionist thinkers argue that discourses and narratives shape how we see people and the world and, as a result, influence what actions are permissible or not (Galbin, 2014). Furthermore, studying discourses is utilised in mental health research when competing accounts regarding experiences reduce the usefulness of existing research (Tonkiss, 1998). Therefore, since current interventions and literature lack utility, this necessitates analysing CDT at a discursive level as this may give greater understanding to

what is already known about CDT, and how the power in language may disempower those who experience CDT. Specifically, the present study attempts to understand discourses surrounding CDT and how they could (dis)empower traumatised children.

1.3 Clinical Implications

It is hoped that examining the operation of discourses around CDT in schools will enhance our understanding of how language contributes to or limits the clinical utility of systemic interventions. The study proposes that discursive research facilitates change by understanding how systems conceptualise and intervene with biopsychosocial problems. This may also encourage reflexivity within services on the discursive level and assist clinicians/school personnel to think of the operation of language and its effects on CDT.

2 Methodology

2.1 Sample

Ten participants working across England were recruited for the study ($M = 2, F = 8$). The sample consisted of teachers working in both primary schools ($n = 5$) and secondary schools ($n = 4$) and in an academy trust behavioural support unit ($n = 1$). Within discursive research, the reporting of standard individual demographic information is not appropriate, as by providing this information the researcher is actively constructing the identities of participants (Willig, 2003). As discursive research is concerned with how social reality is constructed within contextual language, it is only appropriate to report demographic information relevant to the research question. In the present study, it is appropriate to report the role of participants to provide social context.

Table 1. Summary of participants

	Role
Participant 1	Primary school teacher and looked after children lead
Participant 2	Secondary school teacher, previously looked after children lead
Participant 3	Secondary school newly qualified teacher
Participant 4	Primary school special educational needs coordinator (SENCO) and classroom teacher
Participant 5	Primary school teacher
Participant 6	Primary school headteacher
Participant 7	Primary school newly qualified teacher
Participant 8	Behavioural support unit Primary teacher
Participant 9	Secondary school newly qualified teacher
Participant 10	Secondary School teacher

Teachers were chosen to be interviewed based on previous research documenting looked after children's perceptions of the narratives that surround them. Therefore, it is thought that discourses drawn upon by teachers may be influential in shaping children's position.

Sampling methods involved posting an advertisement through Facebook and emailing to schools directly (Appendix K). If participants contacted the researcher directly, a further information pack was sent to participants. This entailed separate information sheets on the study and CDT (Appendix E and F).

2.2 Ethics

Ethical approval was granted by the Faculty of Health Sciences Research Ethics Committee at the University of Hull (REF: FHS333; See appendix I for approval letter). The study's consent form (appendix H), information sheets (appendix E and F), interview schedule (appendix J), debrief form (appendix G), and poster (appendix K) were all approved by this committee.

There were no incentives offered for participating. Confidentiality was managed by anonymising the data. Quotations used within the data set that contained identifiable information was also anonymised. Once data was transcribed, audio recordings of the interviews were deleted. Participants were informed they could take as much time as they wanted to consider participating and provided consent by signing the consent form. Post interview, participants were debriefed. They were also provided with a debrief sheet with contact details for post interview support precautions. This contained details for national charities for general mental health support, and specific support for people working in the education sector. This also advised participants to contact their employer or local GP for further signposting to more specific support such as occupational health or talking therapies. The contact details were provided of the researchers to answer any potential follow up questions

2.3 Procedure

Participants were recruited via contacting local schools via email offering potential participants to contact the lead researcher for more information. Similarly, a recruitment advert (Appendix K) was developed and posted onto Facebook with the lead researcher's contact details. Potential participants then contacted the lead researcher where they had the opportunity to ask questions and be provided with more information.

Participants all provided consent by completing the consent form (Appendix F) and were informed they could withdraw their information up until the point of data analysis.

A semi-structured interview schedule was designed by drawing upon previous literature on CDT and looked after children's experiences of school (Appendix J). Participants were asked about their experiences of working with looked after children, and of working with children who had experienced abuse/neglect. It was established with participants that CDT was not a clinical diagnosis and that participants were not being asked to make clinical judgements on the children that they worked with. Participants were also asked to think about the assumptions and beliefs that people hold about children who have experienced CDT. The final question of the interview asked participants about their experience of being interviewed.

All the interviews were conducted via Zoom video call, they were digitally recorded and transcribed verbatim (Appendix N). Length of interviews varied between 34 – 62 minutes and they were all conducted separately. Demographic information was gathered during the interview. Identifiable information was anonymised. At the end of the interview, participants were provided with a debrief sheet (Appendix G).

2.4 Data analysis

Analysis was undertaken using Foucauldian Discourse Analysis (FDA; Arribas-Ayllon, & Walkerdine, 2008). FDA may be described as an assessment of taken for granted beliefs/assumptions and the attending to the social functions that language permits (Willig, 2003).

Discursive research does not make assumptions concerning internal experiences but analyses the discourses that are existing to represent subjective experiences. Hence, a mixed sample of teachers was employed (Primary, secondary, SENCO, headteachers etc.) as each would draw upon representations of different experiences that (dis)empower children who have experienced CDT.

As the study is concerned with how representations of traumatised children may impact the clinical utility of interventions and research, Foucauldian Discourse Analysis (FDA; Willig, 2008) was chosen. Specifically, FDA is concerned with how language is embedded in power relationships, and that these powers are upheld by institutions (Hook, 2007). Therefore, this necessitated a focus on the macro levels of interactions to understand how discourses can impact children who have experienced CDT.

FDA entails itemisation of transcripts systematically with specific focus on ways of speaking and categories of person in language. This is combined with subjective analysis to construct themes and discursive features; researchers are advised to make an effort to identify counterpoints and contradictions (Kendall & Wickham, 1998). The analysis also considered how discourses may disadvantage or support children who experience CDT, as FDA outlines that the same discourse that characterizes ways of thinking at any one time can cross a range of texts, that can lead to different actions facilitated within different institutions (Langdridge, & Hagger-Johnson, 2004). The analysis was conducted using Kendall and Wickham's (1998) six stage framework (appendix L) which offers a guide to understand constructions. Firstly, (1) the researcher identifies discursive constructions within the text, (2) identifies how language is used to construct these discourses, (3) discerns what is gained by using language in a particular context, (4) establishes how

subjects are positioned within a structure, (5) classifies what actions constructions facilitate, and (6) exploring how these constructions link with subject's feelings.

Within FDA, it is good practice to be attentive to the 'linguistic repertoire' used by participants, such as analogies, metaphors, examples, and numerical values (Willig, 2003).

3. Results

A key finding from the research was that there were competing discourses around children who had experienced CDT that became more readily available in different contexts. The three main discourses identified were (1) a trauma informed discourse, (2) an educational discourse and (3) an individualistic discourse. Participants drew upon these discourses interchangeably although a trauma informed discourse was the most readily available when working with children who had experienced CDT. Discursive language conflicted at times and participants could draw upon these interchangeably. Each discourse was endorsed and maintained by different institutions.

3.1 A Trauma Informed Discourse

A trauma informed discourse was idealised by participants. Within this discourse, children who experienced CDT were constructed as children that had faced great adversity and trauma in their life, resulting in difficulties within school. Participants would use examples of the children they had worked with and prefixed this with a child's background. These examples were drawn upon to show a subscription to a psychological and trauma informed approach. Within this discourse, participants drew upon psychological terminology such as 'attachment', 'adverse childhood experiences', and 'trauma' to convey a

subscription and to justify a trauma informed discourse, and reject alternative constructions of a naughty child:

“a lot of this trauma comes out in their behaviour, they’re labelled naughty... because people don’t dig deep enough.... There is something behind this behaviour and go through the motions of behaviour management and when that doesn’t work... you’re out, a mantra of ours and our Head’ is very... she doesn’t believe in exclusion or that children are badly behaved, so we always try to dig deeper... it often stems from some sort of trauma in their past... so we need to dig deeper and start there. Children need to feel safe first before they can start learning...” (Participant 4)

“They are reasons for the way students act in the way that they do, in terms of their reaction to things rather than that thing that is actually happening in that moment in time”
(Participant 2)

Similarly, participants would compare children who had experienced CDT to psychiatric diagnosis such as Autism or Attention Deficit Hyperactivity Disorder, as a way to legitimise the level of adversity traumatised children face:

“I can think of a handful children who were the most complex children that we had... when you think about them, they had been knocked back from ADHD diagnosis, autistic pathway because they don’t fit any set box but they have clearly defined and clearly measurable challenges” (Participant 8)

“There is no place for these types of need. We have autism support, learning difficulties, some children in mine [pause] They’re quite sociable but extremely vulnerable so they need

that TLC, I know some [teachers] adopt the same approach as other difficulties” (Participant 4)

The use of metaphors and analogies were also drawn upon to construct the child as communicating need when presenting with challenging behaviours. Metaphors used specifically by participant 8 used the example of fizzy pop construct the child as non-threatening and legitimising the child’s need to be distressed.

“They flip from being very violent to needing a hug and crying and sometimes they can only get to that after being violent... sometimes the analogy me and the staff use to get around having one of those days is they’re... like a bottle of coke and been shaken and shaken up and they need to pop in order to fizz down.” (Participant 8)

Children’s behaviours that were challenging for teachers were constructed as a form of communication that required understanding and patience. Teachers drew upon examples of times when children’s behaviour challenged them, and how they demonstrated understanding to convey their conviction in a trauma informed approach towards children:

“Yes, he is causing chaos, but he is still a child. I had a child that destroyed, ripped everything off the walls. You’ve spent 5 hours doing a display and he ruined it in 2 minutes. So yes, sometimes it is hard to not get cross because you think “yes he has done that” but I’m not hurt, is there is reason why? yes there is. And they’re only still children” (Participant 6)

“it’s very easy to knock out a detention or [pause] Just a sanction, when actually these behaviours shouldn’t always be seen as negative as they can be a way of asking for help. It’s our job know their profiles and understand their means of communicating and we can potentially be making things a whole lot worse” (Participant 3)

A trauma informed approach legitimised alternative ways of success within school outside of academic progress. Teachers drew upon examples when children had presented as distressed, and over time had shown visible declines in behaviours. Participants acknowledged how this differed from an educational construction of successes but examples facilitated justification of a trauma informed approach:

“She would pull clumps out of her hair and her eyes would be vacant... it would take along small things over a long time... understanding her background to build some sort of relationship with her... I don’t know if she was comfortable or confident ... but she got to a point where she stopped pulling her hair out... she would hold but she wouldn’t pull. And to me that was [pause] and it wasn’t measurable to the school but it me it was a positive thing to gain with her and it was a nice achievement” (Participant 5)

This construction of a traumatised child that had faced adversity served to empower both children and teachers. Children were positioned as being ‘in need’ and acknowledged as an individual that requires understanding. This in turn helped position teachers to adopt this role.

3.1.1. A Trauma Informed Construction of The Teacher’s Role

A trauma informed discourse constructed the teacher’s role as one that provides social and emotional support for children. This discourse endorsed teachers to reflect upon their interactions with traumatised children and become positioned as a helper and supporter:

“We are extra vigilant, extra cautious, if a child says they’ve got a bruise a cut, they appear unkept or smelly. We’re just a little more vigilant if they’ve returned home or moved within

the care system. They just can't learn if they're in that terrified, traumatic erm, state. They can't take anything in, they're looking like they're learning. They're sat in the classroom. But they aren't taking anything in. they're not taking it on board. That means it is our job to intervene and support them emotionally." (Participant 1)

The positioning of teachers as supporters for traumatised children moulded an action orientation to keep children within the school environment and provide a safe space within school. This constructed 'failures' of the teachers if traumatised children were excluded from school or received punishment for their behaviours. The use of phrases such as 'failure' or 'let down' were used to oppose the actions of exclusion:

"This little boy, ... I always see him as my failure...he's the one that we couldn't do anything else for him... we put in so much support as a school... The only way we would move him was if he was permanently excluded" (Participant 6)

"I think there is only one I can name that I feel that we let down... the academic needs were probably too high for him, the social and emotional needs probably wasn't focused enough so I would say we've let one down [pause] we could have done better" (Participant 8)

A trauma informed discourse orientated teachers to contain traumatised children within the school and support beyond the educational needs of children. This was an empowering position for teachers to provide emotional support for traumatised children and to go above and beyond for children:

"if you want to become a teacher that you need to understand... it's not just a 9 to 5 job it carries on, when you see that child at the end of the day crying and you want to clock out... you can't just walk past that child, get into your car and go home... you need to tell them to

come back in and call their parents... it's a job that is constantly ongoing... I think it's like it's your job when they're in school to protect them... for that time it's your job to be like their parent away from home. So, it's not just teach a 2-hour lesson and then onto the next student... it's a never-ending role" (Participant 9)

"There is a big focus over last few years about wellbeing strategies we place in school because it's become very apparent that if children are not mentally well or have strategies to cope, they can't learn so it's getting that right balance to give strategies and building things such as resilience, because without that... that kind of resilience helps them to become mentally well-adjusted if we can give them that regardless of their home lives it can help them throughout their lives. It's not just the education..." (Participant 6)

A trauma informed discourse served to empower both teachers within their role, and traumatised children to be supported within schools. The use of comparisons with psychiatric diagnosis and use of psychological terminology was used to show how this was upheld by psychological institutions. Participants also made references to headteachers, special educational needs coordinators and heads of trust positively to convey how this discourse was more readily available when supported by the workplace institution.

3.2 An Educational Discourse

An educational discourse was a readily available discourse for participants. Educational constructions of the teacher and children who had experienced CDT often competed with psychological/trauma informed discourses. Whilst a trauma informed approach was idealised amongst participants, an educational discourse became more readily available for teachers when faced with finite resources and managing classes. Teachers drew upon examples when they could not manage behaviours that challenged and

would use numerical values to convey the struggle of being trauma informed when they had to manage a full class:

“The teacher doesn’t generally deal with it. And it’s because they have 29 other children to deal with. Either the teaching assistant can take them to aside or they can go to emotional wellbeing officer” (Participant 1)

“I think sometimes in a mainstream class I lost sight of that [being aware of children’s difficulties] a bit, but because its smaller classes and the children I am aware of... its easier. I think with mainstream classes, with potentially 30 to 35 children is I might not know what is going on” (Participant 8)

“because of those violent outbreaks we had to consider those other 29 children compared to the one. That was one of the harder points that we couldn’t do much about” (Participant 7)

“You wouldn’t be able to tell [children’s difficulties in the classroom] if school was back and they was dismissed with a group of 30 students so I think it was a nice to learn about the kids and their backgrounds [during lockdown]” (Participant 9)

Within this discourse, children who had experienced CDT were constructed as burdening or threatening to the finite resources that teachers had available to them. This construction competed with an idealised trauma informed construction, which appeared to lead to internal conflicts for teachers:

“You wanna do the best for these children but sometimes it feels like you’re not doing it. You become disheartened and disempowered” (Participant 5)

“You have to have a behaviour policy where if you commit that on school grounds, you’re out... you know it’s just goes without saying you need it in a school... but as well-educated

adults we can all say there needs some flexibility. Without it... you do a disservice to a child where they're at a good school... If you follow to rigidly, you potentially leave them down a very rigid path I don't think it's fair to push a child who already has the odds stacked against them. It's our job to even out those odds." (Participant 2)

This construction served to position a child that needs an education whilst in school and positioned teachers as the educator. This positioning could serve to disempower children who had experienced CDT but empower teachers within their role to treat the traumatised children equally to their peers.

3.2.1. The Educational Construction of The Teacher's Role

Within an educational discourse, the teacher's role was constructed as an educator to the traumatised child. Participants referred to their job role and contract in justifying this position at times of pressure when they were insufficient resources to employ a trauma informed approach.

"These looked after children carry a greater level of funding, so there is more pupil premium than just your normal students [pause] so it's about putting together a programme of intervention for them as well which, I mean I don't know in other schools, which often includes academic support. You might look at their maths or English and the money is spent on a tutor [pause] and often I think in schools we tend to think that's our role, but with emotional support and recreational would come from another source, and that our role is academics and when schools are held accountable for results" (Participant 2)

“One of the things I say to my students is at the start of school year... I say personally I care about you but I don’t care what’s going on and it sounds really harsh... but I follow that with the reason I am here and what I get paid for is to teach you” (Participant 10)

Similarly, other professionals can be positioned within the supporter role.

Participants made references to pastoral support or social workers as to demonstrate others were positioned as supporters whilst teachers were in an educator role:

“It doesn’t really change my role because we have an amazing pastoral and support team so those sorts of conversations can be for them” (Participant 3)

“So we have 2 ladies that is there job to support children through traumas they have had and I know a lot of school that don’t have that, or they have 1 person who has that role who is also a classroom teacher so they don’t really have the time, erm [pause] so I’ve been quite lucky to have that and be involved because we have 2 members of staff just for that, but other schools don’t have that access or time” (Participant 7)

An educational discourse constructed the relationship between teacher and traumatised child as an educator and student. This limited the actions available to teachers when faced with growing demands. This was maintained by educational institutions and governing agencies that constructed success as academic performance, making a trauma informed discourse less readily available:

“My role within the school is often ruled by that big O, Ofsted. But it’s to make sure that children are taught with every other curriculum in the country.” (Participant 1)

“I think education ministers [pause], I think some teachers would assume that I am quite [pause] woolly. [sigh]. A teacher who had a hard-line view on classroom management and

saw me interact with a child [pause] they would think that I was being quite soft..."

(Participant 8)

References to Ofsted and education ministers highlighted how institutions maintained educational constructs. As seen, an educational discourse constructed the child as threatening to a class's education when presenting with challenging behaviours, this facilitated actions such as removing children from the classroom. Educational terminology such as "classroom management" was present from participant 8 in conveying action orientation within an educational discourse.

3.3. An Individualistic Discourse

Participants stated an individualist discourse was dominant outside of school, and participants spoke of how societal individualist constructions of traumatised children were harmful and disempowering. Within an individualist discourse, children who had experienced CDT were constructed as naughty or misbehaved. This construction would facilitate actions such as being disciplined or reprimanded. Participants often drew upon the construct of the naughty child and how this discourse was still present within schools. Participants often used examples to state their own positioning away from colleagues who subscribed to the construct of the naughty child:

"You kind of see especially with more experienced and older teachers... they're often perceived as being naughty or a pain and that's not the case they just learn in different ways... we had a few in our class that learned in different ways and needed certain things to help them learn and that's our job..." (Participant 7)

“I think it’s important to remember just because somebody is a teacher, it doesn’t mean that they are [pause], the most kind and compassionate profession, I think they are older teachers, and not all older teachers. they would say ‘oh when I started you didn’t have all this SEN stuff you didn’t have all this childhood trauma stuff, you just all got on with it if a child was naughty, you just get on with it’ [pause], I have heard it. I think those attitudes are filtering out the profession, but they do still exist” (Participant 3)

Participants were aware of the individualist constructions of traumatised children and often used language to position themselves as separate from this construction. For example, participants would refer to a shift or change of the constructions within school to convey how teachers resist individualist constructions:

“I do think there is that stigma where you assume that’s a naughty or bad child and luckily, we don’t see that in teaching... but it used to be... but from my instance the public do share that view. And for teachers it’s not... choices aren’t always positive choices, but you are very aware of the cause of it...” (Participant 5)

“Society wise... I think society doesn’t realise a lot of what these children put up with”
(Participant 1)

“I think 9 times out of 10 they are seen as naughty until you unpick the reasons why. I do think there is a shift, into looking at the health and wellbeing of these children.” (Participant 6)

The discursive language used by participants constructed how individualist discourses were dominant outside of schools that served to disempower children and position them as needing discipline. Participants would go further to evidence its presence

in school but as less dominant to trauma informed or educational discourses. Participants would use phrases such as 'health and wellbeing' or refer to 'digging deeper' to state their positioning within trauma informed discourse.

Within an individualist discourse, individualistic discursive language was readily available. Traumatized children's behaviours were constructed as a problem within the child that facilitated correction or punishment by others. Examples were also readily available by participants to show the disparity in constructions of traumatized children. Participant 6 referred to an example where challenging behaviours were constructed as within a child, and how this differed to a psychological/trauma informed construction:

"One of the teachers... had the point of view that 'I don't want that child in my class...'. Which she would say openly In front of him, I remember a reward afternoon and this child, would hit others and wouldn't join classrooms, and we had made so much progress with him, but this afternoon he [removed for anonymity], but he didn't run away, and he didn't hit anyone, he came, and he said I'm really sorry, but as he was coming back in he said 'I effing hate my life', And because he had used the F word, she [classroom teacher] didn't want him involved in this reward afternoon, the incident in question compared to the January was very minor, very minor. And she said, 'well I am not having him in the class' well I said he still needs a reward, so he got to go with his new teacher, And I think sometimes people forget they are small children, and they don't have a clue how to deal with their emotions" (Participant 6)

The example presented by participant 6 was used to convey how an individualist discourse would orient actions for children such as reward and punishment, whilst participant 6 provided history of the child to show a construction of a traumatized child.

3.3.1. An Individualist Construction of The Teacher's Role

Within an individualist discourse, action orientation often involved children requiring correction and discipline for their behaviours as an individual. Therefore, teachers' roles were often constructed as someone who prepares, and shapes traumatised children to function as individuals. Within this discourse, language used often referred to ensuring that children were "secondary school ready" or that when they leave school, they need to be prepared for society as an individual adult. Participants would draw upon language to construct the traumatised child as individual, and hence their roles were constructed to ensure that they could function independently:

"I do treat them with more patience but do still expect them to want to do better for themselves... On some levels I do but I try not too [treat children differently] because to do that can actually make things worse for them." (Participant 8)

"It would be so easy to stay with me, he has no behaviour issues, he does have a care plan for social emotional mental health needs, there isn't any special provision so he would go to a mainstream school. I would be doing him no favours. We are aiming to get him secondary ready" (Participant 4)

"I think some staff and people in society [pause] That when those children leave school [pause] that they are walking down the street, they aren't going to know the information about them that we do [pause], so it's our job in school to [pause] that if we are looking after that looked after child that we equip them with the skills to leave them with a society that they are able to function in where nobody knows that they were looked after, Do you see what I mean? so yeah there are different attitudes out there but it's about how school equips young people to manage outside of school." (Participant 2)

Discursive language of making things worse, preparing for secondary school and preparing for society all construct the teacher's role to foster independence for traumatised children for the next stage of their life. This construction appeared to facilitate actions of treating traumatised children the same as their peers or encouraging them to face adversity as to overcome it. The language drawn upon by participants constructed treating traumatised children differently was threatening to constructs of individualism:

"I had one student that has hearing, social and emotional needs. So, one of the things, in other classes they are... I don't wanna say babied, but they are given lots of extra treatment... and that can mean when he does have problems with other children as children do, the teachers he goes to speak to, they will then naturally will place emphasis on he's different... so because he's treated differently it has caused more problems" (Participant 10)

"Sometimes these children need to be... people think they need to be wrapped in bubble wrap and we need to avoid conflicts, anything that could spark an outbreak needs to be avoided. And in my experiences, it shouldn't be the case." (Participant 7)

The terms "bubble wrap" and "babied" used by participants were powerful in constructing a teacher as overbearing or overprotective towards traumatised children. These terms distinguished individualist discourse as separate from educational and psychological constructs by establishing alternate constructs as overprotective. Participant 10 went on to deconstruct specifically the language used around being 'considerate' towards children's difficulties:

"teaching kind of tells you things like you need to make sure that, you need to be considerate, that word to be considerate can be interpreted in different ways, and that's not clear or a measure, to be considerate at level one, for what that means for one, in the

example of homework, one may say considering what is going on, I will give you one more day, a second teacher, their idea of consideration was its fine you don't need to do it, so there is no standard, my primary objective is that you achieve in school. So, I personally feel it will be more detrimental to be so considerate that I let you off, compared to being considerate of one more day to get it done. But it comes down to idea of consideration it comes down to the standard, they [teachers] don't do it to be malicious they do it because they want to do the right thing for that child" (Participant 10)

Within the statement, individualist discursive language positioned educational constructs as detrimental or threatening to independence. It was important to identify the construction of the teacher as not malicious, but as a guide to foster independence within traumatised children into adulthood. This positioning served to empower teachers, and at times empower children who had experienced CDT to overcome adversity. An individualist discourse appeared to be maintained by governmental institutions that upheld individualism. Participant's language often referred to how children needed to be ready for educational or governmental institutions that will hold them accountable for their actions.

4. Discussion

Within the current study three main competing discourses were identified surrounding children who have experienced CDT. These were (1) trauma informed, (2) educational, and (3) individualist. Whilst a trauma informed construction was idealised by participants, educational and individualist constructions became more readily available to legitimise alternative actions of a trauma informed discourse. Furthermore, trauma informed, and educational discourses were dominant amongst staff, whilst an individualist discourse was dominant outside of schools. It is important to acknowledge that each

construct could serve to empower traumatised children at times, by way of emotional support, their education or by a fostering of independence.

The language used by participants conveyed a shift in the discursive landscape, which added a layer of complexity to the conflicting amalgamation of constructs. A newer trauma informed discourse accommodating the same spaces as older dominant constructs could result in conflicts for teachers with children and their colleagues. This creates difficulties for children and teachers alike, as a realistic reference point for working with children who have experienced CDT was not present.

The present research echoes similar findings into the narratives that surround looked after children. Mannay et al. (2017) documented how the 'LAC' label was both empowering and marginalising for students that inherited the title. The present study adds to this and similar findings (Martin & Jackson, 2002) via analysis at a discursive level. Students that are constructed as "looked after" or "traumatised" can then orient actions of support and patience, although can also orient teachers to view differential treatment as threatening to independence. Furthermore, discursive language upholding western ideals of individualism was readily accessible to participants, which may be disempowering for both teachers feeling isolated in their role as supporter, and for traumatised children not receiving systemic support. With individualistic discursive language influential on schools, it is probable that this could maintain a cycle of attempting to manage traumatised children within schools in absence of systemic working or consideration of needs-based focused support. Likewise, research documents similar effects of individualist discourses and individualism on psychotherapies, focusing on working directly with children (Ingle, 2021).

4.1. Wider Implications

There are several clinical implications for the role of clinical psychologists in supporting children who have experienced CDT. Firstly, the findings of the study present a clear rationale for an integration of clinical psychology and education, but not to replace the role of educational psychologists. Clinical Psychology presents with a privilege of working within the NHS sector and accessibility to multi-disciplinary teams. This accompanied with a subscription to trauma informed discourses could facilitate training of teachers in CDT, whilst joining together the systems of traumatised children. Furthermore, a greater presence of clinical psychology within the educational domain could combat difficulties arising from finite resources that make alternative constructions more accessible. As stated, discursive language is maintained by institutions (Willig, 2003), therefore accessible clinical psychologists to schools that are backed with an institution as large as the NHS would serve to make trauma informed discourse readily available for teachers, and support traumatised children systemically. Trauma informed discourse may become more readily available by implementing trauma informed training for school personnel to create a shared language. Similarly, the positioning of more NHS based mental health practitioners (such as children's wellbeing practitioners) within schools would serve to maintain a trauma informed discourse and relieve burden on teachers. Furthermore, it would be valuable for child mental health services to collaborate more with schools to develop psychological formulations that provide a trauma informed language that is empowering for traumatised children.

Secondly, findings indicate the importance for clinical psychologists to attend to the use of language when working with children who have experienced CDT and their systems.

As findings show competing discourses that both empower and disadvantage traumatised children this necessitates reflexivity into dominant discourses that professionals subscribe to. For example, an implementation of family and narrative therapy-based interventions that acknowledge and challenge dominant discourses (Ingle, 2021; Madigan, 1996) may be effective for indirect working with teachers and direct working with traumatised children.

As for implications for further research, a closer look into the discourses surrounding children who have experienced CDT could be obtained by interviewing children directly. The present study examined discourses dominant within the education sector (an area often underrepresented), however interviewing children directly offers insight into discourses across different professions and environments providing a more holistic understanding. Such research may explore how the language professionals use construct traumatised children within different settings. Similarly, an exploration into discourse via interviewing other professionals directly (including clinical psychologists) would be valuable in mapping the discursive landscape as to better inform barriers to clinical utility of research.

4.2. Limitations

There are two key limitations of the present study. Firstly, as the study is concerned with the use of discourse, this necessitates a critique of recruitment and interview schedule. It is important that within analysing discourse, that participants answers are taken into the context of on an interview (Willig, 2003). In the present case, the advert for recruitment (appendix I) and interview schedule (Appendix J) refer to working with 'traumatised' children. Furthermore, participants were also aware that they were interviewed for the purpose of research in the field of clinical psychology. Therefore, it is probable that within this context, participants were orientated to find psychological constructions as more

desirable and could have distanced themselves from alternative constructs. An implication for future research could be to explore discourse within the context of naturally occurring texts or observations with professionals working with children who have experienced CDT. Likewise, it is important to acknowledge the position of the researcher. The primary researcher of the present project was undergoing clinical psychology training; therefore, it is probable that the position of the researcher influenced the construction of analysis via privileging psychological discursive language.

Secondly, it is important to note that the present study provided information sheets on the experiences of CDT and how this may present in young people (Appendix D). Whilst there was a rationale for providing this to participants, in that it was ethical to inform participants of the aims of the study and ensure participants could reflect upon their experiences of traumatised children, this presents with limitations. Namely, by providing participants with information on CDT, it is possible that this constructed children who experience CDT as problem saturated, potentially resulting in constructs of challenging children more available to participants. Therefore, there is potential of the study already constructing traumatised children and orienting participants prior to interview. Future research may accommodate for this by interviewing professionals who have directly worked with traumatised children via local authorities.

4.3. Conclusion

The present study examined the discourse surrounding children who have experienced CDT within the school environment. Findings show that the dominant discourses within schools are powerful in the positioning of teachers, traumatised children,

and the action orientated towards them. A positive finding from the study was a dominant trauma informed discourse that facilitated an understanding of traumatised children and encouraged support within school. It is especially within clinical psychologist's interests to maintain and empower this positioning as to encourage schools into children's systems.

Finally, an important finding from the study was the challenge teachers face when working with children who have experienced CDT. The language used by teachers convey a herculean task of navigating the needs of traumatised children independently whilst experiencing a shift in discursive landscape to a trauma informed positioning, without the time and resources to act upon it. Whilst the present research outlined a rationale for examining teacher discourse, concluding comments advocate an integration of clinical psychologists within education to provide an institutional maintenance of trauma informed discourse.

4.4. Declaration of Competing Interest

The authors declare that they were no known financial benefits or personal relationships that could have appeared to influence the work reported within this paper.

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Appendix A: author guidelines

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Appendix B: Reflective Statement

Journey into Research

In honesty, I have spent a lot of time trying to think of where I could start with my reflections on my research journey. Completing this thesis over the last three years has felt all encompassing at times and coupled with a sense of being an imposter. However, in these times I have reminded myself of the privilege it is to be accepted onto clinical training and how fortunate I have been to be on my research journey.

As from a working-class background, I have often felt like I do not 'belong' in doctoral studies and research. As I have progressed through this process, I have reflected more on these feelings and realised they have facilitated my passion for this research topic as I consider trauma and poverty as very intertwined experiences. Furthermore, the thesis has allowed me to reflect on my background and find a sense of pride in my history and the values and skills I have drawn upon during the research process.

Empirical Paper

I remember first contemplating my selection of research topic and feeling overwhelmed to get things "right" and grappling with my own imposter syndrome. At this point, I felt it was important to connect with a research topic that linked to my own values and reasons for pursuing a clinical psychology doctorate. At times, there was a pull to make things as easy as possible for myself and the idea of trying to choose a 'straightforward' topic was appealing. At the same time, my inner perfectionist was telling me I had something to prove to my peers and supervisors that I could produce a piece of research that reflected my own ability. Grappling with these opposing ideals at times felt overwhelming which is when I decided

that to appease both the imposter and the perfectionist, I needed to allow myself to gravitate to a topic and analysis that was true to my values. I remember first embarking on the project and thinking that I just did not have the skills to complete doctoral research, as if I needed to know the answers before I had asked the questions. Over time, I have found solace in trusting the research process and understanding that reflexivity is never ending, and that I am allowed to get things wrong!

I remember my own experiences in school of being the child with special educational needs and 'naughty' when there was a lot more going on for me than just my education. To this day, I can still remember with clarity the handful of teachers that would stop and acknowledge my struggles without focusing on my education. I cannot explain how that compassion and care was more important to me than any grades I received from my time in school. Most importantly, even as my academic performance improved them same teachers still took the time for me and showed me that compassion. It wasn't even until I begun working with schools prior to my training that I realised I was not in isolation, and they were children that I met every day that I saw myself in and saw my teachers in theirs. These were experiences that I knew I wanted to bring to my research, in hopes that it could enhance the psychological experiences of teachers and students alike.

It was from my doctoral training that I was drawn to social constructionist ways of thinking and the idea that language constructs reality as it was something I truly connected with on a personal level. I thought about how I could marry this with my passion for my research topic and delved further into more social constructionist research. I initially had chosen Discourse Analysis to delve into the language that constructs traumatised children's reality. It wasn't until later into the process (at ethical application) that I felt there needed a greater

acknowledgement of the systems outside of teacher-student interaction, it was at this point this was edited slightly to Foucauldian Discourse Analysis (FDA). I had made this decision after researching into FDA and feeling that an examination of the institutions that maintain discursive language was necessary as the difficulties that teachers and children face are on every level of their systems (Arribas-Ayllon, & Walkerdine, 2008). At several times through the research proposal process I was asked by peers and course staff about my rationale for FDA and I recall a wave of anxiety that would overcome me, leading to poor explanations and suggestions of going back to the drawing board. At times, I would wonder if my persistence with a discursive approach was stubbornness rather than conviction in my approach and upon reflection, I believe this second guessing had fed into my avoidance of delving further into discursive research. I often fought with the idea of sticking to a 'purer' version of discursive research that focuses more on naturally occurring texts. In hindsight, I believe these anxieties became a strength as I was able to throw myself into discursive research and truly develop a rationale for FDA and being reflective throughout the process of research

Complex developmental trauma (CDT) was not a term I had heard before prior to it being highlighted by my research supervisor. It was after this first meeting, I began reading into the topic and adverse childhood experiences. I remember feeling shocked at how old some of this research was and wondered why terms such as 'trauma informed' were only becoming more in public sphere of knowledge in recent years. It left me wondering what barriers were currently getting in the way of the clinical utility of trauma informed care. Similarly, I wondered why there was often a gap in acknowledging the role teachers play in working with traumatised children. A phrase I had often heard throughout my training was that every interaction had the potential to be an intervention for traumatised children

(Treisman, 2016). Yet, the professionals that spend the most time with traumatised children appeared to be neglected within the literature. It was at this point I knew I wanted to work with teachers as part of the research to help fill this gap.

I was initially concerned about being unable to recruit participants due to the global pandemic and the incredible amount of strain placed onto teachers during this time, in addition to the amount of stress they face in their typical day to day job. However, I was blown away by the eagerness and kindness the participants showed within the research process. I was able to gather all ten participants with relative ease, with all participants providing incredible interviews that I felt privileged to be a part of. I am truly grateful for their contributions, and I am left feeling hopeful for the next cohort of children going through education. Admittedly, I think I had expected teachers to find disempowering constructions more readily available for traumatised children. Yet again, I was taken aback by the compassion and care each participant drew upon in their answers. I spent time wondering why I had subconsciously pre-empted such negative responses from teachers and wonder if this was reflective of my own experiences of school. Nevertheless, the interview process was both enlightening and humbling. I am incredibly thankful for the time each participant gave for the research.

As I approached data analysis, I encountered a new anxiety of not wanting to offend the participants in my analysis after feeling such gratitude for their time and compassionate answers. I felt hesitant to draw conclusions that may portray teachers in a bad light or blaming on teachers. I tentatively examined and analysed my constructions, trying to resist my own feelings. This came to a head at a research meeting with my supervisor where I was told that the discourses I had presented had 'fallen apart' with ease. I remember feeling

crushed, embarrassed, and frustrated at myself for an analysis that did not do myself nor my participants justice. At this point, the imposter syndrome was more present than ever before, it had felt like all of my worries about the research were realised. It was at this point I had reflected upon my chosen analysis and how I was inadvertently constructing my own ideas of participants. From there, I decided to take my time with the analysis and told myself I would take as long needed to ensure that it truly reflected the data. With this time, I analysed the data alongside my inner imposter and perfectionist and listened to my concerns. I ensured that my analysis was true to my data and discursive research, whilst acknowledging that my own constructions or interpretation of answers may lead to a different analysis to another researcher.

Whilst writing the empirical paper, I went back through my reflective journal and reminded myself of the decisions, edits and values I had done throughout the process to ensure this was reflected in the write up. I endeavoured to focus on each participant constructed themselves and traumatised children in different ways with their own unique linguistic repertoire. It was important to stay close to participants own use of language throughout the process to ensure that I could maintain as much of their own constructions and minimising my own. The final stages of writing were incredibly labour intensive and tiring, almost dreading supervisor feedback and the premise of going further. However, a short break away from the project allowed feedback to feel like a breath of fresh air. I was grateful for the edits and suggestions of the research that encouraged further reflexivity. Also, I am incredibly thankful for feedback that also highlighted strengths of the paper, particularly my justification and explanation of FDA. The process allowed me to come to a revelation that reflexivity is not always focusing on what I could do better but acknowledging times I had displayed strengths or skills to overcome difficulties. Most

importantly, I am thankful for myself for deciding to persevere with discursive research as I believe this has made me a much more reflective researcher.

Systematic Literature Review

A naive younger version of myself had initially thought that the SLR was an easier and less labour-intensive task than the empirical paper and I looked forward to the premise of taking time away from the project. I had quickly realised during the process of choosing a research question that I was sorely mistaken. I had edited, changed and adapted my research question several times to ensure there was a question that linked my interests to the empirical paper. I had finally settled on looking at systemic interventions for looked after children within schools. Again, I felt like the anxiety was over and progressed onto literature search thinking the rest would be smooth sailing. And again, I was sorely mistaken. I remember being devastated after weeks of reviewing papers and further editing of the question realising that I once again had to go back to the drawing board and start from scratch. This time, with an added feeling of frustration at myself for being stubborn and proceeding with my question. I had to learn a hard way that the reflective process for SLR was just as important as for the empirical, and that there is a fine line between stubbornness and conviction. I reflected on what I did during my empirical project when I encountered anxieties and chose to apply this to the SLR. I made a conscious effort to reflect on my choices, such as my research question and the reasons I chose it. I decided that I wanted to research a question that developed a bigger picture of the narratives around traumatised children and decided that research that looked at first hand experience would marry my empirical well whilst remaining true to my research values.

Whilst this decision definitely made the process easier going forward, I ensured that I maintained a high level of accuracy, consistency and attention to detail in my approach. If I were to do this process again, I would ensure that I gave the SLR the attention and reflexivity it required at the very start of the process. There were lessons learned from attempting to cut corners or assuming that the SLR was an 'easier' piece of work. This definitely helped with my data extraction and synthesis as I was able to meticulously go through each paper and data to produce findings that were true to data, and I had conviction in writing.

In honesty, as I came to the write up, I had noticed an opposite to my usual experience. Whilst I would usually feel the imposter and the perfectionist rearing their heads, I noticed a quiet confidence in myself. As I wrote my paper, I ensured that I maintained my attention to detail and a reflexivity that allowed my work to flow. Not to say that I found the write up of the SLR 'easy', rather I felt confident in my approach and comfortable with not being confident at times. This allowed me to write in a way that was a true reflection of research but also write in detail my decisions and how I came to them, showing complete transparency. Again, I extremely grateful for my research supervisor showing guidance and offering thoughts on my drafts. I truly feel like this has further enhanced my work and encouraged a comfortableness with getting things wrong. The devil truly is in the details!

Final Thoughts

This entire process has challenged my own assumptions of research and the acquisition of knowledge. For example, I have found a social constructionist approach enlightening and I have developed an appreciation for discursive research as an important piece in developing understanding. Similarly, the research has helped challenge my pre-existing notions of the

education system and further developed my compassionate stance to the entire system of children. I am still blown away by the compassionate and caring approach from teachers and their transparency in working with traumatised children. I again would like to thank each of the participants that took part in this study.

I appreciate my passion and experience with this topic will likely have played a part in the decision making and collection of results I have produced. I have come to appreciate that the reflective process for research is constant and important in developing work of a high standard. I believe my project offers new information and relevant to the field of research and I feel pride in the work I have produced. I can say with confidence that I worked to the best of my ability and utilised the skills available to me to develop this project.

References

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Appendix C: Epistemological Statement

Epistemology refers to the philosophy of knowledge (Willig, 2013). Specifically, it is concerned with how knowledge is acquired. Alternatively, ontology refers to what knowledge can actually be known (Willig, 2013). It is necessary in research to reflect and understand their own epistemological and ontological positioning as these are intertwined with a researcher's assumptions and beliefs on the research question and process. The present statement provides a summary of the epistemological position of the present portfolio thesis.

The present research was informed and guided by a social constructionist epistemological approach, which is concerned with how people talk about the world, their experiences, and how language constructs reality. Specifically, social constructionist epistemology may replace the concept of language 'describing' human experience with 'constructing' human experience. With a focus on the language used and constructing reality, the facilitates understanding of how individuals are 'positioned' in different contexts. Therefore, the present epistemological statement refers to a 'moderate' (a less relativist) social constructionist approach. Specifically, the researcher adopted a stance of making connections between the discursive constructions within the context of the school and the wider sociocultural context that takes place. This positioning appeared appropriate for the present thesis portfolio as this facilitated an understanding of the localised reality of the school environment but acknowledged how reality may be constructed in different contexts, and the wider sociocultural context contributes to these alternate constructions.

The researcher was specifically drawn to a qualitative methodology as in line with a social constructionist epistemology. However, I was less concerned about the internal experiences

of students and teachers as this had been appropriately researched. Rather, the researcher acknowledged that the findings of research did not appear to match the clinical utility.

When alternate accounts of experiences reduce the clinical utility of research, this legitimizes an assessment of alternate constructions that impede utility (Tonkiss, 1998).

Therefore, a social constructionist epistemology was deemed appropriate for the empirical research project. However, the use of recruitment adverts and information sheet arguably constructed a 'reality' of what traumatised children are, which arguably may go against a social constructionist epistemology. This discrepancy may be described as necessary for the purposes of research, although it could be argued that the present project does not aim to examine the 'validity' of complex developmental trauma, but rather the positioning aims to assess how complex developmental trauma is constructed within the context of the school.

In relation to the SLR, the question of the 'psychological experiences' implies a realist positioning, it may be argued that this examined a shared experience and psychological processes of looked after children. However, the present research did not aim to assess an objective internal process of looked after children. Rather, the SLR aimed to assess the construction of looked after children within the social context of school, and how these were constructed directly from looked after children. Further, the SLR examined how language was used by looked after children and their peers/teachers to construct them as 'looked after' and the actions this facilitated towards them. Therefore, it can be argued that a social constructionist epistemology was appropriate for the SLR despite the question of psychological experience.

In summary, a moderate social constructionist epistemology appeared appropriate for both parts of the portfolio thesis. The SLR examined how looked after children constructed their

reality within the school domain, and the use of a narrative synthesis (Popay et al., 2006) facilitated constructing a story that acknowledged the wider socio-cultural context that maintained constructions. Further, the use of narrative synthesis arguable overcomes the problem of varied epistemological and methodological positioning of reviewed papers by constructing a story across research papers (Willig, 2016). Similarly, the empirical research project's use of FDA necessitated a social constructionist epistemology as it was concerned with the construction of traumatised children within schools and the positioning of both children and their teachers.

References

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Willig, C. (2013). *EBOOK: introducing qualitative research in psychology*. McGraw-hill education (UK).

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Appendix D: Themes table

Main Themes	Subthemes	Papers included
1. Relationships with Peers and Professionals	1.1 Relationships with Peers	Francis, Rowland, Humrich and Taylor, 2021; Long et al., 2017; Jobe and Gorin, 2011; Sugden, 2013; Mannay et al., 2017; Berridge, 2017; Greenwood and Kelly, 2020; Harker et al., 2003; 2004; Brewin and Statham, 2011.
	1.2 Relationships with Teachers	Francis, Rowland, Humrich and Taylor, 2021; Long et al., 2017; Jobe and Gorin, 2011; Sugden, 2013; Mannay et al., 2017; Berridge, 2017; Greenwood and Kelly, 2020; Harker et al.,

2003; 2004; Brewin and Statham, 2011; Martin and Jackson, 2002; Honey, Rees and Griffey, 2011; Rao and Simkiss, 2007; O'Donnell, Sanford and Parker, 2020.

1.3 Bullying and Peer Pressure

Francis, Rowlands, Humrich and Taylor, 2021; Harker et al., 2003; 2004; Long et al, 2017; Rao and Simkiss, 2007; O'Donnell, Sanford and Parker, 2020; Berridge, 2017; Brewin and Statham, 2011; Harker et al., 2004

2. The Feeling of Safety and Belonging	2.1 Belonging and Fitting in	O'Donnell, Sanford and Parker, 2020; Francis, Rowland, Humrich and Taylor, 2021; Berridge,
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2017; Sugden, 2013;
Jobe and Gorin, 2013;
Honey, Rees and Griffey,
2011; Greenwood and
Kelly, 2020; Harker et al.,
2003; 2004, Martin and
Jackson, 2002; Brewin
and Statham, 2011.

2.2 Stability and
Transitions

Harker et al., 2003;
2004, Mannay et al.,
2017; Francis, Rowland,
Humrich and Taylor,
2021; Brewin and
Statham, 2011; Jobe and
Gorin, 2013; Sugden,
2013; Berridge, 2017;
Greenwood and Kelly,
2020

2.3 The School
Environment

Greenwood and Kelly,
2020; Martin and

Jackson, 2002; Berridge, 2017; Francis, Rowland, Humrich and Taylor, 2021; O'Donnell, Sanford and Parker, 2020; Sugden, 2013.

3. The Importance of	3.1 Wanting to be Seen as	Mannay et al., 2017;
Equity	Equals	Berridge, 2017; Honey, Rees and Griffey, 2011; long et al., 2017; Martin and Jackson, 2002; Harker et al., 2003; 2004
	3.2 Understanding Difficulties	Francis, Rowland, Humrich and Taylor, 2021; Berridge, 2017; Harker et al., 2003; 2004; Honey, Rees and Griffey, 2011; Martin and Jackson, 2002; Jobe and Gorin, 2013; Sugden, 2013; Mannay et al., 2017; O'Donnell,

Sanford, and Parker,
2020

3.3 Adaptations in
Education

Mannay et al., 2017;
Honey, Rees and Griffey,
2011; Harker et al.,
2004; Martin and
Jackson, 2002; Berridge,
2017; Francis, Rowland,
Humrich and Taylor,
2021; Sugden, 2013

4. Stereotypes and
Discourses

4.1 The “Looked After”
Label

Mannay et al., 2017;
Berridge, 2017; Harker
et al., 2003; 2004;
Greenwood and Kelly,
2020; Honey, Rees and
Griffey, 2011; Martin
and Jackson, 2002;
Brewin and Statham,
2011

4.2 Self Perceptions

Long et al., 2017;
Francis, Rowland,
Humrich and Taylor,
2021; Berridge, 2017;
Honey, Rees and Griffey,
2011; Mannay et al.,
2017

Appendix E Information Sheet

Participant information sheet

Title of study A discourse analysis of teacher's experiences when working with children who have experienced complex developmental trauma

I would like to invite you to participate in a research project which forms part of my doctorate thesis research. Prior to agreeing to take part, it is necessary to know what your participation means and involves. Please read the information in this sheet carefully and discuss it with me if you would like clarification.

Purpose of the Research

We do not know a great deal of what it is like for teachers to work with children & young people who have experienced developmental trauma. This may involve looked after children, children who have experienced chronic abuse or neglect, and adopted children. The aim of this study is to understand more about teacher's relationships with these children, and how these relationships may support these children.

Why have I been invited to take part?

You are being invited to participate in this study because you are a teacher who has had professional experience with children who have experienced developmental trauma (e.g., looked after children). This information sheet is provided for people who may have had experience in this area

What would my participation involve?

If you would like to take part in this research, please send me your contact details to the email address below. I will then contact you to arrange a meeting that is best for you. Note that this will likely be online via video call.. I will ask you to answer some short questions about you, e.g., your gender, age and details of your professional experience/training. Then you will have a conversation with me which will last around 45-60 minutes. I will ask you some questions about your experiences of working with children who have experienced developmental trauma and ask you to reflect on some of these experiences. Please note that there are not 'correct' answers to the questions as the research is concerned with your own experience. **Within the interview please remember to not disclose any names or identifiable information of the children and young people you work with or people in their families or systems.** I will audio record the discussion, this will be deleted upon completion of research.

Participation is completely voluntary. There are no negative consequences to declining to take part and you should only agree to take part if you want to. Once you have read through the present information sheet and the second one provided, I encourage you to contact me if you would like to discuss the research further or have any questions. If you decide you would like to participate in this study, I will ask you to sign a consent form and you will be given a copy of this consent form to keep.

Are there any risks to taking part?

Participating in the study will require 45-60 minutes of your time. Some people may experience feel stressed or emotional when they talk about their experiences of working with children who have experienced developmental trauma as it may recall emotional memories or thoughts. In this instance, the researcher will support you to gain access to further help from relevant sources of help or your GP if you would like.

Are there any benefits to taking part?

We cannot promise that you will have any direct benefits from taking part in the study. However, it is hoped that the study will offer teachers the opportunity to have their experiences heard of working with children who have experienced developmental trauma. The findings may also help to inform schools with how they support teachers working with these potentially difficult experiences.

Data protection and Anonymity

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR).

The data controller for this research is the University of Hull. The University will process your personal data for the above research. The legal basis for processing your personal data for research purposes under GDPR is a 'task in the public interest'.

Some information from you is required for this research. This involves your name and contact details. This information is to ensure that research is conducted properly in instances of checking your information. Your data will have a code number instead of your name to keep anonymity. Your information will remain safe and secure. Once the study is complete, we will hold onto some of your information to check the findings. Your information in the research will be written as to keep your anonymity. Verbatim quotes from the interview may be used in research publications, however you will not be identified in these.

To ensure protection of your information, audio recordings will be conducted via an encrypted laptop. After the research is completed, these recordings will be erased. Anonymised transcripts of the recordings will be stored securely in an on-line storage repository at the University of Hull for a period of ten years. The only instances that data cannot be kept confidential is in regards to risk. This refers to if you disclose information that indicates yourself or others are at risk of serious harm. In this instance, the researcher will need to contact appropriate authorities to ensure the safety of you and others. It is unlikely that this will happen, and the researcher will try to discuss this with you where possible.

You can find out more about how we use your information at <https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/data-protection.aspx> or by emailing University of Hull Information Compliance Manager (dataprotection@hull.ac.uk). If you wish to lodge a complaint with the Information Commissioner's Office, please visit www.ico.org.uk.

Right to withdraw

You have the right to withdraw your participation at any time without consequence or reason. You can withdraw your data even after your participation up until the point of data analysis. If you would like to withdraw your information after your interview, please contact the researcher on the email below.

If you choose to withdraw from the study before the point of data analysis, your data will be erased and removed from the research. Information collected from this study will be used for

this study, the information collected from you may be used to support other research in the future and may be shared anonymously with other researchers.

Where will the results of the research be used?

The results of the study will be summarised in a written thesis as part of a Doctorate in Clinical Psychology. The thesis will be available on the University of Hull's on-line repository <https://hydra.hull.ac.uk>. It is possible the research may be published in an academic journal.

Further information

If you have any questions or require more information about this study, please contact me using the following contact details:

Jack Mears

Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Tel: 07564433635
E-mail: J.Mears-2016@hull.ac.uk

If you wish to make a complaint about the study, you can contact the University of Hull using the research supervisor's details below for further advice and information:

Dr Paul Walton

Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Email address: P.P.Walton@hull.ac.uk

Thank you for reading this information sheet and for considering taking part in this research.

What is Complex Developmental Trauma?

Complex Developmental Trauma (CDT) is a term dubbed by experts as traumas experienced via chronic abuse/neglect throughout child development and childhood. Some common experiences that are associated with CDT might be:

- **Child/baby removed from their home after experiencing physical/emotional/sexual abuse**
- **A child/baby that has been physically/emotionally neglected**
- **A child who has witnessed violent environments (such as parents being physically abusive to each other)**
- **Multiple negative experiences such as deaths of parents, bullying, neglect, physical illness**
- **Children who have experienced sexual abuse from people outside of the family**
- **A baby/child whose parents are not attentive to their needs**
- **A child experiencing multiple different foster placements**

Children who experience developmental trauma might struggle with some of the following:

Sensory processing: difficulty processing too much sensory information, easily overwhelmed by loud noises, extra sensitive to pain, poor coordination (e.g. handwriting)
Dissociation: “daydreaming”, ability to learn varies drastically from one day to next, denying of behaviours, regression (acting younger than their age), confusion of day/time.
Cognition: difficulty with learning, memory, decision making, problem solving, planning, abstract thought. Unable to reflect on actions.
Emotional/behavioural regulation: experience “big” emotions, appear angry/anxious/scared for no apparent reason. rule breaking, harming self or others.
Attachment: difficulty forming attachments with others or forms quick intense attachments. Difficulty with separation, friendships, and relationships. May be rejecting of help or always requiring help
Self-identity: fear of failure, self-critical, jealous of carers/teachers showing others attention. Becoming significantly upset from “tellings off”. Struggling with sense of self

Children who have experienced CDT can often be living in a state we might call ‘survival mode’, whereby they have learnt their own ways to protect themselves from threat. However, even when children are removed from traumatic environments and placed into care, they can still feel like they are under threat. The body remembers often what the brain cannot. You might think of this like when we remember a frightening experience, we might suddenly feel frightened again.

Naturally, children who have experienced CDT may really struggle in a school environment as they are living in survival mode. However, some children may also appear to manage school perfectly fine. Children who have experienced CDT may present in multiple ways and have different experiences than what is in this information sheet.

As a teacher, you may have worked with children who are “looked after children” or children that have been removed from their home. Similarly, you may have be aware of their experiences. If you are interested in being interviewed on your experience of working with these children, please find my contact information on the accompanying information sheet.

Appendix G. Debrief Form

Debrief Form

Title of study: A discourse analysis of teacher's experiences when working with children who have experienced complex developmental trauma

Debrief information

Thank you for taking part in the present study. your contributions will hopefully help to develop support for young people who have experienced developmental trauma at the discourse level. The topic of developmental trauma is a growing field of research within clinical psychology, and we are still learning new ways of supporting young people that may have experienced it. Your time in helping develop this research is greatly appreciated.

As a reminder, all the information in this study will remain anonymised. Your data will be given a code/pseudonym in all write up of the research and any quotes that may be used will not be linked back to you.

Note that you are still able to withdraw your data from the research without reason if you wish to do so. However, you can only withdraw your data from the research up to the point of data analysis. After this point, your data will have been anonymised and committed to the report.

Sources of support

For some people, they may have found the content of discussions within the interviews distressing. If you have found taking part in the research difficult or distressing, you may find it helpful to access some of the following support:

Samaritans – Samaritans is a confidential support line for people experiencing distress (24 hour support). Tel: **116 123**. Website: **www.samaritans.org.uk**.

Education support – Education support is a UK wide based charity that offers support for all staff working the education sector. Education support also offer support from trained counsellors (24 hour support). Tel: **08000 562 561** or text **07909 341229**.

Mind – Mind is a mental health charity that offer a range of support for people with distress. They offer online information and support. Website: **<https://www.mind.org.uk/>** or contact your local Mind branch.

Your employer – your employer or professional organisation may be able to offer support via occupational health, human resources or staff support teams

Your Local GP – Your GP may be able to provide support via signposting to local organisations and talking therapies.

further information

If you have any questions or require more information about this study, please contact me using the following contact details:

Jack Mears
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Tel: 07564433635
E-mail: J.Mears-2016@hull.ac.uk

If you wish to make a complaint about the study, you can contact the University of Hull using the research supervisor's details below for further advice and information:

Dr Paul Walton
Clinical Psychology
Aire Building
The University of Hull
Cottingham Road
Hull
HU6 7RX
Email address: P.P.Walton@hull.ac.uk

Appendix H. Consent Form

CONSENT FORM

Title of study: **A discourse analysis of teacher's experiences when working with children who have experienced complex developmental trauma**

Name of Researcher: Mr Jack Mears and Dr Paul Walton

Please
tick initial
box

1. I confirm that I have read the information sheet dated 20/03/2021 (version V1) for the above study. I feel I have asked any relevant questions which have been responded to appropriately

2. I have been informed and understand that my participation in research is completely voluntary. I understand I have the right to withdraw at any point without consequence or reason.

3. I understand my participation will be audio recorded and that my direct quotes may be used in the final research report. I understand these quotes will be anonymised

4. I understand that the information collected from me will be used to support other research in the future and may be shared anonymously with other researchers.

5. I give permission for the collection and use of my data to answer the research question in this study.

6. I agree to take part in the above study.

Name of Participant (and age)

Date

Signature

Name of Person
taking consent

Date

Signature

Appendix I. Ethical Approval



University of Hull
Hull, HU6 7RX
United Kingdom
T: +44 (0)1482 463336 | E: e.walker@hull.ac.uk
w: www.hull.ac.uk

PRIVATE AND CONFIDENTIAL

Jack Mears
Faculty of Health Sciences
University of Hull
Via email

17th May 2021

Dear Jack

REF FHS333 - A discourse analysis of teacher's experiences when working with children who have experienced complex developmental trauma

Thank you for your responses to the points raised by the Faculty of Health Sciences Research Ethics Committee.

Given the information you have provided I confirm approval by Chair's action.

Please refer to the [Research Ethics Committee](#) web page for reporting requirements in the event of any amendments to your study.

Should an Adverse Event need to be reported, please complete the [Adverse Event Form](#) and send it to the Research Ethics Committee FHS-ethicssubmissions@hull.ac.uk within 15 days of the Chief Investigator becoming aware of the event.

I wish you every success with your study.

Yours sincerely

A handwritten signature in cursive script that reads "Liz Walker".

Professor Liz Walker
Chair, FHS Research Ethics Committee



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Appendix J. Interview Schedule

Draft Interview Schedule

The researcher will provide an explanation of the research aims and the purpose of the interview to prior to the interview. This information will reiterate the information in the information sheets provided. Participants will be offered another copy of this information sheet before the interview and will have the opportunity to ask further questions.

Interview questions

The following questions will be used to guide the interview. The interviewer will then adapt the questions to suit the participants' responses. Prompts and follow up questions may be used if participants do not understand the question or to gather further information. The researcher will ask general prompts such as "can you tell me a bit more about that" as well as some of the more specific prompts detailed below.

If participants struggle to answer a question, or are unsure what to refer to, a practical example may be given to give the question some context (e.g. could you tell me about a time when a looked after child has really struggled at school/in the classroom).

- 1) Could you describe your current role in school?
Prompts
What years do you work with?
How long have you been a teacher for?
Are you a teacher, special educational needs coordinator, head teacher etc.
- 2) Had you heard of the term "complex developmental trauma" before agreeing to take part in this study?
Prompts
If so, what is your understanding of it?
If not, would it be helpful to have a brief description?
- 3) How does this relate to your line of work?
Prompts
Could you tell me a bit more about that?
- 4) Could you tell me about your experience of working with any looked after children?
Prompts
do you think you work with these children differently?
Do you think your colleagues would work differently to you?
Do you think your colleagues would agree/disagree with you?
- 5) Could you tell me your experience of working with children who have experienced complex developmental trauma
Prompts
How do you think these children may present differently in the classroom?
What do you think the impact of abuse/neglect might have on learning?
Do you think your colleagues have had similar experiences to you?
- 6) What do you think the beliefs/attitudes that surround children who have experienced complex developmental trauma are?
Prompts
How do you think teachers view children who have experienced complex developmental trauma?
Do you think teachers know enough about complex developmental trauma?
- 7) Is there anything you've thought of whilst we've been talking related to the children you work with of complex developmental trauma that you haven't had the opportunity to say?

Appendix K. Recruitment Advert

Recruitment poster: V1 (22/03/2021)

Are you a teacher that has worked with traumatised children?

If you have worked with 'looked after' children or children who have experienced trauma, abuse, or neglect, we are interested in hearing about your experience!

To find out more please contact
Jack Mears:
Email: j.mears-2016@hull.ac.uk



Appendix L. Discursive Constructions using 6 Stage Guide for FDA

Discursive Constructions: What is the object that is constructed?	Discourses: what discourses/language are drawn upon to explain construction?	Action Orientation: What is gained by using this language in this way and in this context?	Positioning: Where does this place subjects within the structure?	Practice: what actions and behaviours does this construction and language facilitate?	Subjectivity: How do these constructions link with how subjects feel?
<p>The Child as Traumatized</p>	<p>Examples: drawing upon the past experiences of children to convey that this has impacted the child's current behaviour.</p> <p>Psychological language: reference to "attachment", "ACE's", "Neglect and abuse".</p> <p>Comparisons: compared to basic needs such as eating</p> <p>Medical discourses: comparisons of trauma and Autism/ADHD</p> <p>Discourses around poverty are readily available</p>	<p>Examples are used to justify their positioning against dominant discourse</p> <p>Examples are used that demonstrate success but not in relation to academia. These are used to justify a resistance to educational discourse</p> <p>Medical examples are used to compare and justify level of care children need</p> <p>Poverty used to provide wider context, linking to discourses of</p>	<p>This positioning aligns teachers with children</p> <p>Teachers can be positioned against other teachers, and against wider society discourses</p>	<p>Encourages teachers to support children and understand their difficulties.</p> <p>To look beyond behaviours and understand them in context</p> <p>Conceptualises discipline and exclusions as failure</p> <p>Behaviours are communication</p>	<p>Teachers express feeling disheartened when they feel they are not doing enough.</p> <p>Feelings of mutual trust and respect is cited between teachers and students</p>

		socioeconomic status and adversity.		Legitimise thinking about a child's emotions	
The Child as Naughty	<p>Language used to describe as a "hinderance" or "naughty" child.</p> <p>Language is used such as "older teachers", leaving the profession, back in my day, wider society.</p>	<p>Hinderance or naughty are used in the context to describe the child as interrupting education of others.</p> <p>Associated with educational discourses of a teacher's job is to teach, and "naughty children" prevent this.</p>	This positions teachers against students and disempowers children.	This positioning in this context facilitates disciplining of children, exclusions and sanctions for behaviours	<p>Teachers can feel anger or frustration towards students.</p> <p>Teachers who subscribe to this can feel rejecting towards children</p>
The Child as Burdening on resources	<p>Teachers draw upon language to show they're pulled in different directions.</p> <p>Language is used to show the child needs attention and patience, but there are finite resources.</p> <p>Numerical values are used such as number of children with needs, or "pupil premiums"</p> <p>The phrase "do the best we can" is often used</p>	<p>Language is used to justify actions, as a trauma informed approach is idealised, language is used to show that this is not possible given the strain on teachers.</p> <p>Numerical values are used to convey the level of strain and resource are available</p>	<p>Children placed in a more helpless position.</p> <p>Teachers are placed in a position that facilitates support for children, but a finite amount.</p> <p>Places teacher in a more "educator" position</p>	<p>Teachers are empowered to support children but in limited ways.</p> <p>Disempowers children who have experienced CDT.</p> <p>Facilitates more disciplining and excluding to override trauma discourse</p>	Teachers can feel helpless or disempowered

			Can facilitate more “behaviour management”		
The Teacher’s Role is to Teach	<p>Numerical values used to convey how a traumatised child can burden education when there is a lack of resources “30 other children”</p> <p>Use examples where children are referred to other professionals to position teachers as educators</p> <p>“that is not really our job”</p> <p>“I am paid to teach you”</p>	<p>Language is used in the context of describing times they have encountered challenging behaviours, that due to resources, teachers were unable to manage in class. This discourse became more readily available during these times.</p> <p>Language is used as justification when the idealised trauma informed discourse cannot be employed.</p>	<p>Teachers are positioned as unable to help children emotionally, but only to educate them</p> <p>Children are positioned as “unable to be helped” within the school discourse</p>	<p>This can facilitate the focus on the majority’s education, and removal of children from school.</p> <p>Can facilitate being disciplined or excluded.</p> <p>Educational discourse then encourages teachers to stick to behaviour policies.</p>	<p>Can be emotionally challenging for teachers</p> <p>Children experience rejection</p>
The Teacher’s Role is to Support/ A trauma informed approach is idealised	<p>Teachers often using examples of how their role encompasses much more than teaching</p> <p>Use of examples to show when they have supported children emotionally and relationally</p> <p>Metaphors are used to justify the relevance of supporting children emotionally (fizzy pop)</p>	<p>Examples are used to justify that a teachers role requires support to facilitate education</p> <p>Metaphors are used to convey empathy towards children and understand them, displaces from narrative of violence</p>	<p>Positions children to be helped and understood within school, and provided with extra accommodation</p> <p>Teachers are empowered to do more than educate</p>	<p>Encourages success to be viewed as more than educational ability</p> <p>facilitates building relationship with student and teacher</p> <p>children are placed in a more protected position where they are</p>	<p>Teachers and students feel empowered.</p> <p>Fosters feelings of safety in children, and pride within teachers.</p>

			Positions teacher and student in alignment. However, teachers can become positioned against colleagues	less likely to be excluded.	
The Trauma label as threatening to independence	<p>Analogies are used such as being “wrapped in bubble wrap”</p> <p>Phrases of speech are used such as “I am doing them no favours” implying that the treating differently is harmful</p> <p>Individualism discourses used drawn upon about getting “secondary ready” or preparing for adulthood</p>	<p>Analogies are used to convey excessive support that is not helpful</p> <p>Examples are used in the context to subscribe to individualistic beliefs – that children need to experience adversity.</p> <p>Allows teachers to think about how they interact with children, and how this can prepare them for the future</p>	<p>Places teachers in the role of supporter as well as educator</p> <p>Places students in a position of being understood and attended too</p>	Facilitates actions of students being treated the same as their peers, and a focus on being looked at as an individual	Teachers feel more empowered to support children and feel empathetic towards them.

Appendix M. Table of Final Discourses from Analysis

	Trauma Informed Discourse	Educational Discourse	Individualist Discourse
How is the child constructed?	A Child that has experienced trauma	A child that is burdening on finite resources	A child that is naughty or misbehaved
How is the teacher's role constructed?	To support the child, to provide with emotional support	To provide purely educational support	To prepare children for adulthood
How is behaviour constructed?	Behaviour is a form of communication that requires understanding from the teacher	Behaviour is getting in the way of the education of the class	Behaviour is unacceptable, children need to learn to regulate their own behaviour
What is the Action Orientation?	To build relationships and trust with children as this is necessary to help them learn. To support children socially and emotionally, as this is just as important as education. Children's behaviours should be seen in the same context as diagnosis such as Autism or ADHD	To facilitate classroom management and to consider the other children in the class. Whilst the child's education is important, this needs to be assessed to the extent they can be effecting other children's education	Children require discipline for bad behaviour. If they are naughty, they should be isolated or excluded. Behaviours should not be given consideration because that is not how they are in adulthood
What Institutions is this upheld by?	More readily available when head teachers and SENCO subscribe to same discourse	Government agencies and commissioners	Western values and individualism.

Appendix N. Example of Transcript Analysis

Interviewer: that is interesting, my next question is what do you think the **beliefs/attitudes** that surround these **children** are?

P6: I think **9 times out of 10** they are seen as **naughty** until you **unpick the reasons why**. I do think there is a shift, into **looking at the health and wellbeing** of these **children**. Even **government agenda** with **exclusions** and off rolling, they **unpicked** that these kinds of things are happening but not the reasons why and **how we can help these children better**. Going back again to this **little boy**, I always **see him as my failure**...he's the one that we couldn't do anything else for him, very much **attachment disorder** and the way he couldn't manage those, but he, we put in so much support as a school but it **gotten the point**, he had numerous internal and external exclusions... we was crying out for help from **authority** and everyone but nothing to put into place. The only way he would move him was if he as permanently excluded and we were just like how is that **going to help him?** how is that gonna hep self-esteem. The family, that is kind of [pause] you hear permanent exclusion you assume it's because they're **naughty**. It was very much behaviour, but **behaviour is a form of communication**, and if a **child** is behaving a certain way, they are trying to say something because they can't communicate it in a different way and that's what it was. And the fact it got to the point where he was excluded before he got the help he needed. That is where the **system is broken**, because that is how **society see these children**.

Example of Analysis

1. Objects are itemised systematically to identify the construction of person within the text, these are coded in ***bold italics***
2. The actions of subjects are systematically itemised to identify the action orientation of subjects within the text. These are coded in ***underlined bold italics.***
3. The ways of speaking and categories of the person are identified. Attending to competing constructions and begin to develop 'intuitive hunches' of the purpose of speaking in this way.
4. Begin indexing discursive themes, at this point, the researcher should especially attend to counter-examples or competing constructions:

Within the text, the phrase "I think 9 times out of 10 they are seen as naughty until you unpick the reasons why" uses numerical values to show a dominant individualist construction of a naughty child, the emphasis on 'unpicking' is used to align the teacher and student together and adopting a psychological positioning. This is furthered with the phrase of 'how can we help these children better' and 'behaviour is a form of communication', showing an action orientation of the teacher as a supporter to traumatised children. Reference to diagnostic language such as 'attachment disorder' is used to legitimise a psychological positioning and action orientations. It is important to note the context of this passage, as the researcher asks the participant to draw upon how people view traumatised children, perhaps making individualist discourses more easily available, and requiring justification of an alternative positioning.

Within the text, the participant refers to how much support the school places, but it had 'gotten to the point' and how they were crying out for help to the local authority for support. This passage relates to an educational construct of the teacher that when faced

with limited resources, requires other professionals to support traumatised children. This action orientation had facilitated an exclusion of the traumatised child. The participant often referred to trauma informed construction to reject exclusions, identifying that it will not 'help' the child. The participant refers to an individualist construction of a 'naughty child' and how this is maintained by a "system" that is "broken". The participant links the construction to the naughty child and the exclusion of children, implying that the 'broken systems' maintain societal views of children that require exclusion and correction of their behaviours.

The discourses and constructions are compared to the rest of the transcript for further context.