A SOCIAL PEDAGOGICAL INTERVENTION TO SUPPORT CHILDREN IN CARE: BACK ON TRACK[1]

UNA INTERVENCIÓN PEDAGÓGICA SOCIAL PARA APOYAR A LOS NIÑOS BAJO TUTELA: BACK ON TRACK

UMA INTERVENÇÃO SOCIOPEDAGÓGICA PARA APOIAR CRIANÇAS EM ACOLHIMENTO: BACK ON TRACK

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ABSTRACT: This paper focuses on an intervention project, Back on Track (BoT), implemented as a part of the Resilience Revolution: HeadStart Blackpool (RR:HS) programme in the UK. Whilst it is a famous family holiday resort, Blackpool is also one of the most deprived towns in England. This makes life challenging for young people (YP) to maintain wellbeing and reach their potential. Blackpool also has an above average and growing proportion of children in care. They are at a higher risk of developing mental health difficulties and of being permanently excluded from school. BoT aimed to support fostered children who have been referred by schools or social workers to the project for having emotional and behavioural struggles. As a consequence of their difficulties, they were at risk of permanent exclusion from the school. The intervention was grounded in a social pedagogical approach and Resilient Therapy. Resilience Coaches (i.e., wellbeing practitioners) had the role of enhancing communication between YP, family, social care, and school, whilst working with YP to co-produce coping strategies. Between November 2016 and June 2021, 39 YP (61.5% male) aged 10 to 15 (M = 12.74, SD = 1.60) received BoT support over a period lasting between 4 months to 2.5

years (*M* = 14 months, *SD* = 6.8 months). Using a mixed-methods design, this paper explored the BoT implementation. YP completed questionnaires before and after BoT. Triangulation interviews were conducted with a randomly selected YP, foster parent and the Resilience Coach. Results showed the benefit of equipping YP with 'resilient moves' and joining up systems to work together and better support YP and families. YP reported reduced difficulties, improved strengths (i.e., prosocial behaviour) and educational outcomes. This helped build resilience and reduce the risk of permanent exclusions from school. Policy and practice implications for children in care are discussed.

PALABRAS CLAVE:
niños en tutela;
resiliencia;
intervención;
exclusión escolar;
pedagogía social

RESUMEN: Este documento se centra en un proyecto de intervención, Back on Track (BoT), implementado como parte del programa Resilience Revolution: HeadStart Blackpool (RR:HS) en el Reino Unido. Si bien es un famoso centro vacacional familiar, Blackpool es también una de las ciudades más desfavorecidas de Inglaterra. Esto hace que la vida de los jóvenes (YP) sea un desafío para mantener el bienestar y alcanzar su potencial. Blackpool también tiene una proporción superior a la media y creciente de niños bajo tutela. Corren un mayor riesgo de desarrollar problemas de salud mental y de ser excluidos permanentemente de la escuela. BoT tenía como objetivo apoyar a los niños acogidos que han sido referidos por escuelas o trabajadores sociales al proyecto por tener problemas emocionales y de comportamiento. Como consecuencia de sus dificultades, estaban en riesgo de exclusión permanente de la escuela. La intervención se basó en un enfoque pedagógico social y Terapia Resiliente. Los entrenadores de resiliencia (es decir, profesionales del bienestar) tenían el papel de mejorar la comunicación entre YP, la familia, la atención social y la escuela, mientras trabajaban con YP para coproducir estrategias de afrontamiento. Entre noviembre de 2016 y junio de 2021, 39 YP (61.5% hombres) de 10 a 15 años (*M* = 12.74, *SD* = 1.60) recibieron apoyo de BoT durante un período que duró entre 4 meses y 2.5 años (*M* = 14 meses, *SD* = 6.8 meses).). Usando un diseño de métodos mixtos, este documento exploró la implementación de BoT. YP completó cuestionarios antes y después de BoT. Se realizaron entrevistas de triangulación con un YP seleccionado al azar, un padre adoptivo y el Entrenador de Resiliencia. Los resultados mostraron el beneficio de equipar a YP con 'movimientos resilientes' y unir sistemas para trabajar juntos y brindar un mejor apoyo a YP y sus familias. YP informó dificultades reducidas, fortalezas mejoradas (es decir, comportamiento prosocial) y resultados educativos. Esto ayudó a desarrollar resiliencia y reducir el riesgo de exclusiones permanentes de la escuela. Se discuten las implicaciones políticas y prácticas para los niños bajo cuidado.

PALAVRAS-CHAVE:
crianças em
    acolhimento;
resiliência;
intervenção;
exclusão escolar;
pedagogia social

RESUMO: Este artigo se concentra em um projeto de intervenção, Back on Track (BoT), implementado como parte do programa Resilience Revolution: HeadStart Blackpool (RR:HS) no Reino Unido. Embora seja uma famosa estância de férias familiar, Blackpool é também uma das cidades mais carentes da Inglaterra. Isso torna a vida desafiadora para os jovens (YP) manterem o bem-estar e alcançarem seu potencial. Blackpool também tem uma proporção acima da média e crescente de crianças sob cuidados. Eles correm maior risco de desenvolver dificuldades de saúde mental e de serem permanentemente excluídos da escola. O BoT teve como objetivo apoiar crianças acolhidas que foram encaminhadas por escolas ou assistentes sociais para o projeto por terem problemas emocionais e comportamentais. Em consequência de suas dificuldades, corriam o risco de exclusão permanente da escola. A intervenção foi alicerçada numa abordagem sociopedagógica e na Terapia Resiliente. Os treinadores de resiliência (ou seja, profissionais de bem-estar) tiveram o papel de melhorar a comunicação entre YP, família, assistência social e escola, enquanto trabalhavam com YP para co-produzir estratégias de enfrentamento. Entre novembro de 2016 e junho de 2021, 39 YP (61.5% do sexo masculino) com idades entre 10 e 15 anos (*M* = 12.74, *SD* = 1.60) receberam suporte BoT por um período de 4 meses a 2.5 anos (*M* = 14 meses, *SD* = 6.8 meses). Usando um design de métodos mistos, este artigo explorou a implementação de BoT. YP completou questionários antes e depois do BoT. As entrevistas de triangulação foram realizadas com um YP selecionado aleatoriamente, pai adotivo e o treinador de resiliência. Os resultados mostraram o benefício de equipar o YP com 'movimentos resilientes' e unir sistemas para trabalhar juntos e apoiar melhor o YP e as famílias. YP relatou dificuldades reduzidas, pontos fortes melhorados (ou seja, comportamento pró-social) e resultados educacionais. Isso ajudou a construir resiliência e reduzir o risco de exclusões permanentes da escola. As implicações de políticas e práticas para crianças sob cuidados são discutidas.

Introduction

Children in the care system experience gross social disadvantage across the systems surrounding them, which threatens their social inclusion, and consequently, their life expectancy and wellbeing (Petrie *et al.*, 2006). Compared to their peers in the general population, children in care system, that is to say, 'looked after children and young people (LACYP)' in the UK, have poorer educational,

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physical and mental health outcomes and engage more in risk-taking behaviours, such as smoking, alcohol and drug misuse, as well as early and un-protected sexual activity (NSPCC, 2021; Simkiss, 2012). The consequences extend beyond adolescence, making LACYP more likely to experience homelessness, unemployment, convictions, poor physical and mental health, as well as barriers to social mobility (Viner & Taylor, 2005). This emphasises the need to tackle the inequalities and challenges that children in care face and support them not just to survive but to thrive and reach their full potential. Building a better care system and strengthening the social care workforce are essential to improve outcomes (Rahilly & Hendry, 2014). Also important is to design and implement effective interventions that promote resilience in children in care and build more supportive ecological systems surrounding them. Back on Track (BoT) was designed and led from this perspective.

Children in Care in England

Since 2008, the number of LACYP in England has been steadily increasing annually, reaching approximately 120,000 children in 2018-2019 (Department of Education - DfE, 2019a). The rate of LACYP per 10,000 of the under-18 population in England was reported as 65.4 (i.e., 65 YP per 10,000) in 2019, meaning that the number of LACYP has been growing faster compared to the growth of the child population in England. Statistics show that male, Black and mixed ethnicity children were more likely to be in care than others (DfE, 2019a). The majority of CYP (63%) in England went into care as they were identified as being exposed to abuse or neglect, while family dysfunction (14%) and acute stress/crisis (8%) were also frequently reported reasons (DfE, 2019a). The most common placement for a LACYP was living with foster carers (72%), and then residential accommodation (14%), such as residential schools, children's homes, and semi-independent living, whereas for 7% placement with parents and for 8% other placements were reported (DfE, 2019a). A significant minority of LACYP (10%) had multiple care placements (i.e., three or more) in a 12-month period, which would probably place extra stresses on them and lead to poor behavioural outcomes (Rubin *et al.*, 2007). The psychological and educational outcomes for LACYP were also alarming (DfE, 2019a). The proportion of LACYP receiving a diagnosis of a mental health disorder was 45% (compared to 10% of the general population), suggesting the vital need for mental health support for these children (DfE, 2019a). LACYP were also less likely to do well in school. In 2019,

the average attainment score (i.e., 'Attainment 8') for LACYP in England was 19.1 compared to 44.6 for their peers in the general population (DfE, 2020a). Moreover, LACYP (27%) were nine times more likely to have special educational needs compared to the general child population (3.1%) in England, mostly through risk mitigation in relation to emotional and social behaviour (e.g., Education and Health Care Plan - EHCP). Life after school was further challenging for many care leavers, with 35% aged 19 not in education, training or employment, whereas amongst the general population of their peers only 11% of 18-year-old and 13% of 19-24-year-olds were out of education, training or employment (DfE, 2019a; 2020b).

These worrying statistics demonstrate the critical need to provide social and emotional support to children in care system, particularly in areas where the proportion of LACYP is higher. Blackpool, a seaside town in the Northwest of England, is one of these areas, with higher and increasing rates per 10,000 of LACYP (197) in comparison to the regional (94) and national averages (65) in 2019 (DfE, 2019a). This is also an area where resilience-building approaches have been embedded across the town since 2016 as a part of the UK's HeadStart programme, known as the 'Resilience Revolution' with its community inspired name.

Blackpool's Resilience Revolution and Back on Track

Whilst being a famous family holiday resort with wonderful beaches, Blackpool is one of the most socio-economically deprived towns in England. It has higher levels of poverty, unemployment, physical and mental health issues, self-harm and suicide rates, poorer educational outcomes and, overall, a lower life expectancy compared to the national average (for statistics across different outcomes in 2018-2020 period, see Public Health England, 2021). This makes life challenging for its residents and especially young people (YP). Therefore, Blackpool was chosen as one of the six areas across the UK to implement the HeadStart programme. Funded by the National Lottery Community Fund (2021), the programme aims to improve mental health and wellbeing of 10-to-16-year-old YP and prevent mental health difficulties from developing. With this overarching goal, Blackpool's HeadStart was launched by Blackpool Council in 2016 and established partnerships with other key stakeholders, organisations, services, and individuals. These included the Centre of Resilience for Social Justice at the University of Brighton and Boingboing Resilience Community Interest Company based in Blackpool

and Brighton with Blackpool's YP, communities, and schools involved as co-leaders of the programme. The Blackpool community named this collaboration the Resilience Revolution, reflecting the transformative approach of the programme. Grounded in Resilient Therapy (Hart *et al.*, 2007), the Resilience Revolution: Blackpool HeadStart (RR:HS) adopts a social justice-oriented understanding of resilience, i.e. it acknowledges the role of systemic and structural inequalities that cause or worsen the adversities YP (and the Blackpool community) face, and aims to mobilise stakeholders for collective action to tackle inequalities and transform the broken systems. In other words, the RR:HS aims to support individuals in 'beating the odds' for themselves whilst also 'changing the odds' for the whole community.

Offered as a part of the RR:HS, BoT provided support to children in care (in Blackpool, we call them 'Our Children'), who have been referred by schools and/or social workers for having emotional and behavioural difficulties at school. In line with the principles of social pedagogy (Eichsteller & Holthoff, 2011), BoT proposed a holistic way to facilitate social change by nurturing learning, well-being, empowerment, and relationships both at the individual and wider level. The aim was to help YP build resilience and establish supportive ecological systems around them so that they would not be excluded from school. Resilience Coaches (RCs), i.e., wellbeing practitioners trained in Resilient Therapy (Hart *et al.*, 2007) and the Academic Resilience Approach (ARA; Hart & Williams, 2014), worked alongside the young person, school, parent/carers, social workers and the wider community over a period of 6 months to 2.5 years. Hence, the role of the RCs was two-fold: to help YP to co-produce individual coping strategies and build resilience, and to enhance communication across the systems (e.g., home, education, social care) in order to establish a supportive environment for YP to thrive. On the individual level, the RCs developed a new holistic practice based on the Resilience Framework (Hart *et al.*, 2007) to build resilience in YP. The Resilience Framework includes 42 everyday actions called 'resilient moves', under five domains (i.e., basics, belonging, learning, coping, and core self) that are relevant to the resilience of YP (Boingoing, 2021). YP and RCs identified the resilient moves that YP could practice and add to their behavioural repertoire, and worked towards them over the duration of the BoT support. On the systems level, the RCs connected the systems (e.g., home, education, social care) surrounding the YP to provide holistic support to Our Children and advocate for their rights and wellbeing.

1. Justification and objectives

To summarise, Our Children are more likely to have mental health difficulties, special educational needs, and poor educational outcomes, which could lead to permanent exclusions from school and lifelong adversities, such as entering the criminal justice system (the school-to-prison pipeline), convictions, and poverty (Skiba *et al.*, 2014; Viner & Taylor, 2005). Grounded in Resilient Therapy (Hart *et al.*, 2007) and underpinned by multi-systemic processes, BoT aimed to provide holistic support to Our Children (in care) to help them build resilience, whilst also facilitating communication across different systems (e.g., home, school, social care) to work together for the benefit of YP.

This paper seeks to explore whether taking part in BoT 1) helped to reduce the difficulties experienced by Our Children and to improve their strengths – such as prosocial behaviour – and 2) improved their educational outcome and their likelihood of remaining in mainstream education, where appropriate. We predicted that, after receiving BoT support, YP would report greater strengths and lower difficulties as an indicator of improved mental health. We also expected that BoT would help YP to improve their educational outcomes: such as increased attendance, lower number of fixed-term exclusions and, more importantly, the absence of permanent exclusions.

2. Methods

Research Design

A mixed-method design was utilized in the study, in which quantitative and qualitative techniques are used in conjunction, enabling the researchers to obtain or use data from various sources and integrate information into a coherent whole (Johnson & Onwuegbuzie, 2004). Accordingly, quantitative data was utilised to track any changes in behavioural and educational outcomes before and after receiving BoT support, and qualitative data provided information about underlying mechanisms driving the change. Triangulation interviews (Moon, 2019) were conducted with a YP and their foster parent and RC to converge information from different sources and to develop a comprehensive understanding of how BoT supported the YP.

Participants

Between November 2016 and June 2021, 44 YP were referred for BoT support. Among them, three YP did not engage with the project, and one

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young person was excluded from school after the submission of the referral form, but before the RC started working with them. The remaining 39 YP (61.5% male) were aged between 10 and 15 (M = 12.74, SD = 1.60) at the time of referral. The average duration of support was 14 months (SD = 6.8 months; range = 4 to 30.5 months).

Demographic data obtained from the Local Authority showed that the vast majority of YP (n = 32) were White British, one had another White background, and one had mixed White British and Black Caribbean background. Ethnicity data was not available for five YP. The majority of YP (n = 32) spoke English as their first language, except two whose first language were Bengali and Latvian, respectively, and there were five YP for whom the data was unavailable. In regard to the economic status of the family, the Income Deprivation Affecting Children Index (IDACI; Ministry of Housing, Communities and Local Government, 2019) was used. IDACI provides an income deprivation rank based on the postcode where YP resided, ranging from 1 (the most deprived 10%) to 10. In our sample, IDACI scores ranged between 1 and 8 with a mean of 1.82 (SD = 1.55). Also, 65.6% of the YP (n = 32) were receiving special educational needs (SEN) support.

A randomly chosen YP and her foster parent and RC also participated in the study via interviews. The YP was an 11 year old female with a White British background. She was referred to BoT in November 2018 and received support for 15 months. She lived with her current foster carers since she was 3, along with her 2-year older biological sister. She had an Education, Health and Care (EHC) plan at school. The foster parent was a White female. The IDACI score for their postcode was 7. The RC (female, White) had worked for the RR:HS since its launch, was trained in Resilient Therapy (Hart et al., 2007), and had years of experience in working with disadvantaged YP, parents, schools and communities.

Procedure

Ethical approval was given by the Institutional Review Board of the University of Brighton (Life, Health, and Physical Sciences Cross School Research Ethics Committee). All participating YP provided verbal assent, and written consent was also provided from the YP's carers. A foster mother and a RC who participated in the study also provided their written consent. Before data collection, all participants were informed about the confidentiality of their answers as well as their right to withdraw from the study.

Before and after taking part in BoT, YP, including those with special educational needs,

completed questionnaires on their own in the school with the assistance of RCs. The completion time was 10 minutes. YP also set and worked towards goals with their RCs and identified the areas they wanted to address and work on, which were rated before and after taking part in the project.

In February 2020, triangulation interviews were conducted by co-author BK with a randomly selected young person, who had received support in the previous year, and her foster mother and RC. The young person and the RC attended the interview in a silent room at the Resilience Revolution headquarters, while the foster mother preferred a home visit. The interview length was approximately 15 minutes for the young person, 55 minutes for the parent, and 90 minutes for the RC. The interviews were recorded using an encrypted recording device and later transcribed by the authors.

Measures

Quantitative measures. Table 1 presents descriptive statistics and internal consistency (where applicable) for the study variables and the statistical analysis results.

YP's demographic (e.g., gender, IDACI) and educational data (e.g., school attendance and exclusion records) were obtained from the Local Authority.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) was administered to the YP before and after BoT, to explore whether or not the support had helped the YP to build their strengths and reduce the difficulties they experienced. The SDQ is a short questionnaire, validated for YP aged between 11 and 17. It incorporates five subscales assessed on 25 items (5 items per subscale), evaluating difficulties on four subscales (i.e., Emotional symptoms, Conduct problems, Hyperactivity/inattention, Peer relationship problems) and one strength subscale (i.e., Prosocial behaviour). The difficulties subscales can also be combined to receive a total difficulty scale. The questionnaire also includes an impact supplement with five items to evaluate the impact of these difficulties on various areas of YP's life, e.g., home or school environments. In the current study, the Conduct problems subscale was excluded from analysis due to low internal consistency.

To monitor the progress of the intervention, the Goal Based Outcomes tool (GBOS; Law & Jacob, 2015) was used. GBOs are often used in a therapeutic setting, allowing practitioners and YP to identify goals for the areas in which they wanted to see improvement, and monitor their progress

towards reaching that goal. In the current project, the GBOs were completed on a one-to-one basis with YP, setting multiple goals and checking progress regularly on a 0-to-10 scale, where 0 means the goal has not been met in any way, and 10 means the goal has been met completely.

Qualitative tools. Semi-structured interviews were used to explore the YP's experiences in the home and school environment, challenges faced, and the role of RR:HS and BoT involvement.

Data Analysis

Quantitative data analysis was performed using IBM SPSS Statistics 26.0 for Windows. A repeated measures analysis of variance (ANOVA) to examine the changes in YP's scores before and after receiving BoT support. The differences in the strengths and difficulties experienced by YP were examined across two time points, before and after BoT. Effect sizes were calculated as partial eta squared (Richardson, 2011). We then calculated the validated cut-off scores for SDQ scales to identify the proportion of YP who reported above threshold (borderline and clinical range) levels in the reported strengths and difficulties before and after receiving BoT support. The cut-off scores are provided based on a representative UK sample and available online on SDQ website (Youth in Mind, 2016).

The qualitative data collected from a YP, her foster mother and the RC were used to create narrative summaries to present the data.

Table 1. Descriptive Statistics, Internal Consistency, and Statistical Analysis Results														
	Before BoT					After BoT								
	α	M	SD	Min	Max	α	M	SD	Min	Max	F	df	p	η_p^2
Emotional symptoms (0-10)	.82	4.87	2.79	1	10	.79	3.48	2.57	0	9	5.12	22	.03	.19
Hyperactivity (0-10)	.45	6.35	2.29	2	10	.65	5.09	2.11	0	9	7.03	22	.02	.24
Peer problems (0-10)	.70	3.48	2.56	0	8	.66	3.30	2.36	0	8	0.09	22	.77	.00
Total difficulties (0-40)	.74	18.78	5.58	7	31	.86	15.26	6.78	3	29	6.35	22	.02	.22
Impact (0-10)	.54	2.89	1.99	0	6	.83	1.41	2.42	0	8	6.04	18	.02	.25
Prosocial behaviour (0-10)	.51	6.35	1.58	2	9	.65	7.35	1.92	4	10	5.27	22	.03	.19
GBOs (0-10)	-	3.71	2.87	0	10	-	7.31	2.80	0	10	80.03	41	.00	.66
School absence (%)	-	88.29	13.82	40	100	-	82.17	20.00	37	100	2.75	21	.11	.12
School suspension (days)	-	3.52	4.82	0	14	-	2.89	4.34	0	14	0.29	22	.60	.01

Notes: *BoT* = Back on Track. *GBOs* = Goal based outcomes.

3. Results

Quantitative Findings

Strengths and difficulties. YP reported significant improvements in emotional problems and hyperactivity after BoT (see Table 1). More than half of the YP (52%) reported improvement in their emotional difficulties, and the average decrease in the reported emotional difficulties was 29%. Three out of four YP (74%) reported lower hyperactivity problems, with an overall decrease of 20% in the reported scores over time. Overall, the difficulties they experienced and the impact of these difficulties had on the different areas of their lives (i.e., family, leisure, classroom, and friendships) significantly decreased after BoT. Sixty-five percent of YP reported improvement in their total difficulties score, with an average decrease of 19% in their scores. Similarly, 68% of YP rated the impact of the difficulties on areas of their lives (i.e., family, leisure, classroom, and friendships) lower, and the

average decrease reported was 16%. Moreover, YP reported increased prosocial behaviour after BoT. The proportion of YP reporting improved prosocial behaviour was 65%, and the average increase in prosocial behaviour score across time was 16%.

Next, we used validated cut-off scores (Youth in Mind, 2016) to identify YP in our sample who had normal and above threshold (borderline or clinical range) levels in the reported strength and difficulties before and after BoT (see Table 2). Findings showed a decrease in the proportion of YP who reported above threshold levels of difficulties on all subscales, including emotional difficulties, hyperactivity, peer problems, as well as the combination of these scales (i.e., total difficulties) after BoT. Similarly, less YP reported that these difficulties had serious (above threshold level) impact on their lives. In addition, less YP reported below threshold prosocial behaviour.

Table 2. The Proportion of Young People Reporting Normal and Above Threshold Scores on SDQ						
	Before BoT			After BoT		
	Normal	Borderline	Clinical	Normal	Borderline	Clinical
Emotional symptoms	56.5	13.0	30.4	73.9	13.0	13.0
Hyperactivity	34.8	8.7	56.4	52.2	26.1	21.6
Peer problems	52.2	26.0	21.7	60.9	17.4	21.7
Total difficulties	26.1	34.7	39.1	52.3	26.0	21.6
Impact	15.8	10.5	73.8	63.6	9.1	27.2
Prosocial behaviour	73.9	21.7	4.3	78.2	17.4	4.3

Goal-based outcomes (GBOs). YP's GBO scores were explored to monitor the progress of the intervention and see whether YP came closer to reaching their goals at the end of the support. In total, 42 goals were recorded for 15 YP. The number of goals identified for each young person ranged from 1 to 6 goals, with an average of 3 goals (M = 2.80, SD = 1.37).

Each goal was related to at least one resilient domain outlined in the Resilience Framework (Hart *et al.*, 2007). A closer look at the data showed that 31 goals referred to the resilient moves in learning, 7 to coping, 6 to core-self, 4 to belonging, and 1 referred to basics domain aspects of the framework. In Table 3, a sample goal from each domain is presented.

Before and after receiving BoT, YP's scores for 62% of the goals changed by more than the reliable change index of 2.45 or the meaningful change value of 3; a value above these is considered not to be due to random fluctuation or due to measurement error and to represent a quality change in YP's progress (Edbrooke-Childs *et al.*, 2015). Changes in the GBOs were analysed by comparing the ratings YP reported when the goal was first set and when it was completed. Results showed that, at the end of their support, YP rated themselves significantly closer to reaching their goals (see Table 1).

Educational outcomes. School absence and exclusion data were available for 20 and 21 YP, respectively. Changes were explored in relation to YP's school attendance and exclusion before and after they took part in BoT (for statistics, see Table 1). Even though there was an increase in school absence rates in the second assessment, this increase was not statistically significant, meaning that absence rates were similar before and after receiving BoT support. Fixed term exclusion records were also similar before and after BoT. Meanwhile, none of the YP was permanently excluded from their school during and after the support.

After BoT support, 87% of YP remained in a mainstream school setting, whereas 13% moved to

Table 3. Sample Goals for the Resilience Framework Domains	
Domain	Sample Goal
Learning	"(*I want*) to get better at my timetables."
Core-self	"To have more confidence in myself."
Coping	"To be more positive about situations."
Belonging	"To have more friends in school."
Basics	"To be happy in my new home."

Educational Diversity (a pupil referral unit) with an alternative provision setting for special educational needs and disability (SEND) for more appropriate support.

Qualitative Findings

Narrative summaries were used to present the data, driven solely from the triangulation interviews with the young person, foster mother, and RC.

Narrative summary for Young Person. Emma (the YP's pseudonym) described living with her foster parents and younger siblings. She reported that she used to argue with her younger sister a lot and to some extent her brother. At school, she reported having difficulties making friends and getting on with people, and she said that she bullied some people. She related this to feeling stressed and finding it difficult to talk to people about it. She described coming to be involved in Headstart via her foster mother linking her up with a Resilience Coach (RC).

Emma described that her involvement with Headstart included taking part in a range of activities with the RC such as bowling, going to places for snacks and cooking. As a result, she said she now spends less time on her tablet, which meant that she started spending more quality time with her family. The RC introduced her to the Resilience Framework, which she now looks at every day. She has found talking to the RC about the resilient moves and trying them out particularly helpful. Consequently, Emma now feels more able to speak to people at home and school constructively when she is feeling stressed rather than argue or bully people. She feels more able to ask for help and is making more friends. Whilst at one point Emma gave some indication that this started to some extent before beginning involvement with Headstart, the main message from her account was that these social skills developed during, and as a result of, her involvement.

> *"I started being nice. There is a girl that came back to school, and I kept like bullying her, like picking on her, but now I stopped since I've seen my Resilience Coach. Now, we've just started being best friends again."*

Narrative summary for Foster Mother. Anne (the pseudonym for Emma's Foster Mother) has been Emma's foster mother for nearly nine years. Anne describes their home life as chaotic and crowded, with Emma seeking constant attention and experiencing major emotional outbursts. She also reported that Emma suffers from traumatic early childhood experiences, as well as global development delay, attachment problems and sensory process relating to autism. These led to difficulties in Emma regulating her emotions and behaviours, forming and managing relationships and leaving the house: particularly when visiting new places. Anne reported that at school, Emma experienced multiple exclusions in Year 4 and was on the edge of exclusion when she started receiving support from the HeadStart team. At the time of the interview, Emma had an Education, Health and Care (EHC) plan at school, which means she needs more support than is available through special educational needs support. Anne's ongoing view is that Emma would be better supported in a non-mainstream, special needs school.

Anne learned about the HeadStart programme through a social worker some years ago and waited until Emma was 10 years old to receive support. She described Emma's initial engagement with BoT and her RC as apprehensive due to her complex issues. But in time, Emma formed an attachment and a great relationship with her RC, and she enjoyed being part of the programme. The foster mother reported that this was a result of careful planning of the activities and delivery strategy with respect to Emma's needs. In addition, the RC organised activities to boost Emma's self-esteem. Emma and the RC worked on the Resilience Framework, which Emma keeps with her all the time and used it to regulate her anger. Anne reported that Emma got better at controlling her anger, that she talks more about her emotions, and has started having better relationships at home. Foster mother Anne also appreciated that the RC supported her through meetings with schools. By observing the RC's interaction with Emma, Anne developed a new understanding of how to communicate better with Emma, and she adopted the RC's one-to-one approach when interacting with Emma.

Anne expressed some concerns about the sudden end of the support and how it was communicated, but her overall view was that support such as that offered by HeadStart is vital for children and families in Blackpool.

> *"If you weren't around, where would we be? The Resilience Coach's been vital in helping and supporting my child and all of us as a family, with school and everything else. (...) You've done wonders with not just my child but probably all the other children as well."*

> *"[BoT] worked massively on her anger issues, I do think that has helped greatly her anger. (...) It's (BoT)*

[Angie HART; Buket KARA; Rochelle MORRIS; Barbara MEZES; Sharon BUTLER; Craig MCKENZIE; Rosie GORDON; Josh CAMERON & Suna ERYIGIT-MADZWAMUSE]

made a lot for us because our Resilience Coach has also supported me in meetings, she's come along with me, stood by my side and spoke about my daughter and praised her highly, and recommended things for her within the school setting. So for me it's good that I've had another person on board that knows my daughter's needs."

Narrative summary for the Resilience Coach. Stacy learned about Headstart (HS) at college, from her tutor on a degree course. She later engaged with HeadStart as a Resilience Coach (RC) and provided group or one-to-one support to YP and families in different HS projects.

When she started working with Emma, Stacy considered that the school and the foster parents underestimated Emma's abilities. They did not expect Emma to perform well in SATs and cope in a mainstream school. According to Stacy, with BoT support, Emma was able to build self-confidence and self-worth, and she started believing in herself. Stacy reported that she introduced activities that would boost Emma's self-esteem and confidence, and conversations were weaved into these activities. This gave Emma a safe space to open up and talk about issues that concerned her, such as her relationship with her sister. Stacy also noticed Emma's talent in singing, and she encouraged Emma to foster her talent. By joining a choir at school, Emma also raised her profile and gained a more positive view at school. All these brought empowerment, improved wellbeing, less volatile behaviour, better relationships, and new friendships in high school. Even though there had been anticipatory anxiety and reaction to school change, these responses disappeared in a short time. Indeed, Stacy thought Emma settled well in the high school.

Stacy also stated that she engaged with foster mother Anne to broaden her understanding on why Emma might behave in certain ways and encouraged empathy. In response, she said that she observed Anne's attitude toward Emma soften. Stacy also noticed some changes in school staff, where they were making progress in understanding the impact of Emma's previous traumatic experiences on her wellbeing and behaviour, and in addressing this issue to help Emma. School staff also then started communicating more with Stacy.

Altogether, Stacy hoped that HS had been planting seeds, to introduce a different way of thinking that helps people to cope with life, and that the impact of BoT on Emma would continue to carry on.

"I've noticed that [Emma] was willing to expect more of herself, that she wasn't being written off, that she

could manage school. And I think that changed her behaviour. She became less volatile and more content in school."

"[Emma] looked more empowered, and she would say, 'I think I can do this' and she did in the end. (...) I think she's got more self-worth and more, she believes in herself more."

4. Discussion and conclusions

Children in care are often exposed to many adversities, challenges, and social inequalities (Skiba *et al.*, 2014; Viner & Taylor, 2005), and the cumulative impact of these experiences often worsen their well-being and life expectancy (Fergus & Zimmerman, 2005; Petrie *et al.*, 2006). BoT explored new ways to support Our Children (children in care) in Blackpool, working with multiple systems such as schools, parents/carers and social workers. Our study used a mixed-methods design to explore the effectiveness of BoT in supporting YP, and the results confirmed our predictions. After BoT, YP reported a higher level of strengths (i.e., prosocial behaviour) and a lower level of emotional and behavioural difficulties. Also, they felt the impact of these difficulties on their lives (at home, school, etc.) to a lesser extent. YP also felt significantly closer to reaching their goals, which were about building their resilience. These findings were supported by the narratives provided by the YP, foster parent and RC, highlighting improvements in attitudes and behaviour at home (e.g., better relationship with the sibling, less aggressive behaviour) and at school (e.g., reduced bullying behaviour), as well as in personal skills and assets (e.g., self-esteem, coping skills). With regard to educational outcomes, even though their school absence and fixed term exclusion rates were insignificantly elevated, this reflected a normative trend (DfE, 2020c; 2020d). Notably, none of the YP were permanently excluded from school. Altogether, the findings indicated that BoT was successful in achieving its aims.

The reasons behind this success are various, starting with BoT's strong theoretical background. Grounded in a social pedagogical approach (Eichsteller & Holthoff, 2011) and Resilient Therapy (Hart *et al.*, 2007), BoT supported Our Children in 'beating the odds' by promoting their resilience and equipping them to overcome emotional and behavioural difficulties. At least to a small extent it also helped, in relation to individual children, in 'changing the odds' by challenging and transforming the systems surrounding the YP, including the

wider school context and how systems work together. Eichsteller and Holthoff (2011) depict the diamond model to present the key principles of a social pedagogical approach: 'wellbeing' as a multi-dimensional and holistic experience, 'learning' by facilitating a YP's capacity to think for themselves, authentic and trusting 'relationship' between YP and professionals, and 'empowerment' through a YP's active engagement in their own life and within society. Diamond is a metaphor to describe that all YP have a diamond in them, regardless of their actions or experiences, and a social pedagogue should aim to help YP polish the inner diamond so that it shines brightly. The narrative summaries of the research clearly showed that BoT helped the young person to get her diamond to shine as brightly as it can.

The interviews highlighted the vital role of the RC in enhancing the communication between the young person, her foster mother, the school, and her social worker. The foster mother and the RC worked together to plan activities that would meet the young person's needs. This provided opportunities for them to address communication issues between the young person and their foster mother, whereby the foster mother increased her empathetic interaction with the young person. The foster mother was delighted about the RC's support in school meetings, advocating for their rights. These meetings triggered a perspective shift in schools, where staff became more aware of the impact of the trauma the young person experienced on her emotional and behavioural difficulties. Along with changes happening at home (e.g., the foster mother developing a more positive attitude towards the young person), the RC observed a system change in schools as they became more trauma-informed and changed their perspectives about 'trouble-making' YP. This suggest that BoT might indirectly helped other children in care in schools by changing the staff's approach towards them. At the heart of this change is the experiential learning facilitated by the RCs through child advocacy and interactions across the systems. Advocacy is a requisite to strengthening the care workforce and improving practice (Rahilly & Hendry, 2014). It ensures that the young person's (and their family's) voices are heard by the professionals and generates more supportive interactions and relationships.

Whilst individual children and the systems immediately surrounding them were clearly impacted by BoT it is unclear as to what effect BoT had on wider systems change in Blackpool. It should be acknowledged that the RR:HS already had strong and trusting relationships with schools, which enabled BoT to be implemented

with success. Elsewhere, we have reported that there was a culture shift and system change in Blackpool's schools related to embedding resilience-building approaches (see Chapter 3: The Revolution in Schools in the annual report; HeadStart, 2020). However, this probably did not start with BoT per se, but emerged as a result of all the activities, such as other targeted support offers (HeadStart Blackpool, 2020; Kara *et al.*, 2021) and the implementation of the Academic Resilience Approach (ARA; Hart & Williams, 2014), a whole-school based community development model. The RCs were trained in the ARA and committed to working together with schools to improve the outcomes for YP through a self-improving, resilient education system. YP have been active agents of the transformation process, coming together as the 'Resilience Committees' or for engaging with activism and resilience building activities in schools, whereas thousands of school staff have received resilience training and learned about the whole-school approach (HeadStart Blackpool, 2020). BoT was implemented as part of this social movement and transformation process and generated positive outcomes for Our Children. It is now delivered by Blackpool Council to every one of Our Children in Year 6 (age 11), a critical and often challenging period as YP prepare transitioning to high school, which predicts wellbeing and attainment later in life (West *et al.*, 2010).

This research was designed and implemented by adopting a co-production approach (Banks *et al.*, 2018). Co-production brings the synthesis of academic research experience and practical knowledge and 'lived expertise' of the community. In line with this, the research team was formed by academic researchers, the Local Authority's research staff, practitioners, and a young apprentice who was a former BoT YP participant. Another strength was utilising both qualitative and quantitative data from multiple respondents (i.e., young people and teaching staff), helping us to explore the impact of BoT more in depth and breadth. However, our research had also limitations, such as small sample size, lack of a control group, and lack of follow-up data to examine the impact of BoT longitudinally. The intervention itself also did not target supporting practitioners and families to change the odds to any significant extent.

In conclusion, we endorse that, with a social pedagogical approach and a committed team, BoT can be used as a model to support children in care system. However, if wider systems change is to be achieved practitioners such as those involved in BoT need considerable support in navigating and negotiating social, educational and health systems (Hart & Aumann, 2017). They also

need considerable help with supporting families to effect change at wider systems too. Future research should investigate the implementation of BoT in other contexts and the sustainability of its impact in terms of YP's outcomes and within the system.

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