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The mental health, emotional literacy, cognitive ability, literacy attainment and 'resilience' of 'looked after children': A multidimensional, multiple-rater population based study

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Objectives. Existing research studies suggest that children who are looked after by the State experience high levels of mental health difficulties and underachieve in many other domains. Few studies, however, aim to reflect the heterogeneity of these children and those who are performing well may be under-represented in the findings. This study aims to provide a more representative picture, offering novel data on resilience.

Design. A multidimensional, multiple-rater population-based study of looked after children.

Method. The entire population of looked after children aged 7–15 years (n = 193) in one local authority was assessed in core domains; mental health, emotional literacy, cognitive ability and literacy attainment. Measures included the Strength and Difficulties questionnaire, Emotional Literacy Assessment and Intervention Inventory, and the British Ability Scales. The children's data were compared with general population norms and existing research studies. The incidence of resilience, defined by the fulfilment of positive exception criteria, was recorded. Children fulfilling positive exception criteria were then compared to the remaining children on key factors.

Results. The looked after children performed less well in all domains compared with general population norms. Sixteen per cent of children met the positive exception criteria. Positive performance on individual measures varied from 34% to 76%. A statistically significant association was found between positive exception classification and two factors; parental contact and mainstream schooling.

Conclusions. In general terms, this study supports the findings of previous research studies. However, evidence of positive exceptions across and within all domains cautions against overgeneralization of findings. The findings also implicate parental contact and mainstream education in the promotion of resilience.

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This paper is dedicated to the late Professor Matthew Colton and his surviving family. Matthew was an inspirational colleague. His research into the needs of children in care has, without doubt, made a positive difference in the lives of many.

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Internationally, children who are cared for by the State are recognized as particularly vulnerable (Colton & Williams, 2006; Rees, 2010; United Nations, 2009). In the United Kingdom, these children are referred to in law as 'looked after children' (Children Act, 1989). They are said to experience disproportionately high rates of psychopathology, health problems, and educational underachievement (Colton & Heath, 1994; Dixon, 2008; Meltzer, Corbin, Gatward, Goddman, & Ford, 2003). However, the evidence base is limited because research in this area has been fraught with difficulty. For example, access to looked after children has often been heavily restricted, the cooperation of care staff limited, participant engagement low and sample attrition high (Gilberstson & Barber, 2002; O'Sullivan & Westerman, 2007; Richardson & Joughin, 2002; Skuse & Evans, 2001). For reasons such as these some researchers have undertaken case file audits or gathered social workers' perceptions rather than working directly with the children (Schofield, Thoburn, Howell, & Dickens, 2007). Others have focused on relatively small purposive samples of specific subgroups, for example, children in foster care, institutional care, non-statutory placements, or those who have recently entered into care (Pilowsky, 1995; Rutter, Roy, & Kreppner, 2002; Sempik, Ward, & Darker, 2008; Thomson, 2007). Given the considerable heterogeneity of looked after children (Roy & Rutter, 2006), the corollary of using such selective research strategies is that findings may not accurately represent the wider population of looked after children. The following section illustrates this point with salient examples from existing research into the mental health, emotional literacy, cognitive performance, educational attainment, and resilience of looked after children. The section concludes with a summary of the rationale for this study.

Studies of mental health and emotional literacy

Ford, Vostanis, Meltzer, and Goodman (2007) reviewed studies on the mental health difficulties of looked after children and found prevalence rates from 17% to 89%. There are many possible reasons for such a large variation including the date of the study, measures of psychopathology used, type of care placement, sample size, and level of participant engagement. In an early study, Pringle (1965) reviewed 188 children in institutional care and concluded that as many as 30% were 'maladjusted'. Despite radical reform of State care for children since the 1960s (Butler & Drakeford, 2005), later studies have frequently recorded higher rates of difficulty. McCann, James, Wilson, and Dunn (1996) reported that an average of 67% of children they studied had a psychiatric disorder, rising to 96% among adolescents in residential units. However, the sample size was low (n = 88), and less than half of the sample were interviewed. Similarly, Dimigen *et al.* (1999) reported elevated levels of depression among newly accommodated children; 50% in residential facilities and 27% in foster placements, but again the sample size was notably small; 13 and 12, respectively. Meltzer *et al.* (2003) and Meltzer, Lader, Corbin, Goodman and Ford (2004a, b) have undertaken the most comprehensive and authoritative large-scale random sampling surveys of the mental health of looked after children in England (target n = 2,315), Wales (target n = 308), and Scotland (target n = 877). In the English and Scottish surveys, 45% of eligible participants were diagnosed with a mental disorder and a marginally higher figure of 49% in Wales. It is important to note that the researchers openly record high ineligibility rates in all three surveys (Ford *et al.*, 2007). In Wales, for example, of the target sample of 308, less than half (n = 149) were eventually included in the survey. The final sample was approximately 3% of all children being looked after in Wales at the time (LGDU [Local government Data Unit], 2004).

Assessment of a child's mental health requires thorough evaluation of all aspects of emotional, social, and behavioural functioning (Mental Health Foundation, 2002). To date, there is limited empirical data available, specifically on the emotional literacy of looked after children.

Cognitive performance

Jackson and Sachdev (2001, p.7) maintain that the general looked after population are of 'normal intelligence'. However, with the exception of studies on related populations (Rutter *et al.*, 2007), there is a dearth of data on the cognitive performance of looked after children. It is necessary to go back to Pringle's study of the early 1960s (Pringle, 1965) to find robust data. Other notable studies include St. Claire and Osborn (1987) who reported on investigations which formed part of the Child Health and Education Study. Although statistical means were not stated, children who had been in care were reported to have performed far less well as a group. It is remarkable that so little cognitive data on looked after children is available.

Educational attainment

Official statistics suggest that the educational attainment of looked after children is low. Compared with 53% of the general population, as few as 12% of looked after children in England, and 10% in Wales, attain the national benchmark of 5 A*-C GCSEs, including English and Mathematics (DfE, 2010; WAG, 2011). Stein (2006) argued that educational outcome statistics have little meaning when considered in isolation from the rest of the life course. Clayden and Stein (2005), for example, examined the success of 181 care leavers in achieving self-determined goals in areas such as self-esteem, education, training, and employment. They found that 76% of the care leavers had succeeded in achieving their personal goals. Forrester, Goodman, Cocker, Binnie, and Jensch (2009) have also pointed out the positive impact that the care system has in the lives of many children may go undetected by outcomes statistics. In England, for example, during the year ending March 2010, as many as 16,890 children under the age 16 left care of whom 68% were below the age of 10 (DfE, 2011). These children and the positive influence of the care system on their educational attainment will not, therefore, be reflected in official outcome statistics.

Resilience and factors promoting positive outcomes

Epidemiological and resilience-based studies have repeatedly found positive exceptions in the general population despite exposure to adversity of many kinds (Bakker, Bannink, & Macdonald, 2010; Kuh, Ben-Shlomo, Lynch, Hallqvist, & Power, 2003). There is also a growing body of literature on resilience among those who are, or have been, looked after (Clayden & Stein, 2005; Dent & Cameron, 2003; Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004; Lambert, 2001; McMurray, Connolly, Preston-Shoot, & Wigley, 2008). Researchers have identified a number of factors which appear to promote positive outcomes. Howe and Steele (2004), for example, reviewed a wide range of research and concluded that regular contact with birth parents is often beneficial. Hannon, Wood, and Bazalgette (2010) have argued from literature and their own research that the early accommodation of children can lead to positive outcomes. Colton and Heath (1994) presented data from their own longitudinal research to suggest that a child's pre-care

history influenced educational outcomes. Conversely, research by Jackson (1987) and Fletcher-Campbell and Hall (1990) suggested that the care system was responsible for educational difficulties. Berridge's (2007) analysis of research literature is that the care system does not, necessarily, jeopardize educational progress. Many researchers have also identified educational engagement as a determinant of better outcomes (Coulling, 2000; Jackson, 2001). The Institute of Public Care (2008) also carried out a broad review of research on the promotion of positive outcomes for looked after children and concluded that certain types of care placement are to be preferred over others.

Rationale for study

This brief review suggests that existing studies may not fully represent the performance of looked after children. Researchers have, for example, employed purposive sampling techniques, worked with small samples, and experienced high levels of non-participation. Some studies have depended solely on the perceptions of adults and not included the children. In some domains, data are remarkably sparse. Data on the prevalence of positive performance and factors that are associated with such performance are particularly limited. The main aims of this study are therefore fourfold. First, to address gaps in the research literature by presenting comparative data from a multidimensional, multiple-rater (child, carer, and teacher) population-based study of looked after children that attains high participation rates. Second, to explore the consistency between the findings of the present population study and existing research literature. Third, to determine whether a multidimensional, multiple-rater population study can identify positive exceptions in and across key domains and, if so, the frequency of occurrence. Fourth, the study explores how well key factors, identified within the existing literature, relate to predetermined positive exception criteria.

Method

Participants

Within the participating Local Authority (LA), 0.82% of children under 18 years of age were looked after. All children aged 7–15 years (n = 193) were included in the study with the exception of any child expecting imminent confirmation of adoption (n = 2). All of the children had been looked after for at least 3 months.

Children's gender, age, ethnicity, and education

Of the children, 101 (52.3%) were male and 92 female (47.7%). The median age was 10 years and 5 months. The children were nearly all white British (99%). The children were accessing a range of educational provision; mainstream (n = 157; 81%), specialist mainstream support (n = 23; 12%), Special School (n = 6; 3%), Residential Facility (n = 5; 3%) and on-site education in a secure setting (n = 2; 1%). The average school attendance rate for the academic year prior to assessment was 92.18% (n = 184).

Children's care placements, legal status, and age at first accommodation

Of the study population, 126 (65%) were living within and 67 (35%) outside of the LA's geographical boundaries. The children were dispersed among 24 LAs across Wales and

England. They were resident in: LA foster care (n = 77); private foster care (n = 65); LA care homes (n = 8); private residential facilities (n = 8); the care of relatives (n = 33); secure accommodation (n = 2). 150 (78%) were the subject of a full care order (section 31, Children Act, 1989); 27 (14%) an interim care order (section 38, Children Act, 1989); and 16 (8%) were voluntarily accommodated (section 20, Children Act, 1989). The age range at first accommodation into care was 7 days through to 14 years 5 months. The median age at first accommodation was 6 years and 9 months.

Measures

In keeping with the research aims a range of standardized instruments from the following domains were chosen:

Mental health: The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; Goodman, Meltzer, & Bailey, 1998)

The SDQ is recognized as a 'well-validated measure of common childhood psychopathology' for use with 4–16 year olds (Ford *et al.*, 2007; p.320). There are parallel versions for the child, teacher, and parent/carers. A composite 'Total' rating score can be obtained. Relevant norm sample data are available (Meltzer, Gatward, Goodman, & Ford, 2000; Muris, Meesters, Eijkelenboom, & Vincken, 2004). Goodman (2001) reported an internal consistency reliability quotient for the SDQ of 0.73.

Emotional literacy: Emotional literacy: Assessment and intervention inventory (ELAII; Faupel, 2003)

The ELAII is a standardized emotional literacy inventory for use with 7–16 year olds. The ELAII contains parallel inventories for child, teacher, and parent/carers. Each inventory has five subscales and an 'Overall' score can be calculated. Norms are available for 'Overall' scores on all three inventories and for teacher and parent/carer subscales. Faupel (2003) has reported internal consistency reliability quotients for the parallel inventories of 0.76–0.94.

Cognitive Ability: British Ability Scales, II (BAS II; Elliot, 1997)

The BAS II includes a core scale which can be used to calculate a General Conceptual Ability (GCA). The GCA is defined as the general ability of an individual to perform complex mental processing that involves conceptualization and the transformation of information (Elliot, 1997). The technical manual cites a correlation between the GCA and the WISC III of 0.76. Elliot (1997) reported age-specific internal reliability quotients for the GCA of 0.94–0.96.

Literacy (Reading and Spelling): British Ability Scales, II – Achievement Scale (Elliot, 1997)

The Word Reading subtest of the BAS II assesses a child's ability to read single words commonly found in children's reading materials. The Spelling subtest of the BAS II assesses a child's ability to spell a range of phonically regular and irregular words. Elliot (1997) has reported age-specific internal reliability quotients for Word Reading and Spelling of 0.91–0.98.

Other relevant data: difference between groups

Data were collated on a range of factors identified within the literature as being associated with positive outcomes, such as whether the child was having direct (face to face) contact with their parent(s) at least once a month; the age at which the child was first accommodated (months); the primary reason for accommodation as reflected in case files (emotional abuse, neglect general, neglect chronic, sexual abuse, physical abuse, parental substance misuse or other); the length of time the child had spend in care (months); the type of care placement the child was in (foster care, residential care, kinship care or other); whether the child was attending a mainstream school.

Procedure

Approval for the study was obtained from Manchester University and the Head of Children's Services within the LA. An accurate list of all of the LA's looked after children aged 7–14 was established. An explanation of the study was offered to the children, the children's carer(s), and teachers. Informed consent was sought from all prospective participants. The author oversaw all casework. Initial fieldwork was undertaken over a period of 14 months concluding in 2006. During 2007 and 2008 further case file audit and analysis was undertaken. A number of in-depth case studies were carried out which will be reported on elsewhere.

Data description and analysis

Codes were assigned and data entered into the Statistical Package for Social Sciences (SPSS). Ratings and performance was categorized according to published classifications. Statistical comparison between the mean scores in each domain of the target population and norm data was performed using independent sample *t*-tests. Regression discrepancy analysis (Elliot, 1997) was undertaken to explore underachievement in literacy. The proportion of the study's population whose observed reading standard score was 20 or more points lower than their predicted standard score, as predicted by age and cognitive ability, was identified. A discrepancy of ≥ 20 points occurred among 5% ($p > 0.01$) of the norm sample (Elliot, 1997). Discrepancy analysis is contentious (BPS (British Psychological Society), 2005), but widespread (Cotton, Crewther, & Crewther, 2005). Diagnostic thresholds are also subjective, but an occurrence rate of less than 5% of the norm sample is typical (Kavale & Flanagan, 2007; Meyer, 2000).

The population data were screened for resilience; positive exceptions, and the incidence recorded. Positive exception criteria were as follows: the 'Total' rating by all raters (self, carer, and teacher) on the SDQ fell within the 'normal' or 'borderline' range; the 'Overall' rating by all three raters on the EAII fell within the average or above average range; the magnitude of the discrepancy between the child's predicted and observed standardized reading score was <20 points (frequency of occurrence of >5% of the norm population); the magnitude of the discrepancy between the child's predicted and observed standardized spelling score was <21 points (frequency of occurrence of >5% of the norm population) and the child's school attendance rate was 85% or above.

Chi-square analysis and independent sample *t*-tests were undertaken to explore the relationship between key factors and fulfilment of positive exception criteria ($n = 30$) or non-fulfilment ($n = 163$).

Results

As can be seen from Table 2, statistically significant differences were identified in each domain and on all subscales. Where a statistically significant difference was found, the direction of difference represents lower adverse performance by the looked after population.

As can be seen from Table 3, statistically significant differences were found between the mean scores of the norm group means and the target population on all but one subscale. Where a statistically significant difference was found the direction of difference represents lower (adverse) performance by the looked after population.

The children's actual level of literacy compared to their predicted level

Of the study population, 67% (n = 128) obtained lower reading scores than those predicted by their cognitive test score and age. Using the same criteria, a very similar figure of 68% (n = 130) was observed in respect of spelling. Conversely, 33% and 32% performed at or above their predicted level in reading and spelling, respectively. When compared with the norm sample, over three times as many of the study population (n = 35; 18%) obtained lower literacy scores than those predicted, at a level that would typically warrant intervention.

The incidence of positive exceptions

Thirty children (16%) met positive exception criteria.

Factors associated with the fulfilment of positive exception criteria

A statistically significant association was found between contact with parent(s) and fulfilment of positive exception criteria: χ^2 (1, N = 193) = 11.57, $p < 0.001$. Of the children who met positive exception criteria 26 (87%) had monthly contact with a parent(s) compared with 87 (53%) of the non-exception group. The mean age in months at which the positive exception group were first accommodated was higher than the non-exceptions group (M = 91.06, SD = 40.08; M = 83.65, SD = 39.20), but the difference was not statistically significant $t(191) = 0.95$, $p = 0.34$. No statistically significant association was found between positive exception group membership and primary reason for accommodation: χ^2 (6, N = 193) = 5.83, $p > 0.05$ or care placement type: χ^2 (3, N = 193) = 0.98, $p > 0.05$. The mean number of months that children who met positive exception criteria had spent in care was lower (M = 40.02, SD = 24.30) than for non-exceptions (M = 43.12, SD = 30.60), but not statistically significant $t(191) = -0.53$, $p = 0.60$. A statistically significant association was found between mainstream school attendance and positive exception group membership: χ^2 (1, N = 184) = 8.15, $p < 0.01$. All 30 children in the positive exception group attended mainstream school in contrast with 127 (78%) of the non-exception group.

Discussion

Participant engagement in this study was high ($n \geq 181$; $\geq 94\%$, Table 1). The incidence of mental health difficulties, as reflected in SDQ 'Total' 'abnormal' ratings of between 33% and 47% (Table 1) is generally consistent with the most comprehensive

Table 1. Classification of study population by mental health, emotional literacy, cognitive ability, and literacy

Domain	Measure	Diagnostic category (norm group% or SS band)	Child *n* (%)	Carer *n* (%)	Teacher *n* (%)
Mental health	SDQ, Total: (Child *n* = 181; Carer *n* = 188; Teacher *n* = 189)	Normal (≈80%)	82 (45.30)	73 (38.83)	72 (38.10)
		Borderline (≈10%)	39 (21.55)	26 (13.83)	36 (19.05)
		Abnormal (≈10%)	60 (33.15)	89 (47.34)	81 (42.86)
Emotional Literacy	ELI, Overall: (Child *n* = 184; Carer *n* = 188; Teacher *n* = 190)	Well above average (10%)	11 (05.98)	03 (01.60)	3 (01.58)
		Above average (15%)	21 (11.41)	12 (06.38)	14 (07.37)
		Average (50%)	108 (58.70)	49 (26.06)	102 (53.68)
		Below average (15%)	24 (13.04)	46 (24.47)	35 (18.42)
		Well below average (10%)	20 (10.87)	78 (41.49)	36 (18.95)
Cognitive	BAS II, GCA (*n* = 192)	Very high (SS*>130)	00 (00.00)		
		High (SS 120–129)	04 (02.08)		
		Above average (SS 110–119)	13 (06.77)		
		Average (SS 90–109)	76 (39.58)		
		Below average (SS 80–89)	44 (22.92)		
		Low (SS 70–79)	23 (11.98)		
		Very low (SS < 70)	32 (16.67)		
Literacy	BAS II: Reading (*n* = 193)	Very high (SS > 130)	01 (00.52)		
		High (SS 120–129)	05 (02.59)		
		Above average (SS 110–119)	14 (07.25)		
		Average (SS 90–109)	64 (33.16)		
		Below average (SS 80–89)	44 (22.80)		
		Low (SS 70–79)	35 (18.13)		
		Very low (SS < 70)	30 (15.54)		
	BAS II: Spelling (*n* = 192)	Very high (SS > 130)	03 (01.56)		
		High (SS 120–129)	02 (01.04)		
		Above average (SS 110–119)	09 (04.69)		
		Average (SS 90–109)	66 (34.38)		
		Below average (SS 80–89)	50 (26.04)		
		Low (SS 70–79)	30 (15.63)		
		Very low (SS < 70)	32 (16.67)		

*SS: standard score ($\bar{x}$ = 100; *SD* = 15).

sampling studies (Meltzer *et al.*, 2003; : Meltzer *et al.*, 2004a,b). Statistically significant differences between the children's scores and norm group scores on SDQ scales suggest multifaceted difficulties (Table 3).

The emotional literacy ratings of the children, as a group, suggest that they also experience relatively high levels of difficulty in this domain (Table 1), but there are marked differences in the perceptions of different raters. The proportion of children whose self-ratings fell within the average to well above average categories was 76%, in comparison with 63% and 34% when rated by teachers and carers, respectively (Table 1). It would be inappropriate to infer from these differences that the ratings of any one group are invalid. The differences may reflect variation in the emotional demands of different

Table 2. Statistical comparison of study population and norm group's performance on core scales

Domain	Measure, Scale, Respondent	Group	*N*	Mean (*SD*)	*t*
Mental health	SDQ, Total, Child	Norm	4228	10.30 (5.20)	−11.28***
		Study population	181	14.82 (6.60)	
	SDQ, Total, Carer	Norm	10298	8.4 (5.8)	−18.32***
		Study population	188	16.29 (7.60)	
	SDQ, Total, Teacher	Norm	8208	10.3 (5.2)	−6.94***
		Study population	189	12.99 (7.32)	
Emotional Literacy	ELAII, Overall, Child	Norm	1697	74.60 (9.60)	2.20*
		Study population	184	72.97 (8.95)	
	ELAII, Overall, Carer	Norm	568	73.20 (10.20)	11.40***
		Study population	188	62.98 (11.84)	
	ELAII, Overall, Teacher	Norm	449	59.10 (12.10)	4.18***
		Study population	190	54.81 (11.15)	
Cognitive	BAS II, GCA	Norm	1035	100 (15)	10.24***
		Study population	192	87.59 (17.52)	
Literacy	BAS II, Reading, Child	Norm	1035	100 (15)	11.30***
		Study population	193	86.24 (17.95)	
	BAS II, Spelling, Child	Norm	1035	100 (15)	11.69***
		Study population	192	85.84 (17.26)	

Note. *$p < .05$; ***$p < .001$.

settings. The care setting requires sustained periods of interaction between the child and the carer(s). The carer(s) often has an intimate knowledge of the child's life story, biological family, and care plan. This contrasts with school where there are large numbers of teachers and peers to interact with in a far less intimate way.

A high incidence of learning difficulty was identified, as reflected in the low GCA mean (Table 2) and the proportion (52%; Table 1) who obtained GCA test scores below the average range (standard score < 90). Despite the passing of time, the data are consistent with those obtained by Pringle (1965). There would also appear to be a high incidence of learning disability with nearly 17% obtaining GCA scores below 70 in contrast with 2% of the norm population (Table 1). It is widely recognized that inadequate cognitive stimulation, neglect, abuse, and trauma during infancy can have a measurable impact on cognitive functioning (Mills *et al.*, 2010; Noble, Norman, & Farah, 2005). The depressed cognitive performance of the study's population is unsurprising given their pre-care experiences and is likely to reflect developmental delay. Even the 25% who obtained a GCA score at or above the general population mean may be underperforming. The challenge is to provide cognitive stimulation within the context of an emotionally secure setting which will in turn facilitate cognitive quickening.

The children's average performance in reading and spelling was relatively low, falling almost one standard deviation below the performance of the general population (Table 1). Three times as many children than expected performed at a level in reading and spelling that would typically warrant intervention. High levels of comorbidity in respect of literacy, mental health, emotional, and behavioural difficulties were observed. It is important to note that only standardized scores have been reported and that the majority of the children had acquired age appropriate functional literacy.

Table 3. Statistical comparison of study population and norm group performance on subscales

Domain	Measure, scale, respondent	Group	*N*	$\bar{x}$ (*SD*)	*t*
Mental health	SDQ, Emotional, Child	Norm Study population	4228 181	2.8 (2.1) 4.18 (2.59)	−8.54***
	SDQ, Emotional, Carer	Norm Study population	10298 188	1.9 (2.0) 3.37 (2.55)	−9.91***
	SDQ, Emotional, Teacher	Norm Study population	8208 189	1.4 (1.9) 2.40 (2.25)	−7.10***
	SDQ, Conduct, Child	Norm Study population	4228 181	2.2 (1.7) 3.07 (2.18)	−10.45***
	SDQ, Conduct, Carer	Norm Study population	10298 188	1.6 (1.7) 3.82 (2.68)	−17.47***
	SDQ, Conduct. Teacher	Norm Study population	8208 189	0.9 (1.6) 2.63 (2.51)	−14.42***
	SDQ, Hyperactivity, Child	Norm Study population	4228 181	3.8 (2.2) 4.65 (2.51)	−5.05***
	SDQ, Hyperactivity, Carer	Norm Study population	10298 188	3.5 (2.6) 5.89 (3.10)	−12.41***
	SDQ, Hyperactivity, Teacher	Norm Study population	8208 189	2.9 (2.8) 5.42 (3.15)	−12.65***
	SDQ, Peer Problems, Child	Norm Study population	4228 181	1.5 (1.4) 2.97 (2.19)	−13.41***
	SDQ, Peer Problems, Carer	Norm Study population	10298 188	1.5 (1.7) 3.23 (2.56)	−6.78***
	SDQ, Peer Problems, Teacher	Norm Study population	8208 189	1.4 (1.8) 2.53 (2.26)	−8.46***
	SDQ, Pro-Social, Child	Norm Study population	4228 181	8.0 (1.7) 7.67 (2.29)	−2.51*
	SDQ, Pro-Social, Carer	Norm Study population	10298 188	8.6 (1.6) 6.85 (2.28)	−14.69***
	SDQ, Pro-Social, Teacher	Norm Study population	8208 188	7.2 (2.4) 6.28 (2.59)	−5.17***
Emotional literacy	ELAII, Self Awareness, Carer	Norm Study population	568 188	13.4 (2.4) 11.94 (2.79)	6.92***
	ELAII, Self Awareness, Teacher	Norm Study population	449 190	11.6 (2.3) 10.61 (2.39)	4.90***
	ELAII, Self Regulation, Carer	Norm Study population	568 188	13.1 (3.3) 9.98 (3.47)	11.07***
	ELAII, Self Regulation, Teacher	Norm Study population	449 190	11.1 (3.4) 10.02 (3.47)	3.64***
	ELAII, Motivation, Carer	Norm Study population	568 188	13.8 (3.1) 11.71 (3.36)	7.83***
	ELAII, Motivation, Teacher	Norm Study population	449 190	11.2 (3.3) 10.24 (2.79)	3.51***
	ELAII, Empathy, Carer	Norm Study population	568 188	15.2 (2.6) 13.41 (3.29)	7.62***
	ELAII, Empathy, Teacher	Norm Study population	449 190	12.2 (2.9) 11.13 (3.04)	4.19***
	ELAII, Social Skills, Carer	Norm Study population	568 188	17.5 (2.4) 15.94 (3.45)	6.85***
	ELAII, Social Skills, Teacher	Norm Study population	449 190	13.0 (2.5) 12.81 (2.53)	0.87

Note. *$p < .05$; ***$p < .001$.

Positive exceptions

The proportion of looked after children who met all positive exception criteria was low (16%). A closer look at their performance on individual measures suggests a far higher rate of domain-specific success. For example, the ratings of between 38% and 45% of the population fall within the 'normal' range on the SDQ (Table 1). As already noted, similar statistics were observed on emotional literacy (see Table 1). Just under one half (48%) performed within the average range or above on the cognitive measure. In literacy between 42% and 44% were functioning within the average range or above and around one-third of the population are actually performing at or above their predicted level in reading and spelling. The data on attendance and school placement are also positive. The implication of these findings is that success, within discrete domains, is a reasonable aspiration for a large proportion of looked after children.

Factors associated with fulfilment of positive exception criteria

This study is unusual in that it explored the level of association between selected factors and predetermined positive exception criteria. Only two of the factors were found to associate at a level that was statistically significant; regular contact with parent(s) and mainstream school attendance. Researchers have claimed that ongoing contact between looked after children and their birth family can yield a wide range of benefits such as an increased likelihood of rehabilitation, fewer placement breakdowns, a stronger sense of identity, and the alleviation of anxiety and guilt (Biehal, 2007; Sen & Broadhurst, 2011; Triseliotis, 2010; Winter & Cohen, 2005). There is also growing evidence that looked after children are typically keen for contact (Munro, 2001; SWIA, 2006). Current childcare legislation in the United Kingdom is in keeping with these views and compels local authorities to 'promote' parental contact with limited exceptions (Children Act, 1989). There are those who still question the benefits of contact as well as the underlying research evidence supporting this (see for example, Loxterkamp, 2009 cited by Triseliotis, 2010, p.61). Some researchers are also concerned that policy objectives may inappropriately influence decisions over contact. In Australia, for example, Briggs and Broadhurst (2005), p.33 found evidence to suggest that children were 'forced to visit birth parents irrespective of their wishes and reports of re-abuse'. They also note the misuse of contact sessions by birth families.

It is often unclear within research literature whether the term 'contact' is being used to refer to face to face, or indirect contact and the frequency of contact is rarely specified. By clearly defining parental contact as face to face, at least once a month, this study has been able to identify a statistically significant association between performance and contact. This may resonate with clinicians who have witnessed how important contact is for many children. The strong association found between positive exception criteria and parental contact does not in any way diminish the need to consider contact for any child with extreme caution. The nature of the association that has been found is uncertain. It is possible, for example, that children who are fulfilling positive exception criteria find it easier to maintain contact with their birth family rather than the other way round. Decisions over contact should be made on an individual child level, based on thorough assessment and must satisfy the paramountcy principle (Children Act, 1989). Interestingly, the proportion of children within this study who were having contact was somewhat higher, at 59%, compared with the 47% observed by Bilson and Barker (1995) when using the same definition. This may reflect a growing acceptance of the importance of parental contact.

The importance of engagement in education has long been recognized within resilience research (Cefai, 2008; Elias., Parker, & Rosenblatt, 2006). One of the more surprising findings of this study is that although educational outcome statistics for looked after children are often said to be poor, the majority of children in this study were attending school. At the group level, mainstream schooling is strongly associated with fulfilment of positive exception criteria and, without exception, those who met the criteria were attending mainstream classes as opposed to small group special educational needs classes within mainstream schools. Once again, it is important to note that although an association has been found the direction of the relationship is unknown. It is also possible that there is an overlap in what is being measured by positive exception criteria and engagement in mainstream schooling.

Although no statistically significant association was found between positive exception criteria and age at first accommodation, primary reason for accommodation, length of time spent in care, or care placement type, it would be unwise to suggest that these factors are of limited relevance. For example, although all of the children who met positive exception criteria were in foster care so too were the majority of the remaining population. Therefore, the possibility of finding a statistically significant association with other types of care placement was low.

Limitations

Only one LA had responsibility for the looked after children in this study. Differences in local demographics inevitably limit the generalizability of the findings. Although the study's population mirrors official statistics from across the United Kingdom on many factors, such as gender and the proportion of the local population being looked after, some differences can be found. Whereas, for example, only 8% of the study's population were recorded as being looked after under a voluntary agreement (section 20, Children Act, 1989), in England the figure is higher; 31% (DfE, 2011). It is reasonable to hypothesize that the heightened uncertainty of voluntary accommodation may adversely impact a child's functioning. Similarly, the study's population was nearly all white British (99%), compared with 77% of the looked after population in England (DfE, 2011). This study does not compare the performance of the children with those of similar socio-economic backgrounds or those who are accessing other forms of welfare support.

Although much of the data in this study were obtained through the standard administration of measures the fact that the author oversaw all of the research is a potential source of bias. It must also be stressed that this study only sought to explore group level associations between the fulfilment of select positive exception criteria and key factors rather than causality. Clinicians will have precise case-specific goals which may differ considerably from the positive exception criteria used in this study. Caution also needs to be exercised in the interpretation of many of the study's findings as they are based on the analysis of normative data derived from specific measures. For example, the use of the GCA to identify a learning disability without the use of more subtle diagnostic assessment techniques would be questionable when working with individuals.

Conclusions

An important finding of this study is that many looked after children were performing at, or above, the average range in key domains. Furthermore, a small number of children were

found to be performing well in all domains. These findings contrast with frequently quoted statistics drawn mainly from sampling-based studies and caution against the overgeneralization of findings. Although causality was not explored, another interesting finding of this study is that positive performance was associated with parental contact and mainstream schooling. The findings of this study encourage recognition of the individuality and strengths of looked after children.

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