Returning to education after care

Protective factors in the development of resilience

Research to date on the academic performance of looked after children has tended to concentrate on their consistent and significant underachievement compared to the general population of schoolchildren during the school years. However, some people who have been looked after in local authority care during childhood return to study later in life as mature students. James Mallon’s study, reported in this article, identifies protective factors that enabled some participants to develop resilience and achieve academic success, despite many risk factors in their pre-care and care experience.

Introduction

The study investigated the experiences of 18 adults who spent some or all of their childhood looked after in local authority care in Scotland, with particular reference to the effect it had upon their academic education both during their schooldays and later. People who were in care during their school days are known to significantly under-perform the general population in educational achievement (Fletcher-Campbell and Hall, 1990; Jackson and Martin, 1998; Jackson and Sachdev, 2001; Department for Education and Skills, 2006; Scottish Executive, 2007). Currently, the UK government is emphasising the economic waste inherent in exclusion from the opportunities offered by higher education. Yet, while it has set a target of 50 per cent of all school leavers going on to higher education by 2010, and when 43 per cent of all school leavers now go on to higher education (Jackson et al, 2005), the fact that only one per cent of school leavers who have been looked after in care do so suggests that they might be the most excluded group of all (Scottish Executive Social Exclusion Unit, 2002; Wilson et al, 2004).

Most research to date in this area has tended to concentrate on children in care and their academic performance during the school years (e.g. Berridge, 1985; Fletcher-Campbell and Hall, 1990; Berridge and Brodie, 1998; Harker et al, 2004). However, although extremely valuable in establishing the significant underachievement of looked after children at school, such research does not take account of the fact that many people leave school and return to study later in life as mature students, some (like myself) having been in care as children. Although most of the participants in this study considered that being in care had a damaging effect on their formal education, a number were able to preserve a sense of themselves as people who had the potential to succeed academically.

The study (described in greater detail elsewhere, Mallon, 2006) sought to identify protective factors that enabled some of the participants to attain university entrance level. Related work on larger groups has been carried out in England and Wales (Jackson and Martin, 1998; Jackson et al, 2003, 2005) and shows the importance of protective factors and resilience in attainment of academic success in the very negative educational environment still provided by many care settings.

It is widely believed that resilience results somehow from the interplay between risk and protective factors, but the nature of the interactions which produce resilience is not well understood. Moreover, there are ambiguities in definitions and terminology and theoretical concerns about their utility as scientific constructs. There are also variations in inter-domain functioning and risk experiences among ostensibly resilient individuals and instability in the phenomenon of resilience itself (Luthar et al, 2000).

In this study, the term ‘resilience’ describes three kinds of process: good developmental outcome despite high risk, sustained competence under stress and good recovery from trauma (Masten et al, 1990). It is, therefore, ‘something excep-
tional’ largely because it ‘involves achieving competence against the odds [italics added]’ (Osborn, 1994, pp 12 & 13). The term ‘protective factor’ is also used in the same sense as by Masten et al (1990), as a moderator of a risk or stress situation that enables an individual to adapt more successfully than would be the case if the protective factor(s) were not present.

Some researchers use a definition which differentiates between individual/internal and environmental/external protective factors (eg Emery and Forehand, 1994; Palmer, 1997; Gilligan, 2001) and that is the definition used in this study.

Resilience is not constant throughout one’s lifetime; it can be present in one time period and not in another (Rutter, 1987). Therefore, although some individuals might not have achieved academic success at school, this does not rule out the possibility that they might subsequently attain it later in life. Similarly, resilience or lack of it in one area of risk does not imply the same in another (Rutter, 1987). Some individuals might lack ‘educational resilience’ (Jackson and Martin, 1998, p 581) but exhibit considerable resilience in other important areas of their lives, thereby enabling them to function effectively as adults in a wide range of common relationships – as spouses/partners, parents, employees, voluntary workers, to name a few.

Methodology

The main method of enquiry was the deep, unstructured interview, which takes account of the transactional nature of the knowledge created through the dialogue between researcher and participants (Holstein and Gubrium, 1995). This was shaped by my own personal history, biography and gender and by those of the participants (Denzin, 1989; Fontana and Frey, 2000). I came to the research with similar life experiences to those of the participants, having spent eight years of my own childhood looked after in local authority care. This enabled me to bring to the study a comparative perspective that is implicit, intuitive and informed (Chirban, 1996; Kvale, 1996).

An advertisement was placed in the local free newspaper asking people who had been looked after in local authority care to contact me. In total, I communicated by telephone with 32 potential participants. To reduce the number to a manageable size I employed ‘Purposive Sampling’, by which researchers build up a sample that is appropriate to their specific needs (Cohen and Manion, 1989). The participants’ ages ranged from 27 to 69 years. As I was not investigating the provision of care per se during a particular period of time, the divergence in ages and, by implication, chronologies, was not considered a problem. Three groups of six were set up initially; Higher Educated group, Trades/semi-skilled group, and No Qualifications group.

Data collection and analysis

Two years after the original interviews, typed verbatim transcripts of the taped interviews were sent to the participants to check for accurate representation and reliability. Further interviews took place to discuss the transcripts and to clarify and update information. Two of the participants had acquired qualifications in the interim period and another had embarked on a full-time undergraduate degree course – a significant finding in itself – so at that point the classification was simplified to Higher Educated (HE) and Non-Higher Educated (non-HE). Content analysis was carried out to identify themes. Fisher’s Exact Tests of significance (two–tailed), a statistical technique designed for small samples, were also carried out (5% level of significance).

The names (all pseudonyms) and occupations of the HE group are listed below; asterisks indicate the original six HE participants:

Mary*: Graduate – teacher
Hal*: Graduate – retired senior social worker

1 Initially there were three graduates, Avril, Hal and Vincent, and three undergraduates, John, Lisa and Mary, all of whom have since graduated.
Vincent*: Graduate – higher senior social worker  
Ron: Senior manager – Quality Engineering (HNC Electronic Engineering/MIQE)  
Lisa*: Graduate – nursing sister  
John*: Residential social worker (University Diploma in Management Studies)  
Mark: Graduate – practitioner of Chinese medicine  
Avril*: Graduate – counsellor  
Dinah: Residential care officer (HNC)  

The names and occupations of the non-HE group are as follows (all pseudonyms except for Josie, Margaret and Margarett who asked me to use their proper names):  
Margarett: Shop manageress  
Cheryl: Stockbroker’s account manager  
Alan: Self-employed plumber  
Josie: Part-time receptionist  
Margaret: Multiple low-paid jobs  
Marion: Multiple low-paid jobs  
Shona: Multiple low-paid jobs  
Brian: Multiple low-paid jobs  
Annette: Childminder  

Risk factors identified in the study  

Pre-care risk factors  
The main pre-care risk factors identified in this study – parents not coping, parental alcohol misuse and parents separated or dead – reflect those found in previous studies (eg Essen et al, 1976; Rowe et al, 1989; Triseliotis, 1989), which argue that such children bring their problems into care with them and that these pre-care risk factors are more significant contributors to poor academic performance than in-care risk factors. The findings of this study, however, do not support this conclusion. While pre-care risk factors could have affected their ability to learn, the fact that seven out of the nine people in the HE group and two-thirds of the non-HE group entered care before they reached school age suggests that the in-care risk factors had probably more impact upon their low academic attainment.  

Even for those participants who had started school before they came into care (Hal and Mary in the HE group; Cheryl, Annette and Shona in the non-HE group), in-care risk factors far outnumbered pre-care factors (Mallon, 2006). Cheryl had only just started school and Annette experienced all but the first year of her education in care. Hal, who prior to going into care had been attending academically selective schools and had passed his Qualifying (Eleven Plus equivalent) examination, found that he was unable to continue at that level since there was no senior secondary school near his care placement; he received a most inferior junior secondary (non-selective) education much beneath his ability level. Mary’s poor pre-care school situation was not helped by the amount of time she lost through being on place of safety orders which effectively prevented her attending school during much of the important period before her O Grade examinations. Shona had been under the care of the social work department for some time prior to being placed in residential care, and although, like Mary, her pre-care situation was seriously abusive and dysfunctional, her experiences in care (five homes over four years leading to four secondary school moves within the same education authority) certainly didn’t help her education. The participants’ own accounts strongly suggested that the in-care risk factors confronting them had a greater impact upon their academic attainment than those pre-care.  

In-care risk factors  
Although there was no statistically significant difference in any of the risk factors between the two groups, the in-care risk factors appeared to impact more on the non-HE group. There was a general perception among the participants that there was no personal investment in them or interest shown in their education by their carers and the social work departments. These emerged as serious risk factors, rendering them vulnerable to academic underachievement:  

There wasn’t really a lot of caring attitude in the home. It was, more or less, they were there to do a job of work . . . (Annette)
Only Vincent felt ‘unconditionally loved’ at the children’s home where he had lived since infancy. However, at eleven years of age, during his final year at primary school, he was placed in foster care 170 miles from the home. He was very unhappy with that placement, which he regarded as ‘only a roof over [his] head’ until he went to university.

A lack of encouragement with their education was apparent in the responses from the majority of participants in both groups (16/18). Although Vincent had been happy in the children’s home, he said:

_There was no parents’ evening attendance and no encouragement with my school work there, or praise for my academic success . . ._ 

Vincent also saw ‘no interest whatsoever in [his] education’ in the foster home. Hal intimated that in the home ‘Nobody bothered’ with his education: ‘Nobody came to parents’ night’ and ‘there was no pushing you on . . . No encouragement at all’. Such comments were typical.

Similarly with homework, John’s comments were echoed by most of the participants (16/18):

_I think the school did what they could and the home, well they’d only ask ‘Have you done your homework?’ ‘Yes I’ve done it’ and they’d think that that’s it, their job’s done. Nobody spent time on actually having a real interest in you doing your homework, or checking it._

Participants also experienced a lack of continuity and stability, owing to being moved from one location to another, plus the turnover of care staff and other children (cf. Jackson and Thomas, 2001).

The timing of placement moves to new locations and from residential care to foster care, and vice versa, was perceived as being an important risk factor socially and academically (16/18). Even for a well-adjusted child living with his or her family, a change of school is disturbing, with new teachers, pupils, customs, rules and demands to be learnt before the child can take in any formal tuition. As described by participants in this study, for a child in care, a change of placement almost inevitably involves a change in school with all the concomitant demands, but it also involves a change in all the same features in the home: new carers, different other children, perhaps a more (or less) rigorous disciplinary regime. Such a child is arguably in a much worse situation than one experiencing disruption who is not in care. The latter at least still has the same parents and siblings in the new environment.

Overall, in-care risk factors compounded the pre-care risk factors, if anything making an already bad situation worse for the majority of participants.

_Post-care risk factors and relationships_

Other research led me to expect a high incidence of unemployment, teenage pregnancy, homelessness, incarceration, alcoholism, drug misuse, smoking, eating disorders and mental health problems (Garnett, 1992; Stein, 1994; Action on Aftercare Consortium, 1996; Broad, 1997; Russell, 1998; Simon and Owen, 2006). However, for the participants in this study, such risk factors were relatively rare and almost entirely identified with the non-HE group, confirming the protective effect of better educational attainment found by Jackson and Martin (1998).

Of the eleven risk factors, which only applied to the non-HE group, ten could apply directly to those identified in the care leaver research referred to above. These are listed in Tables 1a and 1b.

The most serious post-care risk factors almost exclusively affected the non-HE group. Lack of continuity in relationships with care staff and other children were seen as clear in-care risk factors, and, similarly, lack of continuity and contact with former carers and the social work department was a clear care risk factor for those leaving care. In both cases it appears to have confirmed for the participants that there was no personal investment in them and no interest in their educational development. It also confirmed the sense of rejection felt by the non-HE group in particular (p = 0.057).

Furthermore, just as the in-care placements were often inappropriate to their
social, emotional and educational needs, their post-care placements were often similarly unsuitable and virtually unmonitored. It seemed extraordinary that many were returned to families who had been responsible for their reception into care in the first place. As other studies of children returning home from care have found, their families had often become strangers to them and the placements soon broke down (cf. Bullock et al, 1998).

After such experiences it is perhaps not surprising that some (more in the non-HE group) had difficulty in forming and maintaining relationships, with six out of nine of the non-HE group experiencing broken marriage(s) or partnership(s), compared with four out of nine of the HE group. Marrying for security seems the wrong reason for entering such an important commitment, yet it was the reason identified in the responses of five out of seven of the non-HE group but none of the HE group (p = 0.005).

The main post-care risk factors affecting the HE group were internal, such as self-doubt, low self-esteem and fear of failure. Fear of failure and feeling abandoned by the care system were the only two post-care risk factors to have more of an impact on the HE group. Indeed, some members of the HE group seemed to have turned their fear of failure into a strength, as shown by a high need for achievement, a protective factor much less apparent in the non-HE group. The main external post-care risk factor affecting both groups was having a ‘selfish’ mother. Yet despite this, all of the HE participants and six out of nine of the non-HE participants revealed a surprising loyalty to their parents, particularly their mothers, for whom they felt great compassion despite their failings (also see Jackson et al, 2005). Such higher order qualities are protective in that they both reflect and generate positive, resilient character building.

Protective factors identified
For healthy adaptation and resilience to emerge, it is first necessary to be confronted with and overcome adversity (eg

<table>
<thead>
<tr>
<th>Table 1a</th>
<th>Post-care risk factors of the type identified in previous research</th>
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<tbody>
<tr>
<td>Factor</td>
<td>Frequency</td>
</tr>
<tr>
<td>1. Committed to ADC *</td>
<td>(4/9)</td>
</tr>
<tr>
<td>2. Attempted suicide</td>
<td>(3/9)</td>
</tr>
<tr>
<td>3. Violence</td>
<td>(3/9)</td>
</tr>
<tr>
<td>4. Sexual abuse</td>
<td>(2/9)</td>
</tr>
<tr>
<td>5. OCD symptoms**</td>
<td>(2/9)</td>
</tr>
<tr>
<td>6. Incarceration</td>
<td>(1/9)</td>
</tr>
<tr>
<td>7. Mother’s attempted suicide</td>
<td>(1/9)</td>
</tr>
<tr>
<td>8. Mother’s suicide</td>
<td>(1/9)</td>
</tr>
<tr>
<td>9. Alcoholism</td>
<td>(1/9)</td>
</tr>
<tr>
<td>10. Sexually transmitted disease</td>
<td>(1/9)</td>
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* An abbreviation for the Andrew Duncan Clinic mental health hospital
** Obsessive Compulsive Disorder symptoms

<table>
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<tr>
<th>Table 1b</th>
<th>Cross-factoring incidence of post-care risk factors of the type identified in other research</th>
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<tbody>
<tr>
<td>Name/Factor</td>
<td>1</td>
</tr>
<tr>
<td>Cheryl</td>
<td></td>
</tr>
<tr>
<td>Margaret</td>
<td>x</td>
</tr>
<tr>
<td>Alan</td>
<td></td>
</tr>
<tr>
<td>Marion</td>
<td></td>
</tr>
<tr>
<td>Josie</td>
<td></td>
</tr>
<tr>
<td>Brian</td>
<td></td>
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<tr>
<td>Shona</td>
<td></td>
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<tr>
<td>Annette</td>
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</table>
Rutter, 1993; Newman and Blackburn, 2002). Clearly, each of the participants in this study met this criterion as they had experienced multiple adversities in the form of pre-care, in-care and post-care risk factors (Mallon, 2005). But for individuals not to sink under adversity, in other words for them to become resilient, there must also be protective factors mediating those of risk (Rutter, 1979; Kirby and Fraser, 1998). As Newman and Blackburn (2002), point out, ‘A child is unlikely to resist a continuous stream of adversities without compensatory resources’ (p 8). These elements, ‘the key components of resilience’ are shown in Table 2.

However, resilience is a dynamic attribute, neither constant nor fixed and can emerge later in life, following earlier periods of problems in coping (Rutter, 1987; Werner and Smith, 1992). Therefore, it reasonable to assume that the same applies to protective factors, since these are necessary for the development of resilience, in whatever time period. It would also seem reasonable to expect some protective factors identified in children to last throughout their lives; for example, attractiveness, good-natured temperament, active rather than passive personality, high IQ, feelings of empathy, humour and internal locus of control. In this study, since only one HE participant left school with university entrance qualifications and three others with a couple of O Grades (all the others leaving with nothing), it suggests that for those who did succeed academically in adulthood, there must have been protective factors operating to mediate the post-care risk factors. Indeed, as will be shown, although there is little evidence of any effective family-related protective factors for either group of participants, some of the personal and environmental protective factors listed in Table 2 are seen to be of considerable importance to both groups, particularly the HE group. Newman and Blackburn (2002) suggest that resilience can be promoted throughout the life cycle by identifying the threats and opportunities which arise in transition periods. These can also function as turning points in changing the individual’s life trajectory in a more positive direction (Clausen, 1995), for instance, changing school, enrolling in adult education, getting or changing employment, marriage, parenthood and turning to religion (Werner, 1993). Some of these factors, particularly adult education, marriage and parenthood, were found to be important in this study.

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<th>Table 2</th>
<th>Internal and external protective factors</th>
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<tr>
<td><strong>The child</strong></td>
<td><strong>The family</strong></td>
</tr>
<tr>
<td>Temperament (active, good-natured)</td>
<td>Warm, supportive parents</td>
</tr>
<tr>
<td>Female prior to and male during adolescence</td>
<td>Good parent–child relationships</td>
</tr>
<tr>
<td>Age (being younger)</td>
<td>Parental harmony</td>
</tr>
<tr>
<td>Higher IQ</td>
<td>Valued social role (eg care of siblings)</td>
</tr>
<tr>
<td>Social skills</td>
<td>Close relationship with one parent</td>
</tr>
<tr>
<td>Personal awareness</td>
<td>Membership of religious or faith community</td>
</tr>
<tr>
<td>Feelings of empathy</td>
<td></td>
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<tr>
<td>Internal locus of control</td>
<td></td>
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<tr>
<td>Humour</td>
<td></td>
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<tr>
<td>Attractiveness</td>
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Protective factors applying to both groups

Despite the negative characteristics of most of the participants’ birth families, those who were parents themselves were seen to be warm and supportive, and enjoyed good relations with their own children. This was the one protective factor identified in each of the appropriate participants. Just as a greater incidence of risk factors, particularly in-care and post-care, was identified with the non-HE group, so a greater incidence of protective factors was identified with the HE group. A range of personal (internal) and environmental (external) protective factors was seen to be important to both groups. However, the impact of some factors was significantly greater on the HE group.

Comparing both groups on the internal protective factors first, all of the HE group had upwardly mobile aspirations and would be categorised as middle class at the conclusion of the study (p = 0.03). Each is highly articulate (p = 0.009), independent/self-sufficient (p = 0.009), self-efficacious (p = 0.03), has internal locus of control (p = 0.03) and the ability to rationalise their situation realistically (p = 0.002). Only the difference on need for achievement was not statistically significant (p = 0.15). Where such protective factors were evident in the non-HE group, they were associated with the three who had successful careers: Cheryl, Margarett and Alan.

In terms of external protective factors relating to both groups, the differences in favour of the HE group in their participation in further education (8/9:4/9) and their enjoyment of primary school (7/9:3/9) were considerable but not statistically significant. Likewise with their having received good basic material care in the homes (6/9:2/9) and having had a supportive teacher (5/9:2/9). Having received good basic material care, even in the absence of any personal investment in them or interest in their education, might be seen as a protective factor in promoting the much greater degree of stability and rationality demonstrated by the HE group in adulthood.

With the other internal and external protective factors applicable to both groups, the differences were not as great. Looking firstly at the external factors, eight out of nine of the HE group and six out of nine of the non-HE group were homeowners. While both groups indicated a need for security, exemplified in their strong desire to have a place of their own, this motivation for home ownership was greater in the non-HE group. The HE group saw home ownership as part of their status as middle-class professionals, as well as a means of satisfying their need for security. So for both groups it is a protective factor, but the protective function and process are different for each group.

Six out of eight of the HE group had supportive spouses compared with four out of seven of the non-HE group. While the difference was not so great between the groups regarding the influence of post-care support/mentor (5/9:4/9), the type and impact of such support differed significantly. The support received by the HE group participants enabled them to progress academically as mature students, and ultimately professionally; whereas in the case of the non-HE group the support had a mainly reparatory function, saving them from self-destruction.

Looking at the other internal protective factors, all of the HE group could be classed as having developed good survival skills and competency, compared with only two-thirds of the non-HE group. Similarly, all of the HE group members had a strong work ethic, compared with five out of nine of the non-HE group, (p = 0.082). There was little difference between the groups in determination, closeness to siblings and loyalty to their parents, especially their mothers. Considering the sense of rejection felt by the participants and the incompetence and selfishness displayed by most of their parents, and of which they were well aware, their loyalty to them is remarkable, as is their empathy and compassion for their mothers despite the latters’ failings and the impact these had upon their lives.

A love of reading is an established internal protective factor for academic success (Griffiths and Hibbert, 2001) and was indicated by five out of nine of the
HE group and four out of nine of the non-HE group. However, while lovers of reading in the HE group went on to achieve academic success, the same cannot be said for those in the non-HE group. The reasons for this might merit further research. Religious/spiritual faith is also an established internal protective factor for some individuals (Werner and Smith, 1992). In this study it applied to two participants in each group. While clearly important to the individuals concerned, the evidence suggests that other secular protective factors were probably more important. It is unlikely, for example, that Vincent, a regular churchgoer, would have been so successful academically and professionally had he not also had strong internal locus of control and self-efficacy, or been studious, hardworking and intelligent. Margaret and Josie also had considerable spiritual faith, but without the help of the Andrew Duncan Clinic mental health hospital (ADC) and their social work mentors, it is unlikely that their faith alone would have saved them from their self-destructive behaviour.

The external protective factor – group therapy/counselling/ADC – applied to four of the non-HE group and three of the HE group, but none of the latter had problems serious enough to require the intervention of the ADC, compared to all of the four non-HE participants. For the latter, being committed to the ADC (post-care risk factor) reflected the seriousness of their psychopathological conditions. But the treatment there, in tandem with supportive spouse and/or mentor, might perhaps be seen as the most important protective factor in helping them attain a degree of resilience which has enabled them to cope with their problems and live fulfilling and productive lives.

Protective factors applying only to the HE group
Fourteen protective factors (Table 3) were identified as applying to the HE group only: four internal and ten external. Looking at the internal factors first, most (7/9) of the HE participants presented as calm and relaxed (p = 0.002). However, whether this is a cause or a consequence of their success academically and professionally cannot be ascertained from this study. What is clear is that these participants had a long-term plan and most (7/9) were highly focused from an early age upon their ultimate objective of succeeding in life (p = 0.002). For some (5/9), this was facilitated by the fact that they also exhibited strong leadership qualities from an early age (p = 0.029) and, as was seen in the previous section, all were able to rationalise their situations.

Lisa, Mary, Vincent, Ron and John indicated this leadership trait quite clearly. Along with Hal and Avril, they were also the ones who participated actively in sports (7/9). This was a distinguishing feature between the two groups as none of the non-HE participants expressed any active interest in sport (p = 0.002).

Lisa was given responsibility when she was very young and apparently revelled in it:

*I was a prefect at primary school, and was always involved in everything . . . I wanted to join everything . . . I was a born leader. I was sent to Sunday school but I didn’t like it . . . so I went to the Salvation Army. Once I joined, the rest did.*

After leaving school and care with no qualifications, Lisa lived in a Salvation Army hostel. With support from her tutors, she excelled at FE College, winning the prize for top student. She was strongly focused from age 14 on becoming a nurse and disciplined herself to study in order to pass her O Grades and Highers and get on to the nursing course, which would provide accommodation in the nurses’ home. She was a ward sister at 23 and is now in charge of a specialised cancer care unit.

Vincent excelled at school both academically and in sport. He also excelled at university and went on to reach the top of his profession. He is still actively involved in sport.

Ron manages his own department as the senior quality engineer in a top electronics company. The oldest in a family of nine children with an exhausted, overworked mother and a father who was
seldom ever employed, Ron took on much of the responsibility for his eight siblings from an early age, both in and after care. He also runs a youth football team.

John is the local manager of a residential project for people with special educational needs. He described himself as ‘very gregarious and out there’, very popular at school because of his sporting prowess, particularly at football, which he still plays regularly.

Each of these participants went on to careers requiring leadership qualities.

In terms of the external protective factors, although they were under no illusions about their parents, seven out of nine indicated that their parents/family kept in touch with them while they were in care, in stark contrast to the non-HE group (p = 0.002). Each HE participant benefited from higher education, which in turn enabled them to enter professional occupations. This occurred despite only one achieving a level of education at school allowing entry to higher education. Nonetheless, seven out of nine enjoyed secondary school and revealed an enduring positive attitude to education that clearly distinguishes them from the non-HE group, as does the fact that the same proportion had a stable base in which to live after leaving care (p = 0.002). Each of the other eight entered higher education as mature students, the youngest, Mary, being 26 when she started. Ron, John and Mark were in their thirties and Avril, Dinah, Lisa and Hal were already in their forties when they started their higher education courses.

Discussion

The view that resilience is not constant throughout one’s lifetime but might be present in one time period and not in another (Rutter, 1987) is supported by the findings of this study. It suggests that while being in care was perceived by all the participants as having had a damaging effect on their formal education, the HE group was sufficiently resilient to return to education as mature students when the opportunity arose. This outcome was enabled by the range of internal protective factors that have been shown to have impacted significantly upon this group who have demonstrated ‘educational resilience’ (Jackson and Martin, 1998, p 581).

The influence of a mentor or supportive adult is established in previous research as an important facilitating external factor encouraging vulnerable children to achieve. In this study, the value of a mentor was seen to be just as important for adults in the attainment of academic success. Similarly, the benefits of a supportive spouse is apparent in this study. The value of this protective factor was not only applicable to academic achievement, but was seen to be important in fostering stability in each group. This point is reinforced by the high rate of home ownership overall. However, it was more applicable to the non-HE group, as it was clear that the motivation for both marriage and home ownership was mainly a need for security. For the HE group, on the other hand, the motivation for marriage was love and respect for and strong commitment to their partner; for home ownership it was the desire to be upwardly mobile and middle class, and to leave their risk-laden, mainly lower SES, backgrounds behind them. Reinforcing this, all the HE participants

| Table 3 |
| Protective factors associated with the HE group only |
| Protective factor | n/9 |
| Higher education | 9/9 |
| Professional occupation | 9/9 |
| Having a stable base to live in after leaving care | 7/9 |
| Enjoyed primary school | 7/9 |
| Calm, relaxed demeanour | 7/9 |
| Having a long-term plan | 7/9 |
| Parents/family kept in touch while in care | 5/7 |
| Focused | 6/9 |
| ‘Born leader’ | 5/9 |
| Good network of long-term friendships | 5/9 |
| The ‘Who Cares?’ organisation | 2/9 |
| Helpful older siblings | 2/9 |
| Proactive key worker | 1/9 |
| Good foster placement | 1/9 |
impressed as being independent compared to only Alan, Cheryl and Margarett in the non-HE group.

Similarly, resilience in one area of risk does not imply resilience in another (Rutter, 1987). The findings of this study suggest that although the non-HE group might ostensibly lack educational resilience, some exhibited considerable resilience in other important areas of their lives, thereby enabling them to function efficiently and effectively as adults in a wide range of common relationships: Alan and Annette as spouses, parents and self-employed workers, Margarett and Cheryl as employees with considerable managerial responsibilities. Margarett, a highly skilled sign linguist, is also a very serious and effective voluntary worker with the deaf. For those encountering the most severe post-care risk factors, the protective function of the ADC and group therapy, and the mentoring provided by their counsellors, enabled them to become more resilient.

While it is clear that the significant academic underachievement of care leavers in the UK while at school remains as problematic as ever, it is perhaps overly pessimistic to presume that there is no possibility of progression from that situation. This study suggests that with appropriate protective factors in place, some people who have been looked after in care can eventually succeed academically and/or achieve a satisfactory quality of adult life. However, for most of the participants, protective factors, both in and post care, occurred largely by chance and not because of any planned action by teachers or social workers. Both services could do a great deal more to identify and promote protective factors in the lives of young people in care and at risk. It is clearly important to ensure that young people leaving care are made to feel that they are still part of their care ‘family’, and are proactively encouraged to maintain contact throughout their lives, just like any family member. The proposal in the English government Green Paper Care Matters that young people should be entitled to remain in foster care up to 21, if they wish, is an important step in this direction (Department for Education and Skills, 2006), but more needs to be done to encourage young people in transition to adult life to retain a direct link with former carers. They should also be made to feel secure and valued while in care, and assured that there is a clear interest and investment in their welfare and their education by their carers.

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