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innovative structures. This heterogeneity goes beyond what we usually mean by multidisciplinary approaches. It is important that there is a multigenerational mix both in the project workers and those whose lives they hope to improve—children, adolescents, parents, grandparents. . . .

The possibility of regenerating dilapidated areas is not simply one of restoring what might be considered the more harmonious and containing structures of the past, but of creating something new which is a genuine response to current circumstances. These kinds of projects depend for their health on discoveries, the possibility of surprises, inventiveness. There is a desire to prevent a despairing repetition of the experience of previous generations—to interrupt the cycle of intergenerational trauma—and this is only going to be achieved by finding a new outcome. We see play as the natural creative expression of children, and there needs to be an equivalent in the practice of professional work. Creativity in work reinvigorates the hopefulness, interest and sustainability of the efforts required of the adults in difficult circumstances. . . . To take this seriously requires building in time for reflection and professional discussion and evaluation. Unless these projects are not only conceived but also tended very carefully (like new plants in the garden) they will not flourish.

These words beautifully describe the challenge of "Fox's Earth", and of similar projects, that under different skies unite professionals committed to creating conditions in which the full potential of an educational experience can flourish, promoting in a meaningful way the growth of children, families, and professionals alike.

CHAPTER TEN

The role of a child & adolescent mental health service with looked-after children in an educational context

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In the chapter we apply ideas from systemic and attachment theories to the needs of looked-after children and young people within an educational context. We draw on our expertise of working with this population within schools.

Children and young people placed away from their birth families, whether in long-term foster placements or adopted, have significant and varied emotional and psychological needs. This is also true of those who care for these children and young people and is now reflected in recent political and policy developments focusing on the needs of these children and families. However, in our experience, little has been available to practitioners in education to understand and meet the particular needs of these children and their carers.

Studies that have looked at the state of child mental health in Great Britain in both the general population and in looked-after children and young people have demonstrated worrying levels of mental health disorder in general. Recent statistics (Meltzel, Gatward, Curbin, Goodman, & Ford, 2003) show that the overall rate of diagnosable mental health disorder in looked-after young people up to 17 years of age in England and Wales is 45%: 37%

of these had clinically significant conduct disorders; 12% were assessed as having emotional disorders, anxiety, and depression; and 7% were diagnosed as hyperactive. Of the children and young people in residential care, 72% had a mental health disorder, 60% with a conduct disorder; this is perhaps not surprising as the most disturbed and disturbing young people are likely to find themselves in residential care. Those in kinship care have a lower rate of disturbance, 33%. The prevalence of childhood mental health disorders tended to decrease with the length of stay in the current placement, from 49% of those in their first year of placement to 31% in their fifth year.

The home–school relationship can be particularly problematic between the care and education systems. Frequent placement changes and high rates of exclusion mean that children in care are five times more likely than other children to move school in Years 10 and 11, a major factor affecting examination performance: 27% of children in care have a statement of special educational needs.

Research indicates that foster-carers often attribute little importance to schooling and that schools often fail to understand the needs of children in care (*Care Matters*, DfES, 2006a, p. 18). Exclusions from school are also a major issue for children in the care system. Some 0.9% of children in care were permanently excluded in 2004/05, compared with 0.1% of all children. Of the young people, 62% were one or more years behind with their schooling. Not only do children and young people in care have poor mental and physical health, they also do less well than their peers when leaving care. As reported in 1997, only 25% of care leavers had any academic qualifications; 50% were unemployed; 17% of young women were pregnant/were already mothers (DFES, 1997); and 20% were homeless within two years of leaving care (Biehal, Clayden, Stein, & Wade, 1995).

The impact of early adversity, multiple placements, and professionals' limited understanding of their mental health needs can result in behaviours that are difficult to understand and manage and can have long-term effects. Although crucial, simply offering opportunities and high levels of care are often not sufficient to enable children and young people to access the opportunities they are provided with.

Recent research has shown that early experiences, such as

trauma, have long-term impact on a child's ability to concentrate; difficulties in taking new information and learning; heightened sense of threat; and difficult behaviour. Trauma may include physical and emotional neglect and abuse, exposure to violent acts such as domestic violence, adult self-harm and sudden death, and all the traumatic situations that refugees and asylum seekers face and have experienced.

Neglect and the lack of good experiences can lead to the lack of development of confidence and self-esteem, leading to withdrawal and difficulties with peer groups in home life and learning. Children who have inconsistent and changeable care can develop controlling and defensive strategies (Glaser & Prior, 2006), which means they struggle to trust new carers and also struggle to learn or to trust their teachers. In addition, recent research has shown that the resulting behaviour can be experienced by education staff as frustrating and difficult to understand.

Policy framework

Given the high vulnerability and the recognition of the long-term needs of this group they have become a major priority for government policy makers as evidenced in *Care Matters* (DfES, 2006a) and *Every Child Matters* (DfES, 2004).

The White Paper, *Care Matters: Time for Change* (DfES, 2007a), outlined a range of proposals to improve outcomes for children in care. It is hoped that those entering the care system will achieve the aspirations we have for all children and will reduce the gap in outcomes between children in care and their peers; also, that it will improve placement stability and ensure more consistency for children in care and improve the experience that children in care have at school and increase their educational attainment.

The government paper *Every Parent Matters* (DfES, 2007b) aims to promote both the development of services for parents as well as their involvement in shaping those services for themselves and their children. Two issues are highlighted: parental engagement, and information for parents and carers. Of particular importance is that of engagement between schools and parents, which is to be

enhanced with programmes designed to develop children's social and emotional skills to promote positive behaviour, attendance, learning, and well-being.

The extended schools service, which works with local agencies, provides school-based access to a wide range of services such as child care, study support, parenting support, family learning, and community use of facilities. Parent Support Advisors will also enable parent's access information and specialist services.

The school-based location of programmes to support parents and carers can help change the parental perception of school as a more inclusive institution, but it is not clear to what extent school staff are active participants in the range of programmes. If children and young families are going to make the most of the opportunities offered to them both by their carers and by the educational system, this will require careful attention to their psychological needs. We know that change is possible through putting in place good alternative care, but specialist support also needs to be put in place to support these children, their carers, and other professionals who are part of the network. This can be provided by specialist child & adolescent mental health staff who can offer support training and direct work.

Theoretical frameworks

In our experience, a number of concepts from family therapy and attachment theory are useful when thinking about children in the care system. This work requires interdisciplinary and multi-agency collaborations. From a systemic perspective, the idea that "the whole is more than the sum of its parts" (Salmon & Faris, 2006) offers a valuable contribution to the complexities of such collaborations because it considers different perspectives of professional participants, such as the individual and his or her agency within a wider context of community.

Central to systemic theory is that of social interactions, in which meanings between people emerge. There is some unpredictability in the way two people come to have a conversation, how they

will talk together, how they will understand each other, and the relationship they may have after the conversation. Systemic theory considers this to be a constantly evolving process between people rather than as determined by the innate characteristics of each person.

It is not uncommon for parents and teachers to come together with widely differing explanations for a young person's behaviour. For example, at a meeting to discuss the behaviour of a 12-year-old boy, described as disruptive in class and non-compliant in school, his teacher put forward the view that the parents needed to set firmer boundaries and support the teaching staff. The parents thought the school were being unfair and were making false assumptions about their son's role in the classroom difficulties. However, in conversation these views may shift and develop or may become more entrenched. Systemic ideas about understanding the wider contexts in which people live—for example, the experience of a looked-after child—can often allow different ways of understanding the situation to emerge. For example, a head teacher considered that a boy was being inappropriately loud in class, but it emerged in a conversation with his parents facilitated by CAMHS professionals that his parents were of the view that a boy of 9 years should speak clearly and loudly when addressed by a teacher. He also had a hearing difficulty, which his adoptive parents were unaware of until recently. This lack of early screening in looked-after children is not uncommon.

We find the idea of discourse helpful here. Discourse refers to a set of meanings, statements, metaphors, images, stories, and representations that produce versions of events in particular ways. The use of language is a key component because various meanings of a discourse are made available through language, either in conversations, literature, the media, newspaper articles, advertising or even in the meanings embodied in physical appearance or the clothes we wear. All convey messages and meanings that can be "read". For example, discourses in education include ideas such as "children should respect teachers", "parents support in children's education is important", and "children have a right to an education". These reflect ideas about how children, parents, and teachers should behave, and such discourses exert a powerful influence

on the day-to-day interaction between people within and outside education.

Social constructionism

Social constructionism proposes that beliefs of individuals are not simply created and maintained within families, but that people— that is, the ideas people have about how they relate and behave towards one another—absorb the beliefs of a particular culture within which they exist (Dallos & Draper, 2000). The belief system of a family is formed and maintained by the pattern of behaviours and interactions of family members. Some families use sayings, catchphrases, or mottos to describe their beliefs—for example, that "Education is important to succeed in society". This value can be an organizing principle of parental behaviour for those parents who wish their children to do well at school. However, children who develop different beliefs and meanings about education can experience difficulties if these conflict with parental beliefs about education. Educational professionals also carry personal and professional beliefs about their school, children, and families and how they connect to learning, behaviours, and relationships. Beliefs can range from considering the importance of parental contributions to education, to families as the cause of the child's difficulties at school. These ideas inform and impact upon the kind of interactions that teachers have with each other and with professionals, children, and their families.

Wider discourses of social care—for example, *Every Child Matters* guidance (DfES, 2004), child protection, *Every Parent Matters* (DfES, 2007b)—impact upon how staff are to deliver the curriculum and support for children and their families within wider social frameworks.

Another useful set of systemic ideas that can be used in educational contexts was developed by Cronen and Pearce (1982). Their model of social interaction highlighted the fact that people behave differently according to social contexts and, furthermore, that they have a hierarchical and reciprocal relationship with one another. For example, a child may act and feel like a different

person at home, at school, with friends, and so on, and he or she is shaped by these relationships and interactions. When teachers and parents come together to discuss a child, these different sets of relationships and interactions become evident; both teachers and parents may then experience some confusion as they hear stories from each other of a child different from the one they know. The contexts of home and school create different behaviours and relationships for the child.

> For example, Social Care services have agreed to take a 15-year-old boy into care following repeatedly aggressive behaviour by the boy, who physically threatens his mother. His behaviour needs to be considered within the context of the *episode* in which the aggression occurs—for example, what had caused him to become angry, what had occurred before his physical threats? The episode should be viewed within the context of the *mother–son relationship*— for example, how would they describe their relationship, was the boy always aggressive, when he was not showing aggression how did he and his mother get on? Their relationship needs to be understood within the context of *family script*— for example, what are the family's beliefs about aggression and argument, should children not express anger towards a parent, do parents always have to demonstrate that they are in charge of their family? And the family script has to be considered within cultural ideas about *parental rights and their expectations of children*. Each of these contexts influence each other. The removal of the child then impacts upon the relationships between family members, the child's beliefs about himself and being in the care system, and the professional system of social care, residential care services, mental health services, youth offending team, and the school.

The model can be adapted to include other levels to include the professional and personal contexts, as described in detail elsewhere (Lindsey, 1993).

What is particularly helpful here is that the focus on agency ethos also plays an important role in how the therapist's viewpoint or moral order may be part of the agency ethos or may be subjugated by policies and guidelines of the agency ethos. Sociocultural

norms are part of the society by which we live and operate professionally.

School culture

Schools have distinctive identities and cultural practices shaped by governmental, legislative, and educational discourses but also by head teachers and their staff. School culture has also been influenced by social changes to include no corporal punishment, diverse cultural and linguistic groups and teachers, as well as alterations to the curriculum. A major change for schools is the link between parental involvement in children's learning and the extent to which parental aspirations and encouragement can contribute to cognitive development, literacy, and numeracy skills.

Another important development in school culture is the link between emotional health, well-being, behaviour, and learning (DfES, 2006b). An emotionally healthy school culture is one where positive core values have been embedded and the self-esteem of pupils and staff have been enhanced. Relationships are characterized by trust and respect, staff and pupils have positive interactions, are physiologically safe, everyone has a sense of belonging, people work in partnerships, and all have the opportunities to grow in confidence and independence. Schools achieve these goals through their relationships with other agencies that provide broad strategies and services and support, of which CAMHS are one of many.

Multi-agency collaboration

Marked differences between the ways in which different professional groups conceptualize their roles, purposes, and practices can influence the extent to which such differences can contribute to, or hinder, collaborative practices. A number of reasons for ineffective collaboration include lack of trust between agencies, professional claims to aspects of case management, lack of resources to support ongoing collaboration, context of the work, previous history

between agencies, communication difficulties arising from differing professional "languages" and different problem perspectives, and different agendas of agencies.

The importance of developing a common language between professionals has been highlighted—that is, professionals who used the same words to each other but with different meanings, thereby thinking that they were in agreement with each other but, in fact, were not (Salmon, 2004). One common experience is the assumption in education that the needs of the child will not be recognized or met by safeguarding procedures unless a high threshold has been met. One effect of this can be professionals' wish to describe a child's behaviour as extremely worrying and of concern to others. Paradoxically this can have the effect of parents and other professionals wishing to downplay the seriousness of the behaviour in question.

Successful collaborations have been found to lie in effective communication, common goals, the ability to respect and trust others, and other factors that include having good working relationships with professionals in other agencies. In our experience, this is an area that a community-based CAMHS professional is well placed to offer.

Case study

For example, one of us, based in a secondary school, was involved in negotiating the changes of "in-school" provision for a looked-after child. The school proposed moving the child from a specialist unit to mainstream provision. In the autumn of 2004, Mehra, an unaccompanied minor 12 years of age, arrived in Britain from Eritrea. As with many such children, little is known of Mehra's background except that she spent her primary years in Eritrea, that her father is no longer alive, and that her mother is either a political or religious prisoner. She travelled to Britain with an adult who left her at the airport upon her arrival in the country. Mehra was placed in foster care with a carer from Ethiopia who also spoke Mehra's first language, Tigrinya. Mehra spoke very little English and began to attend a local secondary school.

Following her arrival at the school, staff found Mehra's behaviour challenging, and, following a fixed-term exclusion, she was

placed on a reduced timetable. A referral was made to the Multi-Agency Liaison Team, a multidisciplinary child & adolescent mental health team who work with families in Social Services.

The reason for the referral was not only because of Mehra's difficulties in school; an episode of Mehra crawling under a table in a classroom and "barking like a dog" caused school staff to be very concerned and anxious about her mental well-being, and so they sought a psychiatric assessment. Staff requested that Mehra attend an in-patient unit.

In response to the school's description of Mehra as "psychotic", the mental health team considered the possibility of other stories and descriptions of Mehra that were possible, and her relationships with students, staff, foster-carer, and the carer's family, and they sought further information from the professional system. They also considered the impact upon Mehra of having to engage with a psychiatric service and whether this would further impede her fragile emotional state. The school and mental health cultures entered into a dialogue about Mehra. School staff tried to make sense of Mehra's behaviour of crawling under the table and barking in terms of this being a "psychotic" episode that represented something outside their experience as teachers. The mental health professionals considered whether this was a one-off episode, part of a pattern of emotions and behaviours that Mehra displayed in response to particular events. The culture of the school was founded on problem solving and "firing", and the culture of the mental health team was to observe Mehra in the school and consider the episode in terms of the school context and her adjustment to British culture and her foster-family. It was within this context that, as a school-based systemic practitioner, the mental health team referred Mehra to me.

The school provided individual support for Mehra in various ways. During this time Mehra also saw the art therapist at the school, and the educational psychologist began an assessment for a statement of special educational needs to support Mehra's challenging behaviours. She also had a mentor from a local voluntary agency whom she spent time with outside school hours but paid for by the school. She also talked with her tutor at the end of the day to discuss any difficulties. Mehra, who found it difficult to

socialize with her peers, developed relationships with two female assistants in the school whose job was to monitor the behaviour of children at break times. She spent these informal periods either in the library, talking with the assistants, or seeing the art therapist, school counsellor, school nurse, or myself. In effect, Mehra developed her "family" within the school—those professionals with whom she felt at ease and who were caring and mindful towards her.

Given Mehra's initial reluctance to engage with me because she feared that there was "something wrong" with her, it seemed more appropriate that she should choose when to visit my office before she agreed to meet for a longer period. Although restless, Mehra talked of Eritrea, her foster-family, her lessons, and other children. She clearly enjoyed learning, and one of her frustrations was that of her use and understanding of the English language. Mehra was operating in her second or even third language and was doing well in some subjects. I was reminded of Burck's (2004) work on living in a second language in which she observes that "Research in various fields had discovered significant differences when bilingual/multilingual individuals used their different languages" (p. 316).

Although the school had acknowledged Mehra's status as an asylum-seeker who had experienced considerable hardship and trauma in coming to England alone at a young age, they seemed to have paid less attention to Mehra's linguistic adjustments and her high levels of frustration. Clearly intelligent, Mehra found herself disempowered in her learning and in her social interactions with her peers.

Rutter's ideas on resilience were also useful in my work with Mehra. Rutter (1999) defined resilience as "a term used to describe relative resistance to psychosocial risk experiences". He notes that individual qualities of the child and positive school experiences are important protective factors in developing resilience. Based in the school, I was able to have regular, informal conversations with Mehra's tutor, her head of year, and the two assistants about their observations and interactions with her. I considered it important that the school's efforts and support for Mehra should be positively connoted while also highlighting Mehra's resilience in being able to study in a robust school environment and to learn in another

language. I also noted that her personal qualities, which she had used to create the school-based "family", indicated her individual qualities that were increasingly recognized by the professionals.

Attachment theory

Attachment research consistently shows that early experience impacts on later capacity (Grossman, Grossman, & Waters, 2005) and that secure attachment in early childhood is significantly related to later good functioning, and insecure attachment to later emotional and behavioural difficulties. Securely attached children have greater capacity for symbolic functioning, are more confident, and more goal oriented and persistent, showing more autonomy in learning, better interaction with peers, and social competence. Children who have had inconsistent care often develop defensive reactions, however good the potential in their placement may be. Children who have been traumatized, neglected, and abused can place enormous psychological pressure on their carers and other important adults in their lives such as teachers and teaching staff. They are often inadvertently trying to communicate the emotional impact of their own experiences. They can become identified with abusive birth parents and be verbally or physically abusive to their carers and/or teachers and peers. They may also provoke violent or aggressive feelings in others. They can communicate their emotional experiences in such a way that those responsible for them feel inadequate, hopeless, incompetent, and lacking self-worth. These sorts of behaviours and feelings can be particularly challenging in educational contexts when those responsible for the children have larger groups of other children's needs to consider. Paradoxically, the traditional behavioural approaches or short-term exclusions of children and young people within the school environment can exacerbate the problems that are inhibiting their ability to access achieving and learning.

A good example of what we have been describing is a young boy, Jack, who, with his sister Rebecca was placed for adoption when he was nearly 4 years of age. His sister was just a little

over two years his senior. The children had been removed from the care of their parents on grounds of neglect and were then placed in a foster placement; concerns then arose about the quality of the care the children were receiving there. They were then removed following allegations of neglect on the part of the foster-carers and settled well into a second foster placement before moving to their adoptive family. Both children settled in with their adoptive parents well, but Jack had particular difficulties in interacting with peers, particularly in a group setting. He was described as having a short fuse and would periodically hit out at peers. He was also described as demanding and pushing of boundaries and had difficulties in concentrating, although this had improved as he had settled into his family. He also had particular fears around night-time, darkness, and clouds, with aggressive and often destructive play. The school Jack went to was very sensitive to his needs and, following a meeting with the parents and ourselves, delayed his transition into Year 1 by a year as he was unable to cope in a classroom setting. Although this aspect of Jack's behaviour has improved, he continues to have difficulties in interacting with others and has been considered by his class teachers to be quite dangerous at times in the classroom.

In common with many such families, the adoptive parents, who are extremely committed and attuned to their children's needs, were hopeful that if they provided them with the care and nurturing they had missed when small, eventually their difficulties would be resolved and they would leave their past behind. As is often the case, as these children became more settled with their parents and confident of their permanency, so some of their earlier difficulties began to emerge. Jack's sister showed signs that she may have been sexually abused by her mother and had played a central role in protecting her brother. Jack's adoptive parents began to feel increasingly despondent about their children's future despite having positive reports from the school in terms of their academic achievements. Both children were intrinsically very able and were showing an ability to learn. Jack, however, continued to find it almost impossible to interact with his peers, and on one occasion his classroom teacher removed all the children from the classroom and left

him on his own because she considered him to be a danger to the others. The effect this had on Jack was, unsurprisingly, for him to feel increasingly isolated, dangerous, and worthless. His adoptive mother in turn also felt attacked, bitter, and angry, and we were able to use these feelings to help her think not only of some of Jack's experiences but also to frame this as a result of the love she had for her children and the attachment that had clearly taken place.

It is now six years on, and Jack's parents and his school are facing secondary transfer. It is often hard for the parents and the school to see the progress that Jack has made. He has been invited to birthday parties, can now play in the playground, and is making good academic progress. However, this has been a very troubled passage. On many occasions, the anger the school has felt towards Jack due to his aggressive behaviour towards other children, coupled with the school's own sense of worthlessness and inability to control him, has almost resulted in his total exclusion from school. Although Jack has weekly individual psychotherapy, which he has benefited from enormously, a major part of work for his individual psychotherapist and myself has been working with the network and enabling the parents and teachers to develop a shared view of the meaning of Jack's behaviour. Neither fully grasped the impact of Jack's early experiences on his inabilities to concentrate, remember instructions, and control his impulses. Each often felt very critical of the other. When school and parents were divided, Jack's behaviour was at its worst. When they shared a view and supported one another, things were easier. This entailed regular multi-agency meetings at Jack's school, to which everyone was committed.

Implications for practice

There are a number of important themes for professional practice in working with looked-after children and young people in relation to education. The increased awareness of professionals, fos-

ter-carers, kinship carers, and adoptive parents of the experiences of looked-after children (reasons for being in care, relationships within and separation from their families of origin, multiple carers, changing schools, peer relationships), and how these experiences impact upon behaviours that are challenging, can support their learning and social relationships.

Attachment theory offers a significant contribution to educationalists and clinicians who work with looked-after children and young people. Secure attachment in early life is related to later good functioning, whereas less secure attachment is related to later emotional and behavioural difficulties that can be particularly challenging in educational contexts. However, schools can provide a secure, consistent base with structure and routine in which looked-after children can function.

Looked-after children often experience many changes not only in terms of the carers but also of the professionals in their lives. The professional network, as a system, plays an important role in the lives of these children and young people. Although individual professionals may change, the network can represent a consistent group who meet regularly and may be experienced by the child as holding an ongoing narrative of his or her life—that is, "holding them in mind". Systemic thinking enables practitioners from a range of professional backgrounds and organizations, with their differing priorities and working practices, to explore their differences and any inherent contradictions that may block multi-agency working, in order to develop a coherent network.

Similarly, educationalists can find systemic thinking and ways of understanding the positions of others—such as those of the young person and of their carers, parents, teaching and support staff—useful in enabling them to consider new ways of working and alternative strategies that may contribute to improved home/school relationships.

Systemic thinking acknowledges the evolving nature of relationships and can help children and their carers and parents to harness the positive aspects of change in the lives of looked-after children and young people. Engagement with ideas of change encourages people to think about its possibilities and how this can build on their personal strengths and resilience. Focusing on the positive aspects of how people work together is an integral part of

systemic thinking, and it contributes to maintaining a hopeful and positive relationship between those working with groups experiencing particular difficulties.

Conclusions

As systemic practitioners, we are aware that family life is varied and can be challenging. For those caring for looked-after and adopted children and young people, there may be additional layers of complexity. These include the experience of the children and young people themselves, the families' experiences and expectations, as well as those of the education and social care systems. We believe systemic thinking can be helpful in enabling those caring for children and young people to understand the different meanings of what can be challenging behaviours. We have found that focusing on communication and intervention can help those involved to develop more shared understanding and ways of working with these children and young people. Being able to value the many perspectives within the family and networking contributes to this process. When CAMHS professionals are able to develop good working relationships within schools, this helps to develop a successful partnership.

Families and schools—a network of interdependent agencies: the ecology of development

Laura Fruggeri

Research in developmental psychology documents how children grow in complex environments (Bronfenbrenner, 1979), how they are able to deal with complex social situations since the early stages (Stern, 1985), and how actively they participate in triangular relationships (Fivaz-Depeursinge & Corboz-Warnery, 1999). Thanks to the studies conducted from both a systemic and an ecological perspective, we have many descriptions of the relational interdependent world of children; of how their growth is connected to the quality of their relationships with their parents and other significant people; and of how they actively interconnect with the different persons that are parts of their lives.

Such an interconnected context of child development underlines the fact that families do not grow children in a vacuum—they do it as part of a larger social and interpersonal network composed of interconnected families, schools, groups, relatives, teachers, peers, friends, professionals, and so on. It is through the participation in this system of interactions that children develop a sense of self, an identity. It is through the participation in this complex relational and institutional network that they construct ties and develop