

Children's Well-Being: Indicators and Research 22

Patricia McNamara  
Carme Montserrat  
Sarah Wise *Editors*

# Education in Out-of- Home Care

International Perspectives on Policy,  
Practice and Research

 Springer

# Children's Well-Being: Indicators and Research

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Volume 22

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Patricia McNamara • Carme Montserrat  
Sarah Wise  
Editors

# Education in Out-of-Home Care

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*For Emeritus Professor Anthony (Tony) Maluccio (1932–2019) who has always ‘dreamed large’; and for the children growing up in out-of-home care whose wellbeing has been his lifelong passion. It is our hope that this volume contributes to higher aspirations, better learning experiences and improved educational outcomes for children and young people in care internationally*

# Foreword

What can I add to the quotation from the Nobel Laureate, Malala Yousefai, which the editors rightly place at the head of this volume? Longitudinal studies and the testimony of generations of care-experienced authors show that education is the key to social mobility and escape from biographical disadvantage. The vast majority of children and young people in and leaving out-of-home care (OHC) come from stigmatized groups and families with multiple problems; social mobility is not just desirable for them but essential if they are to flourish and avoid repeating the life course of their parents. Why then has it been so difficult to convince those responsible for their care that every possible effort should be made to give them the best educational opportunities and bridge the persistent gap between their level of attainment and that of those who grow up in their birth families?

The nine countries represented in this book differ widely in their welfare, education and social care regimes and yet for children in foster or group residential care, the same issues arise again and again. All countries seem to go through a similar sequence: those in this volume are at different points along the road. The first step is to recognise the low educational attainment of children in OHC as a remediable social problem. Next, it needs to be quantified. Until there is statistical evidence of the failure of the care system to educate the children for whom it has assumed parental responsibility, there will be no momentum for change. After that it is necessary to identify the systemic barriers to educational success for children in care and mobilize politicians and legislators to overcome them. But statistics can only take us so far. To understand why it is very hard for young people who grow up away from home to steer a successful pathway through school and college, we need to hear from those who have done so against the odds. That is why it is so valuable that the editors have brought together evidence from leading researchers with the autobiographical accounts in Chapters 18 and 19.

England was one of the first countries to compare national data on the educational attainment of children in care with that of the general population, but for many years the published statistics were prefaced by anodyne statements such as ‘children in care *tend* to do less well than others’. The evidence in this book, especially in Part I, is inescapable. Almost all children and young people in care do *much*

less well than others. Unsurprisingly, those who come into care earlier and stay longer achieve better results than those who remain in abusive and neglectful homes, but relative to all children, most of them fall progressively behind (Chapter 4) and very few manage to access college or university, even those who have the ability and motivation to do so.

Bronfenbrenner's ecological framework, referred to by several contributors, shows that effective intervention needs to happen at all his different levels. Policy and legal initiatives are essential alongside a holistic approach to the care and education of individual children. For example, attendance at high-quality early childhood care and education settings is known to benefit the most disadvantaged children, but it takes government action to overcome the financial and practical obstacles to their attendance (see Chapters 5 and 6).

Young people whose educational progress has been delayed by placement and school changes usually need a protective home environment for longer than others, yet many care systems still throw them out to cope on their own at 18. A change in the law to enable them to stay in their care setting up to 21 or beyond may do more to improve their educational opportunities than any remedial program pitched at the individual level (Jackson & Ajayi, 2007). Wilson, Harvey, Goodwin-Burns and Humphries in Chapter 15 show how children in OHC are excluded from higher performing schools by an elitist education system which sets schools to compete with each other on the basis of examination and test results. In England, a change in the law obliged schools to provide places for children in care even if they were technically full, greatly strengthening the hand of their advocate, the Virtual School Head (Jackson, 2015, and see Chapter 10). Adding a tick box to the university application form to enable universities to offer targeted financial tutoring and emotional support to students with a care background made them visible for the first time and inspired new widening access initiatives from top universities (Jackson, Ajayi & Quigley, 2005; University of Oxford, 2019).

To access tertiary education from a care placement, still more to go on to earn a PhD, is an exceptional achievement. As the chapters by Jurczynsyn and Michell (Chapter 17) and Matheson (Chapter 18) show, it can be done, though not without overcoming massive obstacles. Low expectations of teachers and social workers are among the many barriers faced by children in OHC: how often are they encouraged in their primary school years to think of university as their long-term goal, something taken for granted in middle class homes?

In addition, despite the efforts of contributors to this book, some of them over many, many years, there are significant gaps in our knowledge. For instance, although several chapters point to the instability of out-of-home placements as a major impediment to children's educational progress (Jackson and Thomas, 2001), there is still almost no quality research on the subject. Advances in neurophysiology tell us that many of the problems experienced by children in OHC go back to the earliest months of life. In most countries, young children are looked after in family foster care, but what do we know about the people who care for them? The crucial



educational role of foster carers has not yet attracted anything like the research attention it deserves (Jackson and Hollingworth, 2017).

This is an enormously important book, the very first from an international perspective to put education right at the centre for children and young people in OHC, and to cover the whole age range from early childhood to tertiary education. It does not hesitate to expose the systemic weaknesses in most of our care systems which at present blight the chances of so many young people. But almost all the authors offer a message of hope, with examples of many positively evaluated initiatives. As Pecora and his colleagues conclude (Chapter 2), ‘Devoting resources to improving education outcomes for these children is an investment in their improved life outcomes that in turn strengthens our communities, economy and society’, or in the words of the Scottish Government, ‘We can and must do better’.

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## About the Editors



**Patricia McNamara, PhD**, is qualified and experienced in secondary teaching, social work and family therapy. Patricia was a teaching and research academic in the Department of Social Work and Social Policy at La Trobe University’s Melbourne Campus for many years. She is currently a Senior Fellow (Hon) in Social Work at the University of Melbourne. Her research interests are education within and post out-of-home care and therapeutic residential care. Patricia co-led a La Trobe University national scoping study of transitions from out-of-home care to university. She also managed a collaborative funding application which gave rise to the *Raising Expectations* program. This program is increasing participation in and support for successful outcomes from university for care leavers. Patricia has been a foundation Board Member of the International Association for Outcome-Based Evaluation and Research in Family and Children’s Services (iaOBERfcs). She is also active in the National Therapeutic Residential Care Alliance – Australia (NTRCA) and the International Therapeutic Residential Care Work Group (ITRCWG). She is a member of the editorial board for *Residential Treatment for Children and Youth*.



**Carme Montserrat, PhD**, is qualified in education and social psychology. She is a deputy dean in the Faculty of Education and Psychology at the University of Girona (Spain). She has been a tenured professor in this Faculty since 2006, teaching into the degrees of Psychology and Social Education and at masters, post-graduate and doctoral levels. Carme is a researcher in the Research Team on Childhood, Adolescence, Children's rights and their Quality of Life within the research Institute for Quality of Life (IRQV) at the University of Girona. She previously worked in the child protection system in the city of Barcelona as well as being a consultant with the Council of Europe regarding the issue of violence against children. Carme's main areas of research relate to children and young people in social services and public care. She is widely published and has been an invited speaker at numerous international conferences. Carme is a member of the International Association of Outcome-Based Evaluation and Research on Family and Children's Services (*iaOBERfcs*).



**Sarah Wise, PhD**, is a developmental researcher with many years of research, policy and service innovation experience covering a wide range of issues relating to children, parents and families. Her special interest areas are early childhood development, out-of-home care, local area responses and the development of social policy and practice with evidence. Sarah currently holds an appointment within the University of Melbourne's Department of Social Work. She was formerly the inaugural Good Childhood Fellow at Berry Street Childhood Institute. Sarah has worked to integrate academic research into social systems and programs designed to support vulnerable children. She has attracted research funding from a range of government and non-government schemes and has an extensive record of publications relevant to parenting, early childhood services, social work and child development. Sarah's research has influenced policy and practice decision-making within the child and family service system; her work has been directly linked to program innovation and new resources to improve the educational outcomes of children and young people in foster care and residential care.

# Chapter 1

## Introduction



Patricia McNamara, Carme Montserrat, and Sarah Wise

*There are many problems, but I think there is a solution to all these problems; it's just one, and it's education.*  
Malala Yousafzai

This book aims to assist those working with children and young people in out-of-home care (OHC), or on their behalf. Its purpose is to lift educational aspirations, expectations and outcomes of this cohort of students by improving the knowledge base within this helping domain. The volume offers empirical insights and best practice examples of teaching and learning with children and young people in care. The content applies to formal learning settings, the home (foster care, kinship care, residential care and other OHC settings) as well as within the community. Across Europe, young people with a care background have been found to be around five times less likely to attend tertiary education than those who have not been in care (Jackson & Cameron, 2014). Similarly, very few care-leavers make the transition to university in Australia and New Zealand (Matheson, 2016; McNamara, Harvey, & Andrewartha, 2019). Whilst relatively more students with a care background in the US enter tertiary programs, many do not manage to graduate (Okpych & Courtney, 2018). It is widely acknowledged that poor education outcomes, from early childhood onwards, can undermine lifelong opportunities, health and wellbeing (McNamara et al., 2019; Wise, 2016a, 2016b). Such outcomes also often impact negatively on the social sphere, constraining long-term personal development, including community inclusion and active citizenship (Garner, Forkey, & Szilagyi, 2015). Growing international concern has led to the development of approaches that

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address inequities faced by young people in care, including inequality of opportunities in education (Courtney & Hook, 2017; Jackson, Ajayi, & Quigley, 2005; Mendes & Snow, 2016; Montserrat & Casas, 2017; Montserrat & Casas, 2014).

This volume profiles some of the most important current initiatives that aim to narrow education achievement gaps between children in care (or young people with a care background) and their peers. It offers a range of responses to challenges encountered in achieving good education outcomes, from childhood to adulthood and from the micro to the macrosystems level (Bronfenbrenner, 1979). Initiatives presented herein include formal education interventions as well as informal psychosocial-emotional learning approaches, much of which families are delegated to manage on behalf of society. In that context Plato's definition of education retains contemporary resonance:

*Education is the constraining and directing of youth towards that right reason, which the law affirms, and which the experience of the best of our elders has agreed to be truly right.*

Plato (1872 translation). "Laws. Appendix: Lesser Hippias. First Alcibiades. Menexenus. Index of persons and places", p.189

Internationally, contemporary formal and informal education are most often expected to produce young people who are '*successful learners, confident and creative individuals, active and informed citizens*' (Melbourne Declaration on Education Goals for Young Australians, 2008).

We embrace a broad-based definition of OHC:

Out-of-home care is the care of children....who are unable to live with their primary caregivers. It involves the placement of a child with alternate caregivers on a short- or long-term basis (Department of Human Services, Victoria, Australia, 2007). Out-of-home care can be arranged either informally or formally. Informal care refers to arrangements made without intervention by statutory authorities or courts, and formal care (generally) follows a child protection intervention (either by voluntary agreement or a care and protection court order), most commonly due to cases of abuse, neglect or family violence (Campo & Commerford, 2016).

OHC takes a variety of forms; kinship care, foster care, residential care and family group homes are some of the most common types. Internationally, children and young people in care present a remarkably similar education profile. They often have lower than average educational performance when entering child protection services as the result of adversities experienced prior to entering care. These include poverty, maltreatment and family dysfunction; but many children also experience risks to education failure after entering care. Instability in education and care placements especially, can undermine learning outcomes during care and create barriers to education post-care (AIHW, 2015).

Over the past two decades, evidence has converged from multiple disciplines including neuroscience, education, behavioural science, public health, the social sciences, and medicine on the effects of early trauma on the developing brain (Dowd, 2017). Stress that is frequent and/or prolonged in early childhood creates "toxic stress" that can negatively impact development of socio-behavioural skills and cognitive-linguistic capacities in the early years and across the lifespan (Harvard Center on the Developing Child, 2019).



Across the world, rates of admission to OHC are high during infancy and early childhood, because children are at their most vulnerable. Attachment disruption, neglect and abuse are common sources of toxic stress that affect the biological and developmental functioning of children in care (Perry, 2009; Schore, 2005; Van der Kolk, 2013). It has long been accepted that secure attachment relationships early in life are central to long-term psychosocial wellbeing (Bowlby, 1965; Bowlby, 1982; Erikson, 1950; Freud & Burlingham, 1944). With advances in neuroscience, it is now understood that lack of, or disruption to, healthy attachment relationships can impair development of the orbitofrontal cortex, resulting in problems with self-regulation and auto-regulation in learning situations. This often undermines capacity for sustained concentration and focus along with positive engagement with teachers and peers (Downey, 2012, 2007).

Factors during pregnancy also have considerable impact on the developing brain. It is common for children in care to experience adverse impacts on cognition and learning, as well as socioemotional regulation because their mother was anxious, stressed or depressed and/or used alcohol and drugs during pregnancy (Bruce, Fisher, Pears, & Levine, 2009; Davis, Gagnier, Moore, & Todorow, 2013; McLean & McDougall, 2014; Perry, 2001). The importance of intervention early in life to address adverse impacts of attachment disruption and other toxic stressors as well as exposures in utero has been consistently stressed by clinicians and researchers (Perry, 2009; Van der Kolk, 2013).

Children are at their most vulnerable in infancy and early childhood, but also their most adaptable. The early years are when the brain has greatest plasticity and capacity for change (Harvard Center on the Developing Child, 2019). Early interventions that aim to redress adversely impacted areas of brain development during the very early years and at the pre-school stage can prove highly protective and have the potential to impact learning outcomes in the short and longer term. Speech therapy which addresses delayed and/or impaired linguistic development is but one example (Frederico et al., 2014; Snow & Powell, 2012; Snow, Timms, Lum, & Powell, 2019). However, without effective intervention, by the time a child in care starts primary school, toxic stress experienced early in life will have weakened the 'architecture of the developing brain', compromising executive function and self-regulation skills in the classroom (Downey, 2012, 2007).

In the early primary school years, under-developed executive function creates substantial challenges for a child in care to develop foundational formal learning skills in reading, writing and mathematics as well as informal socio-emotional skills. There is growing evidence, however, that one-on-one interventions at this point, such as tutoring and mentoring with literacy and numeracy can be helpful (Flynn, Marquis, Parquet, Peeke, & Aubrey, 2012; Forsman & Vinnerlung, 2012), especially when delivered in therapeutic environments, where the child experiences congruence at home and at school; a 'learning placement and a caring school' (Cameron, Jackson, & Connelly, 2015).

Children in care often do not receive the remedial help they need and enter high school with levels of formal and informal learning well behind their mainstream

peers (AIHW, 2015; Cameron, Jackson, & Connelly, 2015; McNamara, 2016; Courtney & Hook, 2017). Deficits in literacy can be especially limiting during secondary education, as standard learning objectives usually require that large amounts of text are processed and analysed. Mathematics too, often assumes a steeper learning curve at this point, requiring more sophisticated executive functioning. When the gap between capacity and set learning tasks becomes too great, many students from care backgrounds who are experiencing learning difficulties, such as dyslexia and dyscalculia, disengage from classroom activities (Downey, 2012, 2007; McNamara, 2016). Without intensive intervention, this gap frequently widens by adulthood. Behaviour problems associated with under-developed self-regulation capacity can also become more profound in adolescence, further alienating the young person from effective learning and disrupting classroom dynamics (Downey, 2012, 2007). The impacts of disengagement can be compounded when young people experiencing similar unaddressed learning struggles are placed in together, in class and in care. Too often, this leads to young people being excluded from school for periods of time or even permanently (Association of Children's Welfare Agencies, NSW, ACWA, 2017). When social and academic alienation become overwhelming, many young people in care discontinue formal schooling prior to completion of their secondary education. Should this coincide with leaving care without planful support there can be serious adverse consequences in terms of lifelong wellbeing. Once again, creative and inclusive strategies, employed at home and at school can create good education and bio-psycho-social outcomes at this stage of development. There is also evidence that paid and unpaid work experience can promote social inclusion and build life skills and competencies during the high school years (Gilligan, 2008).

In a context of learning gaps and other socio-emotional difficulties, it is unsurprising that young people from care backgrounds across the western world do not transition to tertiary education at the same rate as their peers. Graduation from tertiary education can be even less achievable it seems (Courtney & Hook, 2017; Jackson et al., 2005; Jurczynyn, 2016; Matheson, 2016; McNamara et al., 2019; Montserrat & Casas, 2014; Okpych & Courtney, 2018). When young people from care do enter tertiary education, they are frequently limited by their neurodevelopmental profile and poor preparation in terms of academic skill development (often the result of a poor-quality secondary education). Financial, housing and mental health difficulties can also present serious obstacles (Matheson, 2016; McNamara et al., 2019). Young people entering tertiary education from care clearly benefit from creative equity and access interventions such as those employed by the Buttle Foundation in the United Kingdom (Jackson et al., 2005; Jackson & Cameron, 2012, 2014) and the Chafee Educational and Training Voucher Program (ETV) in the United States (Courtney, 2009; Okpych & Courtney, 2018). In Australia also, the *Raising Expectations* program is producing positive outcomes (Centre for Excellence in Child and Family Welfare, 2019).

Notwithstanding neurodevelopmental and other complex psycho-social challenges including poverty related issues and mental health problems, children and young people in care can and do display extraordinary resilience as learners (Harvard

Center on the Developing Child, 2019). There are clearly a range of bio-psycho-social elements contributing to this (Heft, 2013; McNamara, 2016). Concomitantly, it is increasingly acknowledged that to make a real difference in the lives of disenfranchised children and families, a more holistic or 'joined-up' response is needed, one that targets multiple interacting factors impacting education outcomes operating at different levels of the eco-developmental system (Cameron, Jackson, & Connelly, 2015; Heft, 2013; Garner et al., 2015, p. 495). An ecological-developmental lens reveals the complex transactions between family, education, OHC, and other key systems and the developing child. It is unsurprising that Bronfenbrenner's model has been applied effectively in this domain over some decades (Anderson, 1983; Arthur-Kelly, Lyons, Butterfield, & Gordon, 2003; Bronfenbrenner, 1979; Elias & Dilworth, 2003; Heft, 2013; McNamara, 2005, 2016).

It is clearly vital for educators to intervene therapeutically and for carers to actively promote learning (Cameron, Jackson, & Connelly, 2015). Nurturing, safe and supportive relationships with and around the child at home and at school can also contribute to good learning outcomes. Home based tutoring by literacy and numeracy trained foster carers and other mentors is a good example of this (Cameron, Jackson, & Connelly, 2015; Flynn et al., 2012). Close collaboration and communication between home, school, community-based welfare and other service sectors is also critical to success, such as well-functioning Care Teams (McNamara, 2016). Processes in OHC services and in other sectors that do not involve.

OHC of children and young people can have negative impacts. A placement change determined at a local child welfare case planning meeting, for example, may be swiftly followed by a change of school, potentially disrupting the child's secure learning base. At the broad macrosystems level, the values and beliefs expressed through welfare and education institutions are especially important. A contemporary example of this is the recent policy shift on the part of most Australian state governments to raising the statutory age for leaving foster care in Australia from 18 years to 21 years. This move to an increased level of socio-emotional, housing and financial support follows similar initiatives in the UK, the US, Canada and New Zealand; the approach has evidenced-based potential to facilitate better learning outcomes at high school and in tertiary education (Okpych & Courtney, 2018). That positive change has come about through focused long-term lobbying of governments at state and federal levels by the welfare and education sectors (e.g., the *Home Stretch Campaign*, <http://thehomestretch.org.au/>).

This volume manifests the importance of viewing educational outcomes as a product of a complex array of factors operating across various developmental levels and ecological subsystems. That perspective places the child at the centre and identifies key issues of policy, practice and research relating to education in OHC. It addresses issues that span child welfare and education systems to produce a strong corpus of quantitative and qualitative evidence. Readers will find this knowledge relevant across the developmental continuum. The book critically engages with and advances conceptual understanding of the teaching and learning relationship as a powerful therapeutic medium that can assist in healing trauma and addressing attachment disruption at home, at preschool, in school and in institutions of higher

learning (Downey, 2012, 2007; Jackson et al., 2005; Cameron, Jackson, & Connelly, 2015). We identify and explore contemporary opportunities and constraints operating in both caregiving and education sectors, and at the interface between them, during and post out-of-home care. There is existing evidence that challenges (including frequent change of school, insufficient funding to address learning difficulties and lack of identification of those in care/post-care as an equity cohort) too often create insurmountable barriers, resulting in education disengagement and poor education outcomes (Harvey, McNamara, & Andrewartha, 2016; Jackson & Cameron, 2012, 2014; McNamara, 2016; McNamara et al., 2019; Montserrat and Casas, 2014, 2017; Wise, 2016a, 2016b; David & Wise, 2016). Strategies have been developed and evaluated internationally which can address such challenges. Examples are presented from the nine countries represented in the book; these always emphasise the relevant developmental context for specific interventions.

The volume offers empirical insights and best practice examples of teaching and learning with children and young people in care; in formal learning settings, at home (in foster care, kinship care, residential care and other OHC settings) as well as in the community. It brings together international research from different disciplines (education, social work, psychology, social care and childhood and youth studies) across the developmental continuum. This is the first book to focus on education in care internationally, from early childhood to tertiary education, with an interdisciplinary lens. It starts to fill an international knowledge gap in relation to how good learning experiences can enrich and add enjoyment to the lives of children and young people in care as they grow and develop. Learning can also have therapeutic benefit in healing trauma and attachment disruption associated with abuse and neglect (Cameron, Jackson, & Connelly, 2015). There is strong evidence that positive experiences of learning in childhood and adolescence can facilitate successful education outcomes which, in turn, support childhood and lifelong well-being. Potentially the latter can manifest across the domains of work, further study, relationships, finance, community engagement and active citizenship, cultural enrichment and spirituality, health and mental health (Mendes & Snow, 2016).

Importantly too, the book generates new insights into the development and incorporation of diverse research, policy and practice methods in the context of education in OHC, demonstrating how innovative contemporary methods are applied by researchers internationally. This will potentially lead to much needed fresh initiatives, including cross national research, to address knowledge gaps in this under-investigated and under-resourced domain. The lived experience of children and young people and their rights as learners especially, have yet to be adequately explored. This book clearly identifies both opportunities and challenges encountered by young people in care and post care on their learning journeys. It gives voice to authors who have overcome enormous barriers to succeed educationally. That content enriches a limited existing archive of narratives from care leavers who have successfully completed further education (Jurczynszyn, 2016; Mendes, Michell & Wilson, 2014; Michell, 2012).

Education of children and young people in OHC is too often overshadowed by the urgent imperatives of removal from harm and placement in stable care, along

with the growing awareness of a need to address mental health concerns. Research, policy and practice presented in this book supports privileging of education consistent with the UN Convention on the Rights of the Child (UNCRC, 1989). A child rights agenda demands that education of children and young people in care must become a higher priority in policy planning, program development and practice internationally.

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# Part I

## Quantitative Evidence

It is widely recognized that lack of a convincing evidence base has constituted a major barrier to policy change and programmatic development targeting improved education experience and outcomes for children and young people in care. Large scale studies that clearly differentiate the educational aspirations, opportunities, experience and outcomes of this cohort from those of children growing up in mainstream society were long overdue. Over the past decade, national and cross-national initiatives especially, have begun to address this knowledge gap through important quantitative research. Evidence forthcoming has contributed to funding of new and established initiatives to support education of children and young people in care internationally.

Contributors to this part are based in Spain, the United States, Australia and the United Kingdom. They have all played important roles in building a stronger evidence base in this arena. Whilst there is clearly need for further research, the studies presented here provide a systemic frame of reference for the developmentally staged Parts of the book which follow.



# Chapter 2

## The Importance of School from an International Perspective: What Do Children in General and Children in Vulnerable Situations Say?



Carme Montserrat, Ferran Casas, and Joan Llosada-Gistau

### 2.1 Introduction

The role education plays in constructing, reproducing and legitimising social inequality has been widely studied for many years. At the same time, the potential of education to promote social mobility, development and equal opportunities and therefore, its role as a driving force for social change, has also been a subject of study. Contributing to this debate, authors such as Bonal (2016) have indicated the reason why many education policies fail to resolve the issue of inequality, arguing that these policies are not often linked to economic development and poverty reduction. On a global scale, Wilkinson and Pickett (2009) showed that governments have set out to tackle poverty while ignoring inequality. They demonstrated that achieving greater academic success and offering increased opportunities for social mobility, among other indicators of social well-being, were more difficult to achieve in countries where differences between rich and poor were greater.

Tarabini and Bonal (2016) focused their studies on two key concepts: the right to education, understood not merely as access to compulsory education, and academic success for all students. On this basis, they pointed out not only the importance of education equality from a perspective of social justice (implementing policies to improve the situation of the more disadvantaged), but also its impact on the overall effectiveness of education systems.

These two concepts have not always been given priority in education policies. Carnoy (2016) explained global tendencies in education systems, especially the impact that international tests, such as PISA, is having on national education policies, and the increase in the number of countries wishing to participate in them. As a result, many countries are making an effort to identify “common” elements in

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education systems, highlighting issues like assessment, accountability, greater use of ICT, and the increased privatisation of schooling, especially in developing countries (Carnoy 2016, 39). Yet, the author also pointed out the key role that state governments can play in regulating or neutralising these global trends given that it is precisely in their power to provide greater access to education, improve the quality of education for everyone and generate knowledge more effectively and fairly.

Accordingly, the 2030 Agenda (OECD 2017) recognised that great progress had been made to increase access to basic education and improve infrastructures (see the World Bank World Development Report 2018). However, the Agenda also recognised that enhancing learning outcomes and equity (including the gender gap) should be strongly advocated for the future.

Yet, what do children think about all of this? Their perspective (which is clearly not the same as mere mathematics competence test results) is not usually the focus of this debate and yet it should be included to provide a more comprehensive approach to the phenomenon. What is child well-being in the different geographical and social contexts we are referring to? What role does school play in children's lives? Report Card 13, with data from 13 EU and OECD countries (UNICEF 2016), provides a reference point, reporting stagnation and even a decline in the relative position of children with lower levels of income and well-being during the economic recession (as in Spain, for example). The gap between those occupying the highest and lowest positions has increased, especially in the economic domain and in life satisfaction (Health Behaviour in School-aged Children – HBSC). The HBSC have concluded that the greater the inequality in a country, the poorer and less happy a cohort of its children will be, and add that children live better where everyone is treated more fairly. In this regard, the study conducted by Montserrat, Casas, and Moura (2015) showed that children who perceived their family as less, or far less, well-off than other families in their environment had much lower levels of subjective well-being than the average. In contrast, children who reported never being concerned about their family's finances displayed greater subjective well-being (SWB).

These examples show how important it is to systematically listen to children worldwide and focus on the issues that directly affect their lives. One international study that does just this is the Children's Worlds Project ([www.isciweb.org](http://www.isciweb.org)), which collects representative samples of the views of 8–12 year-old children from very different countries. Results obtained so far, such as the Special Issue of *Children and Youth Services Review* edited by Ben-Arieh, Rees, and Dinisman (2017) or a Special Section of *Child Development*, edited by Casas (2018) are available for consultation.

Establishing a dialogue with children is also precisely what helps to enhance research instruments. For example, when we ask children about school, what are we actually asking them about? Previous studies on the link between subjective well-being and school have suggested that school encompasses two worlds for children. First, it may refer to the relational aspects that take place at school (mostly focusing on relationships with class mates), but it can also refer to more academic aspects reflected in their school experience, their marks, their relationship with teachers or the things they learn (see Casas & González 2017).

Apart from access to education mentioned above, the school situation of vulnerable children is still a long way from complying with criteria of equity and effectiveness. This is borne out by compilations of studies, such as the one on children in care (Jackson & Cameron 2014). Yet, few studies have been conducted on the SWB of children in care in relation to their school situation (Llosada-Gistau, Casas, & Montserrat 2017). The influence of school-related aspects on well-being, which we address next, has not been studied in depth.

## 2.2 Research Questions

In this chapter we have aimed to go beyond the socioeconomic data, results obtained in competency assessment tests, and what the experts say. Children in care and children in the general population were asked directly what importance they attached to going to school and the impact it had on their subjective well-being in different contexts. Our objective was threefold:

- To gauge the importance that going to school has for children from 18 different countries.
- To analyse the impact of different school-related aspects on children's SWB: if they liked going to school; level of satisfaction with their school experience, marks, and relationships with classmates; if they felt listened to and treated fairly by teachers, and their perceptions of safety and bullying.
- To analyse these aspects in both the in-care and general population of the same age (12 years old) and in the same country (Spain).

## 2.3 Method

The results have been drawn from two research projects conducted with different child populations. Both projects implemented quantitative data collection. They were aimed at evaluating SWB in children of the same age, and the same instrument was used. Thus, a comparative analysis could be made.

### 2.3.1 *Sample*

First, we analysed the second wave of data from the Children's Worlds Project with representative samples from 18 countries reflecting different cultural contexts and economic situations, with a pooled sample of 21,508 12-year-old children. The sample was drawn from the entire country in ten of the countries listed, while in the other eight (marked with an asterisk in Table 2.1) the survey only covered a specific region.

**Table 2.1** Independent variables

Independent variables	Values
I like going to school	I do not agree/Agree a little/Agree somewhat/Agree a lot/Totally agree (1–5 scale)
I feel safe at school	
Friends are nice to me	
Teachers listen to me	
My teachers treat me fairly	
Satisfaction with school marks	0–10 scale rescaled to: 0–4 Not at all satisfied/5–8 Satisfied/9–10 Totally satisfied
Satisfaction with school experience	
Satisfaction with teachers	
Satisfaction with classmates	
Peers hit me	Never/Once/two or 3 times/More than 3 times
Left out by other children in my class	

Moreover, data corresponding to children in care of the same age were also analysed within the framework of Catalonia (Spain). In this study, 58% of the children in out-of-home placement were in residential care, 36% in kinship care and 6% in non-kinship care (Llosada-Gistau et al. 2017). The response rate was 58% (N = 669) and characteristics regarding gender, age and country of origin were similar to the total children-in-care population.

### 2.3.2 Instruments

The self-administered questionnaire included different psychometric scales for measuring SWB, among which the Personal Well-being Index – School Children (PWI-SC) (Cummins & Lau 2005) was used in this chapter as an indicator for evaluating children’s SWB not only in the 18 countries but also among the in-care population in Catalonia (Spain). The response scale for each item ranged from 0 to 10 points and only extreme values were labelled. The same questionnaire was administered to children in care with some adjustments (Llosada-Gistau et al. 2017).

The domains measured by the PWI-SC scale were: satisfaction with your health, how secure you feel, the opportunities you have in life, the things you have, your relationships in general, doing things away from your home, and your preparation for the future. The independent variables related to the school environment were as follows (Table 2.1).

### 2.3.3 Data Analysis

The variable *I like going to school* (1–5 scale) was used to study the importance of going to school for children. A table was constructed to compare the proportion of children from each country in either of the two extreme categories (*I do not agree*;

*Totally agree*). An analysis was also made based on the position occupied by each country in the World Bank Country Groups by Income ranking, measured using gross national income (GNI) per capita (<https://data.worldbank.org/>).

Subsequently, we analysed the impact of the different school-related variables on children's SWB by performing ANOVA to compare the mean scores for the PWI-SC. The tables show the mean scores for the two extreme values of each variable (*I do not agree* and *Totally agree* on the 1–5 scale, and to *Not at all satisfied* and *Totally satisfied* on the 11-point scale). The global value was the result of the aggregation of the different items and the rescaling of scores to a 0–100-point scale.

Finally, the importance of school and the impact of the independent school-related variables on the PWI-SC for the general population and for children in care were compared, using the same statistical analysis.

### **2.3.4 Procedure and Ethical Issues**

In each country the sampling units were schools and the sampling design was stratified random sampling by clusters. The questionnaire was administered in the classroom. In contrast, the questionnaires administered to children in care were sent by post to each of the participants in a sealed envelope to be returned, containing a letter encouraging them to participate with an explanation of the study. The Project received support from the Catalan Government.

The questionnaire contained an explanatory introduction and included ethical considerations, such as the right to participate voluntarily, or the right not to answer questions if the respondent did not wish to. It was anonymous and data confidentiality was guaranteed.

## **2.4 Findings**

Results based on the defined objectives are set out below.

### **2.4.1 The Importance of Going to School for Children from 18 Different Countries**

In response to the statement *I like going to school*, the greatest proportion of children who responded *Totally agree* were from low-income economies, such as Ethiopia and Nepal (Table 2.2). Following this trend, the proportion of children from upper-middle income economies was lower, and among countries ranked as high-income economies, the majority of children did not agree with this statement.

**Table 2.2** I like going to school according to children in 18 countries

Country	n	I do not agree	Totally agree	World Bank country groups
Ethiopia	980	1.3%	<b>84.3%</b>	Low-income economies
Nepal	995	0.2%	<b>75.4%</b>	
Algeria*	1283	2.6%	<b>73.6%</b>	Upper-middle-income economies
Turkey*	1018	6.5%	<b>54.9%</b>	
Colombia*	975	3.9%	<b>53.7%</b>	
S Africa*	1131	7.4%	<b>53.1%</b>	
Romania	1507	7.9%	<b>43.1%</b>	
Malta	942	5.4%	<b>39.8%</b>	
Norway	974	5.6%	<b>36.8%</b>	High-income economies
S Korea	2597	3.9%	<b>31.3%</b>	
Israel	926	13.0%	<b>30.9%</b>	
Spain*	1667	10.7%	<b>25.4%</b>	
Finland	1003	8.6%	<b>23.8%</b>	
Poland*	1017	17.3%	<b>21.0%</b>	
UK*	1319	13.4%	<b>17.7%</b>	
Estonia	1029	18.1%	<b>13.9%</b>	
Germany	852	15.0%	<b>13.2%</b>	
Italy*	1293	22.5%	<b>8.6%</b>	
<b>Total</b>	<b>21,508</b>	<b>8.8%</b>	<b>38.1%</b>	

\*Region

## 2.4.2 *The Impact of Different School Issues on the Subjective Well-Being of the Children from 18 Countries*

Mean SWB scores were higher among children who expressed high levels of satisfaction or agreement in any of the school-related variables.

### 2.4.2.1 **Going to School, Feeling Safe, School Marks and School Experience**

Children who reported total satisfaction or agreement with these four aspects (like going to school, feel safe, marks and school experience) had high mean SWB scores, over 90 out of 100 on average in each item (Table 2.3). In contrast, those who displayed low levels of satisfaction or agreement had lower SWB scores, and differences between the two extremes were statistically significant in almost all countries. Also worth highlighting is satisfaction with school experience in which, a difference of, on average, over 20 points in SWB scores could be seen between the two extreme categories. In general, mean SWB scores were lower in Nepal and Ethiopia, regardless of the item.

**Table 2.3** SWB and school according to children in 18 countries

PWI-SC Country	N	I like going to school		I feel safe at school		satisfaction school marks		satisfaction school experience	
		I do not agree	Totally agree	I do not agree	Totally agree	Not at all satisfied	Totally satisfied	Not at all satisfied	Totally satisfied
<b>Ethiopia</b>	980	<b>76.4</b>	<b>82.0*</b>	75.9	<b>85.0*</b>	<b>70.2</b>	<b>84.1*</b>	<b>67.4</b>	<b>85.6*</b>
<b>Nepal</b>	995	<b>73.6</b>	<b>80.0</b>	74.9	<b>82.0*</b>	<b>63.5</b>	<b>82.3*</b>	<b>60.7</b>	<b>82.8*</b>
Algeria	1283	77.5	88.1*	77.0	88.9*	75.9	88.8*	72.4	89.3*
Turkey	1018	81.9	93.1*	77.8	93.8*	78.5	94.8*	69.9	94.6*
Colombia	975	87.0	92.7*	88.6	93.2*	76.8	94.7*	76.0	94.1*
S Africa	1131	<b>74.4</b>	84.0*	77.3	<b>84.9*</b>	<b>67.9</b>	86.4*	<b>66.4</b>	86.9*
Romania	1507	89.7	95.9*	87.4	95.8*	83.1	95.6*	80.5	95.6*
Malta	942	82.9	92.8*	74.4	92.7*	76.5	92.5*	74.8	92.6*
Norway	974	79.7	94.6*	71.7	93.5*	73.2	93.6*	70.6	93.4*
S Korea	2597	<b>59.9</b>	89.3*	<b>54.8</b>	88.9*	<b>66.9</b>	89.4*	<b>55.0</b>	89.7*
Israel	926	83.9	95.2*	77.1	94.0*	74.5	93.8*	77.2	94.2*
Spain	1667	84.6	90.8*	77.0	91.8*	80.7	92.5*	76.6	92.3*
Finland	1003	83.4	95.1*	74.4	93.0*	71.4	93.4*	74.9	94.0*
Poland	1017	80.2	92.4*	69.3	92.4*	72.8	92.8*	68.4	93.1*
UK	1319	77.6	92.5*	<b>68.2</b>	91.8*	<b>64.6</b>	92.6*	<b>65.7</b>	93.6*
Estonia	1029	78.9	92.8*	73.0	91.7*	71.9	91.5*	73.3	91.0*
Germany	852	77.6	92.1*	71.1	91.6*	76.6	91.0*	70.1	92.4*
Italy	1293	82.4	90.6*	76.5	89.3*	72.3	90.4*	68.8	90.9*
<b>Total</b>	<b>21,508</b>	<b>79.5</b>	<b>90.8*</b>	<b>74.8</b>	<b>90.8*</b>	<b>73.2</b>	<b>91.1*</b>	<b>70.5</b>	<b>91.5*</b>
<i>% mean response</i>		8.8%	38.1%	4.6%	51.5%	9.6%	49.2%	6.2%	58.8%

\**p* < .05

### 2.4.2.2 Relationship with Classmates

In all countries, children who reported total satisfaction with the other children in their class had high SWB scores. On average, there was a difference of almost 20 points between the highest score (90.7) and the lowest (72.2) (Table 2.4). Differences in SWB scores reached statistical significance in all variables, except in the case of Ethiopia in relation to the *hit by classmates*' variable.

Generally speaking, children in Ethiopia and Nepal reported lower levels of satisfaction compared to SWB scores for the rest of countries, except in the case of South Korea, where.

SWB scores were lower in most items. It is worth noting that children from the United Kingdom reported higher levels of dissatisfaction and disagreement regarding their relationship with school peers, and those who had been victims of bullying had some of the lowest SWB scores of all.

**Table 2.4** SWB by relationships with peers according to children in 18 countries

(PWI-SC)	N	Left out by other children in your class		Peers hit me		Friends are nice to me		Satisfaction with classmates	
		More than 3 times	Never	More than 3 times	Never	I do not agree	Totally agree	Not at all satisfied	Totally satisfied
Ethiopia	980	<b>76.1</b>	<b>81.6*</b>	<b>79.8</b>	<b>81.2</b>	<b>74.7</b>	<b>84.9*</b>	<b>64.6</b>	<b>85.6*</b>
Nepal	995	<b>74.6</b>	<b>81.0*</b>	<b>71.5</b>	<b>81.1*</b>	<b>72.2</b>	<b>82.7*</b>	<b>64.2</b>	<b>83.8*</b>
Algeria	1283	82.9	86.9*	78.9	87.2*	76.9	90.0*	77.4	90.3*
Turkey	1018	77.0	93.0*	84.8	92.8*	79.9	95.1*	74.6	95.2*
Colombia	975	89.0	92.8*	90.8	92.0*	83.3	93.0*	84.5	93.8*
S Africa	1131	75.8	85.5*	<b>74.9</b>	85.3*	<b>74.5</b>	85.4*	70.2	86.7*
Romania	1507	93.2	94.7*	90.8	94.7*	86.6	95.9*	81.6	95.9*
Malta	942	82.6	92.1*	85.1	90.9*	83.3	92.6*	71.0	93.7*
Norway	974	81.0	91.8*	85.7	90.9*	32.9	92.9*	75.4	93.1*
S Korea	2597	<b>64.6</b>	<b>78.9*</b>	<b>70.3</b>	<b>79.1*</b>	<b>53.0</b>	88.6*	<b>59.2</b>	87.9*
Israel	926	87.0	91.3*	87.2	92.5*	77.8	94.1*	80.1	94.2*
Spain	1667	78.6	89.7*	84.8	89.0*	76.0	90.8*	69.6	92.0*
Finland	1003	77.7	91.7*	82.9	90.8*	79.6	93.8*	77.2	93.7*
Poland	1017	75.1	90.2*	80.5	89.6*	62.0	92.9*	72.0	93.4*
UK	1319	<b>73.8</b>	90.8*	<b>75.8</b>	88.7*	<b>71.6</b>	90.8*	<b>64.3</b>	93.8*
Estonia	1029	79.6	88.6*	79.7	88.3*	75.8	91.4*	75.0	92.1*
Germany	852	<b>72.9</b>	88.2*	82.9	87.3*	83.1	89.4*	74.4	90.9*
Italy	1293	75.6	88.2*	<b>76.6</b>	86.5*	<b>71.7</b>	90.8*	72.7	90.7*
<b>Total</b>	<b>21,508</b>	78.7	88.7*	81.3	88.2*	73.0	90.8*	<b>72.7</b>	<b>91.5*</b>
<i>% mean response</i>		7.6%	71.9%	6.2%	74.7%	2.3%	46.0%	7.9%	51.8%

\**p* < .05

### 2.4.2.3 Relationship with Teachers

Children who agreed that teachers treated them fairly and listened to them had higher SWB scores (a mean score of over 90), in all the countries and reached statistical significance (Table 2.5).

### 2.4.3 The Importance of the School Environment for Children in Care and for the General Population in Catalonia (Spain)

When comparing the general population with those in care, a greater proportion of children in care agreed with the *like going to school* variable than the general child population (Table 2.6).



**Table 2.5** SWB and relationship with teachers according to children in 18 countries

Country	N	My teachers treat me fairly		My teachers listen to me	
		I do not agree	Totally agree	I do not agree	Totally agree
<b>Ethiopia</b>	980	<b>73.8</b>	<b>84.0*</b>	77.6	<b>83.7*</b>
<b>Nepal</b>	995	<b>72.4</b>	<b>81.7*</b>	<b>67.5</b>	<b>82.4*</b>
Algeria	1283	80.8	89.1*	80.3	88.6*
Turkey	1018	80.1	93.8*	74.8	94.1*
Colombia	975	82.5	93.2*	83.5	93.3*
S Africa	1131	75.5	84.8*	75.2	84.9*
Romania	1507	89.1	95.8*	88.9	95.7*
Malta	942	84.6	93.2*	79.2	93.1*
Norway	974	82.3	93.9*	84.9	93.8*
S Korea	2597	<b>69.6</b>	88.1*	71.2	87.9*
Israel	926	<b>73.7</b>	94.4*	75.8	95.0*
Spain	1667	82.1	91.6*	85.5	91.9*
Finland	1003	86.3	94.1*	83.7	93.8*
Poland	1017	<b>73.5</b>	92.8*	74.5	93.7*
UK	1319	78.6	93.3*	76.9	92.4*
Estonia	1029	75.2	91.4*	74.0	92.6*
Germany	852	80.4	91.4*	77.1	90.6*
Italy	1293	74.5	90.2*	76.5	91.4*
<b>Total</b>	<b>21,508</b>	<b>78.6</b>	<b>90.9*</b>	<b>78.2</b>	<b>91.0*</b>
<i>% mean response</i>		<i>4.4%</i>	<i>44.1%</i>	<i>4.0%</i>	<i>39.3%</i>

\* $p < .05$ **Table 2.6** Like going to school according to children in care in Spain

Catalonia (Spain)	N	I like going to school		
		I do not agree or agree a little	Agree Somewhat	Agree or totally agree
Children (general population)	1667	39.1%	32.5%	28.4%
Children in care	669	<b>32.0%</b>	31.2%	<b>36.8%</b>

 $X^2 < 0.01$ 

#### 2.4.4 Impact of Aspects of School Life on Children's SWB

Mean SWB scores were higher among children (in care and not) who showed greater satisfaction or agreement with each of the items. However, mean SWB scores were lower for children in care than for the general population, regardless of the school-related variable and the difference between the highest and lowest SWB scores among children in care was greater, in some cases over 30 points.

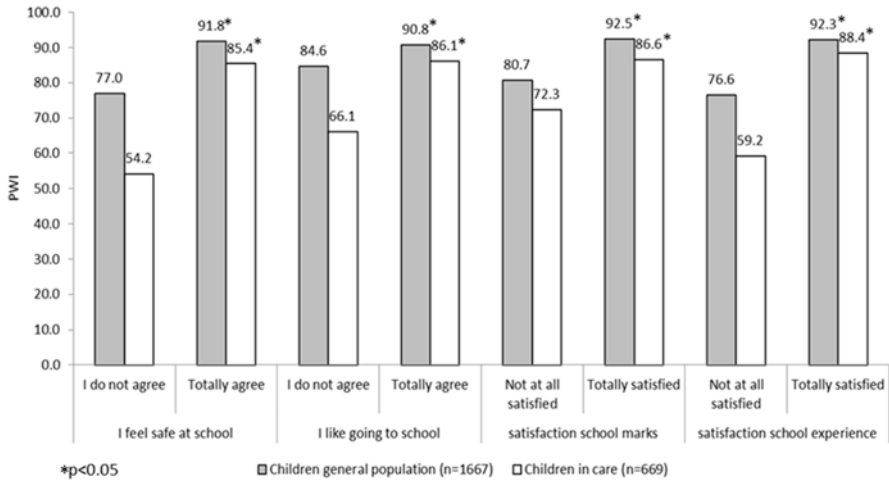


Fig. 2.1 SWB and school according to children aged 12–13 (in care and not) in Spain

### 2.4.4.1 Going to School, Feeling Safe, School Marks, and School Experience

Children (in care and not) who agreed they liked going to school, felt safe, and were satisfied with their marks and their school experience, had higher SWB scores than those who did not agree. Differences were statistically significant in both populations. It is worth noting that children in care who did not feel safe at school and were not at all satisfied with their school experience had very low SWB scores (less than 60). The same occurred with children in care who did not like going to school (66). Comparatively, these three variables had a greater impact on SWB than satisfaction with school marks. Differences with the general population also reached statistical significance (Fig. 2.1).

### 2.4.4.2 Relationship with Classmates

The four items related to relationships with other children in the class were all positively linked to SWB, and differences in both groups were statistically significant. SWB was especially low among children in care who were not at all satisfied with the other children in their class (58.4) and among those who considered their friends were not nice to them (64.6). In fact, a difference of 30 points in SWB scores separated those who were totally satisfied with classmates and those who were not (Fig. 2.2).

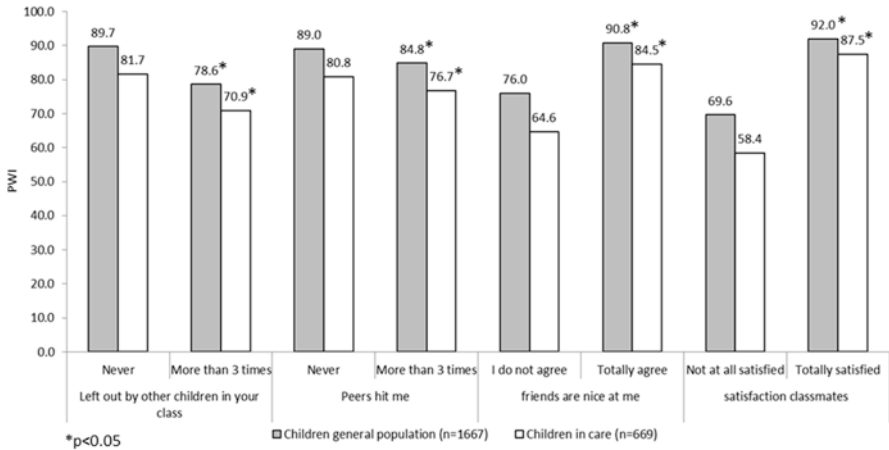


Fig. 2.2 SWB and relationships with peers, according to children aged 12–13 (in care and not) in Spain

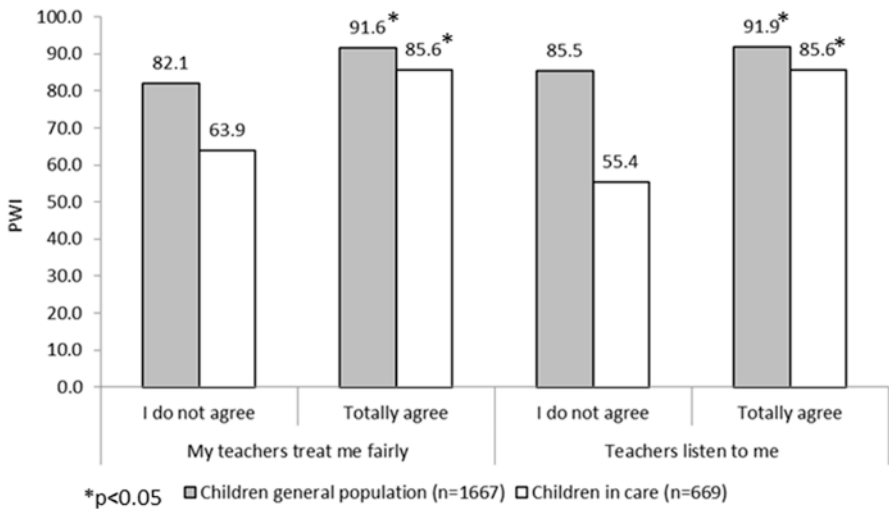


Fig. 2.3 SWB and relationships with teachers, according to children aged 12–13 (in care and not) in Spain

### 2.4.4.3 Relationship with Teachers

The relationship established with teachers also had an important impact on children’s SWB and children in care were especially affected. Children who reported not being listened to by teachers had very low SWB scores (a mean score of 55.4); likewise, children who reported not being treated fairly (63.9). Differences between populations were also statistically significant (Fig. 2.3).

## 2.5 Discussion

One question that immediately comes to mind in response to the first set of results is: Why do 12 year-old children from poorer economies like going to school more than children from wealthier countries? Differences ranged from 84.3% of children from Ethiopia who reported liking going to school compared to 8.6% from Italy. The answer could lie in the fact that going to school in a social context of poverty means gaining access to knowledge, developing learning processes and interacting with other children. But it can also mean that children no longer have to work, or stay at home doing housework, or live on the street, and they achieve a different status from other children who, at this age, no longer attend school. Going to school can also be seen by parents and children alike as an opportunity for change and a chance to improve their situation, with greater weight given to the value and usefulness of education. It is likely that the aspects mentioned above are not seen in the same way by people in countries where the majority of children are not faced with these challenges, nor in countries where access to information and knowledge is no longer solely controlled by school. That said, based on the results, children in Norway (36.8%), for example, liked going to school more than children in Germany (13.2%).

The same was observed with children in care; they liked going to school more than their peers of the same age and country. A possible explanation is that children in care appreciate school more because they might not have been able to attend school while their birth family was undergoing difficulties. So, once in care, going to school can serve to restore a sense of normality for children – they are doing what other children do. If they are in an out-of-home placement, they may not always feel a sense of normality. School may also represent an opportunity for change and for enhancing their situation (Jackson & Cameron 2014).

According to the relative deprivation theory, when something has always gone well, it is taken for granted (until it goes badly). For example, the health domain has little impact on the SWB of healthy individuals, but a great impact on people who are often ill. The family domain affects the SWB of children in families without problems far less than might be expected. Following the same logic, the school domain contributes far less to the SWB of children who have never had difficulties in attending school, or at school, than among those who have undergone such difficulties.

The other set of results is related to the impact that aspects of school life have on children's SWB, and two points should be highlighted here. First, in all the aspects related to the school environment (like going to school; feel safe; satisfied with marks; friends are nice to them; not victims of bullying; satisfied with their teachers, and feel listened to and treated fairly by them), the mean SWB scores were higher among children who expressed satisfaction or agreement in each of the variables (see also bullying issues in Tiliouine 2014). In contrast, SWB scores were much lower among those who expressed dissatisfaction or a

lack of agreement. A clear link existed between life satisfaction and what occurred at school, where children spend many hours of their lives. Moreover, not feeling satisfied with certain aspects was linked to even lower levels of subjective well-being. This was the case of satisfaction with the school experience, classmates, and teachers. Results showed that the perception that things were not going well in these three domains had the most negative effect on SWB (see also the two school worlds from Casas & González 2017). Low scores, rather than high scores (with a mean score of around 90), served to highlight differences in SWB levels. In this way, domains in which greater problems existed could be identified, making it easier for the implications for professional practice and policy-making to be considered (Wallander & Koot 2016).

The same occurred with children in care; the more satisfied they were with aspects of school life, the higher their SWB scores. However, there were two important differences. Firstly, regardless of the school-related variable, mean SWB scores for children in care were lower than for the general population. This was also the case among children from lower-income economies. In other words, living conditions affecting children more directly were linked to lower levels of subjective well-being (also seen in Montserrat et al. 2015).

Secondly, the way the scores among in-care children behaved should be highlighted. Differences between the highest and lowest SWB scores were greater among children in out-of-home placements. In some cases, there was a 30-point difference (on a 0–100 scale) between the two extreme values (a 20-point difference was the maximum among the general population in the countries analysed). However, differences were again found in the lower scores, dropping greatly in some items. Levels of subjective well-being among children in care were extremely low when they reported not feeling safe at school (54.2), not being at all satisfied with their school experience (59.2), or with classmates (58.4), and when they felt teachers did not listen to them (55.4). In studies on SWB, authors have concurred that scores below 70 fall outside the interval oscillation criteria expected in the Western world, and a link to depression is considered likely in scores below 50 (see more details in Cummins 2013).

Moreover, these variables were the same as the ones most affecting the general population, but with increased differences. The *feel safe at school* variable was seen to be a highly sensitive issue for children in care.

Limitations could be found in both studies. The lack of a longitudinal design made it difficult to know what direction the link between SWB and the analysed variables would take. Also, at a methodological level, the use of self-administered questionnaires should be highlighted (Tomy, Fuller-Tyszkiewicz, Cummins, & Norrish 2017). Care needs to be taken when certain instruments are used since children with problems with reading comprehension may have difficulties answering and require help. Moreover, cultural bias existed in the answering process in the international study and the limitations in explaining differences between countries in the data analysis should also be mentioned.

## 2.6 Conclusions/Implications and Recommendations

As outlined in the Introduction, and based on results that indicate not only the importance of school for children in vulnerable situations, but also that what occurs at school is linked to children's subjective well-being (with a greater impact on the in-care population), the issue of equal opportunity in education should be resolutely addressed in education (and child protection) policies. In accordance with the ideas put forward by Tabarini & Bonal (2016), achieving equality in education is not only good for optimizing the situation of those most at risk, but it also enhances the effectiveness of the education system itself. These results also support Carnoy (2016), who theorised that it was up to state governments to improve access to education and education quality, making them more equitable.

Yet, we need to go a step further. Children's voices (and also the voices of those in care) should be incorporated in policy development and support. For example, the fact that relationships with other children and teachers carry greater weight in terms of life satisfaction than other school-related aspects may be taken into account. It is worth dedicating the same efforts to this aspect as to other aspects, or even more. Turning our sights towards the child protection system, to whether children are more or less contented during their time in care, also depends on what happens to them at school, especially on whether they feel safe and on their relationships with friends and teachers. Giving priority to these aspects can have positive short- and long-term effects on school learning.

The opportunity to replicate this study on child-in-care subjective well-being in different countries should be created for future research in order to confirm or challenge the results of this sample from Catalonia (Spain). The results should also be complemented with qualitative techniques to analyse and further refine implications for professional practice and policymaking.

**Acknowledgment** Children's Worlds Project ([www.isciweb.org](http://www.isciweb.org)) and the Generalitat de Catalunya (DGAIA).

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# Chapter 3

## Fostering Success in Education: Educational Outcomes of Students in Foster Care in the United States



National Working Group on Foster Care and Education, Peter J. Pecora,  
and Kirk O'Brien

### 3.1 Introduction

Supporting the educational needs of students in foster care is a fundamental responsibility of child welfare agencies, education agencies, and courts. These systems must work together to improve policies and practices. For more than a decade, momentum has grown at the federal, state, and local levels to prioritize the educational needs of students in foster care. Increased data collection and reporting at state and local levels helps evaluate what programs are working and identify where

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This chapter reprints a sub-set of material, with some adaptation, from the National Working Group on Foster Care and Education. (2018). *Fostering success in education: educational outcomes of students in foster care*. Washington, D.C.: American Bar Association. Retrieved from [http://www.fostercareandeducation.org/desktopmodules/bring2mind/dmx/download.aspx?entryid=2100&command=core\\_download&method=inline&portalid=0&tabid=124](http://www.fostercareandeducation.org/desktopmodules/bring2mind/dmx/download.aspx?entryid=2100&command=core_download&method=inline&portalid=0&tabid=124). We are grateful to the national work group members who have provided information to make this resource a valuable compilation of data, research, and promising interventions. For a full list of national working group members see <http://www.fostercareandeducation.org/ourwork/nationalworkinggroup.aspx>. This publication was compiled by the Legal Center for Foster Care and Education, a project of the ABA Center on Children and The Law, with the Education Law Center and Juvenile Law Center. Copyright 2018, ABA Center on Children and the Law. All rights reserved. Reprinted with permission. The views expressed herein are those of the authors and have not been approved by the House of Delegates or the Board of Governors of the American Bar Association and, accordingly, should not be viewed as representing the policy of the ABA. For more information visit [www.fostercareandeducation.org](http://www.fostercareandeducation.org).

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interventions are needed. This chapter reviews research and promising programs in the U.S. affecting the educational success of children in foster care.

## **3.2 Data at a Glance: Facts About Education and Foster Care**

### ***3.2.1 Overview***

When supported by strong practices and policies, positive school experiences can counteract the negative effects of abuse, neglect, separation, and lack of permanency experienced by the more than 400,000 U.S. children and youth in foster care. In addition to supporting economic success in adulthood, education provides opportunities for improved well-being in physical, intellectual, social and emotional domains during critical developmental periods. While there is no comprehensive source of national data on education performance of students in foster care, national, regional and local data can help guide policy and practice reforms.

### ***3.2.2 National Education Data and Regional Data Based on Special Studies***

Outcome data on educational experiences and achievements of youth in foster care appear in Table 3.1 and discussed in sections below. When available, the data provided includes some comparisons to the general population and, when available, general population comparisons are provided. Since there are many gaps in national data, multi-state studies are also included. Few studies have compared youth in care to other groups of similar youth instead of with the general population (Berger, Cancian, Han, Noyes, & Rios-Salas, 2015).

## **3.3 What Does the Research Tell Us?**

### ***3.3.1 Lay the Foundation for a Strong Start for Young Children in Care***

Almost one third of children in foster care are under age five (US. DHHS, 2017) and their vulnerability is extremely high. Many infants in care have been prenatally exposed to alcohol and/or dangerous drugs. Forty percent of children in care under age five are born with low birth weight and/or are premature, which puts them at greater developmental risk and more than half suffer from serious physical health

**Table 3.1** Education- related data for youth in Foster Care in the United States

Educational experience or outcome	Findings
% of youth in foster care who change schools when first entering care	31%–75% <sup>1</sup>
% of 17- to 18-year-olds who experienced 5 or more school changes	34.2% <sup>2</sup>
Likelihood of being absent from school	About twice that of other students <sup>3</sup>
Likelihood of 17- to 18-year-old youth in foster care having out-of-school suspension	About twice that of other students <sup>4</sup> (in one study the rate was 24% vs. national general population rate of 7%) <sup>5</sup>
Likelihood of 17- to 18-year-old youth in foster care being expelled	About 3 times that of other students <sup>6</sup>
Reading level of 17- to 18-year-olds in foster care	Average level 7th grade 44% at high school level or higher <sup>7</sup>
% of youth in foster care receiving special education services	36% <sup>8</sup> –47% <sup>9</sup>
% of 17- to 18-year-old youth in foster care who want to go to college	70% <sup>10</sup> –84% <sup>11</sup>
% of youth in foster care who complete high school by age 18 (via a diploma or GED)	Colorado: 42% <sup>12</sup> Midwest study (age 19): 63% <sup>13</sup>
% of youth in foster care who complete high school by age 21	65% by age 21 <sup>14</sup> (national data) (compared with 86% among all youth ages 18–24 <sup>15</sup> )
% of youth in foster care who graduated from high school who enrolled in college at some level	32% <sup>16</sup> –45% <sup>17</sup> (compared with national college enrollment rate of 69% in 2015, which is slightly below national record high of 70% in 2009) <sup>18</sup>
% of foster care alumni who attain a bachelor's degree	3–11% <sup>19</sup> (Compared with national college completion rate of a BA or higher of 33%) <sup>20</sup>

<sup>1</sup>In Colorado the rate was 31%. See Clemens, E.V., Klopfenstein, K., Tis, M. & Lalonde, T.L. (2017). Educational stability policy and the interplay between child welfare placement changes and school moves. *Children and Youth Services Review*. But the rate in one California study was 75%. See Frerer, Sosenko, Pellegrin, Manchik, and Horowitz (2013). *Foster youth stability: A study of California foster youths' school and residential changes in relation to educational outcomes*. Retrieved from [http://www.iebcnow.org/wpcontent/uploads/2016/12/pub\\_foster\\_youth\\_stability\\_2013.pdf](http://www.iebcnow.org/wpcontent/uploads/2016/12/pub_foster_youth_stability_2013.pdf)

<sup>2</sup>Courtney, M.E., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chicago, IL: Chapin Hall Center for children at the University of Chicago, p. 42.

<sup>3</sup>Sample drawn from a cohort of youth entering out-of-home care from 2006 to 2008 in a large mid-Atlantic city. See Zorc et al. (2013). The relationship of placement experience to school absenteeism and changing schools in young, school-aged children in foster care. *Children and Youth Services Review*, 35, 826–833. In California, the absentee rate for youth in care for the 20,162,017 school year was more than double the overall student population (25.1% vs. 10.1%). See California Department of Education. (2017). *Report: A quarter of California's foster students are chronically absent from school*. Sacramento: Author, p. 1. Retrieved from <https://www.cde.ca.gov/nr/ne/yr17/yr17rel88.asp>

<sup>4</sup>Courtney et al. (2004), p. 42

<sup>5</sup>Scherr, T. (2006). Best practices in working children living in foster care. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1547–1563). Bethesda, MD: National Association of School Psychologists

(continued)

**Table 3.1** (continued)

<sup>6</sup>When interviewed at age 23 or 24, 16.5% of the foster care alumni in the Midwest study had been expelled, compared with 4.6% of youth in the national Adolescent Health study (Courtney et al., 2004, p. 42)

<sup>7</sup>Courtney et al. (2004), p. 45

<sup>8</sup>Over one-third (35.6%) of the youth in the Northwest Alumni Study were in special education classes for students needing extra help. See Pecora et al. (2010). p. 120.

<sup>9</sup>Courtney et al. (2004), p. 40

<sup>10</sup>McMillen, C., Auslander, W., Elze, D., White, T., & Thompson, R. (2003). Educational experiences and aspirations of older youth in foster care. *Child Welfare*, 82(4), 475–495

<sup>11</sup>Courtney et al. (2004), p. 39

<sup>12</sup>Parra, J., & Martinez, J. (2015). *2013–2014 state policy report: Dropout prevention and student engagement*. Denver, CO: Colorado Department of Education, p. 20. Retrieved from <https://www.cde.state.co.us/dropoutprevention/2014statepolicyreport31215>

<sup>13</sup>Courtney, M.E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J. & Bost, N. (2005). *Midwest Evaluation of Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chicago, IL: University of Chicago, Chapin Hall Center for Children, p. 21

<sup>14</sup>National Youth in Transition Database as cited on page 3 of U.S. Department of Education and U.S. Department of Health and Human Services. (2016). *Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care*. Retrieved from <https://www2.ed.gov/policy/elsec/leg/essa/edhhsfostercarenonregulatorguide.pdf>

<sup>15</sup>National Center for Education Statistics (2014). Digest of education statistics, 2014–Table 104.40. Retrieved from [https://nces.ed.gov/programs/digest/d15/tables/dt15\\_104.40.asp?current=yes](https://nces.ed.gov/programs/digest/d15/tables/dt15_104.40.asp?current=yes)

<sup>16</sup>Courtney, M.E., Dworsky, A., & Lee, J. & Raap, M. (2010). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24*. Chicago, IL: Chapin Hall at the University of Chicago, p. 24

<sup>17</sup>The proportion of alumni aged 25 and older in the Northwest Foster Care Alumni Study that has completed any postsecondary education (45.3%) is substantially lower than that (57%) of the general population in the same age group who completed some college coursework (U.S. Census Bureau, 2000). (Note that the alumni group statistic includes vocational training, while the general population statistic does not. Therefore, the difference between the two groups is underestimated.) See Pecora et al. (2010), p. 125; and U.S. Census Bureau. (2000 h). Profile of selected social characteristics—2000 (Table DP-2.). Washington, DC: Author. Retrieved March 10, 2005, from [http://factfinder.census.gov/bf/\\_lang+en\\_vt\\_name+DEC\\_2000\\_SF3\\_U\\_DP2\\_geo\\_id=01000US.html](http://factfinder.census.gov/bf/_lang+en_vt_name+DEC_2000_SF3_U_DP2_geo_id=01000US.html)

<sup>18</sup>See Bureau of Labor Statistics data at <https://www.bls.gov/news.release/hsgcec.nr0.htm> for 2015 data and National Center for Education Statistics data for 2009 at <https://www.bls.gov/news.release/hsgcec.nr0.htm>

<sup>19</sup>Note the college completion rates vary by study, in part because of variations in how long youth are followed out of foster care and the states that are included in the study. For example, the college completion rate for the alumni in the Northwest Foster Care Alumni Study was 2.7% (mean age: 24.2), while the rate for the Midwest Study at ages 23–24 was 3%. But the Casey National Foster Care Alumni study that involved youth served first by the public agency and then by Casey found a rate of 10.8% for alumni who were on average 30.5 years old. See Pecora, P.J., Williams, J., Kessler, R.J., Downs, A.C., O'Brien, K. Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: early results from the Casey national alumni study*. Seattle, WA: Casey Family Programs. Website: <http://www.casey.org>, p. 28

<sup>20</sup>See the U.S. Census Bureau data for 2015 at Ryan, C.L. & Bauman, K. (2016) *Educational attainment in the United States: 2105*. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf>

problems. Further, developmental delays occur at a rate four to five times greater than that of children in the general population (Casanueva, Urato, Goldman Fraser, Lederman, & Katz, 2010).

Research consistently finds a high need for early intervention and early childhood education services among young children in foster care due to their developmental, emotional, and behavioral problems (Lloyd & Barth, 2011; Pears, Heywood, Kim, & Fisher, 2011; Smithgall, Jarpe-Ratner, & Walker, 2010; Ward, Yoon, Atkins, & Morris, 2009). More than one-half of children in foster care experienced caregiver violence or caregiver incarceration; and almost two-thirds lived with someone with an alcohol or drug problem. Estimates for children in other nonparental care subgroups, such as informal kinship care, were lower than for foster care, but still elevated above those of children living with biological parents (Bramlett & Radel, 2014).

Effective interventions exist to improve performance of children in foster care when entering kindergarten. Yet, several studies find many young children do not receive early intervention or early childhood education services to address these problems (Stahmer et al., 2005). Studies show children in foster care are less likely to be enrolled in Head Start than eligible, low-income children (Child Trends, 2010). Even when children in care receive highquality early childhood education, they continue to have academic and social difficulties indicating the need for continued support into their K-12 years in addition to earlier intervention (Kovan, Mishra, Susman-Stillman, Piescher, & LaLiberte, 2014).

### ***3.3.2 Ensure School Stability***

School-age children in foster care experience many moves while in out-of-home care resulting in school changes (Annie E. Casey, 2014; Clemens & Sheesley, 2016; Sullivan, Jones, & Mathiesen, 2010; Zetlin, Weinberg, & Shea, 2010; Zorc et al., 2013). School changes often occur when children are first removed from home, returned home, or when moving from one foster care living arrangement to another (Frerer et al., 2013). The rate of school mobility for children in foster care is greater than for their non-foster care peers (Barrat & Berliner, 2013; Castrechini, 2009; Smithgall et al., 2010). Black and Hispanic students in foster care are more likely to experience school changes than their white peers in foster care (Clemens & Sheesley, 2016). School mobility adversely affects academic achievement, including lower standardized test scores (Barrat & Berliner, 2013; Castrechini, 2009; Cutuli et al., 2013; Frerer et al., 2013) and higher drop-out rates (Clemens, Lalonde, & Sheesley, 2016). In a national study of 1087 foster care alumni, youth with even one fewer change in living arrangement per year were almost twice as likely to graduate high school before leaving foster care (Pecora et al., 2006). One important caution to keep in mind, however, is that some of these differences predate the child's entry into foster care (Smithgall et al., 2010).

In addition to the negative impacts on academic performance, children who frequently change schools have trouble developing and sustaining supportive relationships with teachers and peers (Jim Casey Youth Opportunities Initiative, 2012; Levy et al., 2014). These relationships and positive educational experiences promote resilience and are vital to healthy development and well-being.

### ***3.3.3 Enroll Students Promptly***

Delays in school enrollment can occur when a child's initial entry into foster care, or a change in living arrangement while in foster care, involves changing schools (Smithgall et al., 2010). These delays affect attendance and can lead to repeating coursework, unaddressed special education needs, and enrollment in inappropriate classes (Zetlin, Weinberg, & Shea, 2006). Federal law now requires immediate enrollment and creates state and local education agency points of contact to address enrollment and other common barriers.

### ***3.3.4 Promote Regular School Attendance***

Studies show children who enter foster care have often missed many school days (Smithgall et al., 2010; Zorc et al., 2013) and that once in foster care, they often have higher school absences than their non-foster care peers (Castrechini, 2009; Hwang, Griffis, Son, & Rubin, 2014; Zorc et al., 2013). School absences are influenced by the child's age, pre-foster care experiences, and experiences while in care. Among participants in one study, children who found a stable enduring placement within 45 days of entering foster care were absent less than other foster children. Children with unstable placements after 9 months in care were absent 38% more than children who found permanent placement within 45 days (Zorc et al., 2013). Children with early placement stability experience less absenteeism than other children in foster care (Rubin et al., 2013).

### ***3.3.5 Support Children and Address Trauma to Prevent Serious Behavior Problems at School***

Growing research documents the behavioral problems children and youth in foster care experience — issues that impact their prospects for academic success — disciplinary infractions and other offenses (Smithgall et al., 2010). Children and youth in foster care experience school suspensions and expulsions at higher rates than their non-foster care peers (Castrechini, 2009). Educational experts believe

failure to address the needs of children in foster care leads to behavioral problems at school (Zetlin et al., 2010). Furthermore, unaddressed childhood maltreatment can impact mental health and manifest in behavioral problems (Romano, Babschishin, Marquis, & Frechette, 2015).

In addressing behavioral problems with students in foster care, schools must understand students' experiences and the impact of trauma. Research suggests between half and two-thirds of all children are exposed to one or more adverse childhood experience that can be trauma-inducing. Not surprisingly, children in foster care experience trauma at a disproportionate rate (Salazar, Keller, Gowen, & Courtney, 2013). Several evidence-supported and evidence-based approaches to address trauma have proven effective, including trauma-informed systems and trauma-specific treatment interventions.

### ***3.3.6 Meet Children's Special Education Needs with Quality Services***

Studies show many children in foster care have special education needs and/or receive special education services (National Foster Care Review Coalition, 2010; Theiss, 2010; Zetlin et al., 2010). Several studies show children and youth in foster care are between 2.5 and 3.5 times more likely to be receiving special education services than their non-foster care peers (Castrechini, 2009). Research also suggests children in foster care who are in special education tend to change schools more frequently, be placed in more restrictive educational settings, and have poorer quality education plans than their non-foster care peers in special education (Geenen & Power, 2006). While screening youth in foster care for special education needs increases their chances of receiving services, one study showed 84% of youth whose screenings indicated potential special education needs did not receive related services within 9–12 months (Petrenko, Culhane, Garrido, & Taussig, 2011).

### ***3.3.7 Support Students to Succeed and Graduate***

Researchers have found youth in foster care are less likely to complete high school than their non-foster care peers (Barrat & Berliner, 2013; Burley, 2013; Courtney et al., 2007) including homeless children (Clemens, 2014). This is troubling considering high school graduates earn an average of \$8500 more per year than non-graduates (Jim Casey Youth Opportunities Initiative, 2013). When youth in foster care do complete high school, they often graduate later than expected (Burley, 2009; Parra & Martinez, 2015). Studies consistently show children in foster care are more likely to be retained (Castrechini, 2009; Courtney et al., 2004; Pecora et al., 2006). Because of grade retention, children in foster care are more likely to be old

for their grade and under-credited compared to their peers who have not been involved with the child welfare system (Burley, 2013). Additionally, children in foster care do not perform as well on standardized math and reading tests as their peers (Piescher, Colburn, LaLiberte, & Hong, 2014). Evidence suggests young people in foster care are less likely to graduate high school if they experience repeated changes in their foster care living arrangements (Pecora et al., 2006; Pecora et al., 2010) and repeated school changes (Clemens, 2014).

Youth in foster care are also more likely to complete high school with a GED than a high school diploma (Pecora et al., 2005; Pecora et al., 2006). Youth of color in foster care are less likely to have a high school diploma and more likely to have a GED than youth in foster care who are non-Hispanic white (Dworsky & Courtney, 2010; Harris, Jackson, O'Brien, & Pecora, 2009; O'Brien et al., 2010). While a GED can improve the life chances of individuals who do not graduate high school, a GED is not equivalent to a high school diploma when it comes to labor market outcomes and postsecondary educational attainment. Compared to high school graduates, individuals with GEDs earn less, on average, and are less likely to graduate college (Heckman, Humphries, & Mader, 2010).

For youth in and from foster care who find educational success, school can be a "safe haven." (Haas, Allen, & Amoah, 2014). Fortunately, an increasing number of programs support high school completion and college access by students in foster care (Dworsky, Smithgall, & Courtney, 2014).

### ***3.3.8 Support Transitions to College***

Although youth in foster care often have college aspirations, numerous studies have found they have lower college enrollment (Burley, 2009) and completion rates (Davis, 2006; Pecora et al., 2005; Pecora et al., 2006) compared to other young adults. For example, 47% of participants in the Midwest study completed at least 1 year of college at age 26, but only 8% obtained a postsecondary degree. By comparison, 46% of 26-year-olds in the nationally representative National Longitudinal Study of Adolescent Health sample obtained a 2- or 4 year degree (Courtney et al., 2011).

One study suggests former foster youth who enroll in college are confident about their academic abilities and chances of success; however, the same study finds former foster youth lag behind their college peers in academic performance (Day, Dworsky, Fogarty, & Damashek, 2011; Unrau, Font, & Rawls, 2011). Research suggests college enrollment is more likely when young people remain in care until age 21 (Courtney, Dworsky, & Lee, 2010) and/or receive mentoring services (Burley, 2009). Research shows graduating college is more likely when young people have had fewer foster placement moves. For example, the odds of graduating college were 3.7 times higher for foster care alumni in the Northwest Study if they experienced six or fewer school changes than if they experienced ten or more (Pecora et al., 2010). One study found foster care alumni were more likely to stay in

a postsecondary program if they had independent living stability and tangible supports (tutoring, help with paperwork, etc.) (Salazar, 2011). Other studies examining the relationship between postsecondary educational attainment and race/ethnicity among young people who had been in foster care had mixed findings (Courtney et al., 2010; O'Brien et al., 2010; Pecora et al., 2010). Studies have found financial difficulties, needing to work, and housing concerns prevent former foster youth from pursuing postsecondary education (Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; Dworsky & Pérez, 2009a, 2009b).

Overcoming these barriers is important because increasing postsecondary educational attainment among youth in foster care would increase their average work-life earnings. With a 4-year degree, youth in foster care could earn approximately \$481,000 more, on average, during their work-life than if they had only a high school diploma. Even if they did not graduate with a degree, completing any college would increase their work-life earnings, on average, by \$129,000 (Peters, Dworsky, Courtney, & Pollack, 2009). One study found increased levels of education have larger benefits for youth who exit care than youth from the general population, and at higher levels of attainment the two groups have similar employment rates and earnings become less pronounced. Among youth formerly in care, data show, compared to individuals with no high school credential, a GED or certificate of completion predicts no benefits in earnings or likelihood of being employed. A diploma predicts an earning benefit, and some college, a 2-year degree, and a 4 year degree or greater predict large benefits in earnings and likelihood of employment (Okpych & Courtney, 2014).

### **3.3.9 Supportive Adult Advocates**

Youth in foster care need supportive adults to help them achieve their education goals. All students in foster care, particularly those with disabilities, must have an identified education decision maker. Research shows students in foster care are less likely to have an advocate present during special education meetings (Geenen & Power, 2006). In addition to clearly identified education decision makers, growing research shows the importance of having adult mentors and advocates supporting students' education success.

## **3.4 How Can Systems Support the Educational Needs of Students in Foster Care?**

Research in this book exposes discrepancies in educational outcomes of children in foster care and their non-foster peers. In addition to significant policy changes at the federal, state, and local levels, an increasing number of programs, practices, and



interventions are improving these poor outcomes. These efforts span the entire educational trajectory of students in foster care and include:

- Targeted early intervention and screening to help children in foster care enter school ready to learn;
- Required data collection and information sharing between child welfare and education agencies;
- Better collaboration between child welfare and education agencies;
- Increased supports and services for students in foster care, including maintaining school stability;
- Educational advocacy for students in foster care for extra supports and to ensure systems work together;
- Targeted services for students in foster care to help them prepare for and complete postsecondary education.

This section and Table 3.2 highlight promising interventions and programs in the United States that are improving educational outcomes for youth in foster care across key areas. This list offers a sampling of programs and is limited to those with data supporting their success.

### ***3.4.1 Lay the Foundation for a Strong Start for Young Children in Care***

***Kids in Transition to School*** This Oregon-based pre-kindergarten program provides a short-term, intensive intervention designed to enhance psychosocial and academic school readiness in children at high risk for school difficulties. A 2012 study showed children in foster care participating in this program displayed considerably less aggressive or oppositional classroom behavior than a comparison group (Pears, Kim, & Fisher, 2012).

### ***3.4.2 Ensure School Stability***

***Achievements Unlocked*** This project, developed by the Washoe County, Nevada, Department of Social Services, seeks to change the educational trajectory of students in foster care by providing advocacy, tutoring, mentoring, and case management to high school aged foster youth. While one-third of all students in foster care in the district changed schools during the school year, only two of the 26 participating in the pilot changed schools. (See [https://www.washoecounty.us/outreach/\\_files/Achievements%20Unlocked%20Brochure.pdf](https://www.washoecounty.us/outreach/_files/Achievements%20Unlocked%20Brochure.pdf))

**Table 3.2** Supplemental education programs across areas

Education area	Program	Where to go for More information
Promote regular school attendance	Kids in school rule!	<a href="https://www.supremecourt.ohio.gov/JCS/CFC/resources/local/KISR.pdf">https://www.supremecourt.ohio.gov/JCS/CFC/resources/local/KISR.pdf</a>
Support children to address trauma and prevent serious behavior problems at school	Attachment and Bio- behavioral Catch-up (ABC)	<a href="http://www.abccintervention.org/">http://www.abccintervention.org/</a>
	Data sharing to reduce absenteeism and discipline	<a href="https://www.alleghenycountyanalytics.us/wpcontent/uploads/2016/06/Improving-Educational-and-Well-Being-Outcomes-8-19-15.pdf">https://www.alleghenycountyanalytics.us/wpcontent/uploads/2016/06/Improving-Educational-and-Well-Being-Outcomes-8-19-15.pdf</a>
	Keeping Foster and Kin Parents Supported and Trained (KEEP)	<a href="http://www.keepfostering.org">http://www.keepfostering.org</a>
Support students to succeed and graduate	First star academies	<a href="https://www.firststar.org/">https://www.firststar.org/</a>
	Education+ program	<a href="https://foundationforfosterchildren.org/programs/education/">https://foundationforfosterchildren.org/programs/education/</a>
	Closing the achievement gap	<a href="https://cfsa.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/DCPS%20EMOC%20brochure%2003152016.pdf">https://cfsa.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/DCPS%20EMOC%20brochure%2003152016.pdf</a>
	Fostering opportunities	<a href="https://www.jeffersoncountycylc.com/education">https://www.jeffersoncountycylc.com/education</a>
Support transitions to and graduation from college	Graduation success:	<a href="http://www.treehouseforkids.org">www.treehouseforkids.org</a>
	Better futures	<a href="http://www.cebc4cw.org/program/betterfutures/detailed">http://www.cebc4cw.org/program/betterfutures/detailed</a>
	California college pathways	<a href="http://www.cacollegepathways.org/wp-content/uploads/2016/01/charting_the_course_final.pdf">http://www.cacollegepathways.org/wp-content/uploads/2016/01/charting_the_course_final.pdf</a>
	Higher education mentoring initiative	<a href="http://www.uc.edu/cechpass/hemi.html">http://www.uc.edu/cechpass/hemi.html</a>
	Persistence plus	<a href="https://www.persistenceplusnetwork.com/">https://www.persistenceplusnetwork.com/</a>
Supportive adult advocate	Fostering college success initiative	<a href="https://www.nyfoundling.org/tag/fosteringcollege-success-initiative/">https://www.nyfoundling.org/tag/fosteringcollege-success-initiative/</a>
	FosterEd	<a href="http://foster-ed.org/wpcontent/uploads/2017/01/Year-3report-FosterEd_SCC_Draft-10-1816-pd">http://foster-ed.org/wpcontent/uploads/2017/01/Year-3report-FosterEd_SCC_Draft-10-1816-pd</a>

### 3.4.3 Promote Regular School Attendance

**NCYL FosterEd Program** This National Center for Youth Law program uses data to improve educational outcomes of system-involved youth, including attendance rates. The program uses education liaisons, who are co-located in child welfare agencies or at schools. Education liaisons work with youth, supportive adults called “education champions,” and education teams to identify the youth’s strengths and needs and help the youth reach individual goals.

### ***3.4.4 Support Children to Address Trauma and Prevent Serious Behavior Problems at School***

***Compassionate Schools Model*** This effort between the courts, child welfare agency, and schools in Delaware is training teachers and staff in trauma-informed practices and strategies using the *Compassionate Schools Model*. (See <http://www.k12.wa.us/CompassionateSchools/>) A 2016 report from the Delaware Office of the Child Advocate found one school district using this model dramatically improved their statewide assessment tests, with significant gains in math and English. Notably, suspensions dropped to the same level as general students in the 2015–2016 school year compared with previous years. Suspension and expulsion rates for youth in foster care dropped significantly from 2015 to 2016 with results more in line with non-foster care youth. The team attributes the dramatic decrease to the use of trauma-informed strategies (Personal communication with Eliza Hirst, Deputy Child Advocate, Office of the Child Advocate, Delaware. May 22, 2017).

### ***3.4.5 Meet Children’s Special Education Needs with Quality Services***

***TAKE CHARGE*** This intervention involves weekly coaching in self-determination and goal-setting skills and quarterly mentoring by former foster youth (Powers et al., 2012).

A study of 69 16.5-to-17.5-year-olds receiving special education and foster care services in Portland, Oregon found 72% of youth involved in the TAKE CHARGE program graduated high school or obtained a GED a year after the program compared to only 50% of the control group.

### ***3.4.6 Support Students to Succeed and Graduate***

***Graduation Success*** This program at Treehouse in Washington State works with youth in care in middle and high school to create individualized plans to reach academic success.

Graduation Success monitors students’ academics, behavior, and attendance while connecting students with resources, such as tutoring, college counseling, and career preparation. Graduation Success also works with youth in care to address common obstacles, such as transitioning between schools, retrieving course credit, and addressing special education needs. Students in Graduation Success are graduating at higher rates than other students in foster care and at higher rates than the state average for non-foster care peers. (Treehouse for Kids, 2017).

### ***3.4.7 Support Transitions to and Graduation from College***

***Seita Scholars*** This program at Western Michigan University is one example of a successful campus-based support model. A study of the perceived value of this college support program by students who aged out of foster care found 95% of respondents were “extremely” or “very satisfied” with the program and not one respondent was dissatisfied. The study also confirmed the importance of financial aid, housing, and adult guidance for this population in successfully graduating from college.

### ***3.4.8 Supportive Adult Advocates***

***Educational Advocates*** In Catawba County, North Carolina, the educational advocate (EA) is a full-time social worker who serves as a liaison with public school systems and focuses on the educational achievement, stability, and continuity of children from their entry into foster care through post-care. The EA promotes a stronger partnership between the school systems and social services; establishes school stability and school transition procedures; empowers youth, family, and community; increases stakeholder investment through training and education; and ensures equal access to quality education and educational support services for children in care and post care. Data from 2016 show 88% of school-aged children in foster care passed all academic subjects. (See <http://www.catawbacountync.gov/dss/PW/childwellbeing.asp>.)

## **3.5 Conclusion**

Educational achievement of vulnerable children is often discussed as an issue of the individual child. However, it is a school and systems-level issue, which raises questions around how to foster collaboration between the education and child welfare systems and design interventions to enhance the education of the most vulnerable children. Ensuring all youth in care have opportunities to learn and develop skills to succeed in life requires continued investment in the tools, materials, ideas, practices, and policies that support the work of school, child welfare and legal practitioners to improve the educational experiences of these children. With states now required to report education data annually, there is an urgency to provide effective interventions to children and youth in foster care to reduce the discrepancy in achievement. We must continue investing in research to build evidence on the effectiveness of these approaches and hold ourselves accountable for improving the trajectories of children in foster care. Devoting resources to improving educational

outcomes for these children is an investment in their improved life outcomes that in turn strengthens our communities, economy, and society.

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# Chapter 4

## Strengthening the Evidence Base to Improve Educational Outcomes for Australians in Out-of-Home Care



Andrew Harvey, Jacqueline Z. Wilson, and Lisa Andrewartha

### 4.1 Introduction

Nearly 50,000 young people live in out-of-home care in Australia while over 3,000 people between the ages of 15 and 17 are discharged from out-of-home care each year (Australian Institute of Health & Welfare [AIHW], 2018). Many of these people experience educational challenges and disruptions in schooling. Barriers to school success include the trauma of past abuse and neglect, health issues, mental health issues, behavioural issues, involvement in the criminal justice system, and bullying (CREATE Foundation, 2006; Fernandez, 2008; Frederick & Goddard, 2010; McFarlane, 2010; Townsend, 2012). Evidence indicates that young people in out-of-home care are more likely than other students to repeat a grade at school, be truant, receive a suspension (Wise, Pollock, Mitchell, Argus, & Farquhar, 2010), change schools, and miss substantial periods of school through changes of placement (CREATE Foundation, 2006). Given these challenges, it is not surprising that young people in out-of-home care are less likely than their peers to complete secondary school (Cashmore, Paxman, & Townsend, 2007; Townsend, 2012).

In light of school data, Australian state and territory governments have established a number of initiatives to support children in care. States and territories have sole responsibility for statutory child protection, and primary responsibility for the

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funding and management of Australian public schools. There are several limitations to the collection and distribution of relevant data, but initiatives such as the LOOKOUT Centres in Victoria, are made possible by the identification of students within the school system who are living in out-of-home care (State Government of Victoria, 2017). LOOKOUT Centres use data from the Department of Health and Human Services matched with school enrolment data to monitor student enrolment and support achievement. Staffed by multi-disciplinary teams, LOOKOUT Centres provide advice and support on the education of young people in out-of-home care to schools, child protection practitioners, community service organisations, and carers (State Government of Victoria, 2019).

By contrast, there remains a paucity of postsecondary data on the educational outcomes of care leavers. The term ‘care leavers’ can be used to refer to people who spent time in out-of-home care before 18 years of age and subsequently transitioned out of the system (Harvey, McNamara, Andrewartha, & Luckman, 2015). Historically, most state and territory governments have withdrawn formal financial and social support at 18 years of age, putting an end to their corporate parenting role. Consequently, little data is collected on adult care leavers.

Complicating this legislative limitation is Australia’s federal system of government. While states and territories manage public schools, and to some extent vocational education, higher education is primarily funded and managed by the Australian Government. The absence of any higher education agenda for care leavers might be traced to the consideration of out-of-home care as an area of state and territory government jurisdiction. A long-term plan for increasing collaboration between the Commonwealth government, state and territory governments, and non-government organisations has been detailed in the National Framework for Protecting.

Australia’s Children 2009–2020 (Council of Australian Governments, 2009), and related initiatives such as the National Standards for Out-of-Home Care (Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2011).

Despite the absence of systematic national data, it has been estimated that only 1% of care leavers access higher education, compared to 26% of the general population (Mendes, Michell, & Wilson, 2014), and extensive qualitative research has highlighted the many challenges faced by care leavers attempting to access vocational or higher education (Jurczynszyn & Tilbury, 2012; Mendis, Gardner, & Lehmann, 2014; Michell, Jackson, & Tonkin, 2015; Wilson & Golding, 2016).

In this paper we highlight the challenges, but also recent progress, in developing a national evidence base for the participation of care leavers in higher education, by referring to three major research projects in which the authors were involved. The first major national report on care leavers highlighted the urgent need for identification of care leavers within university enrolment processes, tertiary admissions centre applications, and postsecondary education data collected by state, territory, and national governments (Harvey, McNamara, et al., 2015). In our second research project, a cross-state collaboration of Australian universities attempted to collect and share de-identified data on care leaver students to begin addressing the institutional paucity of data (Harvey, Campbell, Andrewartha, Wilson, & Goodwin-Burns,

2017). Finally, through a collaborative project with the peak Victorian welfare body, two universities have successfully advocated changes to tertiary application, institutional enrolment, and bursary processes, and have developed a formative repository of information about enrolled care leaver students (Centre for Excellence in Child and Family Welfare, 2018). This collaborative project, titled *Raising Expectations*, is led by the Centre for Excellence in Child and Family Welfare, which is the peak body for child and family services in the state of Victoria, and funded through a Sidney Myer Fund Large Grant.

By way of context, we begin this paper by looking to the United Kingdom (UK) where research, policy, and legislative developments have improved the documentation and support of care leavers in higher education. The UK has progressed much further than Australia in recognising care leavers as a disadvantaged group within higher education, and ensuring that this group is closely monitored and supported.

## 4.2 Evidence-Based Developments in the United Kingdom

In the UK, a combined focus on research, policy, and legislation has allowed care leavers in higher education to be closely monitored. The first major research project to track care leavers in higher education in the UK was the *By Degrees: Going to University from Care* project (Jackson, Ajayi, & Quigley, 2005). The researchers followed three successive cohorts of 50 care leaver university students. Care leavers faced low expectations regarding their academic potential, a lack of information and advice about universities and courses, and financial constraints. At the time, only one British university had a comprehensive policy relating to care leavers. The project raised awareness of the small number of care leavers in higher education and identified a range of supports that could be beneficial for these students.

Following the *By Degrees* report, many UK universities began voluntarily collecting data on care leaver students via the Buttle Trust. Between 2006 and 2015, Buttle UK awarded a Quality Mark to higher education providers that demonstrated commitment to care leavers. This accreditation system promoted sectoral change, and successful universities developed targeted initiatives for care leavers, including outreach programs, designation staff to support care leavers, bursaries and hardship funds, and preferential access schemes (Rawson, 2016). The Quality Mark has now been discontinued, with the emphasis now on embedding support for care leavers within mainstream support provision (Rawson, 2016).

In 2006, England's Office for Fair Access (OFFA) communicated with all institutions with access agreements to encourage them to consider the needs of care leavers in their access agreements. Only one institution offered a bursary for care leavers as part of its access agreement in 2006 (Department for Business, Innovation and Skills, 2014). Approximately 80% of institutions now include support for care leavers in their 2018–19 access agreements (OFFA, 2017b). From 2014, England's Office for Fair Access (OFFA) listed care leavers as one of their distinct target groups of students who are under-represented and disadvantaged in higher education

(OFFA, 2017a). Increased commitment to care leavers is also evidenced in the emergence of organisations such as the National Network for the Education of Care Leavers.

There has been a series of legislative changes around the education of care leavers in England and Wales. The *Children (Leaving Care) Act 2000* introduced the first statutory requirement for local authorities to support young people aged 16–24 years in education. The *Children and Young Persons Act 2008* established a statutory £2000 local authority bursary for young care leavers at university. From April 2011, *The Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care Leavers* implemented a suite of regulations and guidance around educational pathways (All-Party Parliamentary Group for Looked After Children and Care Leavers, 2012).

More recently, the need for continued support for young people beyond 18 years of age has been addressed. The law was changed in England in 2014 to require local authorities to facilitate and support arrangements for young people to stay with their former foster carer after they reach 18, with the agreement of both parties (The Fostering Network, 2018a). This requirement, called Staying Put, gives specific consideration to young people living away at university, among other engagements, and allows students to return to their formal foster carers during breaks in their study (The Fostering Network, 2017). Post-care provisions were also introduced in Scotland in 2015, known as Continuing Care, and in Wales in 2016, known as When I am Ready. Northern Ireland has a non-statutory scheme, Going the Extra Mile, that is only available to young people in education, employment, or training (The Fostering Network, 2018b).

Extending care means that postsecondary education outcomes can be better documented and supported. In England, for example, local authorities collect data on the activities and accommodation of care leavers up to 21 years of age which are collated by the Department for Education (Department for Education, 2017a). These data show that approximately 6% of care leavers aged 19–21 years were in higher education in 2017 (Department for Education, 2017b). It had been estimated that only 1% of care leavers were entering higher education in 2003 (Social Exclusion Unit, 2003). As such, these figures indicate substantial improvement over time. The current 6% figure, however, remains well below the 43% of 18–19 years old in the general population who are in higher education (Universities and Colleges Admissions Service, 2016).

Importantly, there are also provisions for data collection with the UK higher education system itself. Students can disclose their care leaver status to the Universities and Colleges.

Admissions Service at the point of application, or directly to institutions on enrolment (OFFA, 2017b). The Higher Education Statistics Agency (HESA) has collected these data from higher education providers across the UK since 2013/14. An analysis of HESA data by Harrison (2017) found that 11.8% of care leavers in England were in higher education by the age of 23. Taken together, data from the Department of Education and HESA suggest that many care leavers have extended educational trajectories which see them enter higher education at a later age than

their peers. The UK provides an important example of the relationship between data and reform, and particularly highlights the political and legislative value of a robust evidence base.

### 4.3 Towards an Australian Evidence Base

Compared with the UK, Australia has progressed more slowly in attracting and supporting care leavers in higher education. The legislative challenges of federalism, the age limits of out-of-home care, and institutional inertia within the higher education sector have each contributed to a dearth of data and paucity of policy. Nevertheless, a range of leaving care programs and supports exist across tertiary education, including innovative models, such as the Education First Youth Foyers model (Foyer Foundation, 2018). Supported by a major charity organisation – the Brotherhood of St Laurence – the Youth Foyer model provides accommodation for 2 years on tertiary education sites to enable care leavers and other at-risk students to pursue tertiary education. Historically, many such programs have been limited in scale, confined to vocational rather than higher education, and/or driven by not-for-profit organisations rather than governments. There are, however, several broader recent initiatives have begun to improve the evidence base and provide options for national policy reform.

#### 4.3.1 *Extending Out-of-Home Care Until 21 Years of Age*

Perhaps the most important reform to raise the postsecondary education of care leavers is not an education policy. In our first major national research report, we noted the urgency of extending formal corporate parenting support to the age of 21 or beyond. At that time in Australia, state and territory governments had ceased provision of formal financial and social support for young people in out-of-home care when they turned 18 years old. This relatively early conclusion of corporate parenting responsibilities has left care leavers at increased risk of poor educational outcomes, unemployment, and homelessness (Johnson et al., 2010; McDowall, 2013; Thoresen & Liddiard, 2011). While most states and territories had introduced some form of legislation or policy to assist care leavers beyond 18 years of age in recent years, that support was discretionary rather than mandatory, and differed in the type of support offered and maximum age limits (Campo & Commerford, 2016; Mendes, 2014). The experiences of care leavers contrast starkly with those of young people in the general population, who typically stay in the parental home receiving ongoing support into their early-to-mid 20s (Australian Bureau of Statistics, 2013).

Our qualitative research involved interviews with stakeholders from a range of welfare agencies and universities, most of whom highlighted the limitations of government support. As we noted in the report (Harvey, McNamara, et al., 2015, p.6),

‘the voices we captured from the community service sector were consistent with international research: care leavers require support beyond the age of 18.’ In addition to our research, a national campaign led by Anglicare Victoria, called Home Stretch, was launched in 2016 to call for governments to extend the leaving care age to 21 years (Home Stretch, 2016). Extension of care would require governments to continue to provide carer reimbursements to carers, case management support, and resources to improve access to education or employment opportunities (Home Stretch, 2016). In 2016, Anglicare Victoria commissioned Deloitte Access Economics to conduct a landmark study into the outcomes of extending care to 21 years of age. The report provided evidence that extending care to 21 years would halve homelessness, improve mental health outcomes, and double education participation rates among the care leaver population (Deloitte Access Economics, 2016).

The Home Stretch campaign, assisted by broader advocacy, has now led to commitments of policy reform in two states. Tasmania was the first Australian state to obtain bipartisan support for extending care to 21 years, which occurred in the lead up to the 2018 state election. In January 2018, the major Opposition party, Tasmanian Labor, announced that the provision of care would be extended from age 18–21 if the party won government, with a commitment of \$4.4 million (Home Stretch, 2018). In February 2018, the Tasmanian Liberal Government announced its new child safety policy. This \$16.7 million package also included extending care to 21 years and a \$2500 incentive payment for both the foster carer and young person on the completion of the Tasmanian Certificate of Education in Year 12 (Dolan, 2018). The Tasmanian Liberal Government was re-elected in March 2018 (ABC News, 2018). The states of South Australia and Victoria subsequently made similar commitments to extend state care to 21 years (Probono Australia, 2018). The Home Stretch team continues to call for equivalent commitments from all states and territories.

Internationally, the extension of corporate parenting until the age of 21 or beyond has led to markedly improved outcomes for care leavers, including postsecondary education (Department for Education, 2017b). The recent movement of some states towards extended provision of care follows a sustained and successful advocacy campaign, and will provide much stronger evidence of care leaver outcomes.

### ***4.3.2 Monitoring the Educational Pathways of Care Leavers Across Sectors***

There is currently no national-level data collection or reporting of the educational outcomes of care leavers. One contributing factor is the inability to link school student identification numbers with similar numbers within the vocational and education training (VET) and higher education sectors. In Victoria, for example, a Victorian Student Number (VSN) has been assigned to all students studying at school and to students under the age of 25 studying with a VET provider since 2009.

This number provides the capability to track the movements of younger students between school and VET but is not applicable to higher education. Within the school sector, students in care are typically identified through datasharing between state government departments of health, human services, and education. The VSN enables students in care to be tracked across multiple schools and year levels, and dedicated teachers within those schools share responsibility for ensuring educational support as required.

Since 2012, the Commonwealth Government VET Unique Student Identifier has tracked movements within the VET system only (Australian Government, 2017). Within the higher education sector, the Commonwealth Higher Education Student Support Number (CHESSN) was introduced in 2005 and only applies to students receiving funding under the Higher Education Support Act (Department of Education and Training, 2015). Linking identification at all three education levels is crucial to tracking student progress. At national level, a recent discussion paper released by the Higher Education Standards Panel again highlighted the need for better data collection across the tertiary sector, including potential linking of the CHESSN with the VET identifier Department of Education and Training, 2017).

Tracking care leavers is also complicated by the diffusion of responsibilities between education departments and child protection departments. Several out-of-home care studies, however, have successfully linked data sources held by multiple government agencies. The Australian Institute of Health and Welfare (AIHW) conducted two studies that linked data from the child protection department to data from the education department within five states (AIHW, 2011; AIHW, 2007). Results showed that children on guardianship/custody orders had poorer reading and numeracy test scores than peers. In 2013, the AIHW released a working paper proposing national-level linkage of education data and child protection data (AIHW, 2013).

The AIHW's scope, however, only spans to young people aged up to 17 years.

Both New South Wales (NSW) and Victoria have commenced independent, longitudinal studies on the outcomes of young people from out-of-home care backgrounds which include a data linkage component. The Pathways of Care Longitudinal Study is tracking children and young people who entered out-of-home care for the first time in NSW between May 2010 and October 2011 (NSW Government Family and Community Services, 2017). The study aims to understand the factors that influence the outcomes of children and young people who grow up in out-of-home care, return to their birth families, are adopted, or leave care at 18 years of age. Their main focus areas are physical health, socio-emotional wellbeing, cognitive and learning ability, and safety. Data from interviews and standardised tests will be linked with child protection and out-of-home care data held by the NSW Department of Family and Community Services, with Australian Early Development Census records from the Commonwealth Department of Education, health records from the NSW Ministry of Health, and youth offending records from the Bureau of Crime Statistics and Research. Data collection commenced in 2011 and will conclude in 2020. While this study is expected to produce important insights, only individuals

who enter out-of-home care for the first time are eligible for inclusion and thus the sample is of relatively young individuals.

In Victoria, the project *Beyond 18: The longitudinal study of leaving care* involves surveys of young people during their transitions from care between 2015 and 2018 (Beyond 18, 2014). Participants complete up to three annual surveys and are asked for consent to link their survey data to their case file data from the Victorian Department of Health and Services Client Relationship Information System. The first wave of the survey, which was completed by 202 young people aged 16–19 years, found education planning to be inconsistent (Muir & Hand, 2018). As the researchers acknowledged, the survey sample was relatively small. Further, most participants were recruited via carers and caseworkers, and thus young people with high levels of contact with service providers were likely over-sampled. A number of other studies have examined the educational and broader outcomes of Australian care leavers, finding a need for more supportive transition and leaving care plans, among other reforms (Beauchamp, 2014; Cashmore et al., 2007; Jurczynszyn & Tilbury, 2012).

The potential linking of student numbers could be particularly helpful for understanding care leaver pathways. In our second and third major projects, qualitative research revealed that care leavers in university have often transitioned via VET programs, or via a range of subdegree pathways, such as tertiary enabling programs or bridging programs (Harvey et al., 2017). Linking data across education sectors is critical and will require inter-governmental cooperation.

### ***4.3.3 Improving Data Collection Within the Vocational and Higher Education Sectors***

Our collective research projects have highlighted four potential means to identify and monitor care leavers within the Australian tertiary education sector. The first approach would involve collecting data at national level through a revised and expanded national higher education student equity framework, where care leavers are recognised as a group that warrants targeted attention. The existing student equity framework comprises six equity groups, namely students from low socio-economic status, regional and non-English speaking backgrounds, as well as Indigenous students, those with a disability, and women in non-traditional areas. This framework has resulted in durable and robust longitudinal data collection on the identified equity groups and their participation in higher education has been systematically monitored and supported (Harvey, Burnheim, & Brett, 2016).

The labelling and prioritisation of these groups, however, means other small, highly disadvantaged groups, such as care leavers, have remained largely invisible (Harvey, Andrewartha, & McNamara, 2015). Care leavers are over-represented in the existing higher education equity groups, with a significant proportion coming from low socio-economic status, regional, and Indigenous backgrounds (State Government of Victoria, 2012). However, care leavers experience unique, severe,



and cumulative education barriers and warrant specific examination and assistance in their own right. As previously discussed, England has identified care leavers as a target group in higher education since 2014.

The equity groups are currently being reviewed, and no change to the framework has been announced to date. However, in the absence of a national approach, a second way of identifying care leavers in tertiary education is to utilise educational access schemes, which are themselves managed by state-based tertiary admissions centres. Educational access schemes, also called Special Entry Access Schemes (SEAS) in some states, can provide tertiary applicants with bonus entry points and bursaries/scholarships to compensate for educational disadvantage.

Through two projects (Centre for Excellence in Child and Family Welfare, 2018; Harvey et al., 2017), we advocated for changes to the Victorian Tertiary Admissions Centre (VTAC) which were subsequently adopted in 2016. These changes involved addition of questions to the SEAS category covering “difficult circumstances”, explicitly to include time spent in formal out-of-home care. A total of 419 main round 2016 VTAC SEAS applicants (for entry in 2017) disclosed their care leaver status using this method. These data represent the first set of consistent state-wide data on care leavers applying for higher education in Australia. In 2017, Queensland Tertiary Admissions Centre also introduced a new component in the Educational Access Scheme dedicated to applicants who were in, or had recently left, out-of-home care (QTAC, 2017). Allowing care leavers to self-identify via this approach, and limiting the use of this information to the point of access to higher education, means confidentiality can be maintained. Thirdly, we have argued that universities themselves can develop processes to identify and support care leavers at institutional level. Following our collaborative research project, Federation University of Australia introduced a new, mandatory question to identify care leavers in its enrolment checklist in 2017. Similarly, La Trobe University introduced a bursary system for domestic, undergraduate care leaver students in 2016, supported through the *Raising Expectations* project. Identification of care leavers at institutional level enables staff to direct students to other resources, including academic advisers and mentors, residential support, and student services. It is important to consider, however, that some care leavers can be reluctant to disclose their care leaver status to fellow students, support staff, or academics for fear of prejudice (Jackson & Cameron, 2014). Indeed, there is a need to increase the level of understanding of care leavers, and their strengths, to reduce such prejudice and frame group identity in a positive light (Andrewartha & Harvey, 2017).

Finally, we noted that within the vocational and education training sector, data obtained from fee waiver and scholarship schemes could be used to monitor VET outcomes. Several states provide fee waivers and/or scholarships for young people from out-of-home care backgrounds. In Victoria, for example, the Skills First Youth Access Initiative waives tuition fees for young people undertaking government subsidised accredited training who are aged under 22 years at the time of commencement (Victorian Department of Education and Training, 2018). In Queensland, the What’s Next OHC Fund provides young people aged 15–21 years who have been living in out-of-home care with free careers advice and financial support to enrol in

VET (Queensland Government, 2018). In NSW, the Smart and Skilled initiative provides fee-free scholarships to young people aged 15–30 years who are in, or have left, out-of-home care (NSW Department of Industry, 2018; NSW Government Family and Community Services, 2016).

While recent state-wide and institutional developments are encouraging, there remains a need for a consistent national approach. Australia could again look to the UK where students can disclose their care leaver status to the Universities and Colleges Admissions Service at the point of application, or directly to institutions on enrolment (OFFA, 2017b). Such data are collected and published by HESA. The Australian evidence base has certainly strengthened in recent years, but the postsecondary education outcomes of care leavers remain inadequately documented. In turn, this ongoing paucity of evidence impedes much-needed policy reform to improve the lives of a severely marginalised group, within and beyond tertiary education.

#### 4.4 Conclusion

In the absence of national leadership, strengthening the postsecondary evidence base for Australian care leavers has occurred across a wide range of actors. A federal system of government and a diverse tertiary landscape have complicated attempts at systemic reform, but clear progress has been made within some states, universities, and tertiary education bodies. A growing evidence base has helped state and territory governments to broaden their support of people in care from a traditional focus on health and welfare towards greater education planning and resourcing, e.g. the Victorian LOOKOUT Centres. Many related progressive changes, such as extension of corporate parenting, amendments to tertiary application centre forms, and improvements in institutional identification of care leavers, have resulted from research and advocacy campaigns. The Victorian Government's commitment to extend the age of care, for example, explicitly adopted the language of the Home Stretch campaign (Mikakos, 2018), while an independent evaluation found several improvements to university identification of care leavers that were directly attributable to the *Raising Expectations* project (ACER, 2018). Specifically, this paper has highlighted the objectives of our own research projects, which have focussed on building cross-state, cross-institutional, and cross-sector collaboration. While tentative and sporadic, recent legislative and policy reforms do suggest a growing awareness of the marginalisation of care leavers, and growing commitment to improving educational outcomes. The challenge remains to broaden that commitment to reform across all tertiary education institutions, peak bodies, and government jurisdictions.

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# Chapter 5

## The Educational Progress of Children in Out of Home Care in the UK



Julian Gardiner, Chrissy Bolton, Alastair G. Sutcliffe, and Edward Melhuish

### Abbreviations

BIC	Bayesian Information Criterion
CIN	Children In Need
GCSE	General Certificate of Secondary Education
GTA	Group Trajectory Analysis
KITS	Kids in Transition to School
KS1	Key Stage 1 (school years 1–2, children aged 5–6)
KS2	Key Stage 2 (school years 3–6, children aged 7–10)
KS3	Key Stage 3 (school years 7–9, children aged 11–14)
KS4	Key Stage 4 (school years 10–11, children aged 15–16)
LAs	Local Authorities
MTFC	Multidimensional Treatment Foster Care
OHC	Out of Home Care
OR	Odds Ratio
PS	Preschool
SENs	Special Educational Needs
TYCW	Teach Your Children Well
UK	The United Kingdom of Great Britain and Northern Ireland

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## 5.1 Chapter Aims

This chapter has three main aims:

- To give an overview of factors affecting the educational attainment of out of home care (OHC) children in the UK.
- To present results from a study of the educational progress of OHC children in England using group trajectory analysis (GTA).
- To discuss some interventions which may be effective in improving the educational attainment of OHC children in the UK.

Whilst the focus is research on OHC children in the UK, reference will also be made to international findings as some issues have yet to be fully researched using UK data.

## 5.2 The Educational Attainment of Out of Home Care (OHC) Children in the UK

### 5.2.1 An Overview of OHC Provision in the UK

Children in out of home care (OHC) are under the protection of the state as a proxy parent. In the UK, this duty of care is met by 365 local authorities. In 2017 there were 96,505 OHC children in the UK: 72,670 in England, 14,897 in Scotland, 5,955 in Wales and 2,983 in Northern Ireland.<sup>1</sup> Of these children, 72.1% were in foster care, 11.4% were in residential care, including residential schools and residential employment, 12.9% were being supported to live independently, including placements with the child's own parents or guardian, 3.1% were being placed for adoption and 0.5% were in other types of placement (Department for Education, 2017a; Information Analysis Directorate, 2017; Scottish Government, 2017; StatsWales, 2017a).

Local authorities have a specific obligation to provide for the educational needs of OHC children (Brown, 2017):

Local authorities have a duty under the Children Act 1989 to safeguard and promote the welfare of a child looked after by them. This includes a specific duty to promote the child's educational achievement... The authority must, therefore, give particular attention to the educational implications of any decision about the welfare of those children. (Department for Education, 2018b).

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<sup>1</sup> Figures from 31st of March 2017 (England, Wales and Northern Ireland) and from 31st of July 2017 (Scotland). See (Department for Education, 2017b; Scottish Government, 2017; StatsWales, 2017b; Information Analysis Directorate, 2017).



### **5.2.2 *OHC Children and Children in Need (CIN)***

The 1989 Children Act defines children to be in need if they are unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by a Local Authority, or if they are disabled (Sinclair, 2018). According to this definition of children in need (CIN), OHC children are a particular category of children in need (Fletcher, Strand, & Thomas, 2015). This is an important element in understanding the educational disadvantage experienced by OHC children, since much of this disadvantage can be attributed to the high levels of need experienced by these children and not specifically to being in out of home care (Sebba et al., 2015).

### **5.2.3 *The Educational Attainment of OHC Children in the UK***

It has long been apparent that OHC children have poor educational attainment relative to other children, both in UK studies and internationally (O'Higgins, Sebba, & Luke, 2015). As well as on average achieving poorer exam results, OHC children are more likely to be excluded from school (Goddard, 2000) or subject to disciplinary sanctions (Scherr, 2007), and OHC children are less likely to attend university than are other children (Sebba et al., 2015).

Poorer educational outcomes are just one aspect of a wide spectrum of disadvantage experienced by OHC children. These include poorer physical health (Eisenberg & Belfer, 2009; Kling, Vinnerljung, & Hjern, 2015; O'Higgins et al., 2015; Sebba et al., 2015), higher incidences of mental illness (Ford, Vostanis, Meltzer, & Goodman, 2007) and behavioural problems (Minnis, Everett, Pelosi, Dunn, & Knapp, 2006), poorer employment prospects (Cheung & Heath, 1994; O'Higgins et al., 2015; Sebba et al., 2015) and over-representation in the prison population (Sebba et al., 2015).

It is also apparent that the gap in educational attainment between OHC children and other children widens as the children get older. This phenomenon is partly explained by OHC children being a shifting population; over time those leaving OHC are disproportionately those with the lowest level of need and the highest educational attainment whilst those placed in OHC at a later age are often children with high levels of need and poor educational outcomes. However, even when the educational attainment of individual OHC children is followed over time they are found to progress on average less well than other children (Department for Education, 2017c).

Approximately two-thirds of OHC children in the UK have special educational needs (SENs) (Department for Education, 2014; Harland, 2014), compared with 17.9% for the general population of children (Department for Education, 2014). This accounts for some of the difference in educational attainment between OHC children and other children but, even once the effect of SENs are accounted for,

OHC children still perform less well than would be expected (Harland, 2014). Some of this difference may be attributed to schools having lower expectations of children who are known to be in out of home care.

For OHC children, both changes of care placement and changes of school are associated with poorer educational outcomes (Sebba et al., 2015). But the experience of being in care is not itself in general a risk factor for poorer educational attainment (Goddard, 2000). Indeed, for children with a given level of need, being placed in OHC is a protective factor against poor educational attainment, and children who are placed in OHC earlier and stay in OHC longer tend to have relatively better educational attainment (Sebba et al., 2015).

A recent UK study of the educational outcomes of OHC children to age 16, when the General Certificate of Secondary Education (GCSE) exams are taken, reached the following conclusions on the effects of out of home care on children's educational performance (Fletcher et al., 2015):

Overall [OHC] pupils had similar GCSE outcomes to children in need. However, those recently admitted to [OHC] in the year preceding their GCSEs performed relatively worse, while those [in OHC] for 12 months or more performed relatively better. This is consistent with continuing [OHC] having a protective effect on [children].

### **5.3 A Study of the Educational Progress of OHC Children in England Using Group Trajectory Analysis (GTA)**

#### **5.3.1 Introduction**

One way in which more light can be shed on the causes of the low educational attainment of OHC children is to examine their educational progress over time. In this section we describe a longitudinal study of this kind in which the educational progress of OHC children in England was analysed using Group Trajectory Analysis (GTA), a flexible method for identifying groups of individuals exhibiting similar paths for an outcome measured over time (Nagin, 1999; Nagin & Odgers, 2010). More details of this study are reported in Sutcliffe, Gardiner, & Melhuish, 2017.

#### **5.4 Method**

Responsibility for OHC children in England rests with 300 local authorities (LAs). LAs are required to make annual data returns to the government on all the OHC children in their care. Data from the annual returns for academic years 2005–2006 to 2012–2013 were linked to educational data from the national pupil database (Department for Education, 2018a) which includes data on children's educational attainment at the end of each "key stage" of their education: Key Stage 1 (KS1)

being school years 1–2, Key Stage 2 (KS2) school years 3–6, Key Stage 3 (KS3) school years 7–9 and Key Stage 4 (KS4) school years 10–11. At the end of KS4, when children are aged 16, they take the General Certificate of Secondary Education (GCSE) examinations.

The study sample consisted of the 47,500 children born in academic years 1993–1994 to 1997–1998 who had data available from the national tests taken at the end of KS1 and KS2 and from the GCSE examinations from the end of KS4. Educational attainment at each of these stages was taken to be the mean level achieved in English and maths. The KS1 and KS2 test results are recorded on a scale from 0 to 8 and the GCSE results were translated onto this scale (Cooper, 2016; Sutcliffe et al., 2017).

The educational attainment of the OHC children was compared with that of all children in England in 2010. Group trajectory analysis was used to identify a set of common paths which children's educational progress followed; factors associated with trajectory group membership were then identified. The covariates included in the analysis were: the educational stage at which the child was first in OHC (pre-school/during KS1/during KS2/during KS3/during KS4/after the end of KS4), total time spent in OHC up to the end of KS4, whether the child had more than one period in OHC up to the end of KS4, child's type of placement, whether the child had more than one type of placement up to the end of KS4, child's category of need when first taken into care, child's Special Educational Needs (SENs), the child's year of birth, child's month of birth, child's first language, child's ethnic group and child's sex. The placement type was either fostering, adoption, residential care or independent living (this last group consisting of children who were supported to live in their own accommodation or, in some cases, with family members). The category of need was recorded when children were first in OHC as one of: abuse or neglect, child disability, parental illness or disability, family in acute stress, family dysfunction, socially unacceptable behaviour or absent parenting.

Periods in care can consist of one or more than one placement. The number of placements was not recorded in the annual data returns and so was not available for analysis.

## 5.5 Results

### *5.5.1 Educational Attainment of the OHC Children Compared with Other Children*

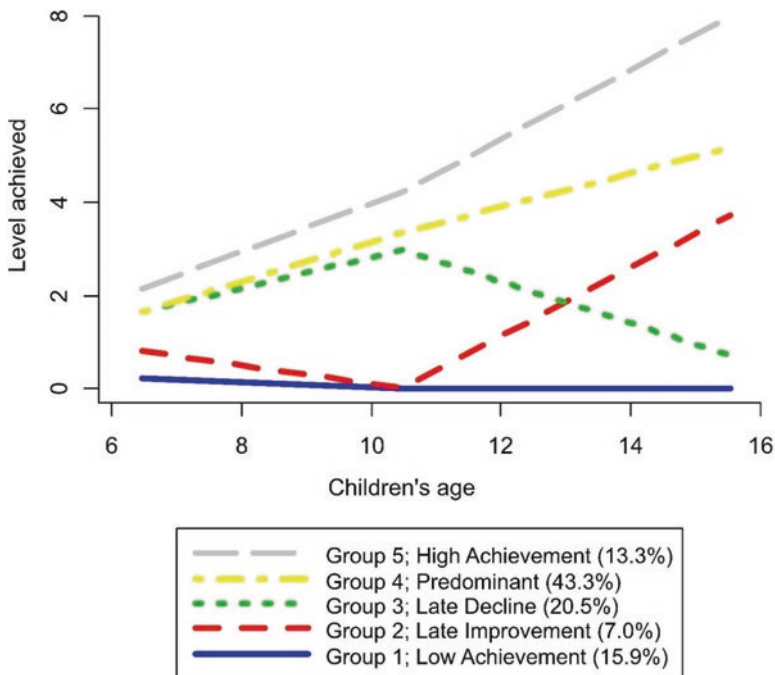
The educational attainment of the OHC children was considerably poorer than that of other children at each educational stage. At KS1, the proportions of the OHC children achieving level 2 or above were 51% in literacy and 61% in numeracy; this compares with 85% and 88%, respectively, among all children in England in 2010 (Department for Education, 2010a). At KS2, the proportion of the OHC children achieving level 3 or above was 70% in both literacy and numeracy, compared to

93% in both subjects among all children in England in 2010 (Department for Education, 2010b). At GCSE the difference between the OHC children and other children was even greater, with 13% of the OHC children passing both English and maths at grade A\* to C as compared to 54% of all children in England in 2010 (Department for Education, 2011).

### 5.5.2 The Five Trajectory Groups

The analysis identified 5 trajectory groups: low achievement (15.9% of the sample), late improvement (7.0%), late decline (20.5%), predominant (43.3%) and high achievement (13.3%); see Fig. 5.1.

The factors associated with belonging to each trajectory group were examined by comparing the probability of belonging to a given trajectory group with that of belonging to a reference group. For the low achievement, late decline and high



**Fig. 5.1** The 5 group trajectories derived from the model of OHC children's educational progress through KS1, KS2, and KS4 (KS1 = Key Stage 1 (school years 1–2, children aged 5–6), KS2 = Key Stage 2 (school years 3–6, children aged 7–10), KS3 = Key Stage 3 (school years 7–9, children aged 11–14), KS4 = Key Stage 4 (school years 10–11, children aged 15–16)). The percentages of children in each trajectory group are shown below. Group 1 (blue) is low achievement; group 2 (red) is late improvement; group 3 (green) is late decline; group 4 (yellow) is predominant; group 5 (grey) is high achievement. (Figure is © *Pediatrics*. Reproduced with permission)

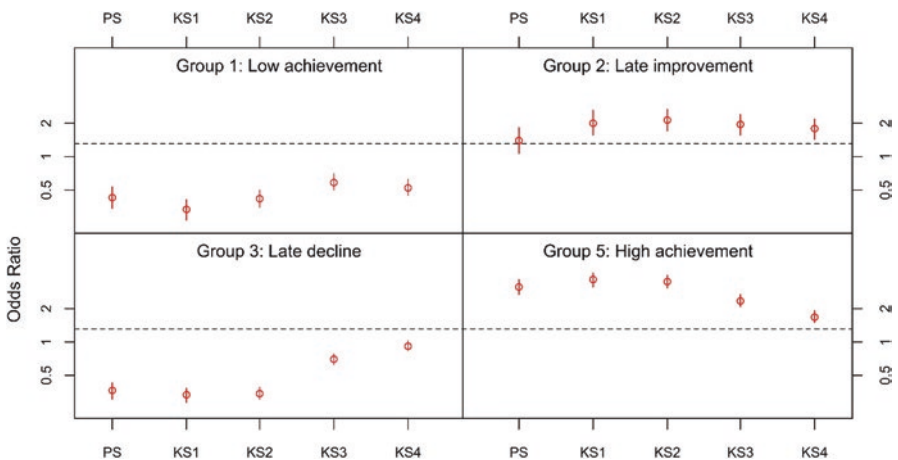
achievement groups the predominant group was used as the reference group. When considering factors associated with membership of the late improvement group, the question of interest is “Which of the children with poor educational attainment at Key Stages 1 and 2 go on to show an improvement at KS4 and which do not?” In order to answer this question, the reference group chosen for the late improvement group was the low achievement group.

In the initial model (Model 1), the principal covariate of interest was the educational stage at which children were first in OHC. In a subsequent model (Model 2), each educational stage when children were first in OHC was subdivided into three groups using tertiles of the total time children had spent in OHC by the end of KS4.

### 5.5.3 Educational Stage Children Were First in OHC

The results of Model 1 are summarized in Fig. 5.2.

Children first taken into care at any stage before the end of KS4 were more likely to belong to the high achievement trajectory group and less likely to belong to the late



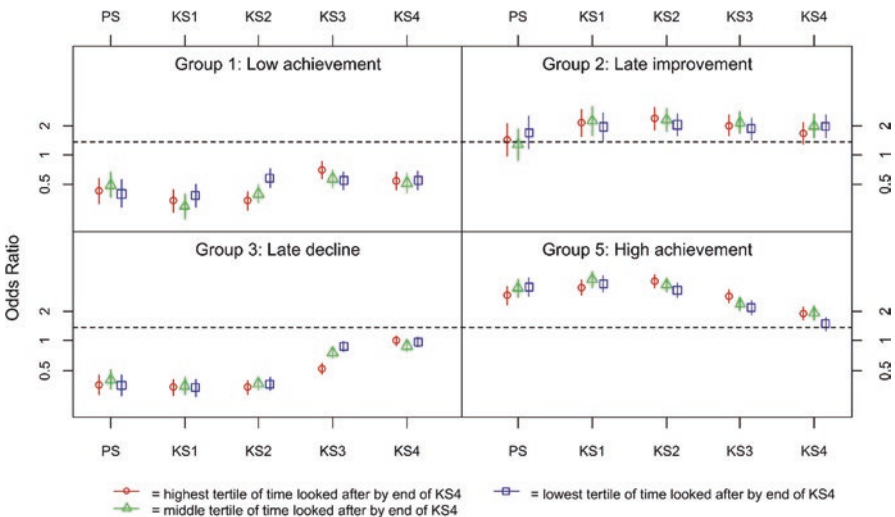
**Fig. 5.2** Summary of the results of model 1, showing the effect of the stage when children were first in OHC on the probability of belonging to each trajectory group. Results are shown as odds ratios of the membership of each trajectory group relative to a reference group; the reference group is the predominant group (group 4), except for the results for the late improvement group, for which the reference group is the low achievement group (group 1). Point estimates of the odds ratios are shown with 95% confidence intervals, which are indicated by a vertical line. Stages first in care are preschool (PS), KS1, KS2, KS3, and KS4 (KS1 = Key Stage 1 (school years 1–2, children aged 5–6), KS2 = Key Stage 2 (school years 3–6, children aged 7–10), KS3 = Key Stage 3 (school years 7–9, children aged 11–14), KS4 = Key Stage 4 (school years 10–11, children aged 15–16)). The dotted horizontal line indicates the effect for children not taken into care until after KS4, with which the other exposure levels are compared. Models control for all other covariates. (Figure is © *Pediatrics*. Reproduced with permission)

decline group than children first taken into care after the end of KS4. Those taken into care before the end of KS2 were more likely to follow a high achievement trajectory and less likely to follow a late decline trajectory than those first taken into care during KS3 or KS4. The probability of following a late improvement trajectory was higher for children first in OHC during Key Stages 1–4 than for children first in OHC after the end of KS4. Children first taken into care at any stage up to the end of KS4 were less likely to follow a low achievement trajectory than those first in OHC after the end of KS4.

### 5.5.4 Total Time Children Had Spent in OHC by the End of KS4

The results of Model 2 are summarized in Fig. 5.3

For children taken into care during KS2, KS3 and KS4, those with a longer time in care by the end of KS4 were more likely to follow a high achievement trajectory



**Fig. 5.3** Summary of the results of model 2, showing the effect of the stage when children were first in OHC and their total length of time in care by the end of KS4 on the probability of belonging to each trajectory group. Results are shown as odds ratios of the membership of each trajectory group relative to a reference group; the reference group is the predominant group (group 4), except for the results for the late improvement group, for which the reference group is the low achievement group (group 1). Point estimates of the odds ratios are shown with 95% confidence intervals, which are indicated by a vertical line. Stages first in care are preschool (PS), KS1, KS2, KS3, and KS4 (KS1 = Key Stage 1 (school years 1–2, children aged 5–6), KS2 = Key Stage 2 (school years 3–6, children aged 7–10), KS3 = Key Stage 3 (school years 7–9, children aged 11–14), KS4 = Key Stage 4 (school years 10–11, children aged 15–16)). The dotted horizontal line indicates the effect for children not taken into care until after KS4, with which the other exposure levels are compared. Models control for all other covariates. (Figure is © *Pediatrics*. Reproduced with permission)

than those with a shorter time in care. For children first in OHC during KS3, those with a longer time in care by the end of KS4 were less likely to follow a late decline trajectory than those with a shorter time in care by the end of KS4. For children first in OHC during KS2, those with a longer time in care by the end of KS4 were less likely to follow a low achievement trajectory than those with a shorter time in care by the end of KS4. However, for children first in OHC during KS3 this pattern was reversed; those with a longer time in care by the end of KS4 were more likely to follow a low achievement trajectory than those with a shorter time in care. It may be that this finding reflects a higher level of need among those in this group who had spent relatively longer in care by the end of KS4.

### ***5.5.5 Other Factors Associated with Trajectory Group Membership***

Girls were more likely to belong to the high achievement and late improvement groups than were boys and less likely to belong to the low achievement or late decline groups. Children whose ethnic group was white were less likely to belong to the high achievement group and more likely to belong to the low achievement and late decline groups. Children born in the first half of the academic year (September to February) were more likely to belong to the high achievement group than those born in the last 3 months of the academic year (June to August), but they were also more likely to belong to the late decline group. This argues for the lasting advantage that being older in the school year confers, but the risk of a late decline perhaps indicates a danger that children who are older in their school year and easily perform well at Key Stages 1 and 2 may become bored with school and fall behind.

Children with the SEN behavioural, emotional and social difficulties were more likely than other children to belong to the late improvement group but also more likely to belong to the late decline group. This pattern suggests the diversity of this group of children and the beneficial effects that being in OHC may have for these children, at least in some cases.

Children whose OHC was residential or independent living were more likely to experience a late decline and less likely to have a late educational improvement than a comparison group in foster care. This may indicate the higher levels of need of children in these types of care (particularly those in residential care) but may also give evidence of the potential greater level of support which foster care can provide to children.

## 5.6 Discussion

Caution is always necessary when attempting to draw conclusions of causation from observational studies. This caveat applies particularly strongly to studies of the educational progress of OHC children, since children's care history, their educational attainment and their level of need will have a complex pattern of influence on each other over time. Nevertheless, it is striking that in nearly all cases being in OHC earlier was associated with better educational outcomes as was being in OHC for relatively longer by the age of 16.

A particular advantage of the GTA method is the ability to identify factors associated with a late decline or late improvement in children's educational attainment. There is a case for further research into the characteristics of children with these educational trajectories, possibly using qualitative methods.

## 5.7 Interventions to Improve Outcomes for OHC Children

In this section we consider some of the ways in which the educational disadvantage of OHC children might be addressed. Before discussing specific interventions in the education of OHC children, we here mention two related policy areas which are also of importance.

The first of these is the timing of the decision to take children into the care of the state. There is evidence that children who are taken into care sooner have better educational outcomes than children taken into care later (Sebba et al., 2015; Sutcliffe et al., 2017), as well as better outcomes than similar children who are not taken into care (Fletcher et al., 2015). Whilst the decision to take a child into care will be driven by many factors, the potential educational advantage of early intervention has significant consequences for a child's long-term welfare and should certainly be one consideration informing policy in this area (Jones et al., 2011).

The second intervention, in the broadest sense of the word, is the choice of school for an OHC child. There is evidence that the tendency for OHC children to fall behind others depends to a great extent on the quality of the schools that they attend (Fletcher et al., 2015). It is therefore vital that OHC children have access to the best schools available (Sebba et al., 2015). The publication in England of "league tables" of schools—in which exam results, attendance rates and other statistics are compared—may give highly ranked schools a disincentive to accept OHC children who on average perform relatively poorly on these measures.<sup>2</sup>

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<sup>2</sup>There is some evidence that this consideration may have affected the schooling of OHC children. The rate of school exclusions for OHC children increased between 1987 and 1998. It is probable that this increase was in part driven by the introduction of school league tables in 1992 (Leckie and Goldstein, 2016), and the resulting incentive to remove less well performing children from the school statistics; see (Goddard, 2000).



We now consider more specific interventions to improve the educational attainment of OHC children. Most of these comprise training or support provided to OHC children or their carers; often a specific intervention involves both components.

The Kids in Transition to School (KITS) intervention aims to improve the school readiness of OHC children by providing training during the summer vacation prior to the children beginning full time school. Children are taught specific emotional and behavioural skills, including how to focus attention, sit still and wait one's turn. Their caregivers are concurrently given training in positive behavioural management skills. In a randomized controlled trial, the KITS intervention was shown to have significant positive effects on self-regulatory skills and on literacy (Pears et al., 2013).

The Teach Your Children Well (TYCW) intervention provides OHC children with intensive tutoring in English and maths, delivered either directly to small groups of OHC children (Harper & Schmidt, 2012), or individually by their foster parents (Flynn, Marquis, Paquet, Peeke, & Aubry, 2012). Both approaches have been shown to provide significant benefits to children aged 6–13. The small groups programme has been shown to have specific benefits for children's reading and spelling skills (Sebba et al., 2015), whilst individual tutoring by parents has been shown to provide benefits in sentence comprehension and Maths (Fig. 5.3).

The KITS and TYCW interventions were developed and trialled in North America. An intervention which has been shown to be effective specifically in the UK is the Paired Reading intervention (Osborne, Alfano, & Winn, 2010). This involves foster carers receiving training in supporting their primary school aged foster children's reading using a paired reading method. After 4 months of the intervention, the children's average reading age had increased by 12 months (Pears et al., 2013). The success of this method has been replicated in a Swedish study (Vinnerljung, Tideman, Sallnas, & Forsman, 2014).

In a meta-analysis of studies in which training was provided to the carers of OHC children, it was found that these interventions were more effective if the children were younger and the training provided to their carers was of longer duration (Everson-Hock et al., 2011). Specifically, the successful interventions included in the review involved children not older than 12 years of age and a minimum of 10 weeks of training for their carers.

Some interventions have attempted to tackle the difficulties faced by OHC and other deprived children using multiple channels. An example of this is the Head Start programme which aims to provide assistance to disadvantaged pre-school children via interventions in nutrition, health and social services as well as directly through educational support. This program has been shown to provide significant benefits to OHC children in pre-academic skills as well as improving their relationships with their pre-school teachers (Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013).

An intensive intervention which has provided benefits to secondary school aged children is Multidimensional Treatment Foster Care (MTFC). Based on social learning theory, this intervention aims to provide specially trained foster carers who are able to positively reinforce appropriate behaviour in the children in their care. The goal is to change behaviour in part by providing positive role models. In a study of OHC girls

aged 13–17, this intervention has been shown to increase school attendance and homework completion over a 12 month study period (Leve & Chamberlain, 2007).

In conclusion, there is evidence that most focussed interventions aimed at improving the educational attainment of OHC children are successful to some degree (Forsman & Vinnerljung, 2012). There are particular advantages to interventions which involve tutoring as these have the potential to provide mentor figures (Everson-Hock et al., 2011), something which is of particular importance for older children (Sebba et al., 2015).

## 5.8 Conclusion

There is good evidence that being in out of home care has a generally positive effect on OHC children's educational progress relative to children with a similar level of need who are not in care. However, when compared to the general population of children, the educational performance of OHC children is still relatively poor. There is therefore a good case for the increased use of specific interventions targeted at improving OHC children's personal and educational skills. It may also be helpful to focus on children's progress rather than on their absolute achievement by a given age (Sebba et al., 2015), as well as to consider ways in which OHC children can be enabled to find mentor figures.

Finally, there is a good case for allowing children to be as involved as possible in the decisions that are made concerning their lives and education (Leve & Chamberlain, 2007). The overarching goal must be to enable children's self-actualisation; that is, to help children to develop their potential and abilities in a way that gives meaning to their lives (Steenbakkers, Van Der Steen, & Grietens, 2018). This may be done through hobbies and relationships as well as through work and education. Educational attainment should be seen as one component, albeit a particularly important one, in helping children to achieve this goal.

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## **Part II**

# **Early Years**

Internationally, rates of admission to out-of-home care (OHC) are high during infancy and early childhood. Children are usually at their most vulnerable at this point of development. Attachment disruption, neglect and abuse and negative exposures in utero are common sources of toxic stress that affect the biological and brain developmental functioning of the child in care. This can seriously undermine learning and cognition. However, it is in early years also, that the brain is at its highest level of plasticity and has greatest potential for positive change. Empirical evidence can support development and implementation of effective interventions aimed at redressing trauma and attachment disruption at this critical developmental stage. Healing of trauma and promotion of early cognitive and psycho-social development has the potential to enhance long term outcomes for children removed from home and placed in OHC.

Chapters in this part are contributed by authors from the United Kingdom, Australia and the United States. They draw from their own studies of young children in care and other rigorous research. These experts stress the importance of intervention early in life to address adverse impacts of attachment disruption and other toxic stressors on learning. Research presented in this Part focuses on formal and informal learning and development in the contexts of early childhood education and childcare, and on the import of promoting school readiness.

# Chapter 6

## Early Education as an Intervention for Children in Care



Sandra Mathers

### 6.1 Setting the Scene: The Case for Early Intervention

Children in out-of-home care are those for whom the state assumes parental responsibility because the adults caring for them are no longer able to. Many experience significant early adversity prior to entering care, resulting in poorer educational, socioemotional and health outcomes, which have implications throughout their life trajectory. The most recent government data from England show that only 18% achieved a pass in English and mathematics at the end of compulsory schooling, as compared to 59% of children not in care (DfE, 2017a). Only 12% of care leavers progress to higher education compared to 42% nationally (Harrison, 2017). Similar trends are identified in other UK countries (Mannay et al., 2016; The Scottish Government, 2015) and internationally (Canada: Dill, Flynn, Hollingshead, & Fernandes, 2012; the US: Pecora, 2012; Australia: Jackson & Cameron, 2014).

Although the starkest differences are often seen in secondary education and beyond, gaps emerge early. Children in care, particularly those who have been maltreated, show delays in their academic, socio-emotional and psychosocial competence between the ages of 3 and 6 years, with inhibitory control mediating relationships between maltreatment and academic and socio-emotional competence (Pears & Fisher, 2005; Pears, Fisher, Bruce, Kim, & Yoerger, 2010). This creates a strong case for early intervention. Attendance at preschool provision is now widely recognised as a means of helping disadvantaged children to catch up with their peers by providing a protective buffer against the detrimental effects of poor home environments (Berry et al., 2016; Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2010). Benefits have been identified in relation to cognitive, language, and

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social development, school success, employment and social integration (Melhuish et al., 2015), and are stronger and more sustained if provision is of good quality (Sylva et al., 2010; Smith et al., 2009).

This chapter focuses on the potential of early education as an intervention for children in care, drawing on a recent small-scale English research study funded by the Nuffield Foundation (Author, Hardy, Clancy, Dixon, & Harding, 2016). The *Starting Out Right* study aimed to:

- Review relevant research evidence and current English policy
- Establish what data are available on take-up of early education by children in care in England and on the quality of that provision, and the robustness of systems to promote access and quality and
- Establish the views of stakeholders and experts on the importance of early education for children in care, the extent to which they currently have access to good quality early education in England, and how best to meet the needs of looked after children in early education settings.

The research comprised a purposive review of relevant literature, interviews with a range of experts (academics, health professionals, foster carers and the organisations representing them, representatives from early education providers, local authorities and central government) and an online survey of all 152 English local authorities (response rate 89%). The study received ethical approval from the University of Oxford Central University Research Ethics Committee. This brief overview of study findings provides a summary of the literature review, followed by a case study of practice and policy in England designed to ensure that children in care have access to good quality early education, highlighting successes and areas for development to consider potential lessons for other countries. Further detail and full references are provided in the original research report (Author et al., 2016).<sup>1</sup>

## 6.2 Review of Research Literature

A recent systematic review of the demographic risks associated with children entering care identified a number of family-level factors including low socio-economic status, maternal age at birth, parental alcohol/substance abuse or mental illness, learning difficulties, membership of an ethnic minority group and single parenthood (Simkiss, Stallard, & Thorogood, 2013), which are also predictors of developmental delay (e.g. Berry et al., 2016; Sylva et al., 2010; Waldfogel & Washbrook, 2010). Many of these factors (e.g. abuse or neglect) are shared with other at-risk groups. Children in care also experience unique risk factors relating to removal from their home and potentially frequent care moves, which compound the developmental risks. As a result, many are behind in language, psycho-social and

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<sup>1</sup>For brevity, full references have not been included in this summary but are provided in *Starting Out Right* (Author et al., 2016). <http://www.nuffieldfoundation.org/looked-afterchildren-england>

neuro-psychological functioning, and have poorer academic and socio-emotional competence than their peers, even before they reach school (Klee, Kronstadt, & Zlotnick, 1997; Pears & Fisher, 2005; Pears et al., 2010; Stahmer et al., 2005). A recent study found, for example, that more than half fall below the 23rd percentile for phonological awareness on entry to kindergarten (Pears, Heywood, Kim, & Fisher, 2011). These factors influence readiness for school, as well as later educational attainment, psychosocial adjustment and life outcomes. School mobility is a further factor contributing to poorer outcomes, both in terms of educational progress and difficulties in forming positive and trusting relationships with teachers and peers (O'Higgins, Sebba, & Luke, 2015; Pears, Hyoun, Buchanan, & Fisher, 2015; Grigg, 2012).

Evidence relating to disadvantaged children more broadly suggests that a prime factor in overcoming early adversity is a nurturing home environment, which promotes educational, as well as socio-emotional development. Although research evidence relating specifically to children in care is limited, we know that carers similarly play a vital role in providing nurturing, sensitive and stable environments which promote attachment security and later educational outcomes (Dozier, Chase Stoval, Albus, & Bates, 2001; Healey & Fisher, 2011; Lang et al., 2016; Sebba et al., 2015).

Alongside the home environment, there is a strong case for early intervention through high quality early education and care from age two and upwards, with benefits for cognitive, language and social development, school success, employment and social integration. The main feature of the literature specific to early education for children in care is its scarcity; but we can learn much from the broader literature on children at risk of developmental delay (e.g. children experiencing poverty). For this group, there is strong evidence that early education before starting school can help children to catch up with their peers (Sylva et al., 2010). Given that similar factors are predictors of children entering public care (Simkiss et al., 2013), there is reason to believe that early education may also have potential for this group; although their unique risks factors mean that caution is needed when generalising. The case for early education is supported by the one care-specific study identified in our review, which found that enrolment of young foster children in accredited early years provision predicted better cognitive outcomes in primary school (Kaiser, Katz, Dinehart, & Ullery, 2011). A preschool intervention in the US designed to enhance school-readiness for children in care has also shown moderate but positive effects on literacy and self-regulation skills. Kids in Transition to School targeted early literacy, pro-social and self-regulatory skills during the summer prior to, and the first 2 months of, kindergarten (Pears et al., 2013). Group sessions for carers also encouraged their involvement in early literacy and their child's education more widely. Finally, there is tentative evidence that preschool attendance may support carers and reduce the likelihood of placement breakdown (Meloy & Phillips, 2012a, 2012b).

Though the benefits of early care and education are potentially great, the unique risk profile of children in care makes them particularly vulnerable to variations in the quality and stability of educational provision. The wider literature on disadvan-



taged children shows that low quality education and care is associated with null – or even negative – effects, which represents a dual risk for children already prone to delayed development (Melhuish et al., 2015; Phillips & Lowenstein, 2011). We also know that children are more likely to maintain secure and stable attachments to early education providers if those providers do not change, and that instability of education and care can negatively affect children’s socio-emotional and language development, the security of their attachments with caregivers and their interactions with peers (see Author et al., 2014 for a review). A recent study on fostered children aged between 3 and 6 years found that those who moved their education placement more often had poorer socio-emotional competence (Pears et al., 2015). Both quality and stability of early education are therefore of prime importance. A third key factor is the involvement of carers in children’s early education and schooling. There is some evidence that maltreated foster children whose carers are involved with their early education have better socio-emotional outcomes (Pears et al., 2010), with involvement fully mediating the association between socio-emotional competence, maltreatment and foster placement. The same study also found that foster carers tend to be less involved in children’s schooling than the birth parents of non-fostered children, indicating that strategies to support involvement may be a promising target for intervention.

In summary, there is an emerging case for early intervention through high quality, consistent preschool experiences with strong links to carers and the home, although more research is needed to strengthen the case and add to the sparse existing literature. Further work is also needed to identify the extent to which children in care currently have access to good quality early education and care. While there is some evidence that this group is less likely to attend early years provision than children not in care, little is known about attendance patterns, influences on take-up or quality of experience. The Starting Out Right study aimed to address some of these gaps in knowledge through exploratory work in the English context, described in the following sections.

### **6.3 Current Policy in England Relating to Early Education for Children in Care**

Of the more than 70,000 children in care of the state in England, approximately one fifth are under the age of five. These young children are placed largely in foster or kinship care (with a relative or friend) rather than in residential children’s homes. The majority – 61% – enter care following abuse or neglect (DfE, 2017b), with a further entering care following family dysfunction (15%), due to acute family stress (8%) and due to absent parenting (7%).

There has been an increasing recent focus in England on the educational attainment of this vulnerable group. High-profile research by the Universities of Oxford and Bristol (Sebba et al., 2015) has confirmed that children in care tend to have significantly poorer educational outcomes than their peers throughout school, with

the gap widening as children get older. A number of notable moves have also taken place at policy level. Under the Children Act 1989, local government authorities are required to safeguard and promote the welfare of all children in care. The 2004 Children Act added an explicit duty to promote their educational attainment, and the Children and Families Act 2014 introduced a requirement for every local authority in England to appoint a ‘virtual school head’. This officer has a statutory responsibility to promote the educational achievement of children in care, monitoring and tracking their progress as if they were attending a single school. Virtual school heads liaise with the local authority social care and education teams, independent reviewing officers and education providers to ensure that appropriate provision is arranged at the same time as a care placement, and that children’s educational needs are met.

Children in care are also entitled to receive free early education from the age of 2 years. All 3-and-4-year-olds can access a universal entitlement of 15 h per week,<sup>2</sup> and the 40% most disadvantaged children (including all children in care) can do so from the age of two. From the September following their fourth birthday, all children in England are entitled to a full-time place in a primary school reception class.

Preschool children in care accessing early education must also have a Personal Education Plan (PEP). State-maintained schools and nurseries are required to appoint a designated teacher to promote the educational attainment of children in care, and lead on the development and review of PEPs (DCSF, 2009). An Early Years Pupil Premium is available to all education and care providers catering for disadvantaged children, equivalent to approximately £300 per annum for a child accessing their full placement hours. Finally, the national regulatory body (Ofsted) considers the extent to which support for the educational attainment of children in care is monitored as part of its inspection of early years providers and local government authorities.

## 6.4 Access to Early Education for Young Children in Care

So, with all these measures in place, what is the picture for young children in care in England? This section draws on an online survey of all 152 local authorities in England (response rate 89%) and 23 interviews with key stakeholders and experts, to consider the evidence. Interviews were conducted with early education providers and local government authorities identified as reflecting aspects of good practice, as well as with carers, healthcare professionals, academics, central government representatives and thirdsector organisations working to improve experiences for children/carers.

Access to good quality early education provision – and a focus on learning alongside emotional needs – were seen as paramount. Early years provision was

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<sup>2</sup>At the time of writing, while working parents who meet specific income and eligibility criteria are entitled to a further free 15 h for 3 and 4-year-olds, foster carers are not eligible to apply.

considered to provide valuable opportunities to mix with peers, support for speech, language and learning, support with personal care routines, and early identification of potential delays. However, interviewees also recognised that attendance patterns may need to be more individualised than for children not in care, and that delayed entry may be appropriate for some, for example where time is needed to form a bond with their carer. Decision-making was understood to be complex and require consideration on a case-by-case basis.

Take-up of early education nationally is high: 68% for eligible 2-year-olds, 93% for 3-year-olds and 97% for 4-year-olds at the time the research was conducted (DfE, 2016). While it proved challenging to gather data from local authorities on take-up by children in care – an issue discussed further below – the survey indicated that rates are at least 14% lower than in the general population, with considerable variation between areas. Given that these data were drawn only from local authorities which kept interpretable records on take-up, the true gap may be larger. This is consistent with rates reported in national surveys for other disadvantaged groups, for example 80% for low income households as compared with rates of 94% or more for wealthy households (Brind, McGinigal, Lewis, & Ghezelayagh, 2014).

In some cases, for example where children are severely traumatised, non-attendance or reduced hours may be appropriate. However, it is unlikely that lower take-up is solely due to sensitive and informed decisions being made regarding children's needs. A number of potential barriers to take-up were identified by interviewees, including low prioritisation of early education by social care teams and foster carers. This was exacerbated by practical barriers such as the large number of meetings foster carers might need to attend in relation to the children in their care (e.g. meetings with social care teams), and the often short-term and unpredictable nature of placements, with both factors thought to reduce the likelihood of foster carers prioritising attendance at an early education setting, and managing to find an available place at short notice. Early education providers interviewed for the research reported working with foster carers to hold places open for children while care placements were being set up, and to offer sessions at short notice when carers needed to attend a meeting or make a court appearance, but noted the need for flexibility in local authority funding of education placement to support this approach. High rates of special needs among children in care also raised challenges in terms of finding an appropriate early education setting, and ensuring that settings are prepared to meet children's needs.

Several of the local authorities interviewed provided excellent examples of training for foster carers to raise awareness of the benefits of high-quality early education, and close liaison with social care teams and foster carers to organise access to suitable provision. However, these practices were by no means universal, largely because the majority of local authorities do not yet have a designated early years lead within the virtual school. This is an obvious target for improving future practice in England and would be supported by a strengthening of local authority statutory responsibilities to explicitly include the educational attainment of children in care prior to school-age.

Finally, our research indicated that *monitoring* of early education take-up is an important area for attention. As already noted above, although some form of response was received from 89% of local authorities, these were returned in widely varying formats and levels of detail, and some local authorities kept no data at all. A corresponding lack of national data on take-up, on the quality of settings attended, and on the educational attainment of children in care prior to statutory school age, makes evaluating – and thus ensuring – these aspects very difficult. A common data collection framework and expectation on local authorities to track uptake and attendance for collation at national level would be of great benefit, enabling access to high-quality provision to be monitored and – ultimately – ensured.

### 6.4.1 *Quality of Early Years Education*

If it is to succeed in supporting children in care to reach their full potential, early education provision must be of the highest quality. Interviewees were united in their view that a skilled and knowledgeable staff team was the cornerstone of quality for children in care. Practitioners were considered to need a good knowledge of attachment and the potential consequences of early trauma, the skills to support potentially diverse additional needs and to collaborate with carers and, ideally, experience in negotiating the system surrounding children in care. The importance of access to appropriate support and supervision to help staff in meeting any challenges was also highlighted. These requirements were not considered to be unique to children in care but to be more *important* for this group.

Flexibility in staffing was also required to provide individual support, to meet specific needs when problems arose, and to allow time for staff to attend meetings with carers and other professionals. Other components of quality included strong partnerships with other professionals (e.g. health teams), access to specialist interventions and therapies where needed, and close monitoring of progress in all aspects of development.

The local authority survey suggested that 89% of children in care receiving the free entitlement do so in provision graded as ‘good’ or ‘outstanding’ by the national regulator Ofsted, which is broadly comparable to national trends. However, given the greater need for high quality provision among this group, there are still significant improvements which could be made: 11% attend provision graded as ‘requires improvement’ or ‘inadequate’.

And given the necessarily broad nature of Ofsted inspections (Author, Singler, & Karemaker, 2012) and the specific needs of children in care, it could also be argued that a higher quality bar is required. Although the Ofsted framework for inspections includes a requirement on children in care, it is not possible within the broad remit of inspections to consider this provision in detail. It may be, therefore, that a significant proportion of otherwise ‘good’ providers are not fully equipped to meet the needs of these children.

This was confirmed by interviewees. Some excellent examples of effective and individualised practices were identified in the research. State-maintained providers – nursery schools in particular – were considered to be particularly suited to meeting the needs of young children in care. Factors included experience with children at risk of developmental delay and their families, well-qualified and experienced staff teams, and access to specialist services. However, interviewees reported that this was not consistent across all provision attended by children in care. While excellent examples were found in the private and not-for profit sector, many were reported to lack the qualifications, training and experience required. This is consistent with previous research showing that quality is highest in the maintained sector, and that disadvantaged children attending private and voluntary sector settings are less likely to experience good quality than their more advantaged peers (Author & Smees, 2014; Sylva et al., 2010).

An obvious conclusion in policy terms is that preschool children in care in England should attend only providers graded as ‘good’ or higher by Ofsted and/or receive their early education within the state-maintained sector.<sup>3</sup> The reality, however, may not be so straightforward and interviewees warned against blanket policy-making. Some geographical areas have little state-maintained provision, particularly for 2-year-olds, where the free entitlement is primarily offered by private and non-profit providers. And although state maintained provision is of higher quality overall, there is variation within all sectors and excellent examples of practice were identified within a broad range of providers. Families may express a preference for a specific provider and retain the final decision. Lastly, there may be tensions between the twin needs for quality and stability. We know from research that moves between educational settings can be damaging, and interviewees also highlighted the important role played by early years providers in offering continuity and stability for children moving between placements. There may be a need to take continuity into account where, for example, a child is already attending early years provision considered to be of insufficient quality on entry to care and/or where a provider is downgraded from ‘good’ to a lower inspection grade. Although efforts should be made to place children in provision already known to offer excellent practice for children in care, further effort is also needed to ensure wider workforce preparedness.

### **6.4.2 Workforce Preparation**

The local government authorities involved in our research provided good practice examples of training and preparation for early years practitioners to support them in meeting the needs of children in care. These efforts were largely led by designated early years representatives within virtual schools, in partnership with local authority early years teams. Examples included bespoke training on attachment and trauma,

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<sup>3</sup>Disadvantaged children are in fact already disproportionately represented within maintained provision.

and virtual school early years leads providing a bridge between carers, social care teams and education/care providers to support choice of appropriate provision, clarify roles and responsibilities, support providers in meeting children's needs and monitor progress through the use of PEPs. As noted above, the explicit designation of an early years lead within each virtual school – supported by the strengthening of statutory responsibilities – would enable the good practices highlighted in this research to become more widespread.

The second key area for attention is that of funding, required by early years providers to pay for extra training, staff replacements to allow time off for training and to attend meetings, and any specialist interventions required to meet the needs of children in care. Although the £300-per-annum Early Years Pupil Premium provides a good foundation, it was not considered by interviewees to be sufficient, particularly for providers with small numbers of eligible children or where children attend fewer than 15 h (since the premium is reduced accordingly). School-age children attract a much larger (£1900 per year) premium, set at a higher rate in recognition of the enduring impact of trauma in the lives of children in care. Adopting the same model for early education in England would enable providers to offer more effective early intervention.

In addition to being affordable, suitable training for early years practitioners also needs to be *available*. Here we face the challenge of identifying who needs to know what. We identified some excellent examples of specific training for practitioners, for example in York, where multiple staff from each early education and care provider receive bespoke professional development. However, given that many providers will rarely or never provide for a child in care, what level of specialist preparation is appropriate? Training is expensive and can be wasted without an opportunity to put knowledge into practice relatively soon after taking part. A sensible compromise would involve ensuring a basic level of knowledge for all practitioners, supplemented by access to specialist knowledge where required. Foundational preparation can be offered locally through high-quality training, and could also be opened to carers and local authority social care teams to support effective home learning environments and raise awareness of the benefits of high quality early years provision. In York, for example, foster carers are routinely included in the planning for early years training. Such training would improve outcomes for all disadvantaged children (indeed, all children) and help to ensure that access to early education is prioritised for children in care. Including the basic components of child development training in initial practitioner qualification is also essential.

Practitioners catering for children in care will also need access to specialist knowledge and appropriate supervision and support structures. A number of different potential models for achieving this were identified within the research. Some state maintained and not-for-profit nursery schools had in-house teams with specialist knowledge, including staff with a background in social work and strong supervisory and support structures. A number of peer support models were also identified, including a nursery school funded by the local authority to support local schools and early education providers, and a community partnership model facilitated by the local authority which enabled providers to access expertise from others with rele-

vant experience. Given increasing moves towards a sector-led improvement model in England, policy makers at national and local level will need to consider how existing expertise and networks can be built upon to provide access to specialist knowledge and supervision where needed.

### **6.4.3 *Joined-Up Working***

The importance of multi-disciplinary working in meeting the needs of children in care was identified frequently by interviewees. Universal health visiting services have a key role to play throughout children's lives and – in England – an integrated health and early education review at age two provides an effective means of sharing information on health needs with both carers and early years providers. Virtual schools are well-placed to promote professional collaboration between local authority early years and social care teams, carers, health professionals and early education providers. Collaboration on decision-making at commissioning level is also important. Decisions should take into account the needs of the child across all areas of development, and balance the twin requirements of high quality and stability in early years provision for children in care.

Finally, out-of-area care placements requiring liaison between local authorities were found to create a significant barrier to children's access to high quality early education in England. Findings suggest that many local authorities are not aware of children that have been placed in their area. Likewise, the placing local authority may not be aware of the best providers and available support services to support the child's early education.

## **6.5 Implications for Research, Policy and Practice**

The Starting Out Right research made a small step towards addressing the significant gaps in knowledge relating to the early years experiences of children in care. This chapter has focused on the potential of early education as an early intervention for children in care, and considered implications for practice and policy in England. Although country-specific, there is much to be learned for policy and practice more broadly, both from the good practice identified in England, and from the areas identified as needing further attention. Key messages include:

- A clear government commitment at policy level to the education of children in care prior to school-age, including a requirement on local government and early years providers to ensure that needs are addressed, and some form of regulation to ensure that responsibilities are enacted

- A co-ordinating body at local level with responsibility for promoting the educational attainment of young children in care within the area (the role played by Virtual School Heads in England) which explicitly includes the preschool period
- Efforts to raise awareness among carers and social care teams about the benefits of good quality early education and care
- Support for early education providers to develop the necessary expertise, offer flexible provision, liaise with health and social care teams and access specialist support services where needed
- Adequate funding for workforce preparation and to enable providers to meet the often specific and significant additional needs of children in care
- A multi-disciplinary approach involving collaboration at all levels between education, health and social care
- Decision-making regarding children's access to early education which is informed by all three disciplines, and which balances the dual needs for quality and stability and
- Data collection and monitoring at national and local level regarding take-up of early education by preschool children in care, quality of provision attended and educational attainment.

Further research is also required in this important area to establish a more robust evidence-base in relation to early education and children in care. Meloy and Phillips (2012a, 2012b) identify three clear stages for future work:

- Describing patterns of use, including timing, amount and type of provision
- Identifying the predictors of take-up and use (including both child and carer characteristics) and
- Exploring the effects of early years provision on looked after children in different aspects of development, including variation in effects according to provision type, amount, stability and quality.

Co-ordinated efforts to develop knowledge in these areas will help to ensure that the full potential of preschool education as an early intervention for children in care is both understood and realised.

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# Chapter 7

## Is Quality Good Enough for Out-of-Home Care Children? Early Childhood Education and Care Experiences of Australian Children in Out-of-Home Care at Age 3 to 5 Years



Sarah Wise

### 7.1 Introduction

Out-of-home care (OHC) refers to arrangements such as foster care and relative/kinship care that have been ordered by the relevant Children's Court. In Australia, rates of admission to OHC are the highest during infancy and the early childhood years. In 2016–17, the rate was 7.4 per 1000 children for infants (aged <1 year), and for those aged 1–4 it was 2.4 per 1000. Indigenous Australian children are around 10 times more likely to be in OHC compared to non-Indigenous Australian children across all age groups. The continuous length of time in OHC varies, although most children in OHC in Australia spend more than 1 year in such care (AIHW, 2018).

Children in OHC are among the most disadvantaged, and evidence suggests their educational progress falls well behind children in the general population on entry into school (Pears, Fisher, Bruce, Kim, & Yoerger, 2010; Pears, Heywood, Kim, & Fisher, 2011). Studies involving socioeconomically at-risk children suggest high quality early childhood education and care (ECEC) programs may narrow achievement gaps between children in care and their peers. Although children from socioeconomically at-risk backgrounds have lower rates of participation in high quality ECEC than children generally (Biddle & Seth-Purdie, 2013; Warren, O'Connor, Smart, & Edwards, 2016), little is known about the proportion of children in OHC who use ECEC, and the type, amount and quality of service they experience as well as the factors that may create a barrier to access. These issues are explored in the current chapter, based on analyses from the Early Childhood in Foster and Kinship Care (ECIFKC) study.

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## 7.2 The Evidence on Early Childhood Education and Care

There is consistent evidence of the benefit of sustained, high quality early childhood education targeted toward socioeconomically disadvantaged children from 3 years onward (Melhuish et al., 2015; Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2010). The knowledge base is strongest around cognitive, language and academic outcomes, particularly regarding preschool provision. Children from socioeconomically disadvantaged backgrounds benefit more from ECEC than other children, because it can compensate for low-quality home learning environments (Berry et al., 2016). Both the design of programs and pedagogy and curriculum are important aspects of ECEC quality linked to educational, language and academic outcomes (Leseman, 2009).

Much of the evidence surrounding the benefits of ECEC have come from targeted model intervention programs in the United States, that are higher in quality and more intensive than universal access programs. Studies of the effects of typically available ECEC often reveal weaker effects (Barnett, 1998). Children get little cognitive boost from ECEC that is of average quality (Pianta, Barnett, Burchinal, & Thornburg, 2009), and poor quality ECEC may lead to a double whammy, leading to possible deficits in language or cognitive development (Melhuish et al., 2015).

The dosage or amount of ECEC used is also important. Research suggests starting preschool at age 3 is more beneficial than starting in the year before school, with the strongest evidence coming from programs targeted at the most vulnerable (for a review of the literature see Warren et al., 2016). UK evidence documents improvements in cognitive development linked with experiences of group care from 2 years of age upwards (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004). There is no clear guidance from research on the amount of time children need to spend in a high quality ECEC program to derive benefit. Some studies suggest that more sessions or hours in a program (beyond 15 h per week) do not always lead to better outcomes (e.g., Sammons, 2010), while other studies suggest full-time attendance is more beneficial than part-time attendance for children from socioeconomically at-risk backgrounds (Loeb, Fuller, Kagan, & Carrol, 2004). However, more hours of ECEC per week has been linked to increased problem behaviour, especially in large group care settings that can be stressful for young children who are biologically vulnerable (e.g., Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010).

Studies showing the benefits of high quality ECEC for children experiencing socioeconomic risks are thought to provide a good indication of the likely benefits of high quality ECEC for children in OHC (Mortensen & Barnett, 2016). However, children in OHC often experience risks including prenatal exposure to alcohol and drugs, instability of home environments and abuse and neglect which may affect the way they respond to ECEC (Anda, Felitti, & Bremner, 2006; Pechtel & Pizzagalli, 2010). A handful of studies have looked at the ECEC experiences of children in the child welfare system (in which some form of maltreatment is likely to have occurred). On balance, results show that children in child welfare do make

developmental gains in ECEC environments that are cognitively stimulating and emotionally responsive, although they still tend to lag behind their peers not in child welfare (e.g., Dinehart, Manfra, Katz, & Hartman, 2012; Klein, 2016; Kovan, Mishra, Susman-Stillman, Piescher, & LaLiberte, 2014; Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013; Merritt & Klein, 2015).

### 7.3 The Australian Early Childhood Education and Care System

There are a range of ECEC options in Australia, including preschool, long day care (like child care centres in the United States), family day care, mobile children's services and home-based care (Press & Hayes, 2000). However, participation is neither compulsory nor an established right. Parents decide on the timing and amount of their children's attendance and whether to invest in higher quality ECEC programs for their children. These decisions are made under the constraints of local availability, capacity to pay and are influenced by parental preference and other factors, such as school starting age in the relevant Australian state or territory.

In 2009, under a National Partnership Agreement, Australia introduced universal access to 15 h per week, or 600 h per year, of preschool in the year before full-time school. Preschool programs in Australia are operated as stand-alone, mobile, attached to schools (Government and non-Government) and operated within long day care centres. Most preschool service providers (63%) are long day care centres (ABS, 2018). Long day care centres (including centres in receipt of preschool funding) have an obligation to provide priority of access to children in OHC. The Australian Government also provides a means tested Child Care Subsidy to assist with the cost of child care (see <https://www.education.gov.au/child-care-subsidy-1>),<sup>1</sup> and the Additional Child Care Subsidy provides additional fee assistance for up to 50 h of free child care per week to targeted families, including grandparent carer families and foster and kinship carer families (see <https://www.education.gov.au/additional-child-care-subsidy-0>). States and territories may have further initiatives to support ECEC participation among children in OHC, such as the Victorian *Early Childhood Agreement for Children in Out-of-Home Care* (see <http://www.cpmanual.vic.gov.au/sites/default/files/Early%20Childhood%20Agreement%20Digital%20file.pdf>).

The National Quality Framework (NQF), which applies to most long day care, family day care, preschool and outside school hours care services in Australia started on 1 January 2012. The National Quality Standard (NQS) is a key aspect of the NQF. It sets a national benchmark for the quality of ECEC, based on seven key quality areas: educational program and practice; children's health and safety; physical

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<sup>1</sup> Replaced the Child Care Benefit (CCB) and Child Care Rebate (CCR).

environment; staffing arrangements; relationships with children; collaborative partnerships with families and communities; and leadership and service management.

Despite the introduction of the NQF, in Australia's market-based ECEC system, quality varies considerably. Australian Children's Education and Care Quality Authority (ACECQA) data show that as at 30 June 2018, 14,794 services (94%) had received a quality rating. Of all services that received a rating, 78% were rated 'meeting' or 'exceeding' the NQF, but only 52 were rated 'excellent' (see <https://www.acecqa.gov.au/resources/research/acecqa-annual-report-2016-17/implementation-of-the-national-quality-framework>). As at 30 June 2018, family day care services (54%) were more likely to be rated 'working towards NQS' than centre-based services (20%), and the proportion of services rated 'exceeding NQS' decreased as geographic remoteness increased. Further, almost 1 in 5 (17%) of services had trouble meeting the NQF's 'education program and practice' standard, which focuses on embedding children's individual learning, exploration and identity in everyday practice.

The E4Kids study, which collected data on a cohort of 2600 young children recruited through ECEC settings in Victoria and Queensland in 2010 and 2011, reinforces the ACECQA findings. Of significance, the E4Kids study found the quality of instruction in ECEC programs was low overall, although preschool programs demonstrated significantly more teaching behaviours that encourage learning than long day care or family day care (Tayler, 2016). The E4Kids study also showed that children from lower socio-economic status families were more likely to attend lower quality programs, although the disparity was greatest before preschool, probably reflecting the overall better quality of preschool programs (Cloney, Cleveland, Hattie, & Tayler, 2015).

## 7.4 ECEC Experience of Australian Children in Foster and Kinship Care

Research consistently shows that children missing out on ECEC are often from socioeconomically disadvantaged families, who are perhaps in greatest need in respect of preparing children for school (Biddle & Seth-Purdie, 2013; Leseman, 2002; Vandenbroeck & Lazzari, 2014). In Australia, according to the latest *National Early Childhood Education and Care Collection*, the proportion of children aged 4 or 5 years enrolled in a preschool program, and the usual weekly hours spent in a preschool program increased as socioeconomic disadvantage decreased (ABS, 2018).

Although foster or kinship care families might not necessarily themselves be disadvantaged, children in OHC are at significant risk for poor cognitive/academic outcomes. Yet, very little research has been conducted on their take up of ECEC. Studies conducted in the United States (Lipscomb & Pears, 2011; Ringeisen, Casanueva, Smith, & Dolan, 2011) suggest that children in the child welfare system

are just as likely, or more likely to use centre-based child care as children in the general population. The Australian Pathways Of Care Longitudinal Study (POCLS), which is a large-scale longitudinal study of children aged 0–17 years in OHC for the first time in the Australian state of New South Wales, found similar results. POCLS children aged 3 and 4 years used ECEC in the same proportion as children in the general population; more than 90% of 3-year-olds and 96% of 4 to 5-year-olds (Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago & New South Wales Department of Family and Community Services, 2015). In England, however, a recent survey of 89% of the local authorities that collated relevant data indicated the uptake of free early education from age 2 among children in OHC was approximately 14% lower than that seen in the wider population (Mathers, Hardy, Clancy, Dixon, & Harding, 2016). Interviews conducted with key stakeholders also indicated many barriers to access, including attitudes of foster carers and providers, the uncertainty and mobility of OHC placements and the shortage of child care placements for children with special needs and in areas outside major cities.

Research on the *quality* of ECEC used by children in OHC is particularly scarce. Mathers et al. (2016) found 88% of children in OHC were accessing ECEC settings rated as good or outstanding by the regulatory body Ofsted ( $n = 97$ ), which was like the quality of ECEC accessed by children generally (89% accessing settings rated as good or outstanding). Dinehart et al. (2012) also examined whether ( $n = 86$ ) children in child protection services (CPS) were using accredited services and compared the proportion of CPS children using accredited ECEC services with an ethnically-matched comparison sample of low-income children not in CPS. Contrary to the findings of Mathers and colleagues, children in CPS were far less likely to attend accredited centres than the matched comparison sample. There has been no prior research in Australia on the quality of ECEC accessed by children in OHC. However, more children in OHC live in remote and very remote locations where a lower proportion of services currently meet the NQS.

## 7.5 Aims and Sample

The aim of this research is to report on the usage of ECEC experienced by pre-school aged children in OHC; the type, amount and quality of service they experience, and any barriers in accessing ECEC. The current data are drawn from the *Early Childhood in Foster and Kinship Care* (ECIFKC) study, which examined the learning and development of young foster and kinship care children across Australia (Wise, 2018). An extensive survey was completed on-line by foster and kinship caregivers of children who had yet to start school. Information was collected from a total of 149 full-time foster and kinship caregivers between April 2015 and June 2016.

**Table 7.1** Characteristics of children and caregivers involved in the study

	Number of observations	% <i>M</i>	<i>SD</i>
<b>Child characteristics</b>			
Age of study child in months	60	<i>M</i> = 50.3	9.7
<i>Sex of study child</i>			
Study child is male	60	51.7	
Study child is female		48.3	
<i>Study child has a disability or medical condition</i>			
Study child does not have a disability or health condition	58	72.4	
Study child does have a disability or health condition		27.6	
<i>Study child is Aboriginal</i>			
Study child is not Aboriginal	59	69.5	
Study child is Aboriginal		30.5	
<b>Placement characteristics</b>			
Months study child has lived with primary caregiver	43	<i>M</i> = 33.7	16.0
<i>Permanency of current placement</i>			
Not study child's permanent care arrangement	60	41.7	
Study child's permanent care arrangement		58.3	
<i>Geographical location<sup>a</sup></i>			
Study child does not live in a major city	59	40.7	
Study child lives in a major city		59.3	
<b>Caregiver characteristics</b>			
<i>Primary caregiver is a foster caregiver</i>			
Primary caregiver is a foster caregiver	59	86.4	
Primary caregiver is a kinship caregiver		13.6	
<i>Primary caregiver is Aboriginal</i>			
Primary caregiver is Non-Aboriginal	60	100.0	
Primary caregiver is Aboriginal		0.00	
<i>Primary caregiver is female</i>			
Primary caregiver is male	59	5.1	
Primary caregiver is female		94.9	
<i>Primary caregiver is partnered</i>			
Primary caregiver is not partnered	60	30.0	
Primary caregiver is partnered		70.0	
<i>Primary caregiver is employed</i>			
Primary caregiver not employed	49	44.9	
Primary caregiver employed		55.1	
<i>Primary caregiver has completed year 12 education</i>			
Primary caregiver has not completed year 12	49	28.6	
Primary caregiver has completed year 12		71.4	
<i>Primary caregiver has good health</i>			
Primary caregiver has fair or poor health	49	85.7	
Primary caregiver has good health or better		14.3	

(continued)



**Table 7.1** (continued)

	Number of observations	% <i>M</i>	<i>SD</i>
<i>Primary caregiver rates household financial status as reasonably comfortable or better</i>			
Primary caregiver does not rate household financial status as reasonably comfortable or better	49	73.5	
Primary caregiver does rate household financial status as reasonably comfortable or better		26.5	

<sup>a</sup>Survey respondents recorded their postcodes, which were manually converted to one of five Australian Standard Geographical Classification Remoteness Areas using an online map locator (see <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>). For the current analysis, the Australian Standard Geographical Classification Remoteness Areas (RA) classification was dichotomised into 0 = not a RA1 – major city of Australia and 1 = RA1 – major city of Australia

The sample used in this analysis consisted of 60 foster and kinship care children aged 3 to 5 years. Descriptive information on the characteristics of children, their caregivers and OHC placements are presented in Table 7.1.

Several items were included in the survey about children’s ECEC experience. To enable comparisons with Australian national samples, ECEC items were adapted from the Longitudinal Study of Australian Children and the Longitudinal Study of Indigenous Children. To capture *use of ECEC*, survey respondents recorded whether the study child attended a child care and/or preschool program and what type of child care or preschool the study child used.<sup>2</sup> The measure of *weekly ECEC hours* was derived from responses to the items “How many hours per week does [study child] go to preschool/child care?”. If a child did not attend child care or preschool, respondents recorded the main reason the child did not attend from a list of 13 options (e.g., child too young, child would be unsettled or unhappy, can’t afford it – costs too high).

Whether the child’s main child care service was meeting the NQS or not was used as a proxy for program quality. Respondents recorded the name and address of the study child’s main ECEC service. The national registers were manually searched to identify the overall rating that the service received (see <http://acecqa.gov.au/national-registers>). The five rating levels on the National Quality Standard (NQS) are: excellent, exceeding the NQS; meeting the NQS; working towards the NQS; significant improvement required; and provisional – not yet assessed. This item was dichotomised into 0 = meeting the NQS and 1 = not meeting the NQS. If the service was not yet assessed, this was coded as missing.<sup>3</sup>

<sup>2</sup>Child care types included a list of ten response options; do not use child care, long day care centre, family day care, occasional care, gym, leisure or community centre, workplace crèche, JET (Job Education Training) crèche, mobile care unit, approved in-home care and regulated child care. Preschool types included; preschool.

<sup>3</sup>*n* = 5 in current sample.

## 7.6 Results

### 7.6.1 Participation in ECEC

Overall, 87.27% ( $n = 48$ ) of the sample were enrolled in some form of ECEC. Approximately two-thirds (67.3%,  $n = 37$ ) were enrolled in a preschool program. Of the 37 children who attended a preschool program, 20 used a preschool program delivered through a long day care centre (54.1%) and 17 used a stand-alone preschool program, or a preschool attached to a school as their main form of preschool. Of the 11 children who did not attend a preschool program, 6 children used long day care only, 4 children used family day care and 1 child used child care at another type of centre<sup>4</sup> as their main form of ECEC. A further 7 children (12.7%) did not use any form of ECEC. These results are shown in Fig. 7.1.

Estimates of participation in ECEC among Australian children generally are included in different data collections, including *administrative records* (e.g., the Australian Government child care administrative data (Steering Committee for the Review of Government Service Provision 2016)), population surveys (e.g., Australian Early Development Census (see)) and *sample surveys* (e.g., the E4Kids study (Tayler 2016)).

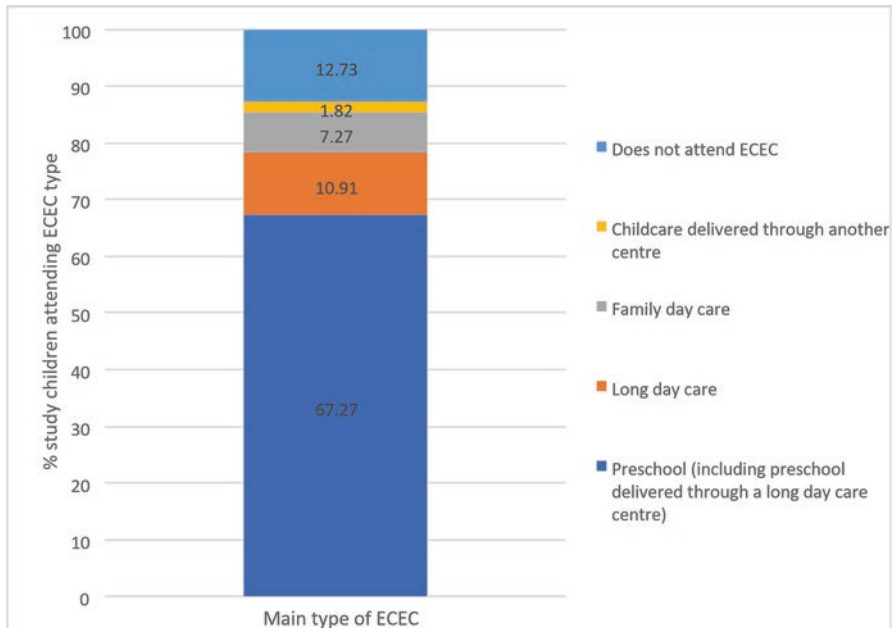


Fig. 7.1 Main type of ECEC used by study children

<sup>4</sup>Gym, leisure or community centre.

The *Childhood Education and Care Survey* (CEaCS) sample survey is used for comparison here, specifically the 30 June 2014 collection, as these data were collected at approximately the same time as the ECIFKC. The CEaCS survey showed that on 30 June 2014, among children aged 4–5 years, 83.3% usually attended a preschool program.

This was slightly higher than the proportion of study children who attended a preschool program (67.3%). Just over half (53.8%) of 3-year-old study children attended a preschool program and almost three-quarters (73.5%) of study children aged 4 years or more attended a preschool program. In the CEaCS, 49.3% of 3-year-olds, 34.8% of 4-year-olds, and 7.0% of 5-year-olds usually attended long day care (ABS, 2015). Among study children, 10.9% attended long day care.

### 7.6.2 *Barriers to Accessing ECEC*

Among the 18 respondents with children who did not attend any type of preschool program,<sup>5</sup> the main reason was that the child was considered too young. These children were all aged between 36 and 44 months; that is, not eligible for a Commonwealth funded preschool place. Other reasons for not attending a preschool program were; the child did not need it, the child had a disability, difficulties accessing a preschool program due to the service location, lack of availability of a place in the program and unsuitable starting and finishing times.

### 7.6.3 *Amount of ECEC*

The overall mean weekly hours study children spent in ECEC was 21.9.<sup>6</sup> Mean weekly ECEC hours was slightly higher among study children who used preschool through a long day care centre ( $M = 23.2$ ) compared to children who used preschool in a stand-alone or school setting ( $M = 20.8$ ). This is comparable to the hours other children spend in ECEC. Among children in the E4K study, for example, the average weekly hours of ECEC attendance in the year before school was approximately 25 h per week (Tayler, 2016). National figures show most children (95%) enrolled in a preschool program were enrolled for 15 h or more per week (ABS, 2018).<sup>7</sup> In the 2014 CaES, the median hours children usually attended preschool ranged between 14 in New South Wales and 18 in Tasmania (ABS, 2015).

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<sup>5</sup>Includes children who used another form of ECEC and children who did not attend ECEC.

<sup>6</sup>Calculated as time usually attends ECEC.

<sup>7</sup>The proportion of children attending preschool for 15+ h per week was 75%, calculated using a reference period, which in part will relate to strict policies for keeping children at home when ill.

### 7.6.4 Quality

Sixty percent of services used by study children were meeting the NQS ( $n = 37$ ), in comparison to 68% of ECEC services that were meeting the NQS across Australia in the fourth quarter 2015 (ACECQA, 2016).

## 7.7 Discussion

The ECIFKC study offers a preliminary look into the ECEC experiences of Australian children in OHC. The finding that approximately the same proportion of study children use ECEC as other children is consistent with previous research carried out in Australia. This is likely to reflect recent investments by the federal government to ensure cost is not a barrier to ECEC access for this population. This includes universal access to 15 h per week of preschool in the year before school and free child care for grandparent carers and foster and kinship care families.<sup>8</sup> State and territory Partnership Agreements may also have helped to ensure child welfare and ECEC systems work together to support ECEC participation among children in OHC. For those children who did not access a preschool program, a longstanding illness or disability may have been a factor, although more information is needed to determine whether special needs is a barrier to ECEC for children in OHC.

While the high rate of ECEC participation is encouraging, children need a certain amount of exposure to a program to benefit. Among the study children, just over half of 3 year-old children attended preschool, and for children who did not attend preschool, 'child too young' was the reason most often given. Study children who attended ECEC used more than 20 h per week, which research suggests is likely to be sufficient to improve learning and development outcomes if ECEC quality was high (Dumas & Lefranc, 2010; Gilley, Tayler, Niklas, & Cloney, 2015). Whether children in OHC would benefit from more and/or earlier ECEC is a question warranting further exploration, as research offers no clear guidance on the minimum threshold of attendance (or weekly hours) of ECEC (see, for example, O'Connell, Fox, Hinz, & Cole, 2016). While the literature suggests children from socioeconomically backgrounds make more gains if they start ECEC earlier and spend longer hours per week in a program, OHC children are at risk for emotional dysregulation, so more time in an ECEC might pose a risk to development.

The benefits OHC children derive from ECEC is intimately tied to program quality, as a program of poor or mediocre quality does not lead to positive effects and can even be detrimental. The current study used NQS ratings as a proxy for quality, which is no more than an indication. While one of the National Standards for children in OHC states that children access and participate in education and

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<sup>8</sup>Such as the Grandparent Child Care Benefit (GCCB) and Special Child Care Benefit (SCCB) that were available at the time of data collection and currently available under the Additional Child Care Subsidy scheme.

early childhood services to maximise their educational outcomes (standard 6) (see <https://www.dss.gov.au/ourresponsibilities/families-and-children/publications-articles/an-outline-of-national-standardsfor-out-of-home-care-2011>), a smaller proportion of the ECEC services used by study children met the NQS (60%) compared to the proportion of services that met the NQS in Australia overall (68%). While it is unclear whether this difference would be observed in a larger study, just over 40% of the study sample lived outside a major city, where choice of local providers may be limited.

The broader question remains as to whether the quality of universal access programs is sufficient to meet the needs of children in OHC and improve learning outcomes. While the NQF is driving continuous quality improvement in ECEC services across the country, recent research found instructional support in Australian ECEC programs was low overall. Research is also suggesting that current standards for process quality may not be sufficient for supporting the emotional development of children with early adverse experiences. Specifically, children who have been exposed to toxic stress may need additional *external regulation* through very close, supportive relationships with caregivers and structure to enable them to work effectively in the ECEC environment (Lipscomb, Schmitt, Pratt, Acock, & Pears, 2014; Mortensen & Barnett, 2016).

## 7.8 Limitations and Conclusion

The ECIFKC study has several limitations including a small sample size so that findings cannot be generalised to the broader population of Australian children in OHC. The study is likely to underrepresent children in kinship care, children who experience short stays in OHC, and children who experience unstable OHC arrangements. However, research has paid scant attention to the ECEC experiences of children in OHC, even though research suggests that ECEC of high quality can be a developmental asset for this vulnerable population. The current study therefore offers an important first look at the ECEC experiences of children in OHC in Australia.

The strong take up of ECEC among study children suggests that the sort of free access to preschool and child care that is available in Australia, combined with formal collaborations between state/territory child welfare and ECEC systems can support ECEC participation. While children in OHC who live in non-metropolitan locations may be limited in choice of local providers, children in OHC appear to use services that meet the NQS in approximately the same proportion as children generally. However, further research is needed on how children in OHC experience universal access programs to determine whether current usage patterns are optimal or not. Other factors of importance to understanding the effects of ECEC on children in OHC should also be considered, such as stability, duration<sup>9</sup> and the quality of the ECEC environment relative to what a child experiences in their placement.

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<sup>9</sup>For example, whether ECEC placement is sustained when child moves placement or is returned home.

Stressful experiences early in life are associated with neural network abnormalities that undermine self-regulation, which mean children in OHC require close relationships with caregivers who they can rely on to acquire self-regulation skills. Children in OHC also require high quality instruction to grasp early academic skills. Structural quality features of ECEC programs (e.g., group size, staff to child ratios and staff qualifications) may need to be above regulatory requirements to ensure appropriate education and care experiences for children in OHC. As an interim step, programs and services that support children in child welfare (including children in OHC) should be offered resources and training in the unique social and emotional reactions these children may present in the ECEC settings and how to appropriately respond to them.

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# Chapter 8

## School Readiness in Children in Out-of-Home Care



Katherine Pears and Hyoun K. Kim

### 8.1 Introduction

Statistics on the educational trajectories of children in out-of-home care (OHC) in the United States suggest that, as a society, we have not yet learned how to best support these vulnerable children. Reviews show high rates of placement in special education or other nontraditional programs, suspensions, expulsions, and leaving school prematurely (Barrat & Berliner, 2013; Scherr, 2007). Students in OHC consistently perform more poorly on indices of academic achievement than their peers from low socioeconomic (SES) homes, and these gaps are evident even in the early elementary grades (ages 5–10 years), widening over time (Barrat & Berliner, 2013; Pears, Fisher, Bruce, Kim, & Yoerger, 2010).

In fact, there are valid reasons to suspect that these early gaps lead to the later educational difficulties faced by many children in OHC. Decades of research show that when children enter kindergarten at age 5 years—typically children’s first year of formal schooling in the United States—with the school readiness skills critical for academic and behavioral success, they demonstrate positive educational trajectories across childhood and adolescence as well as better occupational, mental, and physical health trajectories in adulthood (Campbell et al., 2014; Reynolds, Temple, Ou, Arteaga, & White, 2011). Given the importance of school readiness to ongoing educational well-being, it may be a particularly efficacious point at which to begin intervention to promote the educational success of children in OHC. In this chapter,

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we review essential school readiness skills, examine potential contributors to skills deficits for children in foster care, and present one program that has been shown to increase the school readiness—and subsequent school success—of children in OHC.

### ***8.1.1 Essential Skills for School Readiness***

Researchers increasingly agree that there are several critical components of school readiness, including early academic, prosocial, and self-regulation skills. Well-developed early literacy and numeracy skills are essential to academic school readiness. Higher early literacy and numeracy skills are linked to better reading and math outcomes and a lower likelihood of grade retention across elementary and middle school (Davoudzadeh, McTernan, & Grimm, 2015; Duncan et al., 2007). Conversely, poor reading ability is associated with behavioral difficulties at school (Halonen, Aunola, Ahonen, & Nurmi, 2006; McIntosh, Reinke, Kelm, & Sadler, 2013). The long-term consequences of better early literacy and numeracy skills include a higher likelihood of completing school, better educational and occupational attainment, and better adult health (Bennett, Brown, Boyle, Racine, & Offord, 2003; Martin et al., 2011).

Children's abilities to get along with the adults and other children around them are also critical to school readiness. Key prosocial behaviors that predict positive peer and teacher relationships include entering peer groups, sharing materials, cooperating, and maintaining social interactions (Ladd, Birch, & Buhs, 1999; Pianta & Stuhlman, 2004). Accurately interpreting the emotions of others is also central to reacting appropriately to peers (Denham et al., 2002). Over time, individuals who show greater prosocial skills at school entry are more likely to graduate from high school, complete college, and obtain full and stable employment in young adulthood (Jones, Greenberg, & Crowley, 2015).

Self-regulation skills include children's abilities to voluntarily regulate their emotions and behaviors across situations so that they do not disrupt classroom performance or social relationships. For example, inhibitory control involves voluntarily inhibiting prepotent attentional or behavioral responses (e.g., yelling out an answer in class) to perform a different response (e.g., raising one's hand before speaking). Proficiency in emotional and behavioral self-regulation and inhibitory control predict better engagement in learning, higher academic achievement, and better social skills (Brock, Rimm-Kaufman, Nathanson, & Grimm, 2009; Graziano, Reavis, Keane, & Calkins, 2007). Over time, higher self-regulation prior to school entry predicts a higher likelihood of completing college and a lower incidence of poor outcomes such as adult illicit drug use (Ayduk et al., 2000; Casey et al., 2011; McClelland, Acock, Piccinin, Rhea, & Stallings, 2013).

Parenting skills and involvement are also critical to children's school readiness. Positive parenting practices—supportive, consistent discipline and monitoring—predict better school readiness and school functioning and act as a protective factor

against stress (Downer & Pianta, 2006; Kiernan & Mensah, 2011; Lunkenheimer et al., 2008). Over the long term, consistent discipline, positive reinforcement, and parental monitoring are linked to higher academic achievement and lower rates of behavior problems in adolescence and adulthood (Burchinal, Lowe Vandell, & Belsky, 2014; Kerr, Capaldi, Pears, & Owen, 2009).

Parental involvement in schooling—helping the child with and talking about school-related activities, communicating with teachers, and attending school events—predicts a range of school outcomes such as better reading abilities, higher grades, and better attitudes toward schoolwork (Clements, Reynolds, & Hickey, 2004; Sénéchal & LeFevre, 2002). Over time, parental involvement in early learning at home and school predicts better functioning in high school, higher school completion rates, and higher educational attainment (Froiland, Peterson, & Davison, 2013; Gottfried, Schlackman, Gottfried, & Boutin-Martinez, 2015).

### ***8.1.2 Risk for Deficits in School Readiness Skills for Children in OHC***

Children who are, or have been, in OHC are at greater risk for deficits in their school readiness skills for a number of reasons. First, children with a history of OHC demonstrate poorer self-regulatory skills at school entry compared to their peers (Pears, Fisher, et al., 2010). Such deficits may be attributable to the negative effects of inconsistent caregiving and multiple placements (Lewis, Dozier, Ackerman, & Sepulveda, 2007; Pears, Bruce, Fisher, & Kim, 2010). The long-term effects of these deficits manifest themselves in higher rates of academic difficulties and disciplinary actions (Scherr, 2007).

The experiences of maltreatment that often accompany a history of OHC may also affect self-regulation through effects on the hypothalamic pituitary adrenal (HPA) axis. This neuroregulatory system produces cortisol, a hormone essential both for the body's response to acute stress and for regulating the body's resources over the course of the day (Sapolsky, Romero, & Munck, 2000). Cortisol release shows a clear diurnal pattern of being highest in the morning when the individual needs to start the day and gradually decreasing until it reaches its lowest point at night when the individual should be resting (Sapolsky et al., 2000). Many young children with histories of OHC and early childhood neglect evidence hypocortisolism, meaning that their pattern of cortisol release may not show as high a rise at the beginning of the day and/or is flatter throughout the day than that of children without histories of early adversity, and that they may show less cortisol reactivity to stress (Koss, Mliner, Donzella, & Gunnar, 2016; McLaughlin et al., 2015). Indeed, children with a history of OHC and maltreatment showed a more blunted response to the start of school, an acute stressor, than their peers (Graham et al., 2012). Importantly, hypocortisolism mediates the link between early adversity and out-of-home placement on behavioral and attentional difficulties in school (Koss et al., 2016), suggesting that it may also play a role in school readiness deficits.

Another contributor to deficits in school readiness for children in OHC may be the reduced likelihood of having had high-quality early childhood education experiences. These children's biological families may not have had enough resources—such as income, transportation, and access to care—to provide the children with such experiences (Larson, Russ, Nelson, Olson, & Halfon, 2015). Although there are a number of programs—such as Head Start in the United States—targeted towards children aged 3–5 years in low SES households that often prioritize children who are in OHC, children in OHC may not be able to derive the full benefits of these programs due to frequent changes in placements. Such placement instability can prevent children from receiving the full dosage of programs that may span a year or more.

Limited caregiver involvement is a final factor that might contribute to school readiness deficits for children in OHC. As is noted above, caregiver involvement in early learning and school activities—including helping with homework—is a robust predictor of school success (Barnard, 2004; Zhang, Hsu, Kwok, Benz, & Bowman-Perrott, 2011), particularly for children in OHC (Cheung, Lwin, & Jenkins, 2012). However, on average, children in OHC experience lower levels of caregiver involvement than their peers (Blome, 1997; Lloyd & Barth, 2011; Pears, Fisher, et al., 2010).

The special circumstances faced by some children in OHC, particularly deficits in self-regulation and high rates of mobility, suggest that the most efficacious programming for these children may be of short duration and will require a specific focus on increasing self-regulatory skills. These are two of the primary tenets of the Kids In Transition to School (KITS) Program—an intervention designed to increase the school readiness skills, and later school adjustment, of children in OHC. The following sections outline the main components of KITS and the evidence of the program's efficacy for children in OHC.

## 8.2 The Kids In Transition to School Program

The KITS Program is based on four guiding principles. The first is that efficacious interventions must be *developmentally timed* to occur at the critical transition to formal schooling. This is a period during which children and their caregivers may be learning new skills in response to the new demands of formal schooling (Pianta & Cox, 1999), as well as a critical period for catching up to peers if high mobility prevented children from receiving all of the programming offered during year-long interventions. The second principle is the inclusion of a *focus on self-regulation skills* in addition to foci on early academic and prosocial skills. This is in direct response to the research showing that the early experiences of children in OHC may negatively impinge upon their self-regulatory skills, in particular, as well as their social and academic skills.

The third principle is that KITS teachers and facilitators are trained in *evidence-based teaching and behavior management techniques* shown to be important for teaching individuals new skills. The fourth principle is that the intervention features *parallel programming for children and caregivers* based on the fact that caregiver involvement and positive parenting skills are key components of children's school readiness and long-term predictors of competence, particularly for children in OHC (Burchinal et al., 2014; Cheung et al., 2012). The final underlying principle is the belief that in order to be efficacious, a program must *provide comprehensive training for providers* including not only direct training in the intervention but also the provision of coaching (Desimone, 2017; Nadeem, Gleacher, & Beidas, 2013). In addition to a well-articulated in-person group training protocol, KITS providers receive coaching as a team throughout at least the first two series of groups that they implement.

### **8.2.1 KITS Program Components**

The KITS Program features a 24-session school readiness group for children and a 12-session group for caregivers delivered over the 2 months before kindergarten and the first 1–2 months of school. All sessions last 2 h.

#### **8.2.1.1 School Readiness Group Structure and Curriculum**

Designed to parallel the schedule of typical United States kindergarten classrooms, the school readiness group sessions have a highly structured, consistent routine with many transitions between activities. The manualized school readiness group curriculum covers the three essential school readiness skill areas discussed above: early academic (e.g., literacy and numeracy skills), prosocial (e.g., reciprocal social interaction, social problem-solving, and emotion recognition), and self-regulatory skills (e.g., handling frustration and disappointment, controlling impulses, following multistep directions, listening, and making appropriate transitions). The skills to be learned for a given session are introduced at circle-time lessons, and subsequent classroom activities (e.g., art projects, dramatic activities) are designed to practice the session skills. Five domains of early literacy are covered in the groups: language and understanding of narrative, concepts about print, phonological awareness, letter naming, and letter–sound knowledge. Children also have multiple opportunities to learn and practice early numeracy skills, including recognizing numerals, counting, grouping, more/less, and developing patterns.

Prosocial skills taught during the school readiness groups include sharing, making friends, joining games, and cooperating. These skills are introduced using clear, developmentally appropriate explanations, modeled by the teachers, and then

practiced by the children during activities specifically designed to require the skill. For example, during an exciting art activity, children will need to share materials within their small group. Throughout the groups, skills for self-regulation of behaviors and emotions are explicitly taught, modeled, practiced, and reinforced. Teachers also continually model regulation skills essential for successful classroom functioning, such as sitting quietly during instructional time, raising a hand before speaking, and transitioning appropriately between activities. During all of the sessions, the children receive high rates of encouragement, feedback, and guided practice in using the target skills. The school readiness groups are taught by three teachers—a lead and two assistants—who have specific roles defined in the curriculum.

### **8.2.1.2 Caregiver Group Structure and Curriculum**

KITS caregiver group meetings coincide with the children's school readiness group meeting times. The manualized curriculum includes foci on caregiver involvement in preparing for the transition to school (e.g., helping children to develop their early literacy skills) as well in their children's schooling after the start of the kindergarten and beyond (e.g., establishing homework routines and communicating with the child's teacher). The groups also include several sessions on evidence-based parenting skills, including such topics as giving clear, age-appropriate directions, positive reinforcement for appropriate behaviors, and techniques (such as time out) for discouraging inappropriate behaviors. A facilitator presents information, leads structured group discussions, facilitates caregiver-to-caregiver support, and addresses questions and concerns. Skill acquisition is reinforced via role plays and opportunities to practice new skills through home-practice activities. A caregiver who misses a session receives a home visit (or a phone call if necessary) from the facilitator to cover the content and materials for that session. Supplemental materials to support the implementation of new skills include weekly homework assignments to complete together and weekly *Home-School Connection* newsletters outlining the school readiness group topics for a given week.

All of a child's caregivers are welcomed at the groups. If a child transitions to another living situation before the end of the KITS Program, the new caregivers are given make-up sessions and invited to join the group. If the child returns to his or her biological parents, the parents are invited to participate. However, to minimize the possible discomfort of being in a group with foster caregivers, some of whom may have cared for their children in the past, the parent group facilitator administers the curriculum to the biological parents via home visits. To remove potential barriers to attendance (such as the need for childcare for siblings of the participating child), free childcare, food, and aid with transportation are offered. A raffle at each group meeting for gift cards to local stores is also utilized as an incentive for attendance. All of the parent group materials have been translated into Spanish.

### 8.3 The Effects of the KITS Program for Children in OHC

The KITS Program has been tested with children in the United States' foster care system in a randomized controlled trial funded by the National Institute on Drug Abuse. The study received ethics approval from the Institutional Review Board (IRB) of the institution at which it was conducted as well as from the Public Health IRB for the state in which the study was conducted. One hundred and ninety-two children in foster care who were beginning kindergarten during the year that they entered the KITS Foster Care Study and their caregivers participated—102 of whom were randomly assigned to receive the KITS Program (KITS group) and 90 of whom were randomly assigned to receive foster care services as usual (SAU group). Please refer to Table 8.1 for demographic information for the sample. Findings showed that the program appeared to be feasible for children and their caregivers to attend, with 76% of children attending the majority (60% and above) of the school readiness groups and 62% of the caregivers receiving a majority of the caregiver sessions either in groups or as make-up visits (Pears, Carpenter, Kim, Peterson, & Fisher, 2018).

The KITS Program also improved the early literacy and self-regulation skills of children just prior to their entry into kindergarten (Pears et al., 2013). Children in the KITS group continued to show positive effects on their behavior through kindergarten. They were rated by their kindergarten teachers (who were blind to treatment condition) as having less oppositional and aggressive behavior than children in the SAU group (Pears, Kim, & Fisher, 2012).

As is noted above, children in OHC may evidence dysregulation in the HPA axis, which may be tied to difficulties with self-regulation. In the KITS Foster Care Study, changes in children's diurnal cortisol rhythms were measured at the start of

**Table 8.1** Demographic characteristics of the KITS and SAU groups for the KITS Foster Care Study

	KITS group ( <i>n</i> = 102)	SAU group ( <i>n</i> = 90)
Mean child age in years ( <i>SD</i> )	5.26 (0.33)	5.25 (0.35)
Child sex (% male)	52	46
Child ethnicity (%)		
Caucasian	55	51
Latino	30	31
African American	1	0
Native American	2	0
Asian American	2	0
Mixed race	10	18
Median caregiver education	Some community college or vocational school	Some community college or vocational school
Median annual household income	\$30–39,999	\$30–39,999

kindergarten. Children in the KITS group, on average, showed increased cortisol production on the first day of school, while children in the SAU group showed no such change (Graham, Pears, Kim, Bruce & Fisher, 2018). Because increased cortisol production heightens awareness and attention, the KITS children may have been more aware of the transition to school and thus more alert to the need to learn new rules and behaviors. Subsequently, children who had increased cortisol production on the first day of school were rated by their teachers as performing better academically in the first 4 months of kindergarten, demonstrating that the change in cortisol was beneficial. Thus, the KITS Program appears to have positively affected self-regulation, at both behavioral and neurobiological levels.

Because the argument for investment in school readiness programs rests on the ability to show that a program not only has positive effects on a child's transition to and performance in kindergarten but also on longer term outcomes across the early grades and beyond (Heckman, 2000), it is important to demonstrate that the effects of KITS do not "fade out" over time. In the KITS Foster Care Study, KITS evidenced indirect positive effects on children's reading skills in third grade (a critical point for developing reading fluency) through its earlier positive effects on self-regulation in kindergarten (Pears et al., 2018). On average, participation in the KITS Program also increased children's feelings of self-efficacy and their resilience against participation in risky behaviors. Children in OHC are at increased risk over time for involvement in illicit drug use and antisocial behavior (Aarons, Brown, Hough, Garland, & Wood, 2001; Pilowsky & Wu, 2006). In the KITS Foster Care Study, children who had participated in the KITS Program 4 years earlier had higher feelings of self-competence than children in the SAU group. Higher self-competence was subsequently linked to lower rates of involvement with peers who demonstrated inappropriate behaviors such as lying and aggression towards others. Further, participation in the KITS Program directly and significantly decreased the likelihood of endorsing alcohol use or participation in antisocial behaviors (Pears, Kim, & Fisher, 2016), markers of risk for later participation in those behaviors (Andrews, Hampson, Barckley, Gerrard, & Gibbons, 2008; Jacobs & Johnston, 2005). Thus, participation in the KITS Program may serve as a protective factor against some of the later risks faced by children in OHC.

## 8.4 Conclusion

Many children in OHC face negative effects of their experiences, including poor school achievement and adjustment. The long-term consequences of such negative school experiences include poor overall educational and occupational attainment as well as unhealthy psychosocial outcomes. To better serve our children in OHC, we must prepare them with the skills that will increase the likelihood of positive academic and social experiences in school. The success of the KITS Program suggests that we can accomplish this through school readiness programming that is specifically tailored to the needs of children in OHC. This includes programming that is



responsive to the high mobility of these children; focuses on skill areas, such as self-regulation, that may be particularly vulnerable to the experiences of OHC and maltreatment; and includes a focus on increasing caregivers' involvement in schooling. Although future research is needed to determine whether there are subgroups of children for whom such early childhood programming is more effective, such programming can result in sustainable positive effects on the school trajectories of children in OHC, giving them increased opportunities for success across the life course.

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## Part III

# Primary Education

Many children from care backgrounds enter primary school poorly prepared for the learning and psycho-social challenges and opportunities awaiting them. In the primary school years, underdeveloped executive function often creates challenges for the child in care who struggles with focus and concentration. These functions are fundamental to the development of foundational formal learning skills in reading, writing and mathematics; they are critical also to socio-emotional development. In addition to neurodevelopmental issues, school and placement changes can undermine stability and continuity which often impact negatively on learning. Without careful educational planning and monitoring, children in care can quickly fall behind with both formal and informal learning. There is growing evidence, however, that one-on-one and systemically targeted interventions at this point can prove helpful in addressing specific learning difficulties, gaps and delays. Earliest possible intervention is critical to the achievement of best outcomes. Tutoring and mentoring within congruent therapeutic environments at home and at school can be especially effective.

Chapter contributors to this part draw on experience from Canada, Australia, the United Kingdom and Hong Kong to present contemporary research findings and a range of contemporary policies, programs and practice targeting the special needs of children in care at primary school. These hold potential for broad international application.

# Chapter 9

## Gender Effects of Tutoring on Reading and Math Skills in a Randomized Controlled Trial with Foster Children of Primary-School Age



Robyn A. Marquis and Robert J. Flynn

### 9.1 Introduction

International research has consistently documented that the educational outcomes of many young people in out-of-home care (hereafter, “in care”) lag behind those of their peers in the general population (Jackson, 2007; Trout, Hagaman, Casey, Reid, & Epstein, 2008). In recent large-sample research in Sweden, Forsman, Brännström, Vinnerljung, and Hjern (2016) found a causal association between childhood maltreatment, academic failure in mid-adolescence, and an increased risk in young adulthood of serious economic hardship, illicit drug use, and mental health problems. Using Rubin’s (2005) potential outcomes approach, Forsman et al. examined longitudinal register data on more than 7500 Swedish foster children born between 1973–1978 and argued that poor school performance had had an important negative causal effect on later psychosocial problems, net of observed background attributes and potential selection on unobservable variables. They also suggested improving the school performance of young persons in care as a viable means of intervening to enhance their long-term life chances.

In related research, Brännström, Vinnerljung, Forsman, and Alquist (2017) analyzed longitudinal data from a large cohort of Swedish citizens born in 1953, of whom about 9% had been placed in care as children. The outcomes of the cohort in educational achievement, employment, and financial and mental health status were assessed when they were 39–55 years of age, between 1992–2008. Those who had experienced being in care were twice as likely in midlife to have the most negative outcomes, even after controlling for confounding factors.

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These prospective, large-scale register-based Swedish results are consistent with the findings from smaller-scale studies in other countries. Indeed, maltreated children frequently score, on average, a standard deviation or more below their peers in the general population on standardized measures of language, reading, and math (Trout et al., 2008). They are also more likely to be held back for a year or more in school, be placed in special education, experience more frequent peer rejection, and to drop out of school (Trout et al., 2008). In Canada, the picture is much the same as elsewhere. In data from the long-term Ontario Looking After Children (OnLAC) project, Flynn, Miller, Greenberg, Michael, and Vincent (2018) found that more than half of the primary-school age children and youth (6–13 years) in care in Ontario, in 2016, were performing below grade level in reading and math. Similarly, among those in care of secondary-school age (14–17 years), nearly half in reading and more than half in math were functioning below grade level. Of those of post-secondary school age (18–21 years) in 2016–2017, only 20% were enrolled in post-secondary studies, only 46% had obtained a secondary school diploma, and half were not enrolled in school at all.

Regarding gender differences in educational achievement, OnLAC project data have shown that academic difficulties are especially prevalent among boys in care. For example, Miller, Vincent, and Flynn (2009) found that in a sample of almost 2500 youths aged 10–15 in care in Ontario, boys were more likely than girls to have undergone assessments for learning-related problems (79% vs. 58%), had an individual education plan (73% vs. 51%), or received special academic help at school (69% vs. 49%). The boys' school performance was also evaluated more poorly than the girls' by their caregivers. These gender-related findings from Ontario echo those from other countries, both in child welfare (Kirk, Lewis, Brown, Nilsen, & Colvin, 2012) and the general population (Hartley & Sutton, 2013).

## 9.2 Interventions to Improve the Educational Outcomes of Foster Children

Despite abundant evidence in the international literature of foster children's frequent academic difficulties, only limited controlled research was carried out before 2006 to establish effective educational interventions. Trout et al. (2008) reviewed studies conducted in the United States on the academic status of young people in care during the period from 1940 to 2006 and found only nine published intervention-related articles, a mere four of which had appeared in the previous decade (1996–2006). Because of the sheer lack of intervention research, Trout et al. had to abandon their original goal of including in their review an evaluation of interventions aimed at improving the academic functioning of young people in care. Subsequently, Forsman and Vinnerljung (2012) conducted a scoping review that provided some grounds for cautious optimism. They identified a total of 11 studies that had been published in English or a Scandinavian language and had evaluated an intervention

aimed at improving the school achievements of children in care aged 6–15 years, using either a randomized controlled trial (RCT) design, a quasi-experimental design with pre-test/post-test measures, or a pre-test/post-test design with age-standardized assessment instruments but no comparison group. The authors found that most of the 11 studies had been conducted within the previous 3 years and tutoring was the most frequently evaluated intervention, with four of the five tutoring studies yielding positive results. Nine of the 11 studies reported positive outcomes in reading, suggesting the educational success of children in care can be improved. A more recent nonrandomized pre-test/post-test evaluation of the tutoring method known as paired reading (Vinnerljung, Tideman, Sallnäs, & Forsman, 2014) also yielded positive reading and cognitive outcomes in a 16-week nonrandomized trial in Sweden with a sample of 81 foster children aged 8–12 years.

### 9.3 Randomized Trials of Tutoring with Foster Children of Primary-School Age

In Ontario, several RCTs have assessed the effects of academic tutoring with young children in foster care. In one of the first RCTs to have found positive results in the international literature on education in child welfare, Flynn et al. (2012) evaluated the effectiveness of a foster parent-delivered tutoring program in improving the basic academic skills in reading and math of primary school-aged foster children. The tutoring intervention was based on Direct-Instruction (DI), a highly structured approach that aims to help students improve their basic reading and mathematical skills through scripted lesson plans and regular progress monitoring.

Sixty-four foster children and their caregivers were randomly assigned to either the tutoring group ( $n = 30$ , after attrition) or wait-list control group ( $n = 34$ ). The caregivers in the tutoring condition delivered the one-to-one tutoring program, *Teach Your Children Well* (TYCW; Maloney, 1998), to their respective foster children. The program consisted of 30 weeks of individual tutoring, 3-h per week. The Wide Range Achievement Test—Fourth edition (WRAT4; Wilkinson & Robertson, 2006) was used to assess the foster children’s reading, spelling, and math skills at the pre-test and post-test. Using analysis of covariance (ANCOVA) via multiple regression to adjust the children’s post-test scores by their pre-test scores to reduce error variance, we found that, at the post-test, the foster children in the tutoring group had made, on average, statistically significant gains on WRAT4 Sentence Comprehension (Hedges’  $g = 0.38$ ,  $p < .05$ , one-tailed) and Math Computation ( $g = 0.46$ ,  $p < .01$ , one-tailed). The tutoring group had also gained, at the level of a trend, on WRAT4 Reading Composite ( $g = 0.29$ ,  $p < .10$ , one-tailed), but not on Word Reading ( $g = 0.19$ , *ns*) or Spelling ( $g = -0.08$ , *ns*). Taken together, the results of this initial RCT in Ontario suggested that individual tutoring by foster parents can indeed improve foster children’s basic skills in reading and math.



Harper and Schmidt (2016) also used the TYCW (Maloney, 1998) DI tutoring program, in an RCT. Volunteer university students delivered the tutoring over a 25-week period to small groups of foster children, 80% of whom were of Indigenous (First Nations) heritage. The children's academic skills were also assessed with the WRAT4 (Wilkinson & Robertson, 2006), at a pre-test and post-test. The results included a statistically significant tutoring effect on WRAT4 Word Reading ( $g = 0.4$ ) and Math Computation ( $g = 0.34$ ), but nonsignificant effects on Spelling ( $g = 0.25$ ) and Sentence Comprehension ( $g = 0.15$ ). Exploratory moderation analyses suggested that more vulnerable foster children may have benefitted relatively more from the tutoring program.

The results of these two RCTs with foster children are encouraging, as noted by Männistö and Pittimaa (2018), and have been corroborated by the findings from two recent tutoring RCTs (Hickey & Flynn, in press; 2018). Overall, there is accumulating evidence that academic tutoring is a useful intervention for improving skills in reading and math among children in care. This is also consistent with results in the general population. Ritter, Barnett, Denny, and Albin (2009) conducted a meta-analysis of randomized studies published between 1985–2005, showing that adult volunteer tutoring had positive effects on the language and reading of primary school-aged children in the general population. Positive but statistically nonsignificant effects were also found for the small number ( $n = 5$ ) of math trials completed at that time. These earlier findings are consistent with the results of three recent best-evidence syntheses demonstrating that tutoring is effective in the general population for struggling readers in elementary (Inns, Lake, Pellegrini, & Slavin, 2018) and secondary schools (Baye, Lake, Inns, & Slavin, 2017), and children in elementary math programs (Pellegrini, Inns, & Slavin, 2018).

## 9.4 The Present Study

We conducted further analyses on the original research sample and data from the RCT by Flynn et al. (2012) to investigate whether gender had moderated the impact of the tutoring intervention, such that the girls and the boys had experienced different-sized gains in reading and math from tutoring. Given that girls often achieve better educational outcomes than boys in both the general and in-care populations, we formulated the working hypothesis that, while both the girls and the boys would benefit from tutoring, as implied by the findings of gains by Flynn et al. (2012) in their combined sample, girls were likely to have attained greater gains than the boys in reading and math. We also posed several practice-related research questions: Did the number of foster children tutored in a given home (i.e., one vs. two) make any difference regarding the impact of tutoring? Did the level of implementation fidelity matter? Did the children report greater ease in reading and math after tutoring? And, did the children and their caregivers experience tutoring as mainly positive or not?

## 9.5 Methods

### 9.5.1 Participants

Children in family foster care and their caregivers from nine local Children's Aid Societies in Ontario took part in the study. They had been referred to the research if they were in primary grades 2–7, spoke English as their primary language, resided in a stable foster or kinship care home, and, in the opinion of their worker, were neither too intellectually impaired nor too behaviourally disturbed to benefit from tutoring. At the time of the pre-test, the 77 children were between the ages of 6–13 years ( $M = 10.7$  years,  $SD = 1.6$ ), and in grades 2 through 7 ( $M = 5.3$  years;  $SD = 1.5$ ). Forty-two children were randomly assigned to the tutoring (experimental) group (50.0% male, 50.0% female) and 35 to a wait-list control group (57% female, 43% male).

Of the 68 caregivers who joined the study, 93% were female; most were in their 40s and 50s, and had completed high school or community college. All caregivers successfully passed a literacy test administered for screening purposes. Thirty-six caregivers were allocated to the tutoring condition and 32 to the wait-list control condition. Most of the caregivers agreed to tutor only one foster child, although some were permitted to tutor two children, to maximize recruitment. Indeed, 69% of the foster children in the tutoring group were the only ones who received tutoring in their respective foster homes.

### 9.5.2 Research Design and Intervention

We used a randomized pre-test/post-test control group design (see Flynn et al., 2012, for details), with a tutoring and a wait-list control group.

All of the children received a Registered Educational Savings Plan (RESP) from their respective CASs, to be used for their future postsecondary education (PSE). The RESP is a financial vehicle in which parents or other individuals or organizations in Canada can invest to fund a child's future PSE. Each participating CAS agreed to open and deposit \$500 (CAN) per year, for up to 2 years, into an RESP for each of its foster children who were in either the tutoring or control group (see Flynn et al., 2012, for details). The Canadian government provided matching funds of 40% each year, such that each child was assured of receiving \$1400 in his or her RESP by remaining in the study for the full 2 years. The foster parents received basic information about RESPs and agreed to communicate weekly (or more often) to their respective foster children that the RESP was both an investment in their futures and a symbol of their great value as persons.

### **9.5.2.1 Tutoring Intervention**

#### Foster Parent Questionnaire

In questionnaires administered at the pre-test and post-test, the caregivers in the tutoring condition reported information on personal demographic characteristics, the number of tutoring lessons conducted during the school year, the children's medication and Individualized Education Plans, etc. The wait-list control group questionnaire was similar, except there were no items related to tutoring.

#### Training of Caregivers as Tutors

The caregivers allocated to the tutoring condition attended a 1-day, 6-h training session in their respective regions, conducted by the author of the TYCW program. The training covered the tutoring curriculum, implementing the reading and math components, providing corrective feedback, and teaching basic information about behaviour-management strategies to help motivate the foster child and reduce disruptive behaviour. The caregivers were encouraged to contact the author of the TYCW program if they experienced difficulties implementing the program.

#### Assessment of Treatment Fidelity and Tutoring Dosage

Two members of the research team assessed the level of fidelity with which the reading component of the tutoring program had been implemented (see Flynn et al., 2012). Based on the number of lessons covered during the year, the number of weeks of tutoring and the average number of hours per week dedicated to tutoring, 21 (70%) of the 30 children in the tutoring group were rated as having received a relatively high level of fidelity (i.e., they had received 25 weeks or more of tutoring, approximately 60 lessons, and had spent a substantial amount of time weekly on the different components of the tutoring process). Comparatively, nine (30%) of the tutored children were rated as having received a relatively low level of fidelity (i.e., they had received a minimum of 5 weeks and 10 lessons of tutoring), sufficient for a rating of having received the intervention versus not having received it at all. We used a similar procedure to assess the degree of implementation of tutoring in math.

### **9.5.3 Data Analysis**

In the current study, we asked whether the girls and boys in the tutoring and wait-list control groups in the original RCT by Flynn et al. (2012) had differed, on average, in terms of their gains in reading or math. To answer this question, data was analyzed using a repeated-measures analysis of variance (RM-ANOVA), the

mathematical equivalent of a gain-score analysis. Time was a within-group factor (pre-test and post-test assessment occasions), and experimental condition (tutoring and wait-list control) and gender (male and female) were both between-group factors. Also, content analysis (Hsieh & Shannon, 2005) was used to explore the foster children's and caregivers' responses to the open-ended questions posed to them at the post-test. (For details regarding the quantitative and qualitative analyses, see Marquis, 2011).

### ***9.5.4 Criteria for Evaluating Effect Sizes***

Criteria often used for evaluating the magnitude of Cohen's effect size  $d$  (Cohen, 1988) are as follows: a  $d$  of 0.2 = a small effect; a  $d$  of 0.5 = a medium effect; and a  $d$  of 0.8 = a large effect. Lipsey et al. (2012), however, caution that this very general criterion is inappropriate when applied to educational research because education is an area in which improvements are relatively difficult to achieve. In support of their position, Lipsey et al. (2012) showed that in a distribution of 252 effect sizes taken from randomized studies of educational interventions, including one-to-one tutoring, the median effect size was 0.29, only 58% as large as the 0.50 that is used to denote a medium effect size in Cohen's (1988) general criterion. In addition, the What Works Clearinghouse of the US Institute of Educational Sciences (WWC, 2008) has taken the position that an effect size of 0.25 should be seen as 'substantively important', even if not statistically significant because of small sample size, as it reflects a minimum of a 10-percentile point difference between the means of the control and intervention groups in a normal distribution.

In light of the foregoing considerations, we adopted  $d = 0.25$ – $0.30$  as the range within (or beyond) which we would consider Cohen's  $d$ s in the present study as worthy of note. (These  $d$ s reflect the contrast in effect sizes in the tutoring versus control groups, within the girls and boys groups separately.) This was the case even with  $d$ s that may not have been statistically significant ( $p < .05$ , two-tailed) in our small gender subgroups, consisting of 17 girls and 13 boys in the tutoring condition and 19 girls and 15 boys in the control condition.

### ***9.5.5 Pre-test Equivalence of Tutoring and Control Groups, Before and After Attrition***

At the pre-test, there were no statistically significant differences between the 42 foster children randomly assigned to the tutoring group and the 35 randomly allocated to the wait-list control group on the demographic variables of gender and age, or on the WRAT4 reading or math subscales. At the post-test, despite the attrition of 12 children from the tutoring group and one child from the control group (see Flynn

et al., 2012, for the reasons for attrition), the pre-test equivalence of the two conditions appeared to hold, with no significant differences on gender, age or the WRAT4 subtests in the remaining 30 tutoring and 34 control children.

## 9.6 Results

### 9.6.1 Main Research Question: Gender Effects of Tutoring on Reading and Math Skills

#### 9.6.1.1 Word Reading

As shown in Table 9.1, the magnitude of the effect reflecting the average gain made by the girls in the tutoring versus control conditions ( $d = 0.39$ ) was well-above the 0.25–0.30 range we adopted as ‘worth noting’. On the other hand, among the boys, there was virtually no difference in the size of the effects observed in the tutoring versus control conditions ( $d = 0.01$ ). Moreover, of the four gender subgroups, only the girls in the tutoring condition experienced a significant pretest/post-test gain ( $p = .035$ , 2-tailed).

#### 9.6.2 Sentence Comprehension

Table 9.2 shows that on WRAT4 Sentence Comprehension, tutoring had a considerably larger effect on the boys ( $d = 0.44$ ) than on the girls ( $d = 0.12$ ). Also, among the boys, only in the case of the tutoring group was the pre-test/post-test gain in means statistically significant. Among the girls, both the tutoring and control groups made significant gains, suggesting that tutoring had little or no differential impact beyond the control girls’ added year of schooling and experience of foster care ( $d = 0.12$ ).

**Table 9.1** Pre-test and post-test means, standard deviations, paired  $t$ -tests, and Cohen’s  $d$ s for WRAT4 word reading, by gender and experimental condition

Gender	$n$	$M$		$SD$		$t$	$p$	$d$
		Pre	Post	Pre	Post			
<i>Boys</i>								
Control group	15	94.47	98.13	17.42	14.38	1.77	.100	
Tutoring group	13	101.69	105.54	11.53	17.02	1.61	.132	0.01
<i>Girls</i>								
Control group	19	99.37	97.53	17.18	11.98	-0.82	.424	
Tutoring group	17	93.06	96.35	12.36	10.16	2.30	<b>.035</b>	0.39

Notes:  $d$  = the effect size contrasting the pre-test/post-test gains made, respectively, by the control and tutoring groups, within each gender category separately. The  $p$ -values are 2-tailed. Statistically significant pre-test/post-test gains within experimental conditions are in bold.

**Table 9.2** Pre-test and post-test means, standard deviations, paired *t*-tests, and Cohen’s *ds* for WRAT4 sentence comprehension, by gender and experimental condition

Gender	<i>n</i>	<i>M</i>		<i>SD</i>		<i>t</i>	<i>p</i>	<i>d</i>
		Pre	Post	Pre	Post			
<i>Boys</i>								
Control group	15	95.93	96.40	10.96	10.34	0.29	.778	
Tutoring group	13	102.77	108.08	13.76	9.00	2.45	<b>.030</b>	0.44
<i>Girls</i>								
Control group	19	96.42	100.58	15.28	12.08	2.71	<b>.014</b>	
Tutoring group	17	93.77	99.59	14.01	12.83	2.65	<b>.017</b>	0.12

*Notes:* *d* = the effect size contrasting the pre-test/post-test gains made, respectively, by the control and tutoring groups, within each gender category separately. The *p*-values are 2-tailed. Statistically significant pre-test/post-test gains within experimental conditions are in bold.

**Table 9.3** Pre-test and post-test means, standard deviations, paired *t*-tests, and Cohen’s *ds* for WRAT4 reading composite, by gender and experimental condition

Gender	<i>n</i>	<i>M</i>		<i>SD</i>		<i>t</i>	<i>p</i>	<i>d</i>
		Pre	Post	Pre	Post			
<i>Boys</i>								
Control group	15	94.13	96.40	14.64	12.72	1.46	.166	
Tutoring group	13	101.77	106.69	13.07	14.01	2.99	<b>.011</b>	0.19
<i>Girls</i>								
Control group	19	96.84	98.26	16.60	12.71	0.84	.414	
Tutoring group	17	92.24	97.06	14.79	11.18	2.83	<b>.012</b>	0.25

*Notes:* *d* = the effect size contrasting the pre-test/post-test gains made, respectively, by the control and tutoring groups, within each gender category. The *p*-values are 2-tailed. Statistically significant pre-test/post-test gains within experimental conditions are in bold.

### 9.6.3 Reading Composite

Table 9.3 presents the results for this WRAT4 subtest, which combines the Word Reading and Sentence Comprehension standard scores. The effect size contrasting the tutoring and control groups within the female gender category met our criterion for noteworthiness, but the boys’ effect size did not. It is worth underlining that both the girls and the boys in the tutoring condition made statistically significant gains in their pre-test/post-test means, unlike the girls and boys in the control condition.

### 9.6.4 Spelling

As shown in Table 9.4, neither the girls’ nor the boys’ contrast effect sizes were within our adopted range of noteworthiness on Spelling. Moreover, the average pre/post gains of the tutored girls and boys were only at the level of a trend.

**Table 9.4** Pre-test and post-test means, standard deviations, paired *t*-tests, and Cohen's *ds* for WRAT4 spelling, by gender and experimental condition

<i>Gender</i>	<i>n</i>	<i>M</i>		<i>SD</i>		<i>t</i>	<i>p</i>	<i>d</i>
		Pre	Post	Pre	Post			
<i>Boys</i>								
Control group	15	97.27	97.87	17.39	18.60	0.35	.731	
Tutoring group	13	98.77	102.62	17.39	16.11	1.84	.090	0.19
<i>Girls</i>								
Control group	19	99.53	99.68	12.26	12.07	0.16	.877	
Tutoring group	17	93.06	95.12	12.60	13.09	1.83	.086	0.15

*Notes:* *d* = the effect size contrasting the pre-test/post-test gains made, respectively, by the control and tutoring groups, within each gender category. The *p*-values are 2-tailed.

**Table 9.5** Pre-test and post-test means, standard deviations, paired *t*-tests, and Cohen's *ds* for WRAT4 math computation, by gender and experimental condition

<i>Gender</i>	<i>n</i>	<i>M</i>		<i>SD</i>		<i>t</i>	<i>p</i>	<i>d</i>
		Pre	Post	Pre	Post			
<i>Boys</i>								
Control group	15	85.53	88.27	8.14	10.50	1.01	.290	
Tutoring group	13	87.46	92.77	13.07	16.09	2.93	<b>.013</b>	0.21
<i>Girls</i>								
Control group	19	84.32	84.68	9.27	12.39	0.22	.877	
Tutoring group	17	86.82	91.53	8.95	11.63	2.18	<b>.045</b>	0.41

*Notes:* *d* = the effect size contrasting the pre-test/post-test gains made, respectively, by the control and tutoring groups, within each gender category. The *p*-values are 2-tailed. Statistically significant pre-test/post-test gains within experimental conditions are in bold.

### 9.6.5 Math Computation

As shown in Table 9.5, the contrast in effects between the tutoring and control groups for Math Computation was about twice as large among the girls as among the boys, and well-above our criterion range of 0.25–0.30. Both the boys and the girls in the tutoring condition made statistically significant gains, unlike the boys and girls in the control condition.

### 9.6.6 Practice-Related Research Questions

Beyond our main interest in the issue of gender effects, we posed several questions of importance for tutoring practice. For these analyses, we used post-test data from the tutored children (girls and boys combined) and their caregivers. (Space considerations allow us to address these questions only briefly here; for a detailed consideration, see Marquis, 2011).

Regarding the number of foster children tutored in a particular home, those who were the only ones receiving the intervention made statistically significant pre-test/post-test gains on four of the five WRAT4 subtests: Word Reading ( $p < .001$ ), Sentence Comprehension ( $p < .001$ ), Reading Composite ( $p < .001$ ), and Math Computation ( $p = .04$ ). However, those tutored in homes in which two children received tutoring made statistically significant gains only on Math Computation ( $p = .041$ ).

With regard to implementation fidelity, the results were even sharper. The 21 children (70%) tutored with high-fidelity experienced statistically significant pre/post gains on all five WRAT4 subtests: Word Reading ( $p = .015$ ), Sentence Comprehension ( $p = .004$ ), Reading Composite ( $p = .002$ ), Spelling ( $p = .037$ ), and Math Computation ( $p < .001$ ). Those tutored with low fidelity did not make statistically significant gains on any of the five subtests.

Concerning the perceived impact of the intervention, 63% of the tutored children (65% of the girls and 60% of the boys) reported greater ease in doing their reading homework, compared with 37% who reported no change. Regarding their math homework, 57% (59% of the girls and 54% of the boys) said it was easier after receiving tutoring, versus 43% perceiving no change.

With respect to their overall perceptions of the helpfulness of the intervention, most of the foster children and caregivers felt the tutoring was a positive experience; a majority of the caregivers said it would be worthwhile to repeat the program with other foster children. The majority of the children and caregivers saw the program as having brought about gains in the children's academic performance and, in some cases, in their classroom behaviour. Some children liked activities such as learning to sound out words, which helped them to pronounce words correctly and read more quickly. One child found it useful for her schoolwork to have to record definitions of words in the program workbook, which she could consult later. Another child credited the math program with helping him to learn multiplication. Several caregivers felt the timed fluency tests, in which the children had to pronounce accurately a target number of words per minute, were helpful in improving the children's attention and reading fluency, giving them a goal to work towards in each tutoring session and a marker to judge their own progress. Two caregivers commented that the program workbooks eliminated power struggles because they and the children had to follow instructions. The tutoring program also informed the caregivers about the children's reading level, making it easier to find appropriate books for the latter to practice reading.

Not all perceptions of the tutoring program were positive, however. Being assigned initially to a reading level that was too easy was frustrating for the few children affected by this error, and the fluency tests were also frustrating for some children because of the repetition of words they already knew. Several caregivers noted that the timed fluency tests put pressure on the children and were stressful, and the positive-reinforcement component of the tutoring program needed improvement, as some children resisted completing their targeted number of sessions for the week once they had obtained their reward. Finally, a number of caregivers said they



would have liked to have had more training in delivering the tutoring program, including the positive reinforcement aspect, as the 6-hour session they had received was insufficient.

## 9.7 Discussion and Takeaways for Practice

Our gender-focused results bring some nuance to the original findings of the RCT by Flynn et al. (2012). In line with our working hypothesis, our gender-focused analysis indicated that, overall, while both the girls and boys benefitted from the tutoring program, the girls tended to profit somewhat more. On WRAT4 Word Reading, the tutored girls appeared to have learned noticeably more than the control girls ( $d = 0.39$ ), unlike the situation with the boys ( $d = 0.01$ ). Moreover, the tutored girls were the only gender subgroup to have made statistically significant pre/post gains on Word Reading. On Reading Composite, only the tutored girls made average gains that were within our “worth noting” criterion range ( $d = 0.25$ – $0.30$ ), although both the tutored girls and boys made statistically significant pre/post gains, unlike those in the control condition. On Math Computation, the girls in the tutoring condition made considerably greater progress than those in the control group, although both the tutored girls and boys made statistically significant pre/post gains. It was only on Sentence Comprehension that the results went clearly counter to our working hypothesis of greater female gains; compared with the control boys, the tutored boys made considerably more progress, on average ( $d = 0.44$ ), and had a statistically significant pre/post gain. This was not the case with the girls, where  $d = 0.12$ , and the progress of both the tutored and control girls was statistically significant. The present study appears to be one of only a few, in the general or in-care populations, that has examined the role of gender in influencing the impact of tutoring on educational achievement. Ritter et al. (2009) mentioned gender twice in their systematic review and metaanalysis of academic tutoring in the general population but did not report any results, suggesting that gender had not played a prominent role in the studies they analyzed. Similarly, in the child welfare literature, we found very few studies that had examined the role of gender in relation to educational outcomes. More systematic attention to gender as a potential moderator of interventions such as tutoring is no doubt needed.

Our research also suggests several take-aways for practice. First, our results indicate that both girls and boys can benefit from tutoring, even if girls may benefit somewhat more. Moreover, the typically favourable results of research on tutoring recommend it as an intervention that child welfare organizations should consider implementing on a much more widespread basis. This is especially true if their foster children are being educated in school systems in which trained professionals or volunteer tutors are not readily available. Given that tutoring is consistently identified in the scientific literature as the most effective way of helping children who are struggling with basic skills in reading or math (Inns et al., 2018; Pellegrini et al.,

2018; Slavin, Lake, Davis, & Madden, 2011), vigorous advocacy of tutoring is needed in such school systems.

Second, our qualitative results indicate that the intervention was generally seen by both the foster children and their caregiver-tutors as helpful in promoting academic progress and worth repeating with other children. If a child welfare organization plans on implementing tutoring for its own children in care, our findings indicate that several issues need attention: it appears that having to tutor more than one child in the same home could lead to a dilution of time and attention allocated to each child; implementation fidelity was proven to be important; and serious divergences from an already validated program model may inadvertently omit effective practices or introduce ineffective elements, both of which may dilute otherwise obtainable outcomes. At the same time, our results suggest the need to eliminate avoidable stress that the intervention may impose on the children or caregivers.

Finally, more controlled research on tutoring with foster children is desperately needed. Many questions remain to be answered: Do the positive effects of tutoring seen in Flynn et al. (2012), Harper and Schmidt (2016), and the current study endure? How can we make tutoring programs even more effective, with stronger outcomes, especially for boys? How much tutoring do children in care require to move up to at least the average range in reading and math? Evans, Brown, Rees, and Smith (2017) have many useful suggestions for improving the quality of research and the effectiveness of interventions aimed at improving the educational success of children in care.

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# Chapter 10

## Seizing the Moment: Are We Optimising Primary Years' Learning Opportunities for Australian Children in Care?



Patricia McNamara and Elizabeth Fernandez

### 10.1 Introduction

A positive learning experience in the primary school years can act as a powerful protector of lifelong wellbeing. Later outcomes, including secondary school achievements, transition to tertiary education, enhanced employment and life opportunities almost always build on firm educational foundations (Fernandez et al., 2016; Harvey, McNamara, Andrewartha, & Luckman, 2015; Mendis, Lehmann, & Gardner, 2017; Smith & McLean, 2013). The traditional '3Rs' of literacy and numeracy ('reading, riting and rithmatic') are still acknowledged internationally as core stepping stones toward positive outcomes from later learning. Life and social skills, culture, physicality, self-knowledge, even a 'virtuous' moral code, and more, also need to be developing appropriately by the point of high school transition.

Yet for children growing up in care, with the Australian state 'in loco parentis', educational outcomes have frequently been overlooked, notwithstanding increasing evidence of substantial disadvantage and poor outcomes (Australian Institute of Health and Welfare, AIHW, 2015; Harvey et al., 2015). This Chapter argues that formal and informal learning opportunities can be created and optimised during out-of-home care to effect lifelong change in both learning outcomes and quality of life (Berridge, 2012; Trout et al., 2007). Policy, programmatic and practice responses are briefly described along with implications for research.

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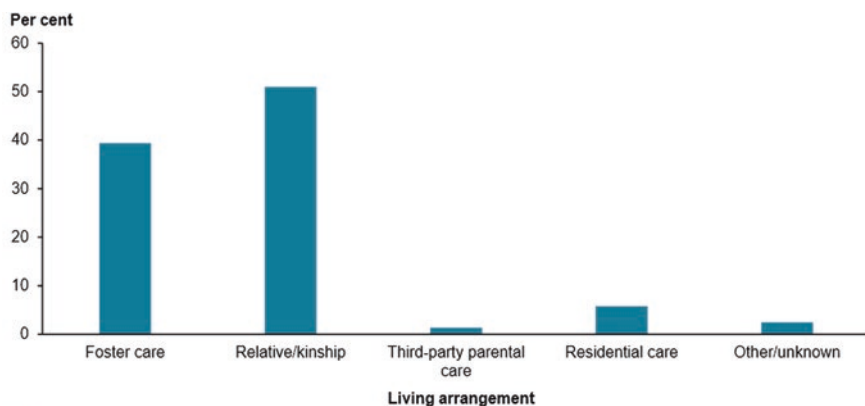
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## 10.2 Background

At 30 June 2018, nationally, about 45,800 children were in out-of-home care—a rate of 8.2 per 1000 children. Most children (93%) in out-of-home care at 30 June 2018 were living in some form of home-based care. Of those: 51% were in relative/kinship care, 39% were in foster care, 1% were in third-party parental care and 1% were in other types of home-based care. Nationally, about 6% of children in out-of-home care were living in residential care (AIHW, 2019).

Aboriginal and Torres Strait Islander children are highly over-represented (up to 20 times at some geographical locations) in Australian out-of-home care. 82% of the children described in Fig. 10.1 had been in care for one year or longer and 14% were reported to be living with a disability (AIHW, 2019). Last available figures (2015–2016) estimate that at least a quarter of Australian children in care are of primary school age (AIFS, 2017).

It has been argued that ‘what a society does not measure, it does not care about’. At a prima facie level, lack of statistical capture and analysis of the school achievement of Australian children in the child protection and out-of-home care systems suggests limited focus on enduring inequity. Whilst educational outcomes from OHC have been documented by the Australian Institute of Health and Welfare (AIHW, 2015, 2011), at the time of writing (end, 2018) there is seemingly still no systematic monitoring. In 2015, the AIHW reported on the academic performance of 3500 children in OHC in 2013 across six states and territories, by linking data



### Notes

1. Variation across jurisdictions in policy/practice for recording living arrangement types affects these results (see Table S36 for more information).
2. NSW data excludes children and young people who are on independent care of their guardian (third-parental responsibility care arrangement non out-of-home care funded).
3. Out-of-home care data for Victoria and Western Australia exclude children on third-party parental responsibility orders.

Source: Table S36.

**Fig. 10.1** Living arrangements of Australian children in Out of Home Care June 30, 2018. (Source: Australian Institute of Health and Welfare (2019). *Child protection Australia: 2017–18*. Child welfare series no. 70. Cat. no. CWS 65. Canberra: AIHW)

from the Child Protection National Minimum Data Set (CP-NMDS) and the National Assessment Program—Literacy and Numeracy (NAPLAN). The study population tested lower overall (13–39% lower) on National Minimum Standard (NMS) achievement rates than all students in Australia. The gap in achievement widens by late primary and early secondary school. The percentage of young people from a care background who complete high school is much lower than the norm; even fewer proceed to university. (McNamara, 2016; Harvey et al., 2015).

What is it, then, that constrains normative academic outcomes for Australian children living in out of home care? Are we taking full advantage of opportunities OHC creates to advance these children's education? Factors impacting learning for children in care are clearly complex and profound. They include the socio-emotional experience that even the youngest child brings into care, along with challenges encountered whilst living in within the care system itself. Systemic issues also contribute:

The narrow focus of child welfare agencies on preventing child maltreatment and providing stable out-of-home care too often results in a lack of attention to the overall wellbeing of children in care, including the appropriateness and quality of the education they receive. (Mark Courtney – ACWA, 2017)

The 2015 AIHW data-linking report cited here mirrors that of a Rees Centre study in the UK (Sebba et al., 2015) in suggesting that academic achievement of children in the child protection system is likely to be affected by:

...complex personal histories and multiple aspects of disadvantage (including poverty, maltreatment, family dysfunction and **instability in care and schooling**), and that children often have lower than average educational performance when entering child protection services. (AIHW, 2015)

### 10.3 Ecological and Developmental Issues

The science of childhood development has afforded significant insights into children's cognitive performance and socio-emotional development. Coinciding with the focus of this chapter are Erikson's (1950) psychological stages of initiative versus guilt (3–5 years, preschool and school entry) and industry versus inferiority (6–11 years, primary school) (Fernandez, 2016; Hoffnung, 2010). Eco-systemic and developmental factors (Bronfenbrenner, 1979) impinge on children's outcomes during these early years. During the primary school years, which coincide with mid and late childhood, the enduring theme is children's sense of industry and curiosity during a period when they invest energy in mastering intellectual, social and physical skills. In the context of schooling, children are engaged in academic pursuits, sporting and other extracurricular activities that enhance their capabilities, their sense of industry and achievement and their self-esteem and self-worth. With respect to cognitive development school age children develop *concrete operational thinking* (Piaget, 1963) mastering mental activities and skills of *conservation, categorisation*

and *spatial relations*. Caregivers, teachers and school environments provide the scaffolding to support and extend these competencies. This period is also significant for development of gender and cultural identity.

Scholastic performance, emotional and behavioural development, peer likeability, sporting skills, and physical presentation are five areas from which children derive their self-esteem (Harter, 2006). When children experience trauma from abuse and neglect, domestic violence and subsequent involvement in child welfare systems such developmental outcomes may be compromised. Similarly, poverty, socio economic disadvantage, Aboriginal and ethnic status, lower proficiency in the language of instruction, school exclusion, social exclusion and bullying pose barriers to learning at school. During the primary school years, peers are influential in children's cognitive and psychological growth affording opportunities for relationships of equality, acceptance and approval, and the acquisition of prosocial behaviours of caring, sharing and empathy which are prominent in the school years (Fernandez, 2016; Dunn, 1993).

During the primary school years, these developmental and environmental factors play an ongoing role in determining how formal and informal learning is experienced by children in care and what is achieved. Many children in care enter primary school operating significantly below their peers on core developmental indicators. Learning disadvantage in the preschool years contributes to this with adversity at home being exacerbated by negative experiences within the care system (Cameron, Connelly, & Jackson, 2015; Mason-White, 2014; Stone, 2007; Wise, 2018). Discontinuity of schooling is a common experience of children in care. Continuity of schooling usually contributes to optimum learning outcomes. Cameron et al. (2015) argue that non-purposeful, premature or poorly supported attempts at family reunification requiring change of school can often prove unhelpful. Their position is based on evidence which, in part, mirrors Townsend's earlier New South Wales findings (Townsend, 2012); these suggest that having attended more than four schools and/or having been identified as having a disability, links to behavioural and academic difficulties. If the child's disability remains unidentified (for example hearing or vision impairment) or is inadequately addressed, she will be further disadvantaged (Snow, 2009).

Such experiences can give rise to poor concentration, along with dysregulation of mood and behaviour. There is evidence that children who 'start behind, stay behind' (AEDC, 2018; Mitchell Institute, 2016; VDET, 2017). This applies to acquisition of basic language, literacy and numeracy and to socio-emotional and physical development (Downey, 2012, 2007). Neuropsychological science relating to impacts of attachment disruption and trauma on learning has enhanced targeted responses to children in out-of-home care (McLean, 2016, 2018; Van der Kolk, 2014; Perry, 2009). Too often, however, Australian children in care continue to be



overwhelmed by the profound learning challenges they face, before, during and post-primary education.

'Sam' (Grade Four – 10 years) has a profile common to many Australian OHC primary school students:

Sam's difficulties emerge from trans-generational trauma and abuse. He has witnessed family violence and experienced early neglect and emotional abuse. He has had many out-of-home placements, including kinship care and short-term foster placements. Sam has not seen his mother, who lives with a major mental health disability, for five years. At school, he is dysregulated and his grades are well below average. His teacher describes him as likeable, but one who 'attracts trouble'. Peers often find his acting out in class entertaining, but friendships seem superficial. Sam has increasingly displayed aggressive behaviours during playtime and some children are beginning to become wary of him. He has a diagnosis of ADHD and is on a high dosage of medication. (Adapted from Downey, 2012)

Sam's needs are complex and varied. He will almost certainly benefit from a carefully developed and multifaceted intervention plan.

## 10.4 Definitions

Herein we define education as 'broadly based development or upbringing which parents/caregivers undertake on behalf of society, so children are equipped to seize individual and social opportunities' (Cameron, Connelly, & Jackson, 2015, p. 11). The Australian National Curriculum (2013) from Foundation to Year 12 (ANC <http://www.australiancurriculum.edu.au/>) incorporates:

- Literacy
- Numeracy
- Information and communication technology (ICT)
- Critical and creative thinking
- Ethical behaviour
- Personal and social competence
- Intercultural understanding
- Aboriginal and Torres Strait Islander histories and cultures
- Asia and Australia's engagement with Asia
- Sustainability

Primary years' education within the School Curriculum for the Australian State of Victoria appears congruent with this national approach; it targets Basic Learning (Levels F-2) focused primarily on literacy and numeracy and Breadth which prioritises socio-cultural and technical areas (Levels 3–8). Fidelity to the National Curriculum (Victorian Curriculum and Assessment Authority, VCAA, [www.vcaa.vic.edu.au](http://www.vcaa.vic.edu.au)) is prioritised.

## 10.5 Optimising Opportunities for Learning During OHC

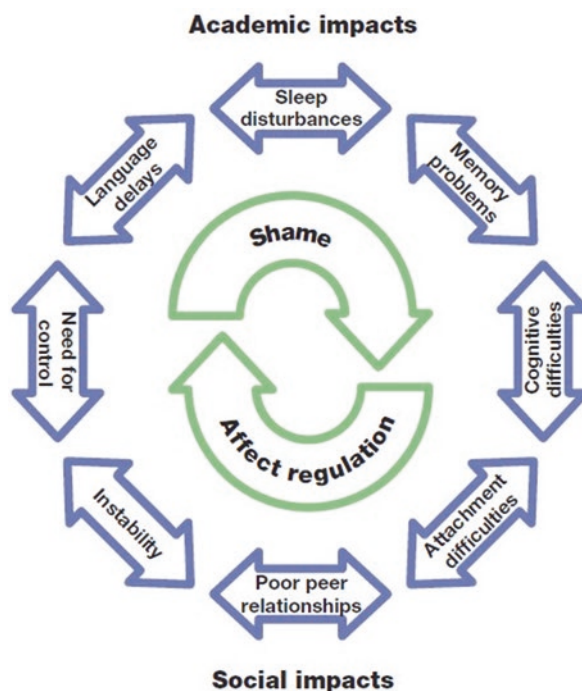
Placement in OHC can interrupt a trajectory of educational disadvantage; it creates opportunities to address learning gaps, build children's confidence and enhance their educational aspirations. The primary years clearly present a *critical moment* when closing the gap between OHC and normative achievement levels can be in easier reach than is often the case during secondary schooling (AIHW, 2015). Research, policy and practice initiatives demonstrate that seizing this moment to intervene effectively has the potential to create longterm change in educational outcomes for children growing up in OHC. Targeting interconnected developmental and systemic parameters simultaneously is critical (Cameron et al., 2015; Harvey et al., 2015; McNamara, 2016). Here we explore interventions which address healing of trauma, acquisition of literacy and numeracy skills and socio-cultural development.

### 10.5.1 *Healing Trauma*

For children in care, the teacher's role is clearly pivotal. She provides sometimes the most stable and predictable element in their lives, often offering warmth, guidance, aspiration and mentorship (Downey, 2012; Legault & Moffat, 2006). Children with trauma histories who learn to trust can usually focus better academically and engage positively with informal learning opportunities inside and outside of the classroom; a caring primary teacher can play a vital role in this. The class teacher is a 'first responder' to the academic and socio-emotional impacts of trauma (See Fig. 10.2). Such impacts are often manifest in dysregulated behaviour at home and at school. Withdrawal, aggression, lack of empathy, disruption of others in class and poor concentration are frequently noted (Downey, 2012).

Enhancing teacher and school understanding of trauma and attachment disruption and their cognitive and behavioural implications (Downey, 2012, 2007; McLean, 2016, 2018) and applying responsive classrooms interventions can often prevent exclusion from class, or even removal from school. Whilst access to formal data is lacking, Australian children in care are seemingly over-represented in absences from school. Of the 2581 school aged children and young people in care included in a recent Association of Children's Welfare Agencies (ACWA – NSW) survey, one in five students were absent during a one-week snapshot. A substantial number of absences were attributed to part-time attendance arrangements set in place by the school (to manage behaviour issues) or suspension of attendance altogether. Suspensions can occur for lengthy periods of time with no alternative schooling on offer to children or caregivers (ACWA, 2017). This process of exclusion marginalises children from learning and alienates carers from school-based supports. It invariably puts placements under pressure, potentially leading to

**Fig. 10.2** Potential impacts of trauma on learning. (Source: Downey, L. (2012, 2007) *Calmer classrooms: A guide to working with traumatised children*. Melbourne: Commission for Children and Young People, Victorian State Government retrieved from [www.ccp.vic.gov.au](http://www.ccp.vic.gov.au))



breakdowns. Exclusion from school also reinforces the low educational aspirations for children in care often identified in teachers, carers, social workers and the young people themselves; expectations pitched too low are clearly a major contributor to poor outcomes (Harvey et al., 2015; Jackson, Ajayi, & Quigley, 2005; McCausland & Pell, 2014; McDowall, 2013; Mendis, Lehmann, & Gardner, 2017).

Interventions that can support learning for primary school children in care include counselling or psychotherapy to address complex trauma; family therapy can also help to heal relationships and support effective parenting, including parenting by alternative caregivers. Without exception, children in care will benefit from a therapeutic placement, attuned to learning (Frederico et al., 2012). A strong Care Team, facilitating inter-organisational communication, monitoring the child's learning and advocating for specialist services appears to be a critical element in the achievement of good formal and informal learning outcomes. Biological parents and OHC carers, along with the primary classroom teacher should be members of this team, wherever possible. This approach has proved successful in applications of *The Circle* therapeutic foster care program. Often, a mix of special education coordinator, occupational and/or speech therapist, psychotherapist, school counsellor, secondary school coordinator supporting transition and or/others are involved (Frederico et al., 2012).

### 10.5.2 Literacy

It is often argued that literacy is the most important skillset acquired at primary school. Development of competencies in this domain has major implications for broader learning, including numeracy and is a critical adult survival skill. It is, however, often difficult for children who have been traumatised and whose attachment has been disrupted to achieve more than relatively low levels of proficiency in literacy (AIHW, 2015). High incidence of literacy disabilities (for example, dyslexia) have been identified within the Australian OHC cohort, as well as above normative levels of communication delays and disabilities (Snow, 2009). The Child Trauma Academy's approach (CTA, <http://www.cta.org>), from the USA, has impacted strongly on Australian OHC. It suggests interventions to redress disrupted cognitive development and problems with literacy acquisition, including structured physical activities. *Reading Recovery* from New Zealand is also widely applied in Australian mainstream primary schools; it intervenes for 12–20 weeks when children are struggling with literacy at ages 6–7 years (*The National Reading Recovery Centre*, University of Auckland: <http://www.readingrecovery.ac.nz/>). Recently, its evidence base has been contested; approaches privileging phonics such as *Little Learners Love Literacy*, *Get Reading Right*, *Jolly Phonics*, *Sounds Write* and *Write to Read* are preferred by some Australian literacy experts (Hammon, 2015).

Too often, teachers and school administrators addressing individual learning 'deficits' will argue that they are 'teaching to the child's level', especially in relation to literacy and numeracy. This suggests that those professionals may 'miss the moment' to intervene proactively; it also once again manifests a pervasive subtext of low aspiration. Barriers of this nature would appear to be effectively dismissed by the Pyjama Club (The Pyjama Foundation <http://www.thepyjamafoundation.com/>). This organisation recruits volunteers who read to and with the OHC child weekly, with evident success in advancing literacy levels. That success appears to derive from a trusting, nurturing relationship combined with an aspirational approach (Knight, 2013). A one-on-one learning relationship established at school also, can play a vital role in healing attachment disruption and trauma (CTA, <http://www.cta.org>); the individualised nature of such relationships facilitates thorough assessment of the child's learning needs and has the facility to work responsively at the child's pace. It invariably builds self-esteem through ensuring incremental learning successes in a context of warmth and attachment (Forsman & Vinnerlung, 2012). For foster and kinship families, regular visits to libraries, bedtime reading and informal interactions with text contribute to the development of a 'learning placement' (Cameron et al., 2015). Such activities also promote trust and reinforce attachment in the carer-child relationship to support healing of trauma.

### ***10.5.3 Numeracy***

Acquisition of numeracy skills ideally begins in the family home. The family singing number rhymes or weighing ingredients for a favourite recipe is laying numeracy foundations for early learners. Children in care often lack such opportunities for non-threatening and enjoyable acquisition of early numeracy skills. They can become under-confident and anxious around mathematical processing. For many vulnerable primary aged learners, including those in care, numeracy proves even more difficult to master than literacy (Op't Eynde, De Corte, & Verschaffel, 2006). Some children in care have major developmental difficulties in visual and auditory memory that can adversely impact development of mathematical processing (Perry, 2009); they may even be assessed as having numeracy related learning disabilities such as dyscalculia (Kucian, 2015). Impacts of repeated experiences of failure in mathematics can result in avoidance (Op't Eynde, De Corte, & Verschaffel, 2006). Individualised, fun, carefully staged and success-oriented approaches to redressing early learning gaps are often successful in overcoming lack of mastery in mathematics (Bobis, Mulligan & Lowrey, 2012). Collaboration of home and school around numerical learning is critical; for example, teachers can often provide evidence-based teaching materials which carers can use to address learning gaps (Downey, 2012, 2007). Online programs supported by teachers at school and carers at home can extend both IT literacy and numeracy skills (Geist, 2009).

### ***10.5.4 Socio-cultural Development***

Learning how to navigate society is almost certainly the most complex domain of personal development. These skills are primarily acquired through effective modelling and guidance within the family (including the extended family) ideally reinforced with a high level of consistency at school (Erikson, 1950; Kohlberg, 1958). Where home and school are 'not on the same page' or are in conflict, children lack clear signposts to guide their socio-emotional and moral development (Cicchetti & Carlson, 1989). Children in care have often experienced this, along with difficulty in trusting others and being part of a group; they can have problems reading social situations, being a good listener, displaying empathy, being truthful, respecting boundaries, waiting, taking turns and sharing resources; this creates difficulties in forming and maintaining friendships (Downey, 2012, 2007). Opportunities for community engagement through sport and recreational activities can redress gaps in social learning and be important contributors to socio-emotional, physical and artistic development. Play dates and sleepovers have been notoriously challenging to arrange for children and families subject to the statutory restrictions of Australian OHC; yet these seemingly casual interactions can enhance social skills and build self-esteem, identity and community inclusion (Gilligan, 2000).

Placement in OHC is notoriously associated with alienation from culture and subculture. Every child who enters the care system has a cultural heritage that must be protected, celebrated and consolidated as part of core identity development. Maintaining connections with friends, family and school in a country town or suburb can help sustain subcultural identification; links with these neighbourhood, family and extended family systems can be especially important when a child is placed far from home (Goodyer, 2011). Culture often associates with ethnicity, as is the case for Australian Aboriginal children in OHC, especially those placed with nonindigenous carers (Tilbury et al., 2013). The child from a refugee or culturally and linguistically diverse (CALD) background who enters care almost always needs targeted and consistent support from home and school to maintain links with cultural networks (Kaur, 2014).

### ***10.5.5 Alternative Learning Programs***

For some children living in OHC, mainstream school cannot meet their complex needs academically or socio-emotionally. Short or longer-term placement in therapeutic education facilities can often address barriers to learning deriving from early trauma and attachment disruption. Two promising programs are *Allambi Care's* 'Learning without Walls' program (<http://www.allambicare.org.au/>) at Newcastle, New South Wales and the *Mackillop Family Services School*, based at Melbourne and Geelong in Victoria (<https://www.mackillop.org.au/mackillop-school-geelong>).

*Learning Without Walls* (LWW) for students in OHC is operated by *Allambi Care's* Learning Centre. The Learning Centre has been in operation since 2007 and has 5 professionals providing educational management, academic, vocational and socio-emotional support across the organisation. The LWW program is underpinned by the pillars of 'relationship, experience and opportunity'. It aims to ensure that children and young people in care aged 8–16, regardless of educational circumstance (suspension, exemption, chronically non-engaged), are linked to a qualified teacher who supports and works intensively with them towards the goal of reintegration into the most appropriate educational setting, vocational pathway or connection with the community. This is achieved through focusing on social and emotional skills, addressing shortfalls in Key Learning Areas (KLAs) and developing independent learning skills through an individually tailored educational program in a positive, safe and therapeutic learning environment. The program aims to ensure that these vulnerable young people are not isolated and are provided with the opportunity to learn and flourish.

The Mackillop School is therapeutically informed by the whole of organisation Sanctuary Model. This Model has seven core principles: nonviolence, emotional intelligence, inquiry and social learning, democracy, social responsibility, growth and change (Bloom, 2013). The original School campus currently provides services for approximately 100 students, including a number living in out-of-home care. It offers a trauma-informed learning environment with highly skilled staff who have the capacity to develop individual relationships with young people to meet complex

academic, social and emotional needs, from Foundation to Year 10. An additional Primary School Campus, with a capacity for 32 students opened in 2017. The School also offers a 'hands on' learning program for senior secondary students – Victorian Certificate of Applied Learning (VCAL: Victorian Curriculum and Assessment Authority, 2017). The Mackillop School is part of a broader range of education services, that caters for vulnerable children in mainstream schools. This includes an outreach education support program for over 130 children in OHC who require specialised additional support to effectively engage with learning.

Whilst neither program has yet been formally evaluated, both are reporting positive outcomes in socio-emotional healing and formal learning. The success of these programs and the long waiting lists they attract suggest an immediate need for targeted resource development in this area of special education.

## 10.6 Policy

Key policies impacting education of Australian children in OHC derive from the child protection and education systems, disability and health (including mental health) systems. At a federal level, regular reporting of key national indicators of educational progress occurs under the *National Framework for Protecting Australia's Children 2009–2020*, the *National Standards for Out-of-Home Care* and the *Report on Government Services* (AIHW, 2015). Ongoing linking of child protection and National Assessment of Literacy and Numeracy data, supported by collaboration between the AIHW and relevant state and territory departments/agencies is mentioned above (AIHW, 2015). Online reporting of the National Framework and National Standards indicators on the AIHW website each year will complement this to inform policy and practice. At the State level a range of measures are also in place. In Victoria, the Department of Education and Early Childhood Development (EECD) requires schools to develop an Individual Education Plan (EDP) and appoint a Learning Mentor, supported by a Student Support Group (SSG), for every student in OHC. A Partnering Agreement incorporated in the OHC Education Commitment (EECD, <http://www.education.vic.gov.au/Documents/school/teachers/health/a4partnering.pdf>) oversees monitoring of EDPs and SSGs. Notwithstanding promising federal and state initiatives, more are required, especially in those related to rigorous monitoring of individual children's educational progress, which is too often left to non-government organisations operating under tender to provide OHC (Harvey et al., 2015).

## 10.7 Aboriginal Children in Care

Indigenous children continue to be vastly over-represented in Australian OHC. This has been the case since the beginning of white settlement in the early nineteenth century when children were first removed from Aboriginal families. That

mis-guided practice continued till the 1970s, creating the tragic Stolen Generations phenomenon. It is often argued that current rates of removal suggest ongoing tragic disruption of Aboriginal families within contemporary Australian child protection policy and practice. Aboriginal children living in ‘major cities’ are currently 15 times as likely as non-Indigenous children to be living in out-of-home care. Indigenous children living in ‘remote areas’ are around 9 times as likely to be in out-of-home care (AIHW, 2018).

When Aboriginal and Torres Strait Islander (ATSI) children enter OHC they are often achieving educationally below their non-ATSI peers (AIHW, 2015). Key reasons identified are problems with school readiness and non-attendance at school. Less than half of all Aboriginal children across Australia were attending school 90% of the time in 2017, with only one in five meeting that benchmark in very remote areas (*Closing the Gap*, 2018). Steps are being taken to make school more welcoming and accepting. Providing books and other home-based learning materials in both Indigenous languages and in English for families, including foster and kinship families, who often need to take time out of school to attend to cultural responsibilities is also important (Mason-White, 2014).

Gains are slowly being made with literacy and numeracy, but many Aboriginal children in Australia still lag well behind their non-Aboriginal peers; the older the child and more remote the community, the wider the gap. The annual *Closing the Gap Report* for 2018 states that in major city areas in 2017, 88% of Indigenous Year 3 students met or exceeded the national minimum standard for reading, almost double the 46% of students in very remote areas. The target to halve the gap for Indigenous children in reading and numeracy within a decade (by 2018), is not on track. AIHW linking of OHC and NAPLAN results (AIHW, 2015) reported that 82% of indigenous children in care met the NMS for literacy and 64% for numeracy at Grade 5 in 2013. This does not augur well for successful high school outcomes. The *Indigenous Literacy Foundation* (ILF, [www.indigenousliteracyfoundation.org.au](http://www.indigenousliteracyfoundation.org.au)) offers advocacy and resources; *Bridging the Gap* and *Scaffolding Literacy* are promising programmatic responses ([www.cryp.wa.gov.au](http://www.cryp.wa.gov.au)).

## 10.8 Conclusions

This Chapter confirms the enduring educational disadvantage experienced by Australian children in out-of-home care. Core education outcomes in basic literacy and numeracy remain poor, notwithstanding signs of recent improvement. The outcomes gap between the OHC cohort and other Australian children widens as more abstract and technical areas of learning are introduced in later primary and secondary years. Predictably, Aboriginal children’s outcomes are even lower than those in OHC overall. The import of ‘seizing the moment’ during primary school to build children’s trust in learning relationships and to develop their confidence as learners both at home and at school cannot be overestimated. This developmental window clearly presents a critical opportunity to instill high aspirations, redress learning



gaps and improve mastery of basic skills. By entry to secondary school, bridging the gap is even harder to achieve. Recent programmatic and policy developments are encouraging. Research initiatives, especially the matching welfare and education data, are indicators of increased awareness of inequity and the urgent need for redress. Policy, practice and research require stronger resourcing however, to maintain this work, facilitate inter-systemic collaboration and sustain commitment to improving outcomes. Only then will we effectively address the educational disadvantage and vulnerability identified in Australian children in care.

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# Chapter 11

## A Holistic Approach to Educating Children in Care: Caring Schools



Claire Cameron, Katie Quy, and Katie Hollingworth

### 11.1 Introduction

In England, there is a statutory duty on all local authorities to promote the education of children in their care. This legislation came into force with the Children Act 2004 (s.52) after several decades of research and advocacy and in the context of a government which had placed ‘education, education, education’ at the core of its message (The Guardian, 2001). This Act also ‘joined up’ education and care services at the level of local delivery, and in doing so addressed a fundamental problem for those who had sought to bring the need for improved school attendance, and attainment, for so called ‘looked after’ children to the forefront of social work attention. This elimination of a split between responsibilities for the care of young people and their education in theory heralded a new holistic approach, and one conceptually more in line with the responsibilities of parents, as one Director of Children’s Services was ultimately in charge. Since 2004 there has been considerable policy development so that now, as Connolly observed (2013, p107), ‘teachers, social workers and carers would need to confess to having lived on another planet’ not to have noticed the plethora of advice and guidance about educating children in care and the risk of poor educational outcomes.

In 2015, Cameron, Connolly and Jackson argued that a twinned approach was needed to enhance the education of children in care:

in order for young people in care to thrive, learn and emerge from care with the level of education and skills they need to achieve a good quality of adult life, they need both learning placements and caring schools. ... [in learning placements] those who look after chil-

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dren are ‘experts in everyday life’; they use all opportunities to be in dialogue with children, to make meaning out of everyday events, to calculate and imagine in collaboration, to exercise empathy and set high expectations of children, as achievers, and themselves, as continually, learning, reflecting on and analysing practice.

... Caring schools implies not just caring about looked after children in terms of procedures, but having an ethos of ethical care than runs through the whole school, generating a sense of belonging to, and mutual respect for, all its members ... [where children] own their learning ... [and] the centrality of trusting relationships for learning [are recognised and promoted] (Cameron, Connolly, & Jackson, 2015, pp222–3).

This chapter will focus on developing the concept of Caring Schools. It will draw on data from mainstream primary and special schools, and from foster carers, collected as part of an evaluation of a local authority’s *Caring2Learn* programme. First, we set out some of the policy context, and the child outcomes, for primary school aged children in local authority care in England, before focusing on *Caring2Learn*.

## 11.2 The Policy Context

England<sup>1</sup> is organised into 152 local authorities each with responsibility for the children in care in their area. However, legislation, guidance, and regulation of its implementation is organised centrally, through ministerially led departments and mandated agencies, such as Ofsted (Office for Standards in Education, Children’s Services and Skills) responsible for inspection of schools, and foster care agencies, among others). Legislation is framed through ‘Green’ and ‘White’ Papers that set out government intentions and plans, usually informed by the views and experience in relevant professional sectors and advocacy organisations. There are National Minimum Standards (NMS) for foster care agencies (Department for Education (DfE), 2011), which set out an intention that ‘children should have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wide range of opportunities to develop their talents and skills leading to a successful adult life’. The standards go on to detail that children in care should be able to participate in a full range of educational and social activities. The standards make no mention of foster carers’ own educational attainment (other than job related training), which might be surprising given the well-established link between parental education and that of their children (Desforges with Abouchar, 2003), and the intention in the Standards that fostered children should have an educationally rich environment.

In relation to schools, there are several relevant policy measures beyond procedural requirements. Since 2010, there has been an allocation of funds (£2300 at the time of writing), called a ‘pupil premium’, for each looked after child on the school roll, which is ‘for the benefit of the looked-after child’s educational needs as described in their personal education plan’ (DfE, 2017). These funds are adminis-

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<sup>1</sup>England is the largest of the four countries of the United Kingdom. The educational and social care policy environment is diverging across the countries. In this chapter we focus on England.

tered by a senior officer in each local authority, called a Virtual School Head (and her or his team), who has responsibility for closely monitoring children's progress, providing training to teachers and other school staff, and promoting educational aspiration and attainment to looked after children, much as a 'pushy parent' would. Virtual Schools were given statutory backing in the Children and Families Act 2014 and, while the seniority of the Head role is crucial for its success (Berridge et al., 2009), this point is not given emphasis in statutory guidance. At the local, school, level, there is a Designated Teacher, who is either a head teacher or someone with appropriate training, who has overall responsibility for each looked after child's progress. Introduced in the Children and Young Persons Act 2008, the role, and the pupil premium, has recently been extended to include children formerly in care and now adopted or subject to another legal order (DfE, 2017), which, in a climate of austerity and serious budget cuts to public services, represents an additional workload to schools. These policy led resources to support the education of children in care in school should have removed some of the barriers to wider educational participation and focused attention in school on specific practices and approaches that help. However, there is a stubborn and clear attainment gap between children in care and those never in care.

### 11.3 Child Outcomes

Although the compulsory school starting age is five, nearly all 4 years olds in England are in school, mostly in reception classes in primary schools. By age seven, when school pupils complete Key Stage 1, those children who are looked after are seriously educationally disadvantaged. Official statistics record that, in 2017, looked after children were 23–29 percentage points behind their non-looked after peers in teacher assessments of reading, writing, mathematics and science (Table 11.1).

At the age of 11, at the end of primary schooling, children in England take Key Stage 2 national curriculum tests. The gap in attainment continues. While 61% of all children achieve the expected standards in reading, writing and mathematics, only

**Table 11.1** Teacher assessments of children looked after and not looked after, age 7

Key stage 1 (age 7) percentages	Looked after children	Non-looked after children	Attainment gap
Reading English	51	76	25
Writing English	39	68	29
Mathematics	46	75	29
Science	60	83	23

Note: Children in care were counted as those looked after for 12 months or more

Source: DfE, (2018a)

32% of children who have been in care for 12 months or more do so. This is about the same as those children who live with their families but are designated 'in need' of assistance from local authorities, so being looked after in care has not accelerated their educational attainment. By age 11, there are clear differences between those identified as having a special educational need (SEN) and those who do not have an SEN. A special educational need might be designated for reasons of 'social, emotional and mental health' or a 'moderate learning difficulty' or 'autism spectrum disorder'. The first two categories are particularly likely for children in care. At age 11, more than half, 59%, of children in care, have a recognised special educational need, compared to 49% of children in need and 17% of children who are not looked after (DfE, 2018a). SEN children have lower attainment scores and the gap between those who are not looked after, and those who are, is much smaller – only five percentage points, so the educational attainment outcomes of children with an SEN is more or less the same whether they are in care or not. Among those children without a special education need, the gap in attainment of expected levels of reading and writing and mathematics is 13 percentage points (57% vs 70%) (DfE, 2018a).

In Melkman's (2018) longitudinal analysis of administrative data held on 1600 children who were in care at the age of 5 for at least a month, and followed to age 11, the same patterns of general educational disadvantage can be observed. Looked after children started primary school about 17 percentage points below the general population of the same age, and ended, at age 11, about 23 points below. There were four distinct trajectories. About 15% of the looked after children were described as 'stable and high', that is, their attainment was good at the start and remained commensurate with other children of their age through primary school.

Half of children looked after (51%) were considered 'average and decreasing'. They started at just below their peers and lost ground over the primary phase. This pattern also occurred for those children with low ability (26%). The fourth pattern was 'lowest' and represented 8% of children, who started on the first percentile and ended primary school on the third (Melkman, 2018). These analyses demonstrate that primary school does very little to positively change the educational trajectory that children start school with and in fact for many children there is a decline in attainment compared to their non looked after peers. Having a special educational or other need was clearly associated with those children who had lower attainment – but 14% of those who were in the 'stable and high' group had an SEN.

Children were more likely to be in the 'stable and high' group if they had few changes of placement, were in care for less time, and attended highly inclusive and high performing schools at Key Stage 1. Interestingly, the time spent in care placements up to the age of five appeared to be significant: among the stable and high group, children had been in care for the longest time pre-five, whereas in the 'lowest' group, children had spent the least time in care. This might be an argument for early intervention and certainly for closer attention to what is happening in children's lives at the preschool stage.



## 11.4 Interventions That ‘Work’

There has been very little research on primary school-based interventions for children in care, and while there are benefits, they do not make strong claims as to effectiveness (Forsman & Vinnerljung, 2012; Liabo et al., 2013). One to one tutoring, paired reading and promoting a love of learning through a book gift scheme called Letterbox all have promise, but the main message from intervention studies is that individualised and flexible approaches work best, along with support from, and partnerships with, the home environment (Carroll and Cameron, 2017). One important finding from the largest study in England of educational attainment for looked after children compared to those in need and those not in care or in need was the central principle of inclusion: schools which enable children in care to thrive are schools which are good for all children (Sebba et al., 2015). This means that a whole school approach is required to underpin any individualised interventions attending to specific learning or social needs. Such a whole school approach might be called a ‘Caring School’.

## 11.5 *Caring2Learn*

In this context, where there are no universal, robust, evidence based solutions to the persistent problem of low educational attainment for many children in care, a large, mostly rural, local authority in the east of England created a project based on the principles of bringing education into care placements (learning placements) and raising expectations of schools as places where care and nurturing relationships that foreground wellbeing of children (and staff) (caring schools).

The project aims to raise the educational attainment of primary school aged children relative to their starting point (referred to as ‘better than expected progress’). The project activity was set out as:

1. A clearly defined strategy to support schools to promote and nurture attachment relationships for children looked after
2. Developing a concept of and indicators for ‘caring schools’ for looked after children, informed by school staff, foster carers and children
3. Create schools as hubs of best practice, developing and sharing innovative practice
4. Developing foster care champions to act as mediators between school and foster care, and to nurture a learning culture among foster carers.
5. Training for foster carers and residential workers that builds confidence in working with schools and understanding looked after young people’s lives in school (personal communication *Caring2Learn* team).

The UCL research team was asked to undertake both an evaluation of the project and to build capacity for the project through creating two audit tools (one for foster carers, one for primary schools) that would support practitioners to evaluate their

own practice against research findings, policy and local practices and invite them to create action plans to address identify gaps they wished to see addressed. The aims of the evaluation were to:

- (a) gather baseline data on current good practice around improving outcomes for looked after children taking place in schools
- (b) study changes in policy and practice brought about by the *Caring2Learn* programme, including inter-professional practice in supporting looked after children and engagement in sharing practice
- (c) study the impact of *Caring2Learn* on looked after children's attainment and wellbeing

The local authority, which we shall call Eastland, has about 365 children in care of compulsory school age (5–15). There are approximately 600 foster carers and five residential children's homes, 280 primary schools and 55 secondary schools. Schools are increasingly diverse in their management arrangements and specialisms, and include academically selective schools. Leaders in the Children's Services Department aimed, through the project, to bring about closer working relationships between foster carers and schools and to develop a coherent philosophy of care and education for all looked after children and young people.

## 11.6 Research Data

The initial focus for the evaluation was on establishing current practice in schools and foster care, and in inter-professional working between key professionals working with children in care. We conducted four phone interviews with foster carers and 17 face to face interviews with school professionals in five schools. We included a case study school to investigate what constituted very good practice, and two Network Analysis focus groups to establish what characterised working together practices. While all of the schools involved in the evaluation were identified by the Virtual School as demonstrating good practice in working with looked after children and families, the case study school was nominated on the basis that the Virtual School Head had identified a number of areas in which he felt the school was engaging in excellent practice which might form the basis of a benchmarking tool to inform practice in other settings. In the case study school, we interviewed the Head teacher, Deputy Head teacher, the SENCO, Pastoral Support Advisor, a teacher, a teaching assistant and spoke to two looked after children and a group of six 10–11 year-old pupils. We also took some illustrative photographs. There were four participants in each of the Network Analysis groups, each representing a different professional perspective on a particular looked after child. We intended to collect child level data from teacher assessments carried out in schools on looked after children and two matched peers but, at the time of writing, this had not been achieved. Participants were recruited through volunteering at a launch conference in July 2017 and through nominations from managers and the *Caring2Learn* team.

Interviews were recorded, transcribed and thematically coded for the purposes of both creating audit tool indicators to be trialled, and an understanding of practice at the start of the *Caring2Learn* project. For reasons of space we focus here on findings in relation to characteristics of Caring Schools, drawing largely on a case study school, supported by the findings from other evaluation schools and inter-professional working. Four domains of Caring Schools were created: (i) Leadership and School Ethos; (ii) Child-focused practice; (iii) Working with parents and carers and (iv) Inter-agency working.

## 11.7 A Whole School Approach to Caring Schools

The case study school was a medium-sized, local authority run primary school in an Eastland industrial town. The school's catchment area is a large housing estate with high levels of deprivation. Most pupils are White British, with few children from minority ethnic backgrounds, and very few who speak English as an additional language. The proportion of pupils known to be eligible for free school meals is three times the national average. The number of pupils joining or leaving the school part-way through each year is twice the national figure. The school meets current government standards in terms of minimum expectations for pupil attainment and progress. The case study example will highlight details of good practice identified in each of four audit tool domains of practice.

### 11.7.1 Leadership and School Ethos

The case study school ethos was characterised by 'empathy, aspiration and excellence' (The school motto was 'Reach for the stars'). The head teacher was a highly significant figure in creating the ethos. She had been in post for 12 years and had created a team around her who shared her vision that all children should be included and all should have opportunities to 'thrive and shine'.

School leaders (the Head, Deputy Head, Pastoral Support Advisor and Special educational needs coordinator (SENCo)) were committed to creating a caring ethos, described as 'a real family feel' (SENCo), an ethos underpinned by a culture of trust, both among staff, and between pupils and staff. The Pastoral Support Advisor noted that:

*Children think of this as a safe place...there's always someone they can come and see for whatever reason, somebody that will actually listen to them and take on board what they are trying to say.*

Senior staff modelled the whole school approach by ensuring they were physically available for informal consultation, and approachable. They inculcated a staff team focus, with daily meetings of all staff including assistants, and regular

opportunities to discuss practice to ensure everyone felt fully supported to manage difficult situations and to reflect on their own practice. This was quite different to other schools, according to the SENCo:

*...friends in other schools ... say to me 'Oh your school sounds amazing' with the stuff that I tell them ... and especially in the leadership side of it ... they just feel like they're islands in (other schools) because they don't have staff meetings, they don't meet every morning like we do to share and communicate.*

School leaders actively promoted the school's place in, and contribution to, the local community to help children experience a range of influences and experiences to broaden their horizons; children had recently visited London and the Houses of Parliament. The school's physical environment is also an important part of the ethos. Leaders recognised that how children feel is related to the physical environment and have created spaces both inside and elsewhere on school grounds, to facilitate children's learning and to support them in times of distress or crisis (Photos 11.1 and 11.2). As one teacher said, "We'll always find a space for a child" and another:

"Good teachers are good listeners".



**Photo 11.1** Focus on thinking and reflection



**Photo 11.2** Space to express feelings outside

### ***11.7.2 Child Focused Practice***

Children in the case study school said they felt a meaningful sense of belonging to the school community through forums where sharing ideas was welcomed. Focus group children reported that being on the “school council ... it’s really nice cos we get to hear ... all of our class makes creative ideas” and [we] “like to share stuff”. Beyond the school council there were multiple opportunities to take an active role in decision-making. Children reported feeling highly valued by all staff at the school; staff made the effort to get to know them as individuals and would listen to any concerns they might have. School was seen as a safe place, illustrated by the following extract from the focus group:

*What do you think it’s like in this school if you’ve got a problem at home? Would anybody help you?*

*R: Yeah teachers.*

*R: The head teacher.*

*R: ...like Miss (Pastoral Support Advisor), she’s ...*

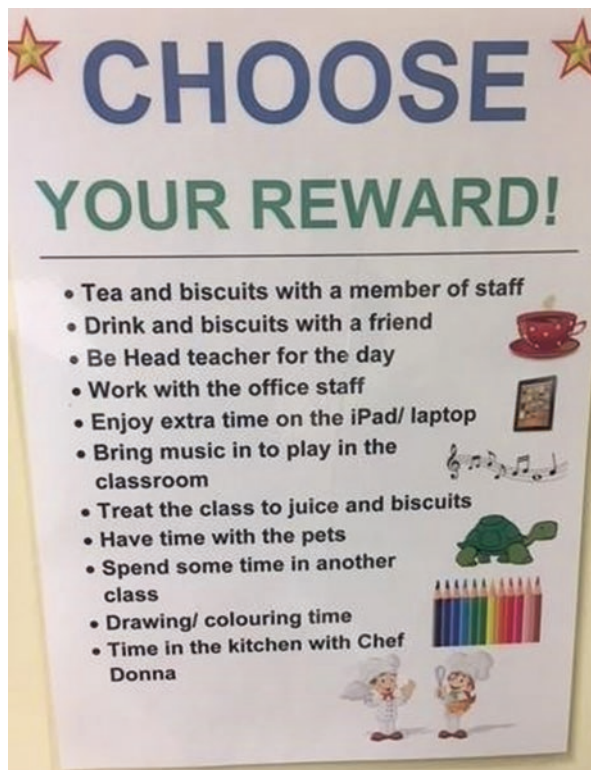
*R: She’s very nice.*

*R: She helps with problems.*

*R: And sometimes some of our friends they go speak [to her] and have a little game or something.*

*R: Yeah if they have a family problem.*

**Photo 11.3** Choose your reward!



Children's achievements were acknowledged and celebrated, both in small ways, such as house points and reward charts, and in larger ways, such as celebration assemblies and trips. Achievements were considered in a broad sense and include academic success, behaviour, and social and emotional achievements. Children's integration into decision making was enhanced by giving them the opportunity to choose their rewards from a list (Photo 11.3).

The school had an expectation that children demonstrate high standards of behaviour but included them in decisions about what constituted acceptable and unacceptable behaviour, and what kinds of sanctions should be in place for when standards are not met. Furthermore, children were encouraged to practise caring in their own right, by taking on the role of play leaders, or 'buddies' to younger children in the school, by caring for the environment, taking part in community projects, and by taking on caring responsibilities for animals in the school.

### ***11.7.3 Relationships with Parents and Carers***

The third domain of practice is concerned with the relationships between parents/carers and the school. A teaching assistant reported: “Top to bottom, we’re all very encouraging of parents”. School leaders and staff worked hard to encourage and maintain communications with parents and carers. They used a range of channels of communication to reflect the needs of the parent/carer population, including home-school diaries, phone calls and text messages, newsletters, social media channels and in-person school gate presence. School staff reported that they craft messages carefully to ensure that “We always put positives in there. We never just highlight any negatives”. They are keen to ensure minor issues are flagged before developing into more serious concerns. The teaching assistant said: “We do communicate if we’ve had a bad day with them...so if there’s anything that does come to light further down the line, it doesn’t come as a total surprise”.

All staff had an ‘open door’ policy and encouraged parents to seek help or advice. They said, “We’re there to be approached”, and “Parents know that they can come in and they can see any of us... sometimes they need us there and then, and that’s fine”. This is part of a policy of maintaining relationships with families, especially when circumstances are difficult, in order to keep children engaged in school and to support their learning. As one teacher said:

Obviously, the children are going to hear what the parents hear at home, so if the parents don’t think that they’ve got a good relationship with the school, then children are going to know that, and that’s going to have a knock-on effect in school.

### ***11.7.4 School and Carers’ Partnership in Supporting LAC***

Looking beyond the case study school, the evaluation identified some effective practice in relation to schools and carers working in partnership to support looked after children. Schools were committed to engaging parents and carers in home learning and provided them with a range of opportunities and the tools to do so (e.g., Tapestry,<sup>2</sup> home-school projects, parent/carer learning afternoons, open sessions, parent/carer reading sessions) as well as actively working with parents and carers to support them to help children with homework and reading (called ‘family learning’).

*that’s when family learning helps, because I think...probably because of their own experience at school, some are quite nervous about getting involved in school again (Teaching Assistant, Case Study School)*

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<sup>2</sup>Tapestry is an online Learning Journal tool used in the Early Years Foundation Stage for tracking children’s progress and sharing learning between home and school.

Regular and effective communication between parents/carers and the school took place in all the evaluation schools which facilitated joint understanding of the child's needs and ensured consistency between home and school in learning approaches and in addressing emotional and behavioural difficulties which is important for the child's attainment and progress.

In several schools, including the case study school, there was a system in place whereby carers could notify a named contact person at the school before the school day starts to advise them if their child was having a difficult day, or if there had been any particular issues or incidents at home that the school should be aware of. Similarly, a few of the schools routinely completed a short daily memo letting carers know what kind of day the child has had. This included any achievements, progress or concerns, not just in relation to academic work but also around behaviour and the child's emotional state. This daily memo was also useful for letting carers know about any homework that had been set and the due date.

The evaluation found that study schools and carers recognised and took steps to ensure that day to day routines around school were as consistent as possible and that any changes were discussed with the child in advance so they are aware ahead of time and could be reassured. There was also evidence that schools and carers worked together to encourage and support children to participate in physical and creative activities not just during the school day but also at home and at before/after school clubs. These activities are important as they can have positive effects on children's self-esteem and confidence, can alleviate stress and can help to identify children's wider skills and strengths.

When foster children moved schools or transitioned to secondary school, carers were usually fully informed and involved in this process, which was described as a particularly daunting transition. The study schools worked hard to ensure that, where the school had sufficient notice, carers and children were thoroughly prepared for transitions and a gradual and staged introduction took place to new situations and circumstances, such as visits to the new schools with their carer and/or a key member of school staff.

### ***11.7.5 Interagency Working***

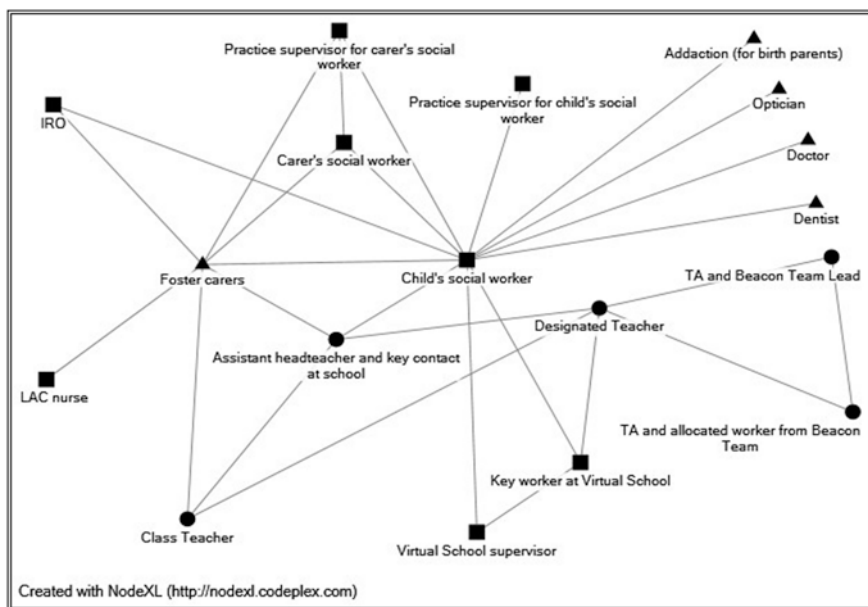
The fourth and final domain of practice is inter-agency working. The case study school maintained detailed and up to date records including details of incidents and evidence pertaining to the child at school and, where known, home. School held records and evidence are highly significant sources of information in court decisions made about particular children. Members of school staff know individual children and carers well and have established trust with them, which puts them in a key position to advocate for the child where the school felt that their best interests are not being met. While within the case study school information sharing was seen as streamlined and on a 'need to know' basis, the leadership team reported that working with other agencies was hampered by lack of timely information sharing which



hampered children’s transitions into school and moving on from the school. Planning for children was also difficult when professionals from other agencies did not attend scheduled meetings. The deputy head teacher summarised their perception as:

*I would say too many times it is a battle, and we will always fight that battle for our families and children, but it shouldn’t be that hard.*

Further light was shed on primary schools’ interagency practice with children in care by examining cases of inter-professional working via Network Analysis (NA). For this, two specific cases of looked after children were selected by the *Caring2Learn* team (not from the case study school) and the researcher convened a focus group with school professionals, social worker and foster carers to map out what the inter-professional relationships were in each case and how they worked together. **Case 1** was a 7 year old girl attending a mainstream primary school. She became a looked after child at age 4 after a short period of respite foster care. At the time of fieldwork she was in long term foster care with her respite care family and was in an improving situation following intervention work and school support. Her school progress was on a par with her classmates who had not been in care. The network of professionals involved in her case is illustrated in Fig. 11.1. Even a relatively straightforward case requires considerable professional support.

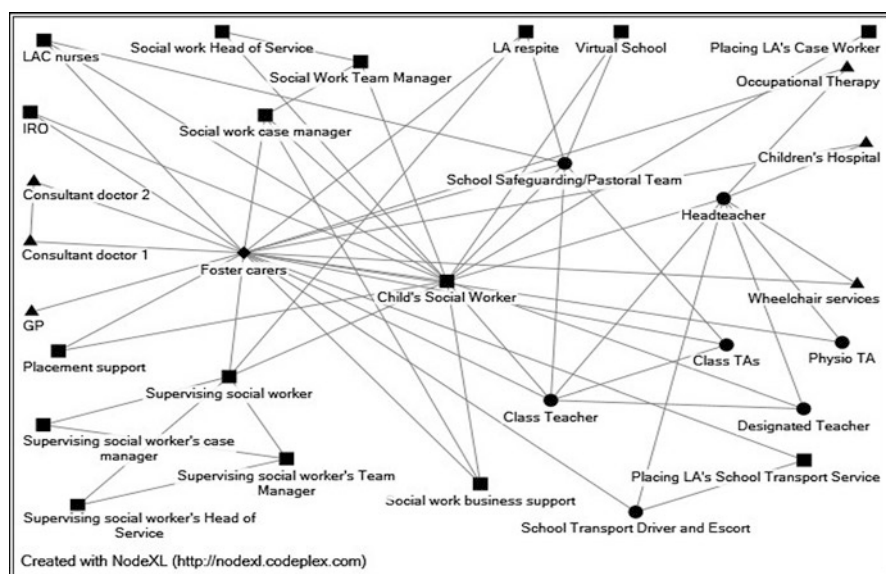


**Fig. 11.1** Network Analysis Case 1: Girl attending mainstream primary school (Key to symbols: Circles = school based professionals; Squares = social care professionals; Triangles = health professionals. TA (Teaching Assistant); IRO (Independent Reviewing Officer); Beacon Team (supports pupils with challenging behaviour and provides a nurturing environment for those with more complex needs to develop social and interaction skills))

**Case 2** was a teenage girl attending a special school who entered care following the death of her parents. She had significant physical disabilities, a learning disability and some behavioural issues. The main focus of work was addressing her emotional needs and behaviour, creating strategies to allow her a way to express her feelings and needs, and developing opportunities for her to engage and participate in activities to help build her self-esteem. Fig. 11.2 illustrates the highly complex interagency and inter-professional working required in Case 2.

In both cases, the child's social worker was an important *network hub* linking to, and between, the foster carers and a range of other professionals from across social care, education and health services. Excellent working relationships had been established between the foster carers, the child's social worker and the school with regular, open communication, demonstrating trust in each other's judgements based on past experience of reliability and consistent presence. In both cases the social worker had been in post, and allocated to the case, for some time, and in both cases there had been discussion and agreement at the outset on the best forms and frequency of communication between parties. This had served to establish and maintain direct lines of communication with clear expectations around roles, responsibilities and response times for each professional routinely involved in the child's network. Highly developed communication strategies meant there was no need to go through the social worker allocated to support the foster carer, and so issues could be raised and dealt with in a more timely and effective manner.

A second key finding was the importance of *minimising the number of lead 'hub' professionals* in contact with one another. For the domain of social care, the child's



**Fig. 11.2** Network Analysis Case 2: girl attending special school (Key to symbols: Circles = school based professionals; Squares = social care professionals; Triangles = health professionals)

social worker was the ‘hub’, and the carers, school and other services were clear that they were their main point of contact. Across the schools visited for the research, there was usually a single key person on site who worked closely with the carers and social worker, maintaining regular communication. However, for Case 2 there were three lead professionals within the school, each with responsibility for different areas of inter-agency work to support the child, all of whom regularly communicated with the carers and child’s social worker. Exploring this further with the focus group participants, they stated that this was necessary due to the complexity of the child’s needs and the number and range of external professionals that were involved, making inter-professional working unmanageable for a sole person within the school.

Regardless of whether there was a single lead person within the school or more than one, the critical importance of establishing a collaborative working relationship between the carers, the child’s social worker and school, with regular communication, was hard to overstate. In both cases there was at least weekly contact between lead professionals. The form of communication varied according to agreed preferences (e.g. text, phone or email). Bespoke arrangements for communication, particularly between foster carers and the school, were common:

*when it comes to family obviously we have those channels of communication that are open to all families, but we really try to make it very bespoke to families... it’s very, very individual on top of the established communication channels we do extra when needed (Head teacher)*

In relation to the lead person (or persons) within the school, inter-professional working was deemed to be more effective if they were someone who had a close, trusting relationship with the child and carers, knew their situation and needs well and if they were someone who had the authority to get things done:

*[key contact at school] knows [child] really well. So, I’m talking to a person who has the power to do what I need her to do, she can speak to everybody ... but she knows her [the child], and that’s very different where you go to other schools where you’re speaking to a designated teacher who has got all these children who they don’t particularly know (Child’s social worker)*

Here the social worker quotes the role of the designated teacher (DT) in schools. While the official guidance for the DT role includes ‘proactively engaging with those involved in the child’s case’ (DfE, 2018b), interview and NA focus group data showed that in practice, the DT was often not the school lead for carrying out inter-professional work, nor did they routinely have a day-to-day, hands-on working relationship with the foster carers, child’s social worker or other key external professionals involved in the child’s case. The role of the DT was often primarily internal within the school, one of oversight and co-ordination of their colleagues, including the lead contact within the school.

The evaluation also highlighted the difficulties that can arise in relation to inter-agency working. Two particular issues were working across administrative borders and sustaining continuity of care when key workers left their posts. In cases where a child lives in one local authority and goes to school in another, extensive negotiations are needed about who is responsible for what. There can be significant

bureaucratic delays in arranging funding and services from a neighbouring local authority, especially where there is a lack of flexibility and effective cross-local authority communication and willingness to support children who are not their legal responsibility. For example, the child in Case 2 lived in a care placement across the border in a different local area to her school and this had caused problems with arranging transport, specialist support services for mental health, arranging home visits from health services, and the child's wheelchair repair company would not cross the border to go to the child's school even though it was only 10 min away. These everyday quality of life issues were eventually settled after significant time and effort was invested to establish effective communication between school, social care and health services in both local authority areas. Other difficulties in inter-agency working that were identified during the course of the evaluation included the need for improved transitions and handovers when key professionals working with looked after children left their role, particularly social workers, and absence of attendance at key planning and review meetings, leading to a lack of effective progress for children.

## 11.8 Conclusions

The persistent attainment gap for children of primary school age who are looked after demands renewed and vigorous examination. In this chapter, we have argued that a fundamental part of the solution is to create 'Caring Schools' where children's wellbeing is twinned with educational attainment as a foundation for learning and enjoyment in school. The Caring School practices discussed here align with the work of Noddings' (1992) care theory, and Schaps et al.'s (2004) 'creating a caring community of learners', for which the key components are (i) demonstrating warm, respectful relationships; (ii) developing a shared ethos and a sense of a shared endeavour through dialogue; (iii) practicing collaboration and caring; and (iv) opportunities to influence what happens and gain rewards from participation in school life (Cameron et al., 2015).

The methodological approach adopted in this evaluation allowed us to collect rich data from a range of sources and include the perspectives of children, foster carers, and school and social work professionals in order to obtain a comprehensive picture of good practice within schools, and to explore how existing policy and practice are experienced by schools and families. One of the more challenging elements was the collection of peer matched teacher assessment data to track the attainment progress of looked after children. This was problematic due both to reliance on schools to extract the relevant data, and the transitory nature of the looked after children population. The number and status of looked after children in schools changed frequently, making consistent matching and tracking across time difficult to achieve. Hence this data is not available here. However, one clear outcome of the evaluation data was the construction of an audit tool, which is available for roll out.

We found that in a whole school and highly inclusive approach it is not the looked after child's status that is first priority, but the identification of the particular needs (and talents) of all children and attending to them in a timely and compassionate way. While some looked after children have very clear requirements for extra support, others do not, and would prefer to be considered as 'the same as' any other child. Establishing this degree of personalised support requires a school culture where staff are encouraged to develop meaningful and warm relationships with children (and parents/carers), characterised by trust, and being the person a child (or parent/carer) chooses to 'go to' when in need. In the case study school this ethos was described as a 'real family feel'. At the same time, clearly, children in care (and others) need to know school staff hold high attainment aspirations for them and that whole school (and, indeed, multi-professional) commitment to their learning is in place. High aspirations can be promoted not just through academic subjects but also through activities that build self-esteem such as participating in decision-making forums. Finally, communication and developing shared understandings are important for all children but critical for looked after children, for whom information sharing across multiple professional agencies is required.

This is often 'harder than it should be', in the words of one of the study participants, and reflects a frequently unstable system around children in care. Key lessons from where it is working well suggest that successful interagency working is built on three main components: (i) reliable, durable, and trusted professional relationships; (ii) a 'hub' model with a central information sharing point; and (iii) key actors who have the authority to get things done.

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# Chapter 12

## Breaking the Cycle of Disadvantage: Educational Needs of Out-of-Home Care Children in Hong Kong



Mooly Wong Mei-ching

### 12.1 Introduction

Hong Kong joined the mission of striving for protection of children's rights by extending the United Nations of Convention on the Rights of the Child (UNCRC) into Hong Kong in 1994.

The right of children to have an equal opportunity to receive a basic education is protected under Article 28. It states that "States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity..." (The Office of the United Nations High Commissioner for Human Rights, 2018, p.8). Education should also direct a child's personal growth (e.g., personality, talents, and potential) and instill national values, civic responsibilities and the citizens' rights of their country, as well as a relationship with the natural environment as stated under Article 29 (The Office of the United Nations High Commissioner for Human Rights, 2018).

Undoubtedly, education is one of the most significant pathways for children's development and their preparation for the future. In the case of children coming from disadvantaged backgrounds, such as out-of-home care children (hereafter OHCC), their participation in education is to a large extent a form of protection from social exclusion and a facilitator of social mobility. Unfortunately, it is always found in the literature that these children have a poorer level of educational attainment compared with all children and that there is an achievement gap between them and children who have never been in out-of-home care (Cashmore & Paxman 2007; Jackson, 2010). The unfavorable educational outcomes of OHCC are interrelated

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with other problems such as unemployment, having mental health problems, and spending time in prison, psychiatric institutions, or experiencing homelessness when they are adults (Jackson, 2010).

Even though some studies have attributed the poor educational attainment of OHCC to precare adversity in the family such as the experience of neglect and abuse, the vast majority of studies have found that the poor educational attainment of OHCC was related more to their care (e.g., staff expectations of the children) and the educational system (e.g., measures taken by the school to maintain children in school) than to the children themselves (Jackson & Cameron, 2011; Jackson & McParlin, 2006). Although some of the disadvantages these children suffered were significant, the care system should not add to these disadvantages, and good quality schooling could reduce them (Berridge, 2012a).

This chapter examines the education of OHCC in Hong Kong from the perspective of inclusion. It begins with a discussion of the concept of inclusive education and its relevancy to children with a care background. A description of the individual and familial profile of OHCC in Hong Kong follows. Then it continues with a critical review of the effectiveness of current educational practices for OHCC in Hong Kong. Special attention will be given to the compensatory and special programs for these children. The last section concludes with a number of recommendations to improve our education system so as to cater for the educational needs of OHCC.

## 12.2 Inclusive Education

The National Center on Educational Restructuring and Inclusion in the United States defines inclusive education as:

Providing to all students, including those with significant disabilities, equitable opportunities to receive effective educational services, with the needed supplemental aids and support services, in age-appropriate classes in their neighborhood schools, in order to prepare students for productive lives as full members of society (National Center on Educational Restructuring and Inclusion, 1995, p.6).

The purpose of inclusive education is to ensure that every child, regardless of ability and background, has an equal opportunity to receive an education within a mainstream setting (Kim, 2014; Zhang, 2013). School should, therefore, accommodate the diversified needs of children so that they can enjoy learning in a mainstream setting.

Although the words integration and inclusion are usually used synonymously in Hong Kong, their meanings differ internationally. While integrated education “refers to changing the child to fit the system” (Forlin, 2007, p.64), inclusive education is a flexible system that responds to the child’s needs and provides support for diverse learners. Inclusive educational practices should be integrated into a school’s structure and its curriculum rather than seen as an additional activity (Forlin, 2007).



Inclusive education is relevant to OHCC and significant for them as their educational needs are distinguished from those of general students. The literature has shown that the most significant reason attributed to their having learning difficulties is that they suffer from the impact of trauma such as maltreatment and neglect during the pre-care stage (O'Higgins, Sebba, & Luke, 2015). Traumatic experiences affect these children in various ways, including reduced cognitive capacity, sleep disturbance, memory difficulties and language delays that have resulted in their having to face challenges in managing classroom tasks and activities and meeting developmental milestones (Child Safety Commissioner, Victoria, Australia, 2007). Their learning difficulties might be misinterpreted by teachers as indicative of low motivation. Moreover, these traumas interrupt these children's attachment to significant others and impair their social functioning, leading to issues such as attachment difficulties (including attachment to a teacher and /or to school) and poor peer relationships (Child Safety Commissioner, Victoria, Australia, 2007). Sometimes these children will alienate their teachers and peers through either withdrawal or aggressive behavior, which further adversely affects their school experience.

Their learning difficulties might be further exacerbated if they are in an unfavorable care and school environment. Empirical studies have revealed that care-related factors such as instability in the care placement, undesirable relationships between the children and staff, staff having low expectations of the children, a lack of continuous support throughout the placement, and insufficient support provided to care leavers etc. negatively influenced their learning and educational attainment (Jackson, & Cameron, 2011; Welbourne & Leeson, 2012). Likewise, in the school system, barriers to their learning included being in an unstable school placement, unstable routines, poor teacher and peer relationships, bullying and school violence, and the unavailability of measures to prevent dropping out etc. (Berridge, 2012a; Fletcher-Campbell, 1997; Jackson, & Cameron, 2011). As a consequence, OHCC are at risk of issues such as playing truant, dropping out of school, and being excluded from school.

### 12.3 Profiles of OHCC

The out-of-home care service is one of the longest-running social services in Hong Kong, first launched in the mid-1800s and in receiving government subsidies since the mid-1960s. The service was started with the purpose of rescuing homeless and abandoned babies and children as well as girls who would otherwise have been sold as prostitutes (Ting, 1997). Currently, the service is rendered in the form of providing temporary shelter for children and youth who cannot be adequately cared for by their families due to personal issues such as behavioral and emotional problems, and/or family crises arising from parental marital breakdown, or physical or mental illnesses etc. (Social Welfare Department, 2015a). The goal of these services is to provide alternative care to children so that "they [the children] can continue to enjoy

family life until they can re-unite with their families, join an adoptive family or live independently” (Social Welfare Department, 2015b, para.1).

As of December 2014, there were 3188 children aged from 0 to 21 years old living in foster care families, small group homes or children’s homes – the three broad types of care facilities. Among them, 2821 were school age children, with 332, 1019 and 1335 preschoolers, primary school students and secondary school students respectively (Labour and Welfare Bureau, n.d.). Of the children with primary and secondary educational levels, 632 were living in boys’ and girls’ homes that had a school on site (Education Bureau, 2018a). The rest were attending schools in the community. No official statistics for the number of children who completed post-secondary education were available in Hong Kong.

The majority of OHCC have disadvantaged backgrounds. Their families faced multiple problems before the placement, such as parental divorce, single parenthood, physical illnesses, mental illnesses, multiple disabilities and drug abuse problems (Hong Kong Family Welfare Society, Hui & Wong, 2002; Tam & Ho, 1993). Furthermore, the majority of OHCC were living in poverty, with most families living on welfare subsidies and in public housing or partitioned rooms in poor communities (Hong Kong Family Welfare Society & Lam, 1992; Hong Kong Family Welfare Society et al., 2002; Wong Ma & Chan, 2019).

Studies have found that OHCC manifest different types of physical, mental, emotional and learning problems. Tam and Ho (1993) found a prevalence of behavioral problems (e.g. bedwetting, nervous habits, stealing), physical problems (e.g. physical handicaps), school-related problems (e.g. mental retardation, poor attention, antagonism toward teachers), and peer-related problems (e.g. violent/aggressive behaviour, withdrawn behaviour) among children in care (Tam & Ho, 1993). With the increase in the number of children with mental health issues and learning difficulties in Hong Kong over the past decades (Legislative Council, 2014), the number of OHCC with these problems has increased, now amounting to 40% of them being diagnosed as having physical (e.g., developmental delay, diabetes), psychological (e.g., depression, anxiety disorder) and learning (e.g., attention deficit, hyperactivity, dyslexia) problems (Hong Kong Council of Social Services, 2017).

Hong Kong lacks statistical data and research studies indicating the state of education of OHCC with respect to matters such as school attendance, exclusion from school and educational attainment. According to information from child care practitioners, many OHCC encounter setbacks on their educational pathway due to family and care-related issues. One of the possible issues is disruption to schooling due to having to change schools as a result of being placed in care facilities (Wong, 2016). Moreover, the manifestation of emotional and behavioral problems of OHCC may result in suspension and exclusion from school. Although most children complete their junior secondary level, which is compulsory for all children, the majority do not attain higher levels of education due to the policy of segregation in the educational system in Hong Kong (this will be discussed further in the next section). As a result, many young people with care backgrounds do not perform well in school and enter the job market with poor skill levels. They often only find employment in un-skilled or semi-skilled positions, with low pay and long working hours.

## 12.4 The Education System in Hong Kong

Undoubtedly, the government puts a high value on education, which is evidenced by the continuing increase of expenditure on education (Lee & Tse, 2016). A series of reforms has been introduced since 2000 in order to increase the competitiveness of Hong Kong citizens in the age of globalization. However, the extent to which the education system addresses the diversified needs of children and young people, especially OHCC, through inclusive education practices is questionable.

### 12.4.1 *An Overview of the Hong Kong Education System*

Table 12.1 summarizes the main features of the current education system in Hong Kong. In brief, the education system provides education from early childhood to the post-secondary level, with 9 years free and compulsory education from primary 1 to secondary 3. When students reach 15 years old, they can either enter the labor market, or continue their education in senior high school (from secondary 4 to 6), which is offered free in public schools. Furthermore, in past decades, there has been a trend toward an increasing number of schools leaving the public sector to enter the private sector under the Direct Subsidy Scheme (DSS) that was introduced in 1991.

The DSS schools are allowed to charge school fees and are free to select their own students (Lee & Tse, 2016). With the increase in the number of self-financed or privately-run institutions, together with the growth of self-financed programs in the University Grants Committee (UGC) funded institutions over the past decades, the number of students who enroll in higher education has increased (Lee & Tse, 2016). Nevertheless, the tuition fees of the self-financed schools can be high, so that many students have to take out a loan to pay for their education.

### 12.4.2 *Inclusiveness of Education for OHCC*

The Hong Kong education system mainly uses cognitive skill tests to assess students' academic achievements. A standard curriculum and examinations are used to assess the learning ability of primary students for the purpose of allocating them a placement in a secondary school within one of three bandings – band 1 as the highest and band 3 as the lowest. Due to the competitive learning environment in Hong Kong, many parents have taken the phrase “win at the starting line” as the guiding principle for the education of their children. They believe that their children should attend an elite kindergarten and then progress to an elite primary and secondary school with a high band rating. As the allocation of schools to different bands and the students' socio-economic status are associated with the students' academic performance in areas such as reading, mathematics and sciences (Ho, 2016), there is a

**Table 12.1** Overview of educational system in Hong Kong

Level	Types of schools	Age (Year)	Length (Year)	Compulsory (Y/N)	Subsidy mode
Early childhood	Kindergarten Kindergarten-cumchild care center	3–6	3 years	N	Government provides remission fee to needy parents through different special schemes
Primary	Government school Aided school Direct Subsidy school Private school International school	6–12	6	Y	Government subsidizes students in government and aided schools
Secondary	Government school Aided school Direct Subsidy school Private school International school	13–18	6	Y for junior secondary level	As above
Postsecondary	UGC-funded institution Privately-funded institution	19 or above	Depends on courses	N	Government subsidized students enrolled in programs in UGC-funded institutions
Special	Special school Special class in ordinary school	6–18	NA	Same as normal schools	Free education for all students and fee remission is in place for residential students who cannot afford the boarding fee

Note: Forty-eight primary and secondary school students were studying in special classes in ordinary schools

Sources: Education (Bureau, 2018a, 2018b) and Lee and Tse (2016)

significant discrepancy in academic performance between elite and non-elite schools. OHCC, who have disadvantaged backgrounds, are less likely to attain places in elite schools than their counterparts who come from middle and upper class families. That, together with the fact that only 18% of the 17–20 age cohort population are offered first-year first-degree places offered by government-funded higher education institutions (Lee, 2016), means OHCC are unlikely to attain higher levels of education.

The Hong Kong government adopts compensatory policies and special programs to meet the needs of students with special learning needs, and these policies are

partly relevant to the educational needs of OHCC. A dual-track mode that includes special education and integrated education is used to deliver special education (Education Bureau, 2014; Legislative Council, 2014). While special schools are provided for children with severe and complicated disabilities, integrated education is mainly used to meet the special learning needs of students in mainstream schools. The government promotes integrated education in accordance with five basic principles, namely, early identification, early intervention, whole school approach (WSA), home-school co-operation and cross sector collaboration. In this chapter, WSA to inclusive education (IE) will be discussed.

### **12.4.3 Special Schools**

Among the different types of special schools, schools for social development (SSD), which were formally called Schools for Maladjusted Children, have been established for children with behavioral and emotional difficulties since the 1970s (Shek & Lam, 2004). Currently, there are eight SSDs and seven of them provide residential placements. Students, who exhibit more serious family and social problems such as suspected child abuse, or involvement in gang activities, will be referred to the residential placements (Education Bureau, 2018d). These schools also render short-term adjustment programs that are suitable for students who are unwilling to be discharged from ordinary schools for some reason, or those whose problems are expected to improve shortly after receiving the services. These adjustment programs range from 3 months to 1 year. Support in such forms as educational psychology services, teacher training, and professional support for parents to help them manage their children's emotional and behavioral difficulties is offered in the SSDs. In addition, class sizes are relatively low, ranging from 8 to 15 per class, and the staff to student ratio is one teacher per seven students in the primary and junior secondary classes. The curriculum is aligned with that in regular school so that the students can return to mainstream schools when their conditions have improved (Education Bureau, 2018a).

From 2007 to 2017, student enrollment in the SSDs has dropped from 793 to 594 (Education Bureau, 2018c), which may imply that the segregation policy for special education may not be welcomed by parents and students. Moreover, stigmatization and labelling of these students as trouble-makers and delinquents are prevalent in society, particularly in relation to those who have lived in residential homes (Young Post, 2016). As a result, some students have difficulty returning to mainstream schools after the completion of the adjustment programs. Students may also perceive themselves or be perceived by others as low achievers and that further weakens their learning motivation.

#### ***12.4.4 Whole-School Approach (WSA)***

The WSA to IE was launched by the Education Bureau in 1997 (Forlin, 2007). A three-tiered approach that outlined three levels of support for students with different levels of severity in their learning difficulties was implemented (Education Bureau, 2014). Tier I support focuses on early identification and quality teaching for students with mild learning difficulties. Tier II support is regarded as additional support for students with persistent difficulties such as dyslexia. Tier III support refers to individualized and intensive support given to students with severe learning difficulties (Forlin, 2010). Different amounts of money are allocated to schools according to the number of students on each tier requiring support. By the academic year of 20,089, 60% of all government mainstream primary schools and 7% of all government secondary schools had adopted this approach to students with a learning difficulty (Forlin, 2010). However, in 2010, inclusion remained limited to students with mild intellectual disabilities, hearing or visual impairment, physical disability or autism spectrum disorder (ASD) (with average intelligence) (Forlin, 2010), while only some of the OHCC fell into these categories.

Although the number of schools adopting a WSA has been increased, only around 10% of the teachers have received basic training in inclusive education (Forlin, 2010). Moreover, the training content is quite general. For example, the contents of the training for working with students with behavioral, emotional and social development needs (BESDN) focuses on the characteristics, educational needs, supporting strategies, curriculum accommodation, teaching resources, behavior management, team work and community support for students with BESDN (Education Bureau, 2018e), but it is not specifically designed for OHCC, whose situations are far more complicated than those of in-home children. Apart from the above, in actual practice, many teachers have made very limited adjustments to meet the needs of students with learning difficulties and they mainly rely on other students in the class to provide peer support. Teachers rarely modify curriculum content, modify instructional resources, or design special learning activities for these students (Yuen, Westwood & Wong, 2005). Apparently, the WSA approach to IE requires that children to fit in with the curriculum rather than tailoring the curriculum to fit the needs of the children (Forlin, 2007).

In summary, current educational practices are limited in catering for the educational needs of OHCC. The academic and the social segregation of the Hong Kong educational system has already limited these children's access to schools with high standards. Meanwhile, the constraints of the dual-track system in special education render it unable to cater to their needs. While the SSD remains a segregated education that results in its students tending to be stigmatized by society, the implementation of the WSA to IE will face many barriers that are limiting its ability to facilitate the education of OHCC.

## **12.5 Recommendations**

The WSA to IE is desirable where OHCC are concerned as it minimizes the effect of labelling and discrimination on the children by keeping them in mainstream schools. Nevertheless, the current practice of the WSA to IE is not specific enough to address the educational needs of OHCCs, particularly those who have experienced trauma. The following strategies are suggested to enhance the WSA to IE further, namely, the formulation of an ongoing educational plan for OHCC, the application of an outcome-based approach, individualized educational plans, and relationship-based teaching for OHCC.

### ***12.5.1 Formulation of an Ongoing Education Plan***

At present, we do not have any statutory body that has a legal responsibility to promote the educational needs of OHCC in Hong Kong. With reference to examples in England and Scotland, children's educational needs should be addressed in a care plan and these children should be taken care of by designated school staff (Berridge, 2012b; Connelly & Furnivall, 2013). This member of the school staff, such as a class teacher, should play the role of contributor, monitor and advocate, and he or she should be responsible for formulating an educational plan for children in care, monitoring the progress of the plan and advocating for their educational needs. This school staff member could contribute to other aspects of the care plan so that the school can provide opportunities for meeting the needs of children beyond the educational and intellectual domains.

He or she should also provide continuous support to care leavers, particularly teenagers, in order to provide them with long term help with developing their careers.

### ***12.5.2 Application of an Individualized Educational Plan***

An individualized educational plan is a basic component in the learning programs for children with special educational needs. This approach is also adopted to support the learning of OHCC in countries such as Canada and Sweden (Forsman & Vinnerljung, 2012). OHCC attend a diagnostic test in the areas of cognitive ability, literacy, numeracy, and memory skills etc. at the time of school enrollment. The results are communicated to the involved parties including the children, foster parents, teachers and case workers, and form the base for an individualized educational plan. Apart from the psychological and special education support rendered by the

school, training is given to the foster parents to ensure that the children receive educational support at the foster home. Empirical studies have shown that in general, OHCC showed a significant improvement in their learning abilities such as reading (O'Brien & Rutland, 2008); IQ and literacy (Tideman, Vinnerljung, Hintze, & Aldenius Isaksson, 2011) after receiving teaching through an individualized educational plan.

### ***12.5.3 Application of an Outcome-Focused Approach***

Similarly to the concept of the individualized educational plan, that emphasizes providing tailor-made support to the OHCC, an outcome-focused approach in inclusive practice focuses on following the children's own pace to achieve the learning outcomes. The teachers work out the outcomes that they want students to achieve, and then they plan the teaching experiences they want the children to have and develop the curriculum to achieve the desired outcomes at different levels (Forlin, 2007). This approach is relevant to OHCC as they very often experience educational setbacks because of situational factors such as family crisis and placement changes, etc. and so for them the outcome-based approach can provide allowances for their learning difficulties despite the challenges they face.

### ***12.5.4 Relationship-Based Approach***

The relationship-based model emphasizes the role of teachers as attachment figures who are stable, responsive, caring and can be trusted by the OHCC. Such relationships can counteract the children's negative self-images shaped by their childhood traumas and help them to explore their environment and learn (Child Safety Commissioner, 2007). When this approach is adopted as one of the components of the WSA to IE, schools should designate a certain number of teachers to receive specialized training so that they can understand the characteristics of traumatized children and their learning difficulties, as well as acquire skills and techniques for building connections with the children. Resources such as handbooks and videos should be developed and clinical supervision should be offered by experts on trauma-informed care to support these teachers.

## **12.6 Conclusion**

This review reflects the fact that although social services for OHCC have been established for over a hundred years in Hong Kong, there is no specific educational policy or practices for OHCC. Educational system tends to segregate students with



disadvantaged backgrounds, such as OHCC, from general students academically and socially. The establishment of the SSD has further separated these children from mainstream society due to the stigmatizing of these students. Although there is a considerable number of OHCC with special educational needs, it is necessary to refine the practices of the WSA to IE for these children. With implementation the recommendations made in this chapter, it is hoped that the inclusiveness of our educational and school system can be enhanced so that these children will be able to have an enjoyable, fruitful and meaningful learning experience in school and pursue a decent education.

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## Part IV

# Secondary Education

If pre-existing learning difficulties have not been effectively addressed, children growing up in care frequently enter high school operating well behind their mainstream peers. Many struggle to achieve academically; unsurprisingly, they can become disengaged from classroom activities. Behaviour problems associated with under-developed self-regulation capacity often become more profound. This further alienates the young person from effective learning and can lead to periods of exclusion or even permanent removal from school. Too often also, the young person's social and academic alienation from school leads to their withdrawing from formal education prior to its completion. School withdrawal frequently coincides with an under-supported departure from out-of-home care. These processes can combine to have negative impacts on lifelong health and wellbeing.

In this part we hear from authors based in Israel, Spain, Eire and Australia. The Chapters here draw on empirical evidence that suggests strategies for effectively engaging/re-engaging young people in care in formal and informal learning in the secondary school years. This includes development of life skills, enhancement of employability and community inclusion through paid and unpaid work. This part privileges voices of young people in care and from care backgrounds. Their insightful sharing about how they managed to achieve good educational outcomes, notwithstanding major obstacles, makes for inspiring reading.

# Chapter 13

## Improving Academic Accomplishments of Youth in Residential Education and Care in Israel: Implementing a Policy Change



Emmanuel Grupper and Yossef Zagury

### 13.1 Introduction

Israel has a large network of residential facilities with a variety of educational programs, due to special cultural and historical elements. Jewish tradition has a favorable view of leaving home at adolescence for study purposes. This combines with historical and sociological processes related to the nation-building phase that Israeli society is still undergoing. As part of nation building, *youth villages* were developed – a large network of residential schools for heterogeneous and multicultural youth populations. Children, together with their families, can decide (for many reasons like migration, family difficulties, or school failure) to join these residential settings – living together with peers, with full financial support of the public authorities. Although this residential education model has been functioning for many years, public criticism has been growing of the relatively poor academic achievements of youth village graduates. Children and adolescents placed in residential care facilities have weaker academic achievements than similar populations of young people raised at home (Cashmore & Paxman, 2006; Courtney, Dworsky, Lee & Rapp, 2010; Stein, 2006), perhaps because in caring for vulnerable populations placed in out-of-home care, the priority is stabilizing and caring for emotional difficulties identified. Such prioritizing meant that academic accomplishment was generally considered a minor priority. In Israel, too, where the focus has been on strengthening young people's emotional wellbeing and helping them develop socially, artistically, and athletically, insufficient attention was given academic

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success. Although high-school curricula are part of residential programs in Israel, this lack of attention undermined these adolescents' opportunity for higher education (Casas & Montserrat, 2010; Jackson & Cameron, 2010). Benbenishty, Zeira, and Arzav (2015) who studied this issue in Israel claimed that overcoming the challenge for care leavers to successfully enter and complete higher education could be crucial to breaking the vicious circle of marginality.

The discrepancy in academic achievements between residential-care graduates and their peers who live at home is at the core of the criticism of residential programs in Israel. Criticism intensified in the 1990s, when large numbers of immigrants from Ethiopia and the CIS were placed in low-level vocational learning tracks in residential schools (Lifshitz & Katz, 2015).

Uneasiness increased when the low matriculation achievements of youth village graduates came to public attention (Benbenishty, Zeira & Arzav, 2015; Zeira, 2009), as high matriculation scores are the key to higher education and to prestigious opportunities in the military service and later in the job market. In response, the Ministry of Education, which finances and supervises most of these residential programs, decided on a policy change, beginning by publicizing matriculation scores. In their defense, the directors claimed that their students came from a lower starting point and should not be compared to students in established urban schools. These claims were countered by the argument that these young people entered residential schools with the hope of being enhanced by the round-the-clock educational services offered in these schools.

In addition to the youth villages, there is a second network of residential facilities run by the Ministry of Social Affairs and Social Services (Attar-Schwartz, Ben-Arieh, & Khoury-Kassabri, 2010). These are therapeutic residential-care programs where children are usually being placed by the court or welfare authorities, and research indicated that academic results in these residential facilities were even more problematic and lower than in the youth villages (Zeira & Benbenishty, 2011). These findings increased public criticism of all out-of-home facilities, with the public urging decision makers to work to improve this situation.

## 13.2 Israeli Residential Education and Care System

Israel is a relatively young society, where residential schools and youth villages are considered powerful social instruments for educating young people from different ethnic groups, preparing them for a relatively smooth cultural and social post-care transition. A century of upheaval was the impetus for extensive need for out-of-home care for children and young people, beginning with using it as a solution for the many orphan survivors of the World War II Holocaust. These children and young people arrived in Israel and were placed in youth villages or group care in kibbutz communities. Later, these out-of-home facilities were used to assist in the integration of immigrant young people who came to Israel without their parents, especially those from North African countries (Kashti, 2000). These social and historical challenges provided the basis for the large and rather unique network of youth villages,

all open settings largely supported by the Ministry of Education. As in other schools, children can leave the youth village whenever they – together with their families – decide that they should leave (Grupper, 2013). This community model is at the origin of many residential education and care programs in Israel. The term “institution” was replaced by the term “youth village,” the change representing more than a semantic difference: The village is an attempt to function as a normative community in which children and adults live together and young people have a sense of belonging. The unique feature of this model is that a normative high school is an integral part of the program.

Some theoretical features of the youth village model developed by the first author (Grupper, 2013) include:

Youth and adults living together to create a united community:

- Creating an atmosphere of residential community living together that avoids the negative effects of an “institution” in Goffman’s (1961) terms
- Round-the-clock life in a well-designed environment is a very powerful stimulation for achieving behavioral changes among children and young people
- Relationships between youths and adults are symmetrical (as distinct from the “medical model” or therapeutic orientation and
- The community is based on pluralistic and multi-cultural values.

Primacy of education over treatment:

- Success in schooling achievements is a primary target
- School is a normative central feature of the residential program
- Diverse support practices are used to help children experience study successes and
- Educational considerations override therapeutic ones in making everyday decision.

Normalization and empowerment of children and staff:

- Every activity is geared toward challenging the young person to experience success in any kind of activity of his or her choice (e.g. sports, arts, postsecondary studies, assuming leadership responsibilities in the daily routines of the community)
- Creating a heterogeneous and multi-cultural youth society in the youth village, turning cultural diversity into an asset rather than a burden
- Eliminating negative stigma by stimulating positive public opinion toward members of the youth community through active involvement of youths in voluntary activities in their neighboring community, such as helping elderly people, coaching young children, performing in ceremonies and festivities of the larger community
- Self-governance of daily life activities and
- Empowering young people requires their active enrollment in leadership activities through which they experience taking responsibility and experiencing the rewarding feeling of having successfully accomplished particular social activities.

Developing children's sense of belonging:

- Developing staff commitment to the mission statement: "No child left behind"
- Creating an atmosphere where every individual has an important place in the youth community
- Inducing norms of collaboration and mutual support between community's members
- Giving adolescents opportunities to act in an atmosphere that enables a genuine "Moratorium" or "Time-Out" and
- Making all efforts to re-connect youths with their parents and to their society.

### ***13.2.1 Types of Residential Care Programs***

According to the Schmid Report (2006), Israeli authorities recognize six different types of residential programs, each with its own level of funding (listed here from lowest to highest):

- (a) Residential education and care programs (residential schools or youth villages)
- (b) Rehabilitation residential-care programs
- (c) Therapeutic residential-care programs
- (d) Post-psychiatric residential-care programs (replacing hospitalization)
- (e) Residential crisis intervention shelters
- (f) Residential programs for delinquent youth (under the responsibility of the Youth Protection Authority)

The first type, often associated with the idea of "living at school" (Arieli, Kashti, & Shlaski, 1983), hosts 85% of children and young people being educated in Israel in out-of-home care programs. It represents a large variety of programs, all of which are supervised and financed by the Ministry of Education. The remaining five types are financed and supervised by the Ministry of Social Affairs and Social Services. Unlike the youth villages and residential schools, enrollment is not voluntary – the children and adolescents are usually referred by courts or are placed there by the welfare authorities.

Israel, like many other Western countries (Islam & Fulcher, 2016), has experienced a decrease in residential education and care, from 14% of the 12–18 year-old population in 1990 to 10% in 2008 and 9% in 2015. Nonetheless, the residential school/youth village system is still in use, with enrollment of young people aged 12–18 from a wide range of cultural and social backgrounds, particularly to empower immigrant youth. In Israel, about 15% of students aged 3–18 years are not native Israelis, and over 14% of those in the 12–18 age group are educated in a variety of residential schools of the youth village type (Ben-Arieh, Kosher, & Cohen, 2009).



Underlying the conceptual framework of the Israeli residential education and care network is the perception that all the different programs are located on a single continuum, and this perception is shared by practitioners and policy makers as well as by children and parents. With this vision of private, “elite” boarding schools at one end of the continuum and residential crisis-intervention centers at the other, all other models are located in-between. This means that children placed in a residential treatment center know that they have the option to move after a while, having made sufficient progress, to a more educational type youth village and vice-versa.

### 13.3 Toward Improved Academic Achievements: The Ecological Model for Policy Change

Policy changes take place through “top-down” policy decisions or “down-up” processes. The educational policy change for residential schools was initiated by leaders of the Ministry of Education and implemented from the top down to the residential education network as a whole. The Ministry of Education was forced to act following the widespread large public campaign led by NGOs lobbying for better integration of the Ethiopian community. Researchers and other social activists joined and demanded to raise public awareness of the low academic results in residential education programs.

The influence of Israeli youth villages on children can be explained using Bronfenbrenner’s (1979) Ecological Theory. Here, children’s development is not influenced merely by their daily interactions with the *micro -level system* but is also significantly impacted by the *meso* system (interaction of microsystems, such as family and school) and *exo* systems. Although young people may not be engaged directly with the *exo* system, they could be impacted by changes occurring at that level (e.g., changes in a parent’s workplace), and even more for interventions emanating from the *macro* level – overarching institutions and socio-political processes (e.g. government bureaucracies). Israeli residential education and care settings are organized in a relatively large network which affords them a large measure of autonomy, yet they must adhere to nationwide educational and care directives, which can serve to introduce policy changes, whenever they are needed.

It was clear that a major policy change would have to begin by changing the attitudes of directors and staff, emphasizing the new priority to be given to academic achievement. As stated before, recent studies by Zeira & Benbenishty (2011), Benbenishty, Zeira & Arzav (2015) have clearly shown that despite the large amount of resources and money invested by Ministry of Education in these educational programs, the educational gap between them and non-residential high schools was still large, and young people in care were not matriculating. Therefore, researchers, scholars, media people, social activists, all acting on the macro level, have influenced public opinion and steered decision-makers to adopt a new priority. Program designers, staff training programs, supervisors, and program directors, all acting

within the meso and exo systems were called upon to initiate and conceive concrete programs.

The outcome was a new Ministry of Education policy in 2012. The Ministry decided to allocate major financial resources to youth villages, with the expectation of significant improvements in the achievements of youth village students. A special unit of four supervisors was established, entrusted with developing and initiating new programs geared at improving academic achievements of youth village students. One of their major initiatives was the development of “study centers” or “evening classes” and other innovative programs, like intensive “marathons” before crucial exams, personal tutoring and smaller classes, all applying non-formal methods in a relaxed atmosphere. These new evening programs, led by direct-care staff and the school teachers, completely changed the micro-level learning atmosphere. According to Milo-Aloni (2019), in 2016 such study centers were operating in 43 youth villages, and by 2019 in 70 youth villages. Schools in youth villages are required to submit monthly reports of their concrete activities to improve academic standards.

Supervisors of the Ministry of Education are on hand to constantly follow up these new programs and scrutinize the matriculation results for each youth village. Finally, yet importantly, large sums were allocated to youth villages by the Ministry of Education (more than 8 million US dollars a year), to develop and operate these new learning centers and related initiatives (Milo-Aloni, 2019).

These combined activities have succeeded in creating a completely different “ecological environment” for children in residential education and care facilities, which has created real change in young people’s scholastic achievements. In 2016, *Efshar* (literally – It Can Be Done), the Israeli professional journal for social educators, dedicated an issue (# 27) to discussions of all aspects of these efforts. The issue, *Studies, education and diploma: The key for changing the situation of children and youth at risk* (Gilat, 2016), listed a great variety of programs and initiatives developed in youth villages and residential care programs and second-chance programs for youth at risk. The special issue included an article about informal evening learning centers in youth villages, another on methods for increasing motivation for learning among youth at risk in residential-care settings and one on learning programs in residential programs for delinquent youth (run by the Youth Protection Authority) – *Education as essential resource for success in life*.

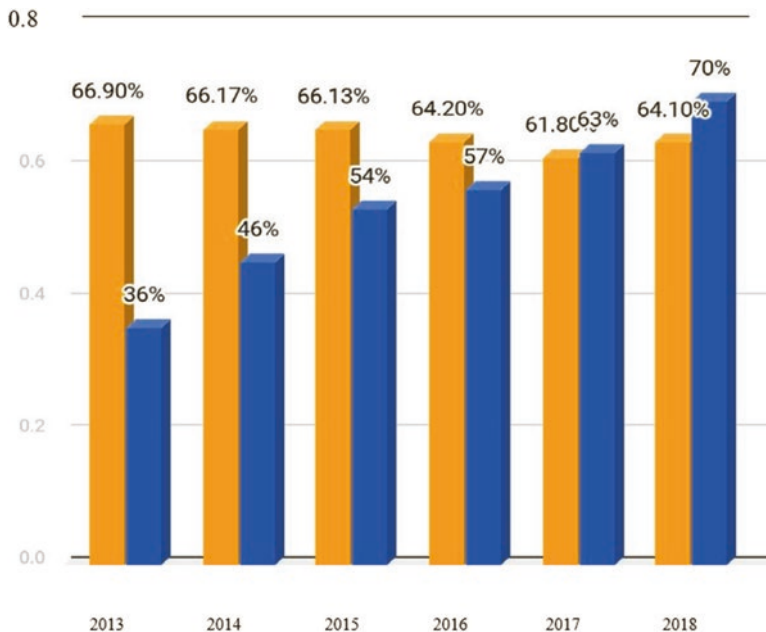
### 13.4 Primary Empirical Data

This policy change is relatively new, and has yet to be sufficiently documented, researched, and formally assessed. However, as stated before, passing the matriculation test is a prerequisite for higher education, and most of the criticism of out-of-home care facilities was based on the poor results of residential-education graduates and care graduates on these tests. One of the tools used by leaders of the residential education department in the Ministry of Education was to engage the supervisors as

change agents, asking them to broaden their focus from quality of life and social and rehabilitation programs and give priority to learning processes. They were also advised to follow up the academic success rates of youth village students, particularly their matriculation scores.

Systematic follow up of residential school graduate's success rate in National Matriculation tests show a net positive effect. Starting with 36% of success in 2013 (compared to 66.9% national average), it moved to 46% in 2014 (in comparison to 66.17% national average), 54% in 2015 (compared to 66.13% national average), 57% in 2016 (compared to 64.20% national average), 63% in 2017 (compared to 61.80% national average) up to 70.00% in 2018 (compared to 64.10% national average) (Fig. 13.1).

As these figures demonstrate (Milo-Aloni, 2019), the policy change has improved the academic achievements of youth in care year-on-year between 2013 and 2019. Moreover, the gap between the success rates of youth in care and the national average figures has narrowed in that time. Measuring one variable only (matriculation scores) could be problematic methodologically, as such an increase could be the result of cumulative efforts, among them developing special courses for improving learning competences, reducing the number of students in a class, and personal mentoring. However, the upward trend of these figures is very clear and is clearly indicative of the overall success of this policy change.



**Fig. 13.1** Comparison of achievements of students in residential schools (blue column) with national average achievements, 2013–2018

### 13.5 Discussion

In most industrialized countries, residential education and care as a rehabilitation vehicle for children and youths at risk is declining (Del Valle, Sainero & Bravo, 2014; Knorth & Van de Ploeg, 1994; Trede, 2008; Whittaker, Holmes, Del Valle et al., 2016), primarily because of the negative stigma attached to any kind of institutionalized setting. Such settings are viewed as a last resort in many Western countries, a solution to be applied only when all other interventions have failed (Frensch & Cameron, 2002).

In addition, the ever-increasing cost of treating a child in a residential-care therapeutic program is encouraging policy-makers to look for less expensive solutions, even though the effectiveness of these alternatives can often be doubtful (Grupper, 2003; Eurochild, 2010; Everychild, 2011; Knorth, Harder, Zandberg & Kendrick, 2008). Almost every model of residential care appears to have lost popularity in the industrialized world. Emotional rehabilitation in residential care is often considered too expensive and not in line with the actual trend of deinstitutionalization and preference for family-type placement. The 2014 “Consensus paper” (American Orthopsychiatric Association, 2014), which stated that no groupcare program can enable children to develop efficient attachment (American Orthopsychiatric Association, 2014), began a wide polemic among researchers who challenged this statement. Whittaker et al. (2016) published a new statement elaborating the benefits of quality therapeutic residential-care programs and their ability to develop attachment among children in care. However, it should be noted that elite populations and even upper middle-class families are demonstrating less interest in placing their adolescents in boarding schools, or residential schools as the daily reality of these programs is not compatible with the general contemporary ethos of “individualism”. Consequently, even the most prestigious public schools in Great Britain are having difficulties recruiting candidates; some schools have been closed, others transformed into boarding schools for upper middle-class adolescents with social and emotional problems (Duffel, 2014).

Residential education and care networks in Israel were, and still are, a very important social instrument for coping with complex educational and social challenges. Such programs have proven themselves highly instrumental in obtaining successful social integration of immigrant youth in Israel, especially unaccompanied minors, which is a somewhat atypical “migrant society” (Eisikovits & Beck, 1990; Grupper, 2013). Although unaccompanied minors are often associated with refugee populations, in Israel, this phenomenon is also prevalent among Jewish young people who come to Israel from different countries without their parents. Life with Israeli peers in youth villages enables them to decide if they wish to stay and become Israeli citizens. It has also proven to be an important asset in re-integrating disconnected youth in a variety of at-risk situations.

Community life, involving shared living of young people and their educators, creates vast opportunities for developing a sense of “belonging”, first to the small peer group, later to the youth community. Hopefully it will lead to the development of adults with a sense of belonging who will be positively connected to their family, community, and society. Such educational challenges cannot be achieved by residential institutions characterized as a closed “total Institution” or “Goffmanian Asylum” (Barnes, 1991).

Residential programs are bound to modify themselves according to social changes occurring in the environment in which they operate. This is true everywhere, including Israel. The main changes occurring in the Israeli residential network in recent years are focused in four areas:

- Involving parents in children’s lives while in care (Grupper, 2008)
- New and better collaboration with surrounding communities (Kashti, 2000)
- Developing different kinds of programs for supporting care leavers (Benbenishty & Zeira, 2008) and
- Higher prioritizing of academic achievements (Milo-Aloni, 2019).

In this paper we focused on the fourth area. We elaborated about the vast efforts made in the youth villages to change the ecology of the programs, to guarantee that youth in care receive optimal opportunities to achieve success in their high-school studies, as a key element in opening future opportunities for them as adults. Early indications presented here are encouraging, although we believe that further research and application of additional evaluation tools are necessary.

## 13.6 Hopes and Fears

Looking toward the future, we hope that the powerful social instrument that was so efficient until now for coping with complex social challenges will be allocated public legitimacy and adequate resources. Such allocations will help work toward empowering new generations of young people who wish to join residential programs and are able to take advantage of such opportunities. However, this implies that residential programs no longer be considered the “last resort” for vulnerable young people. On the contrary, these programs could be considered the preferred option for those young people who feel that they can benefit from such a learning and living situation. Those young people may be ready to experience the challenges of out of home care programs to benefit from their empowerment and healing potential. This will be accepted by decision-makers only if these programs help young people in care to improve their academic achievements, which, in turn, will open new opportunities for successful transition into mainstream society.

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# Chapter 14

## Different Perceptions Regarding the Education of Children in Care: The Perspectives of Teachers, Caregivers and Children in Residential Care



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### 14.1 Introduction

Reaching a certain level of education is generally linked to having more opportunities in life, especially as far as social inclusion and employability are concerned. This is also true for the youth in care population. Data from different studies have revealed that children in care often have greater difficulties with regard to regular school attendance, behaviour and educational outcomes (Dill, Flynn, Hollingshead, & Fernandes, 2012; Montserrat & Casas, 2018). Moreover, after they reach age 18, this population displays more social problem indicators, such as economic problems, mental health issues, or drug abuse, than the general population (Forsman, Brännström, Vinnerljung, & Hjern, 2016). Differences can also be seen in higher education where, according to the UK Department for Education (2015), only 6% of young care leavers reached university in the United Kingdom, compared to 50% of youth of the same age from the general population, or only 1% in other countries. Nonetheless, this is not a homogeneous group and despite the overall data, big differences can be found among care leavers, some of whom achieve educational success (Jackson & Cameron, 2014).

But clearly, whatever the outcome, children in care have to overcome several obstacles in their different life trajectories. These may range from problems with their birth families to obstacles inherent in some child protection systems, which do not always operate within the parameters of corporate parenting, causing instability in resources, schools and role models, and leading, in turn, to greater inequality. Authors such as Darmody, McMahan, Banks, and Gilligan (2013) pointed out that to improve attendance, participation and attainment rates for children in care it was necessary to work from the perspective of a socially inclusive school for all children

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in vulnerable situations, including children in out-of-home placement. Education and care systems needed to work together if they were to have an impact on policy-making. They should have a child-centred approach that not only enabled children to take part in decision-making that affected them, but also provided flexible answers. Training for teachers, caregivers, social workers and educators was also required.

However, not only should we identify factors related to children's experiences before entering the care system, but also factors that have an impact on them while they are in out-of-home care. Based on a systematic review, O'Higgins, Sebba, and Luke (2015) concluded that the link between having been in care and low educational outcomes could partly be explained by experiences (such as abuse or neglect) that children may have undergone before entering the care system. Some of the problems children have on entering care may persist while they are in an out-of-home placement. In other words, a series of individual, family-related and social factors intervenes in the relationship between having been in care and poor educational outcomes, and it is not clear whether being in care has an influence on this negative result.

Neither is it clear whether the care system is beneficial to the children it protects, although few studies exist that compare the children in care population with other at-risk populations (Berger, Cancian, Han, Noyes, & Rios-Salas, 2015). One exception is the study by Sebba et al. (2015) which revealed that children with a longer stay in out-of-home care (especially if they entered at an early age, but also observed among those who entered later) obtained better educational outcomes when compared to both children in need (that were not in out-of-home care) and children with a shorter stay in the care system (these children obtained the worst results). Moreover, this pattern tended to be consistent at different ages, indicating that care systems had a remedial capacity if at least time was a factor. The fact that children with a longer stay in out-of-home care do better at school than children in need who live at home may be due to putting school, and other interventions, first. However, the problems some children have with their birth families remain unresolved while they are in care and this continues to have an impact on their studies, especially on their concentration and the effort they make. Another essential aspect of care systems is the need to improve decision-making throughout the entire intervention, taking into account age, development and cultural environment (Wise & Connolly, 2014).

The education system also plays a relevant role. Among practical recommendations for enhancing the education of children in care, the CELCIS Report (2015) highlighted the support needed by teachers to work with children who had undergone traumatic events. According to the Report, it is important for teachers to understand the effect traumatic experiences may have on children's development, and the importance of interpersonal relationships with these children during their time in education. Teachers should acquire the skills needed to handle disruptive behaviours and understand why these children communicate through these types of behaviour (often triggered by anxiety rather than defiance). It is also essential for them to pay attention to attitudes and traits associated with resilience, often observed in these children. Providing a safe, welcoming environment might further encourage their resilience. Yet, none of this has much affect if they are constantly chang-

ing schools or being taken from class to be interviewed or for meetings, or if they attend school on a part-time basis. Sebba et al. (2015) concluded that factors that facilitated positive educational outcomes for children in care included entering the care system at an early age, having a long-term stable placement and being in family foster care. The best results were obtained for children in kinship foster care compared to children in residential care, who obtained the worst. This was also observed by Montserrat and Casas (2018). The latter also highlighted the importance of the involvement of caregivers and educators, and the high expectations of school achievement that teachers should place on children.

While the aforementioned studies have raised awareness of the factors that may affect the educational trajectories of children in care, fewer studies have addressed the perceptions and evaluations of the different stakeholders involved in their situation. Davidson-Arad, Dekel, and Wozner (2004) analysed evaluations of the quality of life of children in care made by the children themselves and their caregivers. It was found that children evaluated their physical QOL higher and their psychological QOL lower than the caregivers did. Therefore, if the study had only focused on one of these perspectives, the results would not have been so rich or so well adjusted to the situation. In another study focused on kinship placements (Montserrat & Casas, 2006), practitioners showed clearly lower evaluations with this kind of placement than children and kinship carers did. Years later, in a study on youth in residential care, teachers and educators showed lower evaluations of the school situation and future expectations of the youth in their care than the youth themselves, but higher evaluations than the youth regarding the quality of care provided by the school and residential home (Montserrat, Casas, & Baena, 2015). It is precisely the different perspectives among the social stakeholders' perceptions which we have sought to analyse in greater depth in this chapter, based on the project results. The focus is the social inclusion in school among youngsters in residential care through asking not only professionals or experts, but all involved stakeholders, and particularly children placed in care, in order to understand the whole phenomena and identify the most appropriate implications.

## 14.2 Objectives

A pilot programme to enhance school-based learning of youth in residential care through mentoring was proposed within the framework of the European Sapere Aude Project, conducted in five countries: Austria, Croatia, France, Germany and Spain. Programme assessment was based on a pre-test-post-test design and participants were youth in residential out-of-home care, their caregivers and their school teachers. In the pre-test results analysis, it is worth highlighting one of the most important aspects of school life for children: their social inclusion. We assumed that this aspect might have less negative results for the in-care population than results regarding educational outcomes. Thus, our objective was to find out the extent of social inclusion in school among youngsters in residential care. More specifically,

our objectives were: (a) to evaluate peer relationships and acceptance; (b) to evaluate the participation of youngsters in care in activities that most of their peers do, and; (c) to find out if they liked going to school and felt safe there.

The three stakeholders' perspectives were included in the three objectives with a view to contrasting them and analysing their concordance. As each teacher and caregiver evaluated the situation of each child taking part in the research, their responses could be matched.

## 14.3 Method

### 14.3.1 Participants

Study participants were:

- 12–17 year-old youngsters in residential care, with an expected stay of at least another year from the outset of the study. They were all pursuing compulsory secondary education in the five selected countries.
- Their caregivers from the residential home
- Their school teachers

The initial sample consisted of 15 youngsters from each of the 5 countries with their 15 caregivers and 15 teachers. The final sample comprised 219 individuals (75 youngsters, 75 caregivers and 69 teachers), as 6 teachers did not answer the questionnaire.

Table 14.1 shows there were more boys (79%) among the youth, while most adult role models (caregivers and teachers) were women (64% and 80%, respectively). The average age was 14.6 years for youngsters, 35.2 years for caregivers and 48.1 years for teachers. Caregivers were, broadly speaking, social educators and school social workers. 60% of the youngsters were born in the country where the study was conducted.

**Table 14.1** Participants by gender, stakeholder and country

	Stakeholder						Total	
	Youngster		Caregiver		Teacher			
	N	%	N	%	n	%	n	%
Female	16	21.3%	48	64.0%	55	79.7%	119	54.3%
Male	59	78.7%	27	36.0%	14	20.3%	100	45.7%
<b>Total</b>	<b>75</b>	<b>100.0%</b>	<b>75</b>	<b>100.0%</b>	<b>69</b>	<b>100.0%</b>	<b>219</b>	<b>100.0%</b>
Austria	15	20.0%	15	20.0%	14	20.3%	44	20.1%
Croatia	14	18.7%	14	18.7%	12	17.4%	40	18.3%
France	12	16.0%	12	16.0%	12	17.4%	36	16.4%
Germany	18	24.0%	18	24.0%	15	21.7%	51	23.3%
Spain	16	21.3%	16	21.3%	16	23.2%	48	21.9%
<b>Total</b>	<b>75</b>	<b>100.0%</b>	<b>75</b>	<b>100.0%</b>	<b>69</b>	<b>100.0%</b>	<b>219</b>	<b>100.0%</b>

### 14.3.2 *Data Collection Procedure and Instruments*

An online, self-administered, *ad-hoc* questionnaire was used to gather data from all the participating stakeholders. All the questionnaires had the same questions, so responses could be compared. The questionnaires were translated into each country's language and supervised by project coordinators.

Included in the questionnaires were questions on personal information, aspects related to the care home, academic information, school and life satisfaction, leisure-time activities, future expectations and proposals for improving school-based learning. The questionnaires directed at caregivers and teachers also contained questions on work satisfaction.

There were mainly three types of questions: dichotomous questions; a Likert scale measuring level of agreement in relation to different aspects (5-point scale), and an 11 point scale measuring stakeholder satisfaction with different aspects.

Care homes and schools were sent a link to the questionnaires and data was collected online. Questionnaires contained an email address where respondents could send any queries or suggestions. Individual support was given to youngsters with reading comprehension difficulties and the questions were read to them.

### 14.3.3 *Data Analysis*

Contingency tables were constructed and a chi-square test was conducted to study the relationship between the dichotomous and ordinal variables in responses made by the three stakeholders. As for the satisfaction variables, the Student's t-test and ANOVA were used to compare mean scores among the stakeholders.

The selected variables were organised according to the three objectives:

(a) Evaluation of peer relationships and acceptance:

- The classmates are usually nice to me (agreement 1–5)
- Some classmates and I have good relationships (agreement 1–5)
- Some classmates help me when I have a problem (agreement 1–5)
- Satisfied with other children in your class group (scale 0–10)

(b) Evaluation of participation in shared or specific activities:

- How do you manage the following subjects at school? Sports (frequency 1–3)
- Have you been responsible for a particular task at school (frequency 1–3)
- How to improve learning skills? Going to a class group with few pupils at school (Yes-No)
- Guidance towards post-compulsory education: Training/apprenticeship (nonformal education)? (Yes-No)

(c) Evaluating whether they like going to school and if they feel safe there

- I like going to school (agreement 1–5)
- I feel safe at school (agreement 1–5)
- Satisfied with things you have learned (scale 0–10)
- Satisfied with your life as a pupil (scale 0–10)

Finally, in order to test the strength of agreement between the responses submitted by youngsters and those submitted by caregivers and teachers, Cohen's Kappa statistic was used with the following coefficients (Landis & Koch, 1977):

Kappa Coefficient Strength of agreement	
0.00	Poor
0.01–0.20	Slight
0.21–0.40	Fair
0.41–0.60	Moderate
0.61–0.80	Substantial
0.81–1.00	Almost perfect

#### 14.3.4 Ethical Considerations

All information was gathered with the participants' informed consent and the authorisation of the child protection authorities in each country. Confidentiality and anonymity were guaranteed in the handling of obtained data in accordance with the current data protection legislation in each country.

## 14.4 Results

Results are organised according to the three objectives.

### 14.4.1 Evaluation of Peer Relationships and Acceptance (Table 14.2)

Seventy-four percent of youth in residential care *agreed a lot* or *totally agreed* that their classmates were nice to them. It should be noted that 47% *totally agreed*. In contrast, only 14% of caregivers *totally agreed* (34 percentage points less). Differences were significant. Eighty-seven percent of teachers *agreed a lot* or *totally agreed* that classmates were nice to children in residential care. Nonetheless,

**Table 14.2** Peer relationships and acceptance

	Stakeholder														
	Youngster				Caregiver				Teacher				Total		
	N	%	Residual	n	%	n	%	Residual	n	%	Residual	N	%	p-value	
<b>The classmates are usually nice to me (agreement 1-5)</b>															
I don't agree/a little bit	7	12.8%	0.42	12	16.2%	1.52	2	2.9%	-1.95	21	10.5%				
I agree somewhat	8	14.0%	-0.54	19	25.7%	1.81	7	10.1%	-1.38	34	17.0%				
I agree a lot	15	26.3%	-1.73	33	44.6%	0.48	34	49.3%	1.07	82	41.0%				
I totally agree	27	47.4%	2.13	10	13.5%	-2.76	26	37.7%	0.91	63	31.5%				
Total	57	100.0%		74	100.0%		69	100.0%		200	100.0%			<.001	
<b>Some classmates and I have good relationships (agreement 1-5)</b>															
I don't agree/a little bit	5	6.7%	-0.75	12	16.2%	1.95	2	3.6%	-1.38	19	9.3%				
I agree somewhat	6	8.0%	-2.06	20	27.0%	1.80	11	20.0%	0.32	37	18.1%				
I agree a lot	21	28.0%	-0.87	30	40.5%	0.99	18	32.7%	-0.14	69	33.8%				
I totally agree	43	57.3%	2.59	12	16.2%	-3.11	24	43.6%	0.59	79	38.7%				
Total	75	100.0%		74	100.0%		55	100.0%		204	100.0%			<.001	
<b>Some classmates help me when I have a problem (agreement 1-5)</b>															
I don't agree/a little bit	16	21.3%	0.19	18	24.7%	0.81	10	14.7%	-1.03	44	20.4%				
I agree somewhat	8	10.7%	-1.99	27	37.0%	2.91	11	16.2%	-0.91	46	21.3%				
I agree a lot	22	29.3%	-0.33	23	31.5%	0.01	23	33.8%	0.34	68	31.5%				
I totally agree	29	38.7%	1.97	5	6.8%	-3.30	24	35.3%	1.34	58	26.9%				
Total	75	100.0%		73	100.0%		68	100.0%		216	100.0%			<.001	
<b>Satisfied with other children in your class group</b>															
ANOVA												Total			
Youngster				Caregiver				Teacher				Total			
N	Mean	sd	n	Mean	sd	n	Mean	sd	n	Mean	sd	n	Mean	sd	p-value
74	7.51	2.55	75	6.09	2.19	69	6.46	2.19	218	6.69	2.39	218	6.69	2.39	.001

there were 10% fewer teachers than youngsters who *totally agreed*. This result was also upheld in the Kappa test, which revealed slight strength of agreement between answers submitted by caregivers and teachers ( $k = 0.04$ ). In other words, the ratings that adults gave their tutees were completely divergent. Strength of agreement was slightly higher between the youngsters' and teachers' answers, and between the youngsters' and caregivers' answers, but still only slight ( $k = 0.07$  and  $k = 0.11$ , respectively). Teachers and youngsters would appear to have similar evaluations, but considering the Kappa coefficient, they did not generally coincide in this particular case.

A similar tendency was observed with peer relationships. Eighty-five percent of youngsters *agreed a lot* or *totally agreed* that they had good relationships with their classmates and, more precisely, 57% *totally agreed*. Yet, only 16% of caregivers *totally agreed* (with significant differences). Once again the teachers' evaluation was closer to the youngsters' perception of their peer relationships: 76% of teachers *agreed a lot*, or *totally agreed* that the youngsters had good relationships with classmates (44% *totally agreed*). In this case, the level of agreement between teachers and caregivers was very poor ( $k = -0.01$ ), and slight between youngsters and teachers and caregivers ( $k = 0.03$  and  $k = 0.12$  respectively).

A similar pattern was observed in response to the statement "*Some classmates help me when I have a problem*". Thirty-nine percent of youngsters *totally agreed* compared to 35% of teachers and only 6% of caregivers (also statistically significant). Once again, agreement between teachers and caregivers was poor ( $k = 0.00$ ), and slight between youngsters and teachers and caregivers ( $k = 0.16$  and  $k = 0.05$  respectively).

Regarding satisfaction with other children in the class group, youngsters showed the most satisfaction (a mean score of 7.5 out of 10). Caregivers evaluated the youngsters' satisfaction with classmates with a mean score of 6.1, while the teachers' mean score in this regard was 6.7, with statistically significant differences ( $p < 0.05$ ). It is worth highlighting the poor agreement between the evaluation made by youngsters and that of their caregivers ( $k = 0.00$ ), while the rest showed a slight correlation coefficient.

#### **14.4.2 Evaluation of Participation in Shared or Specific Activities (Table 14.3)**

Seventy-seven percent of youngsters felt they had good marks in the subject of Sports. The percentage of teachers who felt the same was similar (78%), but significantly lower among caregivers (55%). The strength of agreement between the evaluation made by youngsters and that made by their caregivers and teachers was slight, but it was fair between the two adult stakeholders ( $k = 0.36$ ).

Thirty-three percent of youngsters claimed they were *often* or *always* responsible for a particular task at school. Caregivers (14%) and teachers (12%) made a signifi-

**Table 14.3** Doing activities like the rest of their classmates

	Stakeholder			Caregiver			Teacher			Total		
	Youngster	residual	%	n	%	residual	n	%	residual	n	%	p-value
<b>How do you manage the following subjects at school? Sports (frequency 1-3)</b>												
I usually have good marks	58	77.3%	0.80	41	54.7%	-1.60	54	78.3%	0.84	153	69.9%	
Sometimes good, sometimes bad	17	22.7%	-1.18	34	45.3%	2.40	15	21.7%	-1.27	66	30.1%	
Total	75	100.0%		75	100.0%		69	100.0%		219	100.0%	0.002
<b>Have you been responsible for a particular task at school (frequency 1-3)</b>												
Never	31	43.1%	-0.10	32	44.4%	0.08	29	43.9%	0.02	92	43.8%	
Sometimes	17	23.6%	-1.77	30	41.7%	0.77	29	43.9%	1.05	76	36.2%	
Often or always	24	33.3%	2.53	10	13.9%	-1.16	8	12.1%	-1.43	42	20.0%	
Total	72	100.00%		72	100.0%		66	100.0%		210	100.0%	0.005
<b>Improve learning skills... Going to a class group with few pupils at school (Yes-No)</b>												
No	40	53.3%	2.09	19	25.3%	-1.82	25	36.2%	-0.28	84	38.4%	
Yes	35	46.7%	-1.65	56	74.7%	1.44	44	63.8%	0.22	135	61.6%	
Total	75	100,0%		75	100,0%		69	100,0%		219	100,0%	0,002
<b>Training/apprenticeship (non-formal education) (Yes-No)</b>												
No	37	58,7%	2,02	20	32,3%	-1,21	19	34,5%	-0,88	76	42,2%	
Yes	26	41,3%	-1,72	42	67,7%	1,03	36	65,5%	0,75	104	57,8%	
Total	63	100,0%		62	100,0%		55	100,0%		180	100,0%	0,004



cantly different evaluation. It is important to note that none of the caregivers and only 3% of the teachers felt that the youngsters were *always* responsible for a particular task, compared to 13% of the youngsters. The correlation coefficient between answers in relation to the same youngster was fair between youngsters and caregivers ( $k = 0.27$ ) and between youngsters and adults ( $k = 0.23$ ), and slight between teachers and youngsters.

Fifty-five percent of youngsters felt that going to a class group with few pupils would not improve their learning skills, whereas, in contrast, 75% of caregivers and 64% of teachers thought it would, and differences were statistically significant. In this instance, strength of agreement between answers was slight in all cases ( $k < 0.20$ ).

Answers regarding future expectations of training or doing an apprenticeship (non-formal education) were significantly contrary between youngsters and adults. Fifty-nine percent of youngsters did not think they would join this kind of training program, while 66% of caregivers and 67% of teachers thought the youngsters would. The strength of agreement between the adults' answers was moderate ( $k = 0.44$ ).

#### ***14.4.3 Evaluation of Whether They Like Going to School and If They Feel Safe There (Table 14.4)***

On the one hand, 30% of youngsters totally agreed that they liked going to school, compared to 14% of caregivers and 13% of teachers who thought the youngsters did. On the other, 20% of youngsters claimed to not like going to school, and this percentage dropped to 10% among caregivers and teachers. The strength of agreement between the youngsters' answers and answers given by teachers and caregivers was slight ( $k = 0.13$  and  $k = 0.07$  respectively), and fair between the answers submitted by the two adult stakeholders ( $k = 0.26$ ).

Thirty-six percent of youngsters totally agreed that they felt safe at school compared to 22% of caregivers and 48% of teachers who thought the youngsters felt safe. Worth highlighting was the poor strength of agreement between the teachers' and youngsters' answers ( $k = -0.01$ ), while there was slight agreement in all the other combinations.

Youngsters displayed a mean score of 7 out of 10 with regard to satisfaction with the things they had learned. They were ascribed significantly lower levels of satisfaction by the adults (caregivers 5.9, and teachers 5.6), and once again, the concordance coefficient between youngsters' and teachers' answers was poor ( $k = -0.02$ ).

Finally, youngsters rated satisfaction with their lives as pupils with a mean score of 6.9 out of 10. As before, they were ascribed significantly lower levels of satisfaction by both adult role models (caregivers 5.6, and teachers 5.5), showing a slight concordance coefficient among all of them.

**Table 14.4** Evaluations and general satisfaction regarding school

	Stakeholder													
	Youngster				Caregiver				Teacher				Total	
	N	%	Residual	n	%	Residual	n	%	Residual	n	%	p-value		
<b>I like going to school (agreement 1-5)</b>														
I don't agree/a little bit	25	33.8%	1.63	17	23.0%	-0.25	11	15.9%	-1.43	53	24.4%			
I agree somewhat	13	17.6%	-1.33	23	31.1%	0.98	19	27.5%	0.36	55	25.3%			
I agree a lot	14	18.9%	-1.91	24	32.4%	0.17	30	43.5%	1.80	68	31.3%			
I totally agree	22	29.7%	2.14	10	13.5%	-1.06	9	13.0%	-1.12	41	18.9%			
Total	74	100.0%		74	100.0%		69	100%		217	100%	0.001		
<b>I feel safe at school (agreement 1-5)</b>														
I don't agree/a little bit	11	15.1%	1.63	7	9.5%	0.06	2	2.9%	-1.74	20	9.3%			
I agree somewhat	20	27.4%	1.33	17	23.0%	0.50	7	10.1%	-1.88	44	20.4%			
I agree a lot	16	21.9%	-1.96	34	45.9%	1.48	27	39.1%	0.48	77	35.6%			
I totally agree	26	35.6%	0.13	16	21.6%	-1.91	33	47.8%	1.85	75	34.7%			
Total	73	100.0%		74	100.0%		69	100%		216	100%	<.001		
ANOVA														
	n	Mean	sd	n	Mean	sd	n	Mean	sd	n	Mean	p-value		
<b>Satisfied with things you have learned</b>														
0-10 score	74	7.16	2.05	74	5.85	2.07	67	5.60	1.95	215	6.22	<.001		
<b>Satisfied with your life as a pupil</b>														
0-10 score	72	6.90	2.66	73	5.63	2.29	66	5.59	2.42	211	6.05	.002		

## 14.5 Discussion and Conclusions

Overall, three main groups of results can be highlighted in relation to the social inclusion in school of youngsters in residential out-of-home care:

- Youngsters rated aspects such as peer relationships and the need to feel they were participating in the same activities as their classmates far more positively than their adult role models did. Similarly, their evaluation of whether they liked going to school and felt safe there and their expectations for continuing their studies were more positive than the adults' perception of them.
- Among the professionals, teachers tended to give more positive scores than caregivers, who were far more pessimistic about the school situation of the youngsters in care, particularly regarding the evaluation of peer relationships and acceptance. It is important to take into account because teachers are with children at school and can observe directly the relationships between them.
- However, on analysing the data in greater detail, the evaluations made by specific youngsters did not coincide with those made by their caregivers or teachers. In other words, one might think that the results in which the teacher and child had similar viewpoints would show agreement in specific situations, when in fact there was only slight agreement. The Kappa tests showed that the strength of agreement between evaluations made by youngsters and practitioners was generally slight, whereas considerable disparity (from poor to fair and moderate depending on the item) was revealed between the evaluations made by caregivers and teachers. This might suggest that the adults did not know the child well, or point to a significant lack of agreement.

These three groups of results pave the way for important debates that will be mentioned briefly here due to lack of space. Firstly, the fact that adults had a more negative outlook than youngsters regarding the latter's social inclusion could be accounted for by the youngsters' need to value themselves and perceive success not merely linked to educational outcomes (Martín, Muñoz de Bustillo, Rodríguez, & Pérez, 2008). Comparing youngsters in care to other children, practitioners only see what is lacking in these young people's lives and they may also be influenced by prejudice towards the child-in-care population. We are all aware that adults' negative perceptions can have a negative impact on young people's self-image and self-esteem – “if others do not believe in me, it's harder for me to believe in myself” (Montserrat et al., 2015).

What is even more worrying, however, is that caregivers, who have taken on the role of raising and educating these children, had the most negative perceptions towards the children in their care. Moreover, they also had lower levels of job satisfaction, taking into account that they were much younger than the teachers. This issue merits an in-depth discussion.

Finally, we believe another factor comes into play regarding the slight agreement between evaluations made by a specific youngster and those made by his or her caregiver or teacher. It is likely that adult role models did not know the youngsters

well enough to evaluate their perceptions. Teachers have many other pupils at school and secondary school pupils have many teachers. At this stage, individual tutoring plays a less significant role. As for residential care homes, continuous shift changes lead to caregivers not knowing youngsters in their care so well. The less adults know these children, the more likely stereotypes and prejudice will proliferate, contributing further to the stigma attached to the child-in-care population.

Despite the limitations to this research, in particular the small participant sample, the challenge to collect and analyse data from different countries, languages and Organizations, and the differences between residential centres regarding size, gender, foreign children, it does serve to open up debates and some recommendations can be put forward.

## 14.6 Implications

Firstly, at a policy level, Departments of Education are recommended to work towards inclusive schools (along the lines of Darmody et al., 2013) while giving priority to teacher training (CELCIS, 2015). We would add that this is especially urgent at secondary school stage. Secondly, Departments for Child Protection need to reconsider and improve residential out-of-care, achieving a more stable workforce, for example. How difficult it must be for children to create a routine for themselves and form bonds if their caregivers are constantly changing.

In professional practice, the low expectations that adults have for these children needs to be addressed (Jackson & Cameron, 2014), and requires a cultural shift (McNamara, Harvey, & Andrewartha, 2017). Caregivers are unaware of how their low expectations for the youngsters they work with directly influence the latter, often leading them to despondency and demotivation. One need only look at the low expectations of youngsters reaching higher education expressed by teachers and caregivers in this study. Similarly, working in care homes is another issue that needs to be addressed given that the caregiver position does not seem to provide much satisfaction, and is perceived not only as temporary but as a job for younger workers, all of which has an impact on youngsters in care.

Finally, a long road still lies ahead for research into this subject. In particular, longitudinal studies should be carried out to better understand the contrasting perspectives of the different stakeholders.

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# Chapter 15

## The “Perfect Score”: The Burden of Educational Elitism on Children in Out-of-Home Care



Jacqueline Z. Wilson, Andrew Harvey, Pearl Goodwin-Burns,  
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### 15.1 Introduction

This chapter examines two parallel and interconnected issues: the systemic and publicly lauded elitism of the final-year of secondary education as it is currently structured in Australia; and the consequences of that elitism on a radically disadvantaged subgroup—those in or recently discharged from out-of-home care (OHC). Despite low socio-economic status, statistically poor secondary education outcomes and very low rates of tertiary education admissions, this group is not officially recognised as an ‘equity’ group entitled to opportunities routinely available to mainstream students.

The shortcomings experienced by those in OHC and those who have been discharged (‘care-leavers’) are, we will argue, products of a dual negative dynamic. The senior secondary education system is geared toward extolling and rewarding students positioned, through their advantageous circumstances, to achieve high tertiary entrance scores; and the OHC system compounds its clients’ intrinsic disadvantage by placing avoidable bureaucratic and financial obstacles in children’s path to higher education.

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The elitist ethos openly embraced by the secondary education system is legitimised by the news media, which provides extensive coverage of “results day”. This in turn fosters a culture preoccupied with the numerical scores of students in the highest percentile and effectively de-legitimises those who fall significantly below those benchmarks. For a group of children already beset with multiple layers of social stigma and material disadvantage, this process of exclusion from mainstream validation and opportunity serves to further erode morale and thus exacerbate the undermining of academic aspiration.

The chapter utilises examples of typical media coverage of the end-of-senior-year results, juxtaposed with personal accounts of a number of care-leavers attending two Australian universities. The care-leavers participating in the study were recruited in the context of a series of cross-institutional research projects designed to identify and provide support for care-leavers currently enrolled, and to proactively encourage further care-leaver enrolments. These include students who recently left OHC, and mature-age care-leaver students who in one way or another were discouraged or prevented from completing their education when they first finished secondary schooling. Both groups affirm the challenges and obstacles they have faced in pursuing higher education.

The chapter also points to the dispiriting conclusion that despite numerous official inquiries into the experiences of OHC children, a growing number of studies aimed at improving the situation for this group, as well as considerable efforts over the past decade by educational institutions and policy-makers, tertiary enrolments of care-leavers remain stubbornly low; on a par, in fact, with figures going back at least to the 1960s. This applies both in Australia and Britain. That so little has changed, despite a general push to promote and facilitate extended educational opportunities across all sectors, reflects both the complexities associated with multiple education systems across the country, and a continuing lack of recognition of the real-world problems facing those in OHC, then and now.

## 15.2 An Elitist System

The Australian school year runs from late January to late December. By December, however, senior secondary students in their final year (year 12) have already completed all study and assessment requirements, culminating in externally assessed exams, almost 2 months previously. The exams are worth 50% of the overall result for the year. It is not compulsory to sit them, as one may still qualify for a Year 12 pass based purely on the year’s progressive school-assessed results, but students who do not complete the exams do not qualify for an Australian Tertiary Admission Rank (ATAR)—the individually quantified, competitive evaluation of eligibility for entrance to university.

The ATAR is awarded to students in mid-December in the form of a number on a 100-point scale. The number places each student on a percentile, in increments of 0.05, relative to all other Year 12 students, calculated based on marks achieved over

the course of the year plus the final exam. This number, delivered privately via email or equivalent secure means, thus stands as the culmination of all the student’s endeavours not merely over their final year, but in effect their entire secondary education. As such, it inevitably occupies an enormously significant place in the student’s conception of themselves as a learner, of their teachers as educator/mentors, and of their prospects for future success. It is fair to say, in fact, that “The ATAR ... was designed as a tool to facilitate university admissions, but has taken on a life of its own, becoming a goal in itself” (Pilcher & Torii, 2018, p.v).

This “Holy Grail” perception of the ATAR is exemplified in the media’s preoccupation with it. Every December, news outlets across the country focus intently upon the release of the ATAR results, with major newspapers providing “live” online coverage on “ATAR day” (e.g. Butt & Cook, 2017; Griffin, Butt & Cook, 2016; Griffin, Holland & Cook, 2015; The Age, 2014), and running features on the students who achieve the strongest ATARs—with the “perfect” 99.95 as the pinnacle—along with the schools that produce them (e.g. Caporn, 2017; Cook, Butt & Cowie, 2017; Gleeson, 2016; Reinfrank, 2015).

The *Sydney Morning Herald’s* report (below) is typical of this unabashedly encomiastic coverage of the top scoring students and schools in Melbourne:

#### VCE RESULTS 2017: ONE SCHOOL CLAIMS A QUARTER OF VICTORIA’S PERFECT ATARS

Almost one in four students who scored the maximum ATAR of 99.95 attended one independent school in Hawthorn.

Scotch College racked up eight of the 36 perfect ATAR results awarded to Victorian students.

It was followed by Penleigh and Essendon Grammar, Haileybury and Melbourne High, which each had three students achieve the perfect score.

There were tears of disappointment, happiness and exhaustion on Friday as more than 50,000 students received their long-awaited VCE results at 7am.

...

At the University of Melbourne, 74 students were offered fee-free degrees and annual allowances of up to \$10,000 as part of the prestigious Chancellor’s Scholarship.

Independent and select-entry state school students made up the clear majority of the 46 recipients whose names the university has published. There were just four published recipients from mainstream state schools. (Cook, Butt & Cowie, 2017).

The article goes on to feature several individual high-achieving students, complete with photographs and detailed accounts of their academic results, emotional states, prospective university courses, hoped-for careers, and so on.

Similarly, the 2015 “live” interactive blog coverage by *The Canberra Times* (also not a Victorian paper) treated the event as national news, wrapping at the end of the day with a note of thanks not only to “all the students and their families and teachers and their schools that contacted us with their news”, but also, tellingly, “the VCE students who agreed to let us film them receiving their results this morning” (Griffin, Holland & Cook, 2015). Further, as if to underscore the routine elitism of the



process, the Australian Broadcasting Commission's coverage of Canberra's 2015 results notes, without comment, that "While Australian Tertiary Admissions Rank (ATAR) scores have not been officially released, 20 of the top performers received their final scores ahead of time" (Reinfrank, 2015).

Nor is such unbridled elitism the province only of news media. The emphasis on schools' statistical showing each December is enshrined and effectively commodified in tables of ranks provided online by various commercial enterprises. Some are in business running private tutoring services, such as the Sydney-based Matrix Education (Condliffe, 2017), some run information websites but sell advertising space to elite private schools wishing to take the opportunity to promote themselves in a forum tailor-made for their goaloriented ethos (Better Education, 2017) while others sell education resources plus advertising (Good Schools Guide, 2018). All of these operations aim their information "product" at parents who, in seeking the best educational opportunities for their children, are responding as "customers" to the competitive "education marketplace" paradigm that has prevailed in Australia (as it has worldwide) for the past three decades since the advent of neo-liberal monetarism led to the "corporatisation" of all schools, public and otherwise (Davies & Bansel, 2007; Robertson, 2008).

Notwithstanding the benefits for those wishing to profit from people's natural desire to seek the best in education, it remains highly debatable whether this systemic fixation upon a single number is beneficial for the development of enquiring minds, the exploration of ideas, or the cultivation of intellectual character:

A system that is geared towards ATARs with a heavy focus on assessment in the senior years of schooling can limit students' opportunities for deeper learning ... A strong emphasis on assessment can narrow approaches to teaching and learning, limiting teachers' capacity to innovate and diversify teaching practices (Pilcher & Torii, 2018: 10).

The competitive ranking of schools based on "performance" and the consequent translation of parents and students into education "consumers" is legitimised by the Federal Government's own schools information website, *My School* (ACARA, 2018). *My School* does not list schools based on ATAR; its data focus is rather upon schools' success or otherwise in the nationwide standardised literacy and numeracy test, NAPLAN (National Assessment Program – Literacy and Numeracy), administered progressively in all schools in Years 3, 5, 7 and 9. In many ways NAPLAN stands as a burdensome foreshadowing of the Year 12 exams, in that it encourages "teaching to the test", is a source of unwarranted stress for many students, and provides a highly questionable "snapshot" of students' learning (Cashen et al., 2012; Cook, 2014, p. 22). NAPLAN has been a source of controversy since its inception, as has the *My School* website for its reliance upon NAPLAN as a yardstick of students' and schools' achievement and progress (Ferrari, 2010; Jenson, 2010). And although the website's initially crudely drawn comparative criteria have since been refined somewhat (Cook, 2014), NAPLAN itself remains both conceptually idiosyncratic and dependent upon highly specific classroom preparation and strong student engagement over preceding weeks and months (Robinson, 2018); exactly the sort of conditions children with attendance issues or other learning difficulties are likely to find highly problematic.

In a “free market” educational economy, it inevitably follows that schools that are seen to most successfully meet consumers’ expectation will thrive, in the form of increased enrolments, and hence advantages in funding and resources (this applies both to nongovernment schools which charge fees and government schools, since government funding is directly tied to enrolment numbers). Conversely, schools which, for one reason or another, perform with less quantifiable distinction are likely to see a drop in enrolments as their prospective “customers” look elsewhere. Reduced enrolment numbers lead in turn to reduced financial viability, and hence to depleted resources. It goes without saying that students attending such schools are disadvantaged, and that even highly able teachers find it difficult, and perhaps impossible, to provide their students with the learning opportunities to which they are entitled. It is a further truism that such schools do not attract enrolments from students of affluent backgrounds.

Many studies have shown a close correlation between a student’s ranking and their socioeconomic status, suggesting that the ATAR merely reflects broader imbalances in educational opportunity within the school system and reproduces social inequities (Pilcher & Torii, 2018, p.10).

### *15.2.1 Inequity*

Educational policy-makers are not unaware of the challenges facing students from disadvantaged circumstances. “Equity” groups, such as those with physical or intellectual disabilities, acute or chronic illness, financial hardship, or culturally and linguistically diverse (CALD) backgrounds, may qualify for “special provision” during the final year assessment (NSW Education Standards Authority, 2018; Schools Curriculum and Standards Authority 2018; Victorian Curriculum and Assessment Authority, 2018). Once Year 12 has been negotiated, for better or worse, further concessions and opportunities are available to similarly disadvantaged groups applying for tertiary admission, including those with refugee status, geographical isolation, and Indigenous backgrounds.

At both secondary and tertiary levels, however, two disadvantaged groups are notably absent from the Equity list: children in OHC and adults who were in OHC as children; the group known as “care-leavers”. This group comprises a significant sector of the student population: children in OHC across Australia currently total over 43,000 (Harvey, Campbell, Andrewartha, Wilson, & Goodwin-Burns, 2017, p.7), with several hundred transitioning out of care each year as they approach adulthood, to add to the growing total of care-leavers.

Children typically enter OHC due to parental maltreatment. They most often come from low socio-economic backgrounds, and in many cases have a history of severely disrupted schooling at both primary and secondary levels. This widespread fracturing of educational trajectories can stem from a variety of often overlapping causes. These may include frequent changes of school due to family relocation, extended absences from school resulting from chronic domestic dysfunction, consequent inability to fit in

socially at school or keep up with literacy, numeracy and general cultural development, and the inability of teachers to adequately evaluate the individual learning needs of students whose attendance is sporadic and marked, inevitably, by significant disengagement (Jurczynszyn & Tilbury, 2012; Mendis 2012; Wilson 2013).

Beginning in 2014 the present authors have been collaborating in a series of cross-institutional projects involving La Trobe University, Federation University, the University of Western Sydney, Queensland University of Technology, and the Centre for Excellence in Child and Family Welfare, to determine the main obstacles facing care-leavers as they complete their secondary schooling and progress to higher education, to gather quantitative and qualitative data on the numbers and experiences of care-leavers accessing higher education, and to design and put in place initiatives and resources to improve support for current and future care-leaver students (Harvey et al., 2017). The projects combined over time to survey and, importantly, track over 200 students as they entered and progressed through their respective courses.<sup>1</sup>

### 15.2.2 *Care-Leaver Narratives*

The following accounts were gleaned from a series of in-depth interviews we conducted with care-leavers who have, against the odds and sometimes after many years delay, reached university, but whose experiences cogently affirm the manifold challenges they faced.

For me it was just about somewhere to live. People don't understand how hard it is to find accommodation that's not shit. ... I stuffed up my year 12. I found it too difficult as I moved around a lot. My foster carer was too strict and I just didn't get on with her. I smoke and she was always complaining about me. That's all the DHS workers talked to me about – my behaviour. I don't think they were interested in me going to uni. (“Janette”)<sup>2</sup>

When I was at school I got a really low ATAR score, so I didn't get into any uni courses. But not for lack of trying, because I really tried hard. I think I was definitely limited by having people around me that weren't driven. (“Tara”)

I first attempted to go to uni straight out of year 12, as I got a really good

[ATAR equivalent] score — 96.6. I'm probably a bit of an abnormality in your data. But what happened was I had a mental health breakdown after year 12, mostly because of all of the things I've gone through in the past. Uni had offered me a place, but I didn't have the financial backing or support to go through with it. (“Helena”)

Recently, the care leaving age in Australia has been raised to 21 across most Australian child protection jurisdictions. Before this, such challenges tended to be compounded for those who manage to reach Year 12 and find themselves suddenly forced to cope with the combined stresses of senior-year study and being discharged from care on reaching or approaching 18 years of age (Harvey et al., 2017: 12); a

<sup>1</sup>Tracking data collection and analysis is expected to be finalised in 2019.

<sup>2</sup>This and all subsequent care-leaver names used in this chapter are pseudonyms to protect their privacy.

process that often leaves them burdened with minimal financial and personal support. Indeed, it has been found that around 50% of young people who have recently left care typically experience homelessness in the first 12 months (McDowall, 2010). Thus, at precisely the moment when their peers at school are receiving maximum familial buttressing against the scholastic challenges of the most taxing, and crucial, school year of all, the young care-leaver’s core experience may well be that of abandonment, isolation and poverty:

There’s so much that you’re thinking about, well that I was thinking about, when I was leaving care you know because my birthday’s in the middle of the year as well and DHS [Department of Human Services] were like, “Your payment gets cut off in May”, and you’ve still got the rest of the year to go. (“Kelly”, quoted in Harvey et al., 2017: 27)

Nor are the disadvantages suffered by those in OHC confined to quantifiable lacks and harms such as material or educational deprivation. Within the elitist scholastic and social paradigm that characterises Year 12, young people in OHC may be met with a marked lack of basic empathy:

I had troubles in high school. I got into a [selective] high school on a scholarship, because I was quite bright, but failed Year 7. It was a really bad year with Mum. I lived with Dad after that, but it was a bad year. We were homeless when we stayed with Mum, living in a car. The school weren’t supportive at all. For instance, I was having trouble handing in assignments and school started giving me detention as a punishment. ... Nobody ever asked if something was going on at home. ... I applied for special consideration in Year 12, as I had had some stuff going on ... I was sexually abused when I was younger and was going through the court process when I was in my final years of high school. But I got declined. So, I didn’t get great marks. There was nothing. No support for me. No-one took that into consideration at all. (“Karen”)

The OHC student is often emotionally debilitated by shame and stigma—affective disorders that can lead to low achievement and lack of confidence in their academic potential. Hence not only do they tend to achieve relatively poor ATARs and, in preceding schoolyears, below-average scores on the emotionally and intellectually onerous NAPLAN tests, they are less likely to aspire to higher education due to lack of self-belief. This syndrome of low expectation can at times become a “feedback loop” and be exacerbated by educators who are themselves immersed in the elitist paradigm, while also lacking insight into the problems facing the aspirational OHC student. “Alexis” recounted informing her teachers of the abusive conditions at home, to which they responded by advising her that higher education would not be a practicable option unless she remained at home with her parents while completing high school. However, the maltreatment at home grew so severe she had no recourse but to attempt to study while on the streets (Harvey et al., 2017, p. 28).

For some students, the low expectations are made even more explicit, and hence in their way even more undermining:

In high school, we did have a careers advisor but he literally said to me “you will never get into medicine, pick something else”. Instead of saying, “Well here are the pathways to medicine,” it was “You’ll never do it.” ... I should’ve been a cook or like a cleaner in his opinion. (“Casey”, quoted in Harvey et al., 2017, p. 29)

Similarly, “Helena’s” aspirations were met with blank discouragement: When I was in grade six we used to have a tutor come to the [residential] house ... once a week. ... I told her that I wanted to go to Wesley College

[an elite non-government school]. ... I told her that I’d like to sit the scholarship exam for Wesley. The first thing she told me was “you’re aiming too high, you’re not good enough for that”. You can imagine that made me more stubborn, I sourced out the scholarship exam myself and I sat it. And, I actually got in. (“Helena”)

Having succeeded that far, however, Helena met a new obstacle of a type peculiar to OHC children, and which she could not surmount:

Because I was adopted that same term, I didn’t end up taking the scholarship because I had just been placed with my new family. So, I went to a [rural] public school. (“Helena”)

Because OHC schoolchildren and care-leavers in Australia have not been specified as equity groups, we began our research with almost no basic data as to numbers of applicants to university or established tertiary students. In this area several overseas countries are well ahead of us, and their research indicates that care-leavers have consistently poorer educational outcomes compared to their peers, both throughout the compulsory education years and, especially, in terms of those who apply and progress to higher education (Cameron, 2014; Jackson, Ajayi & Quigley, 2005; Jackson & Cameron, 2011; Nance, 2008; Zeira et al., 2014). It is unlikely that the figures in Australia are any better (since several overseas countries now have programs in place to redress the problem). The small number of studies done in this country prior to our project indicate that as few as 1% of those with a history of OHC are studying at university, compared to around 26% of the general population (Mendes, Michell & Wilson, 2014).

Although the presence of care-leavers at university is encouraging, one of the key factors to be considered is the time it took them to get there. Our study found that of the careleaver students surveyed, 46% had not arrived at university directly from school (Harvey et al., 2017, p. 21), compared to almost 60% of the general student population who typically transition immediately after finishing school or within a short time after (Australian Bureau of Statistics, 2013). The challenges outlined above can often lead to delays of years or even decades before care-leavers have the financial means and, especially, the inner resources needed to feel ready to apply. “Casey”, for instance, having been deterred from pursuing her scholarly ambition by the careers advisor, recounts that having children of her own brought home to her the realisation that she did indeed have the decision-making and problem-solving capability needed to complete her education (Harvey et al., 2017, p.31).

Among OHC children and care-leavers the incidence of poverty, disability, chronic health problems, mental and/or emotional disorders or learning difficulties is significantly higher than is found in the general population. In other words, many OHC children and care-leavers do qualify as members of existing equity groups. However, due to lack of confidence in dealing with bureaucratic processes, or unwillingness to be subjected to further scrutiny after a lifetime of being watched, judged and constrained, many care-leavers choose not to identify with any of those categories—even when taking a step would put them in line for assistance in the

form of scholarships and other supportive resources. Of those careleavers we surveyed, only about one-third sought financial support via an access scheme, and only around 50% took the opportunity to seek an equity scholarship (Harvey et al., 2017, p.21). Such counter-productive reticence is closely linked to a perennial psychological factor impacting upon many care-leavers in their pursuit of education: the sense of shame or stigma that comes with having grown up “different”, and hence effectively othered. Participants in our study spoke of the lack of awareness or understanding demonstrated by their peers and academic and administrative staff concerning the kinds of experiences OHC individuals typically had. In the context of applying for study or explaining their need for flexible support, this lack of awareness places the onus on the student, who must articulate the nature and intensity of their hardship, and how this has impacted on their educational trajectories. One interviewee reflected on this dynamic, noting that even though there are support systems in place at university, they tend not to show insight into the personal impact of living in care:

I mean yes there’s welfare officers at university, yes there’s you know, counsellors at the university. Yes, there’s disability support services and officers at university, but there no one clear “care person”, someone who gets your experience. (“Angela”)

Angela went on to discuss the implications of telling people your past, suggesting that when the care-leaver does disclose his or her background it is often reciprocated with unwanted pity:

You’re kind of looked at like “Oh god, she needs help,” and it’s never a good perception and I was always about trying to keep a really good perception. ... I think you just don’t want to be seen as different.

Throughout my whole life and my care experience I’ve always been seen as different. You don’t live with your mum and dad, your mum and dad don’t pay for everything and you know... trying to explain who your foster sisters and foster brother were...” (Angela).

Despite this, and in apparent contrast with the reticence noted above, Angela did suggest that it would be useful to have an OHC checkbox on enrolment forms to facilitate their linking in with more specific support services. Many students, indeed, stated that in the absence of such a checkbox and notwithstanding the inherent stresses, it is often simpler to identify as someone who has experienced homelessness, or poverty, categories which carry automatic and familiar connotations of hardship, than go through the process of explaining how and why an OHC background should be regarded as intrinsically disadvantageous.

Such contradictions and narrational convolutions exemplify the problems routinely encountered by OHC-background students or prospective students, at both tertiary and senior secondary level. Within schools it is normal for a given student’s OHC status to be known to wellbeing staff, and in many cases those staff members do have insight into the challenges the student faces, yet any application for special provision in Year 12 has to be based on specific areas of acknowledged hardship such as poverty or homelessness—which may or may not specifically apply to the OHC student at the precise time-frame in which key academic assessments are being made. And in the case of students whose discharge from care coincides with Year 12,

even if their transition out is relatively smooth—that is, they do have a home to go to and are not left destitute—the event itself constitutes a major change in life-circumstances which may well impact heavily upon their capacity to successfully complete their course, yet present significant difficulties when attempts are made to explain the problem to officials of an essentially bureaucratic education system.

These problems have prevailed for care-leavers for many decades (Golding, 2005; Harvey et al., 2017; Wilson, 2013; Wilson & Golding, 2016), and their persistence, with virtually no improvement, to the present day constitutes an indictment of both the welfare and education systems. It highlights the pressing need for the work to progress beyond localised research projects to focused, nation-wide data-gathering, combined with formalised recognition of the specific needs and rights of care-leavers and those still within the OHC system. British efforts over the past decade have seen some improvement in care-leaver tertiary enrolments—up from around 1% to approximately 6% of normal school-leaver age—but this remains extremely low compared to the approximately 43% of mainstream students (Department for Education, 2017; Social Exclusion Unit, 2003; University and Colleges Admissions Service, 2016). Also, the relative number of care-leavers who access higher education only after a period of years has elapsed since finishing secondary school remains high (Harrison, 2017), indicating that they continue to encounter obstacles and challenges of the kind we have identified here, plus possibly others yet to be identified.

The ambiguity and, to some extent, disappointing nature of these results suggest that significantly more work is needed to understand and effectively address the complex problems facing care-leavers and children in OHC. The British examples serve also to highlight, by contrast, the degree to which Australia is only just beginning to take the first steps toward undertaking such work. Localised projects such as the one we have been involved in and which provide the data informing this chapter are not enough; nationwide, government-sponsored and endorsed research and support programs are essential. Anything less can only perpetuate the exclusion of care-leavers as a group from educational opportunities supposedly available to all, and hence serve to diminish those individuals' capacity to fully participate as citizens in civil society.

### 15.3 Conclusion

Dual assumptions underpin Australian secondary education today: that meaningful intellectual attainment is inherently quantifiable, and that a competitive paradigm produces reliable indicators of such attainment and of students' fitness for further education. These assumptions are wholeheartedly embraced by the news media and exploited by commercial players in the education "market place". The result is an openly, and openly celebrated, elitist system that profoundly disadvantages students who do not fit the conventional norms or meet officially recognised equity criteria, yet who routinely face severe challenges fulfilling the demands of senior secondary school.

Care-leavers make up a very small fraction of tertiary admission applications, due to a combination of often intractable personal difficulties intrinsic to OHC, and the impact those problems have on their ability to achieve scores in standardised tests such as NAPLAN and the final-year ATAR commensurate with their academic potential. The lack of acknowledgement of OHC status as an official equity group entitled to special provision effectively deprives many care-leavers of essential educational opportunities, and hence impacts upon not only their possible careers, but upon their sense of self-worth and viability as full participants in society.

Little meaningful improvement has occurred since at least the mid-twentieth century. A radical advance in institutional and societal awareness of OHC children and care-leavers is needed, if those groups are to be afforded the educational and intellectual opportunities nominally available to all Australians.

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# Chapter 16

## Work Matters: Re-thinking the Transformative Potential of Education and Work in the Lives of Young People in Care and Care Leavers'



Robbie Gilligan

### 16.1 Introduction

Recent decades have seen increasing priority given to education in terms of overall outcomes in adulthood for care experienced young people. Arguably, what might be termed this 'education first' approach sees work as the logical destination on completion of formal education: education leads to work. Influenced by the life course perspective (Brady & Gilligan, 2018), this chapter will argue for a more complex and nuanced understanding of the connections between education and work over time. First of all, in the right circumstances, work also leads (back) to education. In this sense, work is not just a destination, but also a potential staging post on the lifetime education journey. Experiences at work may provide motivation to remain in or return to education. Secondly, learning occurs beyond the classroom, beyond the formal education system; work, itself, may also be a site of important learning. Thirdly, gaining (early) work experience may be an important supplement to the influence of educational attainment in securing access to employment. Such work experience may also help to level the playing field for some care experienced young people who otherwise lack the social connections that other young people may be able to call on in accessing or selling themselves in the world of work. There is also the 'dirty secret' of education: that it may not always lead 'neatly' to work. This is especially true for young people at risk of marginalisation such as young people in care. This gives even more reason to pay greater attention to supporting work experience and entry for care experienced young people. An equivalent 'dirty secret in the world of social care is that there may be low priority or low expectations given to prospects for young people in care in the world of work.

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This chapter argues for a re-balancing of the education first approach to include sufficient attention to work opportunities and also to the reality that many young care leavers may prefer to enter work pathways rather than continue further into higher education (Courtney in Loudenback, 2018). In a sense, it seeks to reclaim the special place of work training and placement for children in care historically in many countries – see for example Hearn (1993). It argues that education and work pathways and prospects are best seen as intertwined – one seen in isolation without the other makes little sense. In addition, it supports greater valuing of informal learning and work opportunities and for a more expansive understanding of ‘work’. It also recognises that educational engagement by care experienced young people may sometimes be ‘off-time’ in a normative sense, but that that this should be facilitated since there are often very productive and logical reasons for this from the point of view of the individual’s given circumstances (Brady and Gilligan, 2019).

## 16.2 Barriers to Progress in Education and Work for Young People in Care

The prospects for young people in care and care leavers in the worlds of education and work may often seem bleak. The challenges and barriers care experienced young people face in education are widely covered elsewhere in this book. These educational challenges may also translate into difficulties for care experienced young people in accessing employment.

Levels of youth unemployment are generally high across the globe (OECD, 2019). There is also a clear social gradient in the risk of youth unemployment with social and economic disadvantage further reducing prospects of many young people finding work. The available evidence suggests that young people from care systems are at even higher risk of unemployment or precarious employment (Mendes, 2009). As increased automation and digitalisation lead to the disappearance of certain medium to low skills jobs, the risk of unemployment facing marginalised young people looks set to rise even further.

In searching for ways for care experienced young people to overcome this heightened risk of unemployment, they must confront a paradox facing all young people in relation to employment. Education may not necessarily offer a pathway of escape. Pastore (2018) discusses why young people may face higher risks of unemployment or precarious employment and notes that the more time young people spend in education does not necessarily translate into better opportunities in work:

Young people are becoming ever more educated around the world, but they still have lower human capital than adults because they lack work-related competences. These competences can only be acquired on the job, through general and job-specific work experience. This experience gap generates an experience trap as employers search for employees who already possess competences, but young people need work experience to acquire them.

The message here is that conventional education may not deliver for young people because of an ‘experience gap’ facing them in the labour market (Pastore, 2018), a potentially critical issue for young people in care. Without a focus on this problem and creative approaches to resolving it for them, care experienced young people may end up trapped in this ‘experience gap’.

### 16.3 Closing the ‘Experience Gap’ for Care Experienced Young People

How is such a potential experience gap to be closed for care experienced young people? How are young people in care to acquire such work-relevant experience potentially so important for future access to formal work? Increasingly, it is advocated that structured work experience opportunities be embedded as a formal part of the general education offering. Where established, such a formal pathway to initial experience through school may prove valuable for many young people. But in many such schemes of school required work experience, the onus may be on a parent to assist the young person in securing relevant opportunities. For young people in care this may not be so straightforward. They may be dependent on the support of a committed carer to step in and mobilise any connections they may have. This may require not only a well connected carer, but also a stable placement which generates the foundation, commitment and trust upon which to base appeals to employers.

Take the case of ‘Lorraine’ who was in foster family care in her teens in Ireland. She got her first taste of the world of work through a school work experience stint in a florist (thanks to her foster carer’s neighbour and friend who owned the shop and agreed to the carer’s request to facilitate the work experience opportunity). Lorraine did so well in this period that she was offered the chance to remain on in the shop as a part time worker. To improve her knowledge she undertook and passed Interflora exams. Her experience in that outlet led her later to taking up a position in a pizza take away outlet. She became the manager. Some time later she had a child, and later recalled how parenthood had prompted her to raise her career ambitions: ‘... working in fast food wasn’t going to do that for me. It was going to give me a job but it wasn’t going to give me any savings or any future’ (Arnau-Sabatés & Gilligan, 2015). She dipped her toe back in the world of education and with support gradually overcame self-doubt to work her way up the educational ladder eventually acquiring a professional qualification in the health and social care field. Lorraine had a carer who had the commitment and the connections to support her progress into and through work experience. This is a clear example of how work led back to education, and with a deeper motivation.

In certain exceptional circumstances the care setting itself may offer work-relevant experience as part of its care programme, as in the following example. ‘Gilbert’ was a participant in a life time follow up study in the United States of young teenage delinquents and their later pathways within or out of crime in

adulthood. In this quote, ‘Gilbert’ now aged 70 reflects on the transformative legacy of his work experience and his work-skills teacher, Jack, when placed in a reform school in his teens.

.....Jack loved amateur radio. And he got me interested in radio and electrical stuff and things of that nature.....He saw the potentials in me. He saw I enjoyed electricity. I enjoyed radio and stuff like that. He took me under his wing. And I thought an awful lot of this guy in a short ten months I worked with him. He was a prince.....I prepared my whole life in ten months to do something.....He took me under his wing. And I thought an awful lot of this guy in a short ten months I worked with him. He was a prince.....I prepared my whole life in ten months to do something.....Let’s get down to brass tacks. What if Jack wasn’t there? What if I wasn’t offered the opportunity?.....He treated me right. As a matter of fact, after I left [name of prison] year after year on a yearly basis I would take my wife and kids, we’d drive all the way to [name of prison] to see Jack (‘Gilbert’ in Laub & Sampson, 2003, p. 141).

Serendipity played its part in Gilbert’s story. A completely random pairing delivered him to an activity and a relationship both of which blended to give Gilbert a rich opportunity to thrive in the support of a mentoring relationship and in the development of work-relevant skills. Outside a conventional classroom, a work experience workshop became the space where Gilbert learned more about trusting relationships, something of how to be a man as well as some of the technical skills and confidence which helped him in later life.

Work experience as part of a school programme is a common model for introducing young people in their early or mid teens to the world of work, and alerting them to some of the soft skills required in the work place. Yet, in these days of systems, of time limits, and more elaborate labour laws, it is easy to lose sight of the fact that many people may actually enter the world of work by other routes, with the assistance of support services or thanks to their own sense of agency.

In South Africa, a young man growing up in care had a transformative experience thanks to an internship in a hotel organised by an NGO. This taste of the world of work helped to change how he and others viewed his potential.

What I enjoy the most is the people that I work with and the friendships that they have for me. I have learnt to cook and to make a lot of stuff. I have learnt that I can stand up for myself. I can be with people that I am not used to being with as equals and I can make friendships with them.....The internship has given me more confidence and it has helped me to look after myself and my family..... quoted in Tanur (2012).

The legacy of this ‘modest’ internship was manifold: enhanced relationships: as in better relationships with work colleagues and family; better skills: as in cooking, making friends; more confidence, more sense of purpose in looking after himself and contributing to his family; new valued social roles: as in working, contributing financially; new recognition: as in gaining respect from his girlfriend’s family, now feeling on an equal footing with work colleagues from different backgrounds.

Some young people may progress through a combination of structured work experience and volunteering experience acquired on their own initiative. Social worker, Shelley Morrison had a formative opportunity in the world of work while growing up in Northern Ireland, when she served as a volunteer while still at school at age 17, thus topping up the impact of earlier work experience.

My educational experience was enriched by work experience undertaken with a human rights organisation.....As a 17 year old, I gained a taste of working with members of the public and a range of professionals..... During my A-levels, I began volunteering..... The benefits of volunteering included learning to be part of a team, meeting new people and developing communication (verbal and listening) skills and interpersonal skills.....Some of the skills I began to learn through work experience with a human rights organisation and volunteering were further developed, including time-management skills and interpersonal skills. (Morrison, 2016)

A young man who had grown up in foster care in Ireland reflects on how early part-time work had helped him to expand his identity beyond ‘young boy in care’. He had used his own agency (and foster family support) to follow the footsteps of older young people in his foster care household to take up, in his turn, a part-time position while still at school at weekends in a fast food outlet. This work experience and his studies set him on the road to his professional career in health care.

Work gave me independence or my own autonomy like to think that like oh right I can ... I’ve a job like and I’m a responsible young adult and not just a little boy that’s in foster care like, do you know. And I think having work gives you the opportunity to shine and be your own person and I think people in work gave me an opportunity to be like that.....I was a very, I was always very welcome to my foster family from day one like. But you still always have that little bit over your head that you are in care..... (Case 10, Ireland from Arnau-Sabatés & Gilligan, 2015).

## 16.4 The Value of Early Work Experience

These last two examples show how work experience does not depend exclusively on formal structured programmes and opportunities. Even in an era of greater formality in high income countries in the worlds of employment and education, informal pathways to the world of work may still be taken up in earlier years, even well before the teens. Take just two recent examples from my work – related social network in Dublin. Our social work student in Trinity College Dublin Elisha Coleman started Irish dancing at the age of 4 and now in her early twenties, she is a professional dancer (part-time) and as I write she is part of a Michael Flatley Irish dance production on a 2 week tour of Taiwan. Michael Flatley himself started to learn to dance at age 11, becoming a world champion Irish dancer at age 17, and was later to gain fame for his performances in the iconic Riverdance and subsequent similar productions. Film maker Donal Foreman, recipient of different awards and son of my colleague, Maeve Foreman, started making films at age 11.

Dancing and film making require a lot of technical know how and skill. These examples show that not all learning takes place in schools, nor within the normative time frame ordained by our education systems. They also highlight that much learning flows from the independent interest, motivation and agency of the child or young person. These examples all serve to remind us that the world of work – understood broadly – can be a site of *learning* and development, even for quite young people. Thus, our understanding of *work* should not just be about formal paid work, but

should also include other kinds of purposeful activity, such as volunteering, pursuing hobbies, undertaking internships, engaging actively in sport, arts etc. In this broader sense, work may usefully be considered as any *performance* of a role or task which has meaningful consequences, where something of social recognised value is at stake in the activity. It involves the exercise of some degree of ‘agency’, and it entails useful skills (both ‘soft’ and functional) being rehearsed and acquired.

The world of work is a place where a young person can learn new skills, develop a new identity linked to those skills, and can develop connections to others with similar skills and interests.

There are further examples of how opportunities to engage at an early age in meaningful work broadly understood also arise for young people in care. Author and newspaper editor Allan Jenkins grew up in care in England. Here he reflects on the influence of his foster father Dudley who introduced him and his brother Christopher to what became for Allan a life time love of gardening at the tender age of 5 years.

Without early success at growing as a kid, I guess, I might not be doing it now. It was the first time as a child I thought I might be gifted at something. In south Devon, Dudley gave Christopher and me two pocket-sized patches of garden and two packets of seed. Christopher had African marigolds (tagetes): bright orange, cheery, the stuff of temple garlands. I was handed nasturtium flowers: chaotic cascades of reds, oranges and yellows (Dad liked bright colours), which soon overflowed. Caper-shaped seed heads would dry in the sun. I was amazed (still am) that so much life can come from a small packet. (Jenkins, 2017)

From that small packet of seeds grew his love of gardening and a career in journalism devoted not only to gardening but to the closely linked theme of food, a natural further step for a gardener who especially loved cultivating vegetables.

Irish film actor, Barry Keoghan (25) grew up in foster care, and formal kinship care in inner city Dublin. At age 16, he secured a small role in the Irish film ‘Between the Canals’. Inspired by this experience, he spent time watching film classics instead of going to school:

I’d watch Paul Newman and all these greats and I was like ‘Who are these?’ I was learning my craft by watching these old movies. I was getting educated and I didn’t even know it. (Mumford, 2018)

In these few words, Barry Keoghan reflects how he tapped into informal educational opportunities that he found relevant to his interests – and future career – and that were far beyond the radar of the formal education system.

Irish Footballer Paul McGrath grew up in care and started to play for a team at the age of 13. He went on to play for St. Patrick’s Athletic in Dublin and then for Manchester United, Aston Villa and other teams and to represent his country. He is still regarded as one of the best players ever to have worn an Irish jersey. While he lacked much interest in formal study growing up, he adored football:

Soccer made me as a person. It gave me the identity I had been searching for, the expression of my personality that had been looking for an escape valve for so long. (McGrath & Dervan, 1994, p. 26)



These three examples illustrate variously many potential fruits of engagement in the world of work: ‘recognition’, soft and hard skills, positive identity, cultivation of the young person’s agency, stimulation of interest in education, the joining of other communities, opening a pathway to a career. And this world of work may be entered at very different ages, not only after leaving school or college. And as we have seen, early entry may confer special benefits, especially for young people in care. Gardening made Allan Jenkins more than a child in foster care. His love of growing plants gave him an additional identity as a gardener. It gave him another identity beyond ‘young person in care’. He had a language, an enthusiasm and a skill set to share with others in the community of gardeners. From an early age he learned to ‘perform’ as a gardener, with the fruits of his work open to observation by fellow gardeners as well as non-gardeners. Similarly, Lemn Sissay as a poet could have his performance appraised by others in the community of poets, and also by non-poets. Barry Keoghan as an actor could also have his performance scrutinised by those on the inside of acting, and also by the general public. Paul McGrath earned the respect and affection of his fellow professional footballers and of the footballing public.

These examples are testimony to the power of the child or young person’s agency in pursuing work relevant interests (and of the support that helps them along the way). But the four examples also highlight the importance of recreational interests as a potential bridge between the worlds of work and education. Arguably recreational interests occupy a liminal space of informal work between wider work and education and offer valuable pathways towards or back into formal education, or onwards (or back) to more formal work.

While the previous examples illustrate the influence of early work-relevant experience on subsequent work pathways, there are also instances of connections in the conventional work place providing the stimulus to return to education later, even in the face of other challenges.

Our marriage was an abusive one—disastrous. And I couldn’t see my way out of it and then I had a very good person I met at work who was encouraging me to study. ... And that made sense to me and I thought why not? That’s when I started. (Care leaver, Jenna, quoted in Mendis, Lehmann, & Gardner, 2017)

Having made the case for the value of early experience in the world of work, it is also necessary to sound some notes of caution. Firstly, there is an alternative view of work for younger people, which sees work as a source of potential risk and exploitation, and undoubtedly in the ‘right’ (wrong) conditions this may well prove to be true.

## 16.5 Overcoming Challenges in the World of Work

One objection that may be raised in terms of young people in care or care leavers accessing the world of work early is the potential in the case of paid work, of the young person ending up working for poor rates in poor conditions. Finnish scholars

undertook a systematic review of 21 international qualitative studies investigating the young people's experience of the transition period after leaving care. While some had found work to be a positive experience

the majority of the care leavers mentioned working in low-paid unskilled jobs where they had to tolerate exploitation. (Hägman-Laitila, Saloekkilä, & Karki, 2018)

Yet precarious or poorly paid work may prove a valuable way of helping shut down the critical and exclusionary 'experience gap' (Pastore, 2018) discussed earlier. Seen in this light, such low quality work opportunities (*if initial and temporary*) may also be considered as stepping stones to something better, as a way to gain precious experience and an even more precious employer reference letter. An Australian study has reflected on this issue:

'Of course, the reality of life for many care leavers is that available employment is often low skilled and poorly paid. Nonetheless, for some young people moving on, it was notable that they viewed these jobs as means to an end, or as a vehicle for moving onwards, conscious that even poor jobs have the potential to lead somewhere more positive:

"As far as I am now, I am trying to work up in it (a job in a fast food takeaway)...When you're at the bottom it's really crap... but I'm trying to go up in it, so I can do part time management while I'm studying for the good management salary" (Bill, Victoria, currently in accommodation supported by a post care support agency). (Johnson & Mendes, 2014)

The second note of caution is a reminder that early progress in the world of work is no guarantee of later success. It is not just the effort and agency of the young person, or events or actors in their biography that influence progress in the world of work. There are also wider structural forces at play which influence local economic conditions and whether work opportunities lie waiting to be grasped. Austerity, automation and lack of economic investment may just be some of the wider barriers to work opportunities. And in so many countries the burden of unemployment falls most heavily on young people, and even more so on young people at risk of marginalisation such as care experienced young people.

There has been a strong emphasis in policy and research on educational opportunities and outcomes for young people in care in recent years. This has been influenced by many factors not least an appreciation of how education can influence longer term prospects. In many ways this might be said to be an 'education first' model of thinking: make good progress in education as the first step, and then work opportunities will somehow follow. Appealing as that notion is, the harsh reality, as noted earlier, is that that proposition may not materialise, education may not deliver. There is increasing evidence that there is no longer any neat causal link between educational success and attainment in the labour market. Globally, there are examples of how expectations or hopes as to opportunities that education can open up have been dashed. The Arab Spring series of youth uprisings had its origins in the disillusionment of young people who felt cheated by the failure of this 'social contract' that they had trusted. There is also evidence that education, in certain circumstances, may also actually impede access to certain job opportunities. In a recent study in Ethiopia, educated young people were actually found to have a

*higher* rate of unemployment (Favara, Chang, & Sánchez, 2018). The skills education imparts need to fit the opportunities available.

These cautions are not a prompt to pessimism about the prospects of care experienced young people in the world of work. Rather they are a call for action to be redoubled in support of these young people's progress in the world of work, with the hope that relevant experience ultimately opens doors to decent opportunities, to 'decent work' as UN's International Labour Organisation stipulates in its overall policy goal – the promotion of opportunities for 'decent work' (Fields, 2003). In times and conditions which may not be favourable to young people's progress in the world of work, it is especially important to prioritise attention to assisting young people in care to access the world of work. This requires attention not just to the workings of the care system but also the local labour market. This is of particular importance since the world of work may promote social inclusion and combat marginalisation for social groups such as care experienced young people. Supportive actors (carers, social workers, teachers, policy makers) all need to engage with helping level the playing field for young people in care and care leavers.

Appropriate early experience in the world of work is an important way of leveling the playing field. Such experience helps young people to make connections, build confidence and cultivate an array of 'soft skills' often described as non-cognitive skills which are increasingly understood as critical for progress in education and in the workplace (Farrington et al., 2012). With this perspective, work is not something that follows education, but is intrinsically part of the broad project of education especially for young people. Arguably it can also help care experienced young people to 'close the gap' on non-care peers in terms of social and soft skills whose absence would otherwise prove a barrier to their progress in formal work arenas.

## **16.6 Why Work Is Important for Care Experienced Young People**

Positive experience in the world of work disrupts 'narratives of failure' and supports 'narratives of potential' for young people in care (Gilligan, 2015). Such narratives can frame (positively or negatively) ambition, aspirations, expectations, motivation, identity. Work can help cultivate 'agency' – even where agency is 'bounded' [constrained] (Evans, 2007) by realities linked to the care experience. Young people make and follow through on choices that matter as they seek opportunities in the world of work, and they also are faced with choices in meeting the demands of the task and roles they take in formal work or semi-formal roles and activities. A sense of accomplishment at work can build confidence. It may change expectations/aspirations that are so critical to actual outcomes for care experienced young people (Sulimani-Aidan, 2017). Experience at work may renew motivation to pursue educational opportunities. It can build builds social and non-cognitive skills. The status of 'worker' can help a care experienced young person to move away from a master

identity of ‘service user’ towards a set of multiple identities (Gilligan, 2018). The work place has potential to add precious social connections for care experienced young people. Experiences in the world of work (and education) can help build connections to ‘communities of belonging’ (Verdasco, 2018). Work can complement the influence of education in the life of a young person, and its impact may reach parts that other efforts and other resources don’t touch.

## 16.7 Conclusion

Work has been neglected or overshadowed by the recent welcome emphasis on educational support and outcomes for young people in care. In this chapter, it has been argued that work should not be seen merely as education’s final destination, nor as a part-time distraction on the journey to education’s destination. Work experience in its many different forms can be a wonderful source of learning and motivation and can be highly relevant to progress on both the education and work pathways. Early work is a vital source and site of learning for care experienced young people, learning that will enhance career prospects and the social skills and relationships of the young person over their life course.

In this chapter, the power of work is highlighted and also its breadth and reach. It has been suggested that there is a liminal space between formal education and formal work represented by informal and recreational activities in arenas such as arts, sport, volunteering, gardening and more. In this liminal space young people can cultivate important skills, qualities and attitudes which can have a positive influence on motivation and progress in the formal worlds of both education and work. This liminal space can be the source of work opportunities directly, or it can also serve as a possible ‘bridge’ between formal education and formal work opportunities cushioning the young person from the effect of possible delays in readiness for that transition from one to the other. This implies a need to rethink the relevance of normative timelines, and to avoid confusing delay with failure, or with failure to adhere to certain arbitrary deadlines imposed mostly by administrative systems. It is not that many young people with care experience do not ‘make it’. They may often get there. As Mark Courtney observes in his interview with Loudenback (2018), they may gain key exam results later beyond the normal time limit. This may be because they frequently must carry a heavier burden and their journey may thus take longer.

Within the chapter a vision is laid out for a much stronger integration of work and education, and for harnessing the powerful educational potential of work experience in terms of building confidence, motivation and soft skills. A case is made that a stronger focus on early work opportunities for young people in care would not only enhance educational engagement but also future employment prospects. Just as our thinking about timelines etc. needs to loosen up, so too do our understandings of ‘work’ and ‘education’. Work involves a much wider range of valuable activity beyond wage based employment. Similarly huge amounts of learning occur outside the classroom. The chapter explores how such fresh thinking has the potential to

contribute step changes in the effectiveness of efforts to open up educational and work opportunities for young people in care and care leavers.

There is evidence that young care leavers internationally feel poorly supported in relation to seeking employment (Häggman-Laitila et al., 2018). There is also a finding that boys may find it harder than girls to succeed in the world of work (Cassarino-Perez, Crous, Goemans, Montserrat, & Sarriera, 2018). From this study, there is also an insight that placement stability may influence educational outcomes (ibid). The two pillars of social inclusion are education and work, and increasingly it is clear that opportunities to progress in both must be offered in an integrated and compatible way. While it is commonly believed that education prepares for work, this paper is arguing a less recognised but complementary view, that work, already critical for social inclusion, can also play its part in preparing young people for a renewed commitment to formal education. Education and social care systems must therefore collaborate to create the conditions that support young people in care – men and women – to access opportunities in the worlds of both education *and* work.

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## **Part V**

# **Tertiary Education**

Redressing the low aspirations and poor educational outcomes of young adults from care backgrounds is clearly extremely complex. Even the United Kingdom and the United States, where initiatives addressing this inequity have been in place for some time, have not always managed hoped for outcomes. When young people from care do manage to access tertiary education, they are frequently limited by neurodevelopmental issues and poor preparation in academic skills. Housing, financial issues and mental health problems often constitute other major barriers to the achievement of successful outcomes. Care leaver graduation from college or university is often dependent on specialized supports being made available.

This part demonstrates that young people entering tertiary education from care backgrounds clearly can and do benefit from assertive equity and access interventions. Chapters from the United States, Australia, New Zealand and Brazil manifest opportunity in this domain with examples of excellence in policy and practice that have international relevance. Voices of people with care backgrounds who have made the transition to tertiary education paint hopeful pictures of their own lived experience. Evidence in these Chapters supports the argument that that successful education outcomes, especially at a tertiary level, can indeed provide a ‘passport out of poverty’.

# Chapter 17

## Postsecondary Educational Attainment of Young People Leaving Care in the USA: Implications for Practice and Policy



Mark E. Courtney and Nathanael J. Okpych

### 17.1 Introduction

In the context of globalization, educational attainment has become increasingly important to the health and well-being of youth making the transition to adulthood (IOM and NRC, 2015). However, there remains a dearth of reliable evidence regarding the educational attainment of youth transitioning to adulthood from substitute care systems around the world, though available data suggest that they are on average ill prepared for postsecondary education and fare poorly in comparison to other young people (Geiger & Beltran, 2017; Gypen, Vanderfaellie, De Maeyer, Belenger, & Van Holen, 2017). In recent years, in recognition of the needs of these youth, governments around the world have provided additional support for the postsecondary education of youth in care or formerly in care, in some cases extending the age to which care is provided.

In the United States, the federal government has since 2002 provided up to 60 million USD per year for the Chafee Educational and Training Voucher Program (ETV), which makes available up to \$5000 per year per youth for costs associated with postsecondary education and training of youth aging out of foster care.<sup>1</sup> Subsequently, the Fostering Connections to Success Act of 2008 provided federal funding, starting in 2011, for states to provide foster care up to age 21 at state option (Courtney, 2009). Prior to that point the federal government only provided funding

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<sup>1</sup> Out-of-home care for abused and neglected children in the United States is referred to as foster care, though placement settings include family foster homes with nonrelatives, kinship foster care, and group care.

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for foster care through age 18.<sup>2</sup> In order to be eligible to remain in care past their 18th birthday youth must be working to complete a high school diploma or equivalent credential, enrolled in a postsecondary or vocational program, participating in a program designed to remove barriers to employment, employed for at least 80 h per month, or incapable of any of those activities due to a medical condition. Thus, for youth in foster care in the United States, continuing one's education is not only an important strategy for increasing one's life options, it is also a means of ensuring access to basic needs such as food and shelter.

The study reported here describes the secondary and postsecondary educational attainment between the ages of 17 and 21 of youth transitioning to adulthood from foster care in California. It also describes challenges they have experienced in pursuing their education and forms of support they received along the way. California has the largest foster care population in the United States; as of April 1, 2018, the state had 59,662 children and youth in care, 7222 (12.1%) of whom were 18–20 years old (Webster et al., 2018). California is also one of the 25 states that have extended foster care to age 21, adopting one of the most inclusive approaches to providing extended care and devoting considerable resources to supporting youths' postsecondary education (California College Pathways, 2017; Courtney, Dworsky, & Napolitano, 2013). This study's findings have implications for child welfare policy and practice in the United States, and perhaps abroad.

## 17.2 Study Methods

The California Youth Transitions to Adulthood Study (CalYOUTH) examines the impact of extending foster care past age 18 on a wide range of youth outcomes during the transition to adulthood (e.g., education, employment, health, housing, parenting, and general well-being). CalYOUTH follows study participants progress through age 21 using in-person interviews.

### 17.2.1 *CalYOUTH Youth Survey Sample and Methods*

Youth eligible to participate in CalYOUTH were between 16.75 and 17.75 years of age in 2013 and had been in the California foster care system for at least 6 months. Administrative records from the state child welfare agency were first used to create a sampling frame based on those criteria ( $n = 2583$ ). A stratified random sampling design was used to select 880 young people who met the original study criteria;

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<sup>2</sup>For more information on implementation of extended foster care for young adults in the United States, see Child Welfare Information Gateway (2017): <https://www.childwelfare.gov/pubPDFs/extensionfc.pdf>.

stratification of the sample by county was done in order to ensure that smaller-population counties were represented in the study.<sup>3</sup> Of these 880 youth, 117 were found to be ineligible during the field period for various reasons (i.e., physically or mentally unable to participate, on runaway status for at least 2 months, incarcerated, returned home for at least 2 months, or relocated out of state). From the remaining 763 eligible adolescents, a total of 732 youth (95 percent of the eligible sample) completed baseline interviews in 2013. They were an average of 17.5 years old at the time of the interview and represent adolescents in California foster care who fit the sample selection criteria at the time of the study. Of the 727 young people who completed the baseline interview, 84% ( $n = 610$ ) were interviewed again in 2015 (“Wave 2”) when they were an average of 19 years old and 85% ( $n = 616$ ) were interviewed in 2017 (“Wave 3”) when they were an average of 21 years old. The survey instruments for all three waves of interviews were designed to provide a rich description of the characteristics and circumstances of study participants. Interviews averaged about 90 min.

All data reported here on outcomes for CalYOUTH participants come from the youth surveys. Sample sizes within tables can vary slightly due to missing data on individual items. Statistically-significant gender differences in outcomes are reported where they were found. In addition, we report differences at age 19 (Wave 2) between youth who remained in care at that time and those that had left. For some outcomes we make comparisons to the general population of young people in the United States using data from the National Longitudinal Study of Adolescent Health (Add Health). Add Health followed a nationally representative cohort of adolescents, collecting data on multiple social contexts and health and health-related behaviors (Chen & Chantala, 2014). The initial cohort of participants included adolescents in grades 7 through 12 in the 1994–95 school year. Three subsequent waves of data collection took place, until the participants were in their mid-twenties and early thirties. We compare data on selected outcomes between CalYOUTH study participants at each interview wave and Add Health participants who fell within the age range of CalYOUTH respondents. Sample weights were created that standardized the age (by month) and gender distributions of Add Health participants to the age and gender distributions of CalYOUTH participants, ensuring that differences observed between CalYOUTH participants and Add Health participants are not due to differences in age and gender.

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<sup>3</sup>Child welfare services in California are delivered by county child welfare agencies, hence the desire to use a study design that facilitated between-county comparisons. The tables and figures in this chapter report unweighted sample frequencies and weighted percentages; this can result in similar samples sizes representing dissimilar percentages. For a more detailed description of the CalYOUTH sample and study design, see Courtney, Charles, Okpych, Napolitano, and Halsted (2014).

## 17.3 Findings

Table 17.1 provides basic demographic information about the youth study participants. Reflecting the population of transition-age youth in care in California, females make up about two-fifths of the study population and the population is racially and ethnically diverse. Although only about 5% of the study population was born outside of the United States, over one-third had at least one parent born abroad and over one-in-ten came from a family where a language other than English was spoken at home.

### 17.3.1 Educational Status at Age 17

The youth study participants were asked a series of questions about their educational history and current level of educational attainment (see Table 17.2). Nearly all of them ( $n = 723$ ) were either currently enrolled in school or had been enrolled during the most recent academic year. About one-in-ten had already obtained a high

**Table 17.1** Demographic characteristics of baseline population

	#	%
Gender		
Female	429	59.4
Male	298	40.6
Age		
16 years old	43	6.1
17 years old	673	92.6
18 years old	11	1.3
Hispanic	319	46.7
Race		
White	210	24.2
Black	112	18.0
Asian/Pacific Islander	18	2.2
American Indian/Alaskan Native	26	3.6
Mixed Race	328	47.3
Language spoken at home		
English	655	88.0
Spanish	66	11.2
Cantonese	1	0.0
Other	4	0.5
One or more birth parent born outside USA	218	34.0
At least one parent is US citizen ( $n = 218$ )	136	61.0
Youth was born in USA	689	94.8

**Table 17.2** Educational status at age 17

	Overall		Male		Female	
	#	%	#	%	#	%
School enrollment in past year						
Currently enrolled in school	653	89.8	269	90.2	384	89.5
Not currently enrolled but was enrolled during past academic year ( <i>n</i> = 74)	70	9.6	29	9.7	41	9.6
Type of school ( <i>n</i> = currently/past enrolled)						
High school	590	80.6	247	83.7	343	78.5
GED classes	3	0.2	1	0.2	2	0.2
Vocational school	3	0.4	1	0.2	2	0.5
2-year or community college	25	3.7	8	2.8	17	4.3
4-year college	4	0.3	1	0.1	3	0.4
Other	96	14.7	39	12.8	57	16.0
Diplomas/certificates earned*						
GED or other high school equivalent	9	1.2	5	2	4	0.6
High school diploma	77	9.4	26	6.8	51	11.2
Neither	641	89.5	267	91.3	374	88.2
Vocational/job training certificate or license	122	15.2	55	16.7	67	14.2
Ever placed in a special education classroom	257	33.6	130	40.4	127	28.9**
Ever stopped attending HS/Jr. HS for at least 1 month due to foster care placement change	228	33.8	93	32.9	135	34.3
Skipped a grade	89	12.3	44	14.4	45	10.8
Repeated or been held back a grade	248	33.3	114	37.3	134	30.5
Expelled	188	27.5	100	36.3	88	21.5***
Received and out-of-school suspension	491	66.5	223	72.4	268	62.5**
Skipped a full day without an excuse	267	37.7	110	40.7	157	35.7

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

school degree or had passed the General Educational Development Test (GED), and nearly one-in-six had obtained some form of vocational training certificate or license. However, Table 17.3 provides indicators of the kinds of difficulties many of these youth had faced in obtaining an education, including being one or more years behind in school, the presence of disabilities that made them eligible for special education services, disruptions in their schooling caused by their placement in foster care, and exclusion from school due to their behavior. Young men fared worse than young women across several outcomes, including being less likely to have acquired a high school diploma, being more likely to have been placed in special education, and more likely to have been suspended or expelled from school.

Despite these challenges, and consistent with prior research in the United States on this subject (Courtney, Terao, & Bost, 2004), when asked about their aspirations for future education, about four-fifths of the study participants ( $n = 578$ ; 79.8%) expressed a desire to graduate from college.<sup>4</sup>

<sup>4</sup>Youth were asked the following question about their aspirations: "If you could go as far in school as you wanted in school, how far would you go?"

**Table 17.3** Education enrollment status at age 19

	#	%
Currently enrolled in school		
Full-time	197	32.3
Part-time	120	21.3
Not enrolled	294	46.4
Among youth currently enrolled ( $n = 317$ )		
High school	57	19.6
GED classes/continuation school/adult Education	28	8.4
Vocational school	32	10.9
Two-year or community college	152	46.4
Four-year college	42	12.7
Other	6	1.9

### 17.3.2 Educational Status at Age 19

Before describing youths' educational attainment 2 years later, when they were 19 years old, we provide information on their care status at that time. Three quarters of the study participants were living in extended foster care as young adults when they were interviewed at age 19 ( $n = 477$ ; 77.4%; among those, most had remained in care since the baseline interview ( $n = 421$ ; 69.9%) and a relatively small number had left care and returned prior to the Wave 2 interview ( $n = 56$ ; 7.5%). Nearly one-quarter ( $n = 134$ ; 22.7%) was no longer in care at the time of the followup interview, most of whom ( $n = 84$ ; 78%) had left care on or after their 18th birthday. Youths' self-reported reasons for leaving care, in order of frequency, included having left care at their own request ( $n = 47$ ; 35.3%), reunification with their parent(s) ( $n = 26$ ; 21.2%), exiting to adoption or legal guardianship ( $n = 20$ ; 12.6%); having been discharged while on runaway status ( $n = 10$ ; 9.1%), failure to meet the eligibility requirements to remain in extended care as an adult ( $n = 9$ ; 6.9%), incarceration ( $n = 9$ ; 5.1%), and various other reasons ( $n = 13$ ; 9.8%).

Table 17.3 shows the youths' educational enrollment status at the time of the Wave 2 interview. Over half of the young people ( $n = 317$ ; 54.6%) were enrolled in school and nearly three-fifths of them ( $n = 194$ ; 59.1%) were enrolled in college, mostly two-year colleges. About one-fifth was still attending high school. Youth who were in care at the time of the interview were twice as likely as youth who left care to be enrolled in school (60.6% vs. 29.8%,  $F = 29.3$ ,  $p < .001$ ). Among those who were enrolled, in-care youth were more likely than out-of-care youth to be attending school full-time (63.0% vs. 41.6%,  $F = 5.0$ ,  $p < .05$ ) and less likely to be enrolled in GED classes, a continuation school, or adult basic education classes (6.1% vs. 24.4%;  $F = 3.0$ ,  $p < .05$ ).

**Table 17.4** Degree attainment at age 19

	#	%
Secondary diploma/certificate		
High school diploma	417	66.0
High school equivalency certificate	29	4.8
None	163	29.3
Vocational/job training certificate or license		
	89	14.6
Among youth with high school credential, college degree ( $n = 448$ )		
Associates or 2-year college degree	3	0.6
Bachelor's or 4-year college degree	4	1.3
No college degree	441	98.2

CalYOUTH participants and the nationally representative sample of 19 year olds from the Add Health study did not differ in their likelihood of being currently enrolled in school, but among those who were enrolled Add Health participants were more likely than CalYOUTH participants to be full-time students (85.8% vs. 60.3%,  $F = 31.6$ ,  $p < .001$ ). CalYOUTH respondents were more likely than Add Health participants to be in secondary education (28.6% vs. 2.3%) and 2 year/vocational colleges (58.4% vs. 38.1%), while the Add Health participants were more likely than CalYOUTH participants to be in 4-year colleges (59.6% vs. 13.0%,  $F = 50.1$ ,  $p < .001$ ).

Table 17.4 shows the youths' degree completion status at the time of the Wave 2 interview. About two-thirds of the study participants had obtained their high school diploma with less than 5% having a high school equivalency certificate of some kind. Males ( $n = 51$ ; 20.4%) were about twice as likely as females ( $n = 38$ ; 10.7%) to report having a vocational certificate or license of some kind ( $p < .01$ ). Very few of the youth had obtained a 2- or 4-year college degree, but that is to be expected given their age.

Educational attainment differed between youth who were in care and those who had left; out-of care youth were less likely than those in care to have a completed a high school diploma (51.8% vs. 70.2%,  $F = 6.3$ ,  $p < .001$ ) and more likely than youth who had left care to have a vocational certificate or license (16.8% vs. 7.0%,  $F = 6.4$ ,  $p < .05$ ). CalYOUTH study participants were less likely than their peers in Add Health to have earned a high school diploma (66.0% vs. 87.6%) and more likely to be without a secondary credential of any kind (29.3% vs. 8.9%) ( $F = 35.6$ ,  $p < .001$ ).

### 17.3.3 Educational Status at Age 21

About three-in-ten CalYOUTH participants interviewed at age 21, by which time they had all exited California's foster care system, were enrolled in school at the time of the interview, with about half attending school full time, and about

**Table 17.5** Education enrollment status at age 21

	#	%
Currently enrolled in school		
Full-time	88	15.2
Part-time	73	13.7
Not enrolled	452	71.1
Among youth not enrolled in school, enrolled in school since last interview ( <i>n</i> = 452)		
Full-time	129	30.2
Part-time	130	29.1
Not enrolled	190	40.7
Among youth currently enrolled, current education status ( <i>n</i> = 161)		
High school, continuation school, or GED classes	12	10.0
Vocational/technical training at a private school (not including community college)	14	8.6
2-year or community college	96	60.5
4-year college	39	20.9

three-fifths of those who were not enrolled at the time had attended school since their last CalYOUTH interview. Among youth who were currently enrolled in school, four-fifths were in college, but one-in-ten were still pursuing a secondary credential. A greater proportion of females than males was enrolled in school (32.5% vs. 23.0%,  $F = 4.4$ ,  $p < .05$ ). CalYOUTH participants were less likely than their age peers in the Add Health study to be enrolled in school (28.9% for CalYOUTH vs. 42.7% for Add Health,  $F = 21.0$ ,  $p < .001$ ), and less likely among those who were enrolled in school to be enrolled full-time (52.5% vs. 80.8%) ( $F = 28.0$ ,  $p < .001$ ). Among those enrolled in school, CalYOUTH participants were more likely than Add Health respondents to be in secondary education (10.1% vs. 1.3%) and 2 year/vocational colleges (69.0% vs. 25.8%), while Add Health participants were more likely to be attending 4-year colleges (72.9% vs. 20.9%) ( $F = 43.6$ ,  $p < .001$ ) (Table 17.5).

As shown in Table 17.6, four-in-five youth had earned a high school diploma by the age of 21 and about 5% more had a high school equivalency credential. Over one-fifth had a vocational or job training certificate or license. However only 4.3 percent of the study participants had earned a college degree of any kind. Females were more likely than males to have earned a college degree (5.9% vs. 1.7%,  $F = 5.7$ ,  $p < .05$ ). CalYOUTH participants were as likely as the Add Health study participants to have obtained a high school diploma by age 21 (79.7% for CalYOUTH vs. 78.5% for Add Health), but they were much less likely to have obtained either a two-year or four-year college degree (3.6% for CalYOUTH vs. 9.7% for Add Health,  $F = 9.5$ ,  $p < .001$ ).

Table 17.7 shows youths' self-reported receipt of various forms of financial support used to pay for college. The most common sources of support were grant programs that did not require the youths to repay the support they received, with about

**Table 17.6** Degree attainment at age 21

	#	%
Secondary diploma/certificate		
High school diploma	490	79.7
High school equivalency certificate	31	4.7
None	91	15.7
Vocational/job-training certificate or license	114	21.6
Among youth with high school credential, college degree ( <i>n</i> = 522)		
Associates or 2-year college degree	16	3.1
Bachelor's or 4-year college degree	10	1.2
No college degree	496	95.7

**Table 17.7** How youth pay for college and student debt (*n* = 293)<sup>a</sup>

	#	%
How youth is paying for college		
Chafee or ETV grant	157	50.6
Among youth in 2-year or community colleges, a Board of Governors (BOG) fee waiver ( <i>n</i> = 238) <sup>b</sup>	166	72.1
Monthly foster care payments, such as SILP check or money from transitional housing placement <sup>c</sup>	55	15.5
A Pell Grant from the federal government	156	52.0
A federal student loan from the government that has to be paid back (e.g., Stafford Loan)	34	10.8
A private student loan, from a bank that has to be paid back	7	2.3
Other scholarships, fellowships, or grants	85	27.0
Own earnings from employment or savings	109	34.3
Money from a relative, friend, or other individual	19	7.5
Money from another source	24	9.1
Total amount owes in student debt		
No student loan debt	214	73.3
\$1 to \$1000	24	7.8
\$1001 to \$5000	21	6.9
\$5001 to \$10,000	17	6.3
\$10,001 or more	16	5.9

<sup>a</sup>Includes both youth who are currently attending college or attended college since the Wave 2 interview

<sup>b</sup>BOG fee waivers are only available to students attending 2-year colleges in California

<sup>c</sup>A SILP is the least restrictive placement option for nonminor dependents. SILPs include a living setting that has been approved by the youth's county social worker, and includes placements such as private market housing (e.g., apartments, renting a room, single room occupancies) and college dorms



half having received support from the Chafee Education and Training Voucher (ETV) program. However, it is worth noting that 17.9% ( $n = 83$ ) of youth eligible for an ETV reported having applied for but not received one and 18% ( $n = 104$ ) reported being unaware of the ETV program. The second most common form of support was the youth's own earnings from employment or savings, with about one-third of the youth's having relied on their own funds. In contrast, relatively few of the youths had received government or private loans to support their education and even fewer had borrowed money from a relative or friend. About three-quarters of the youth who had attended school reported having no debt associated with their schooling, and only about 6% reported owing \$10,000 or more. To put that into comparative perspective, 53% of people 18–29 years of age with at least some college attendance in the United States report having student loan debt (Board of Governors of the Federal Reserve System, 2017).

Youth who were in college or had been in college since their last interview were asked about their transition to college and engagement with college activities (Table 17.8). Nearly three-fifths of youth reported that they were ever involved in a campus support program designed to help youth in foster care. In terms of youth involvement in a variety of other academic activities and services, the most common activities youth participated in were study groups, meetings with professors, and Extended Opportunity Programs and Services (EOP), with more than half of participants participating in each.

CalYOUTH participants were also asked about difficulties they encountered during the transition to college (Table 17.8). The most commonly reported challenges included balancing school and work and organizing their time to finish their responsibilities, with more than three-fifths of respondents identifying each of these as a challenge. Classes being harder than they were used to and not being able to figure out how to access financial aid were other common difficulties, with nearly half of youth reporting each. About three-quarters of the parents reported that balancing school and parental responsibilities was a difficulty in the transition to college. Females were more likely than males to have been involved with a type of support or service intended to help students academically (11.7% vs. 3.3%,  $F = 5.8, p < .05$ ). Females were also more likely than males to report that balancing childcare responsibilities was a difficulty during the transition to college (25.8% vs. 6.6%) ( $F = 9.2, p < .01$ ).

Among study participants who were not currently enrolled in college, Table 17.9 presents findings regarding their perceptions of barriers to returning to school, with over one-third of youth reporting that they faced at least one barrier to continuing their education. The most commonly reported barriers seen a “major reasons” for not returning to school included needing to work full time, concern about college affordability, and childcare responsibilities. A greater proportion of females ( $n = 104$ ; 40%) than males ( $n = 50$ ; 26.2%) reported that there was something preventing them from continuing their education ( $p < .05$ ). In addition, among youth who said there was a barrier to their continuing their education, females were more

**Table 17.8** Transition to college and campus involvement ( $n = 293$ )<sup>a</sup>

	#	%
Involvement in campus support program for students in/previously in foster care		
Involved in a program most of college	89	33.7
Involved in a program some of college	39	12.6
Involved in program just a short while	36	11.9
College offers a program but was never involved	51	17.2
Not sure if a program is offered	76	24.6
Involvement in other college activities (can select more than one)		
Tutoring	101	39.4
Writing center	92	35.2
Extended Opportunity Programs and Services (EOPS) <sup>b</sup>	126	53.4
Student Support Services (SSS) that is part of the federal TRIO program <sup>c</sup>	36	12.7
Another program offered by a nonprofit organization or foster care agency	50	21.1
Student disability services	30	7.2
Academic advising	111	39.2
Meeting with professors or teaching assistants outside of class, such as during office hours	154	54.3
Peer mentoring program	30	10.0
Study groups/sessions with other students	160	57.8
Another type of support or service intended to help students academically	25	8.8
Difficulties in transition to college		
Classes harder than youth used to	133	44.7
Difficulty organizing time to finish all responsibilities	186	62.8
Hard making friends	57	18.8
Did not know how youth was going to afford college	78	24.9
Was not able to figure out how to access financial aid	128	44.0
Youth did not know if he/she would have transportation to and from college	82	26.3
Had to balance school and work	193	65.0
Among parents, had to balance school and being a parent ( $n = 71$ )	47	77.3

<sup>a</sup>Includes both youth who are currently attending college or attended college since the Wave 2 interview. For the latter youth, they were asked to think of the most recent college they attended

<sup>b</sup>The EOPS is a federal and state-funded program intended to encourage the enrollment, retention and transfer of students disadvantaged by language, social, economic and educational circumstances, and to facilitate their success in college. EOPS offers academic and support counseling, financial aid and other support services

<sup>c</sup>TRiO Programs, administered, funded, and implemented by the United States Department of Education, are designed to identify and provide services for individuals from disadvantaged backgrounds. TRiO includes eight programs targeted to serve and assist low-income individuals, first-generation college students, and individuals with disabilities to progress through the academic pipeline from middle school to post-baccalaureate programs

likely than males to report the need for child care as a barrier (51.1% of females vs. 2.7% of males;  $p < .01$ ), but less likely than males to report college affordability (61.4% of females vs. 83.4% of males,  $p < .05$ ) or having a criminal record (4.2% of females vs. 18.1% of males;  $p < .05$ ) as a barrier.

**Table 17.9** Barriers to returning to school ( $n = 452$ )

	Overall	
	#	%
Anything preventing you from continuing your education?	154	34.4
Among youth with something preventing them from continuing education ( $n = 154$ )		
Would not be able to afford college		
Major reason	69	45.1
Minor reason	36	22.9
Not a reason	48	32.0
Need to work full time		
Major reason	74	48.8
Minor reason	41	27.3
Not a reason	39	23.9
Youth did not think he/she would be accepted to college		
Major reason	16	11.5
Minor reason	42	27.8
Not a reason	96	60.8
No school close by has classes that fit schedule		
Major reason	12	7.0
Minor reason	33	21.8
Not a reason	107	71.2
Criminal record		
Major reason	4	1.6
Minor reason	10	7.0
Not a reason	140	91.4
No transportation		
Major reason	23	15.4
Minor reason	34	23.7
Not a reason	97	61.0
Need to care for children		
Major reason	42	28.0
Minor reason	12	8.1
Not a reason	100	63.9
Do not have paperwork or do not know how to enroll		
Major reason	10	7.2
Minor reason	36	23.1
Not a reason	108	69.8

Despite the challenges CalYOUTH participants faced in pursuing postsecondary education, they remained committed to doing so at age 21; over three-quarters ( $n = 452$ ; 77.4%) reported still wanting to graduate from college with at least a four-year degree.

## 17.4 Limitations

Study limitations should be kept in mind when interpreting the study findings. First, although follow-up response rates at survey Waves 2 and 3 are quite respectable, we do not know the extent to which their responses to survey items would differ from those of young people who did participate. Study participants and nonparticipants were similar across a number of demographic characteristics, but they did differ in terms of gender (participation rates were higher for females than males) and by their foster care status (participation rates were higher for youth who were in care at age 19 for Wave 2 and for youth in care on their 21st birthday for Wave 3 than they were for youth who were not in care at each of those survey waves). Second, the findings shown are statewide averages, and there may be important differences between counties that are not captured here. For example, the quality of secondary education systems and proximity to postsecondary educational institutions may vary from one county to the next. Third, whether the findings here are like those experienced by youth transitioning to adulthood from care elsewhere in the United States, let alone abroad, is unclear. Although secondary and postsecondary education systems in the United States share many common characteristics across states they are by no means uniform in structure or functioning. Moreover, child welfare systems vary widely across countries as do secondary and postsecondary education systems. Lastly, implementation of extended foster care in California remains a work in progress; this study provides data on the experiences of a cohort of youth who reached the age of majority only 2 years into implementation of complex and far-reaching changes in the operation of California's foster care system.

## 17.5 Discussion

In this study, youth in foster care approached the transition to adulthood already behind in school and many had learning disabilities and behavioral and emotional problems that were likely to continue to pose challenges for them if they chose to continue their education. The fact that four-fifths of them eventually obtained a high school degree is impressive and encouraging, as is their continuing desire to graduate from college, and many with a high school credential did enroll in college at some point by age 21. However, while 54 percent were enrolled in school at age 19, only 29 percent were enrolled at age 21. The youth were much less likely than their peers to have enrolled in college and more likely than their peers to enroll in 2-year schools that have a very poor record in the United States of providing students with college degrees. The fact that fewer than 5% of CalYOUTH participants had a college degree by age 21 is sobering. And while one-fifth had a vocational certificate of some kind by age 21, most of those already had that credential before the age of 18. These study findings are consistent with earlier longitudinal research in the United

States and confirm the need to continue strengthening efforts to support foster youths' secondary and postsecondary education (Courtney & Hook, 2017; Okpych & Courtney, 2018; Pecora et al., 2006).

Encouragingly, and consistent with prior research on the topic in the United States (Courtney & Hook, 2017), youth who remained in care as young adults did better educationally than those who left. While more sophisticated study designs are needed to assess whether the relationship between extended care and educational outcomes is causal, this study's findings provide some support for the policy of allowing youth to remain in care past age 18. Encouragingly, other research based on the CalYOUTH study has found that remaining in care is associated with youth obtaining help from professionals in accessing higher education by age 19 (Okpych & Courtney, 2017).

The youths report receiving considerable help in pursuing postsecondary education. This help came from programs specifically dedicated to current and former foster youth, such as the campus support programs that most youth were involved in at some point during their time at college, and the ETV program, from which most youth in college had received financial support. Most youth also reported receiving help from programs not focused specifically on foster youth that were operated by the colleges they attended. That relatively few have any student loan debt and even fewer have substantial debt is very good news and provides evidence of the effectiveness of financial aid programs targeting foster youth. However, study findings also point to room for improvement when it comes to connecting foster youth to educational supports for which they are eligible; many youth in college were minimally involved or not involved at all in the campus support program for foster youth at their college and many were unaware of the ETV program. The large number of current and former foster youth now exposed to campus support programs should increase interest in evaluating the effectiveness of these programs.

Study findings also point to challenges these youth face in making the transition to and persisting in their pursuit of postsecondary education, providing potential guidance to child welfare and education professionals and policymakers interested in improving their educational outcomes.

Youths' responses reinforce the need to improve the academic preparation for college of youth in foster care during their time in secondary education, provide youth with employment opportunities and financial literacy training to better prepare them to balance the demands of school and work, and provide support for child care for youth who become parents at an early age. Lastly, the fact that one-third of these youth are still enrolled in school at age 21 and over twice that many remain interested in pursuing postsecondary education calls into question prevailing policies that assume young people will finish their education by their early 20s. The recent change in federal policy allowing states that have extended foster care to age 21 to continue to use funds provided through the Chafee Foster Care Independence program to age 23 is a step in the right direction.

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# Chapter 18

## We Can Do It and So Can Our Future Care Leavers! Care Leavers at University



Reeny Jurczyszyn and Dee Michell

### 18.1 Introduction

In this chapter we explore part of our journeys through the statutory child protection system and into university and doctoral studies. We pay attention to our similarities as outliers, two former foster kids with the highest level of academic degrees, doctorates—but also differences. We also draw into our conversation the experiences of other care leavers who have gone to university, care leavers we have encountered through our research into this topic.

The chapter is structured in three parts. Part 1 is a reflection on how we ended up in out of home care and the factors which supported our journey onto higher education. In Part 2 we discuss taking the extra step of undertaking post-graduate education, and in Part 3, we review our present work situations. We conclude with the observation that care leavers can and do complete university degrees and every child in state care should be afforded this opportunity.

### 18.2 Getting to University

The benefits of stability in out of home care.

*Given the statistics, Reeny, we're anomalies.*

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Yes. According to the Fernandez et al. (2016) study, only 1% of Forgotten Australians have PhDs.

*That's probably higher than expected, the usual estimates are of only 1% of care leavers with university qualifications (Andrewartha & Harvey, 2017).*

I'm one of the last Forgotten Australians. I was born in 1977, Dee. I was placed into an institution first and remained in state care until February 1995.

*We're from different generations, Reeny; I was born in 1956 at the height of the "girls get married and then stay home at look after their families" period.*

Yet we've both overcome the odds and gone to university.

*That difference in generation is interesting. Most of my story about why I was in foster care comes from police charge sheets. I was three when I was charged, along with two sisters and three brothers, with being neglected and made a ward of the state until I turned 18.*

Criminalised at the age of three? That's crazy!

*Sure is. It was a common practice across the country until the 1970s, to arrest kids, some as tiny babies (Musgrove & Michell, forthcoming). Both my parents were imprisoned for the neglect of their children and I ended up in the one foster care placement for 15 years with one sister. I'm not as enthusiastic as Margo O'Byrne (Left Unsaid) and Karen Lee Wilson (Gaining a Sense of Self)—they're both care leavers with university degrees—about the importance of siblings, but perhaps being with my sister was more beneficial than I've recognised, there's evidence to suggest it was (Wojciak, Range, Dumayi, Hough, & Gamboni, 2018).*

Mmm, your time in care was more stable than mine.

*There were many problems in that placement, including not seeing the rest of my birth family, but one significant benefit was a stable education; one primary school and two high schools. School was a haven, a place where I had friends and was validated for reading, where I could be myself and was confident.*

Stability in care is a well-known facilitating factor in improving education outcomes (Mendes, Michell, & Wilson, 2014). O'Sullivan and Westerman (2007) have made the connection between moving house, one of the most stressful events that adults experience, and placement moves for kids in out-of-home care.

*All that stress. I guess most people can understand what it's like being moved around all the time.*

Yes, and often they are unplanned moves. Breakdowns in home environments followed by quick moves and kids often having to go to a new school.

*With the stability I had it's not surprising I did quite well at school, I always had good grades. You've got me thinking, Reeny. Eminent academic, Bernard Smith...*

Now there's a high achiever, he's the "father of art history" in Australia, isn't he? Yes, and he had only the one foster care placement too (Palmer, 2016; Smith, 1984). Smith was born in 1916, when "state boys" were expected to become labourers, but his foster mother didn't want that for him, so she made sure he got more education.

Same with David Bartlett (b.1968), Premier of Tasmania from May 2008 until January 2011. He was in one placement, in a foster family where all the children were expected to go to university.



*Yes, and then there's Richard Farleigh, he had a stable foster care experience too. He's ten years older than David Bartlett, was brilliant at Maths and won a scholarship to go to the University of New South Wales. He's been enormously successful in business, starred for a while in the British television show, Dragon's Den, and is now Chancellor of London South Bank University.*

Joanna Penglase too, co-founder of Care Leavers Australia Network (CLAN), she was in the one Children's Home and then went straight to Sydney University (Penglase, 2007). *And yet, David Jackson (2015) had a stable foster care placement, and adored his foster mum. But David's home life was chaotic—he says there was “nothing academic or even encouraging academically”—and he didn't do well at school. He qualified for uni by repeating Year 12. He's a social worker like you.*

### **18.2.1 Increasing Need for University Qualifications**

Given he is about 10 years older than me, David would probably have gone to a College of Advanced Education (CAE), not university, if he'd gone straight from school. Between 1989 and 1992, John Dawkins, then Federal Labor Minister for Education, led the merger of CAEs into universities (Papadelos, Michell, & Eate, 2014).

*That's a good point. That means there're likely to be care leavers in professions like teaching and nursing too, who don't have university qualifications because of a quirk of history.*

Yes, there's Oliver Cosgrove (b. 1949), a teacher, and Dorothy Walshe-Worrall (b. 1931), she was a nurse. They're in the *Forgotten Australians Oral History Project*.

*Didn't Miriam Stead Raymond go straight from school to Teachers College?*

Do you mean Mirrakopal?

*Yes, Mirrakopal, thanks for reminding me of her Aboriginal name. Her people are the Marranguggu Mak Mak of the Finnis River in the Northern Territory but Mirrakopal was taken as a child and grew up in a white foster family in Adelaide.*

I loved reading about her. But back to David Jackson and his chaotic home life, that reminds me that I did okay at school, but it was a rollercoaster. I look back at my report cards and the grades were so inconsistent. I was an A student one semester, a C student the next. Upon reflection, they were turbulent times, having my birth parents disrupt life with unannounced visits, waiting for hours on the footpath for their scheduled visits and them not showing up, the disruption with placement moves, and ultimately coming to terms with what was happening in my family.

*That must have been difficult, Reeny.*

I was always trying though, and despite major setbacks, overall, I did okay. I loved school, I had friends like you, Dee. And I was good at certain things, like sport, which gave me a sense of belonging. Sport gave me confidence and control. I played sport as a way of dealing with what was going on and to develop resilience in managing the home situation. Ultimately when I was playing sport, I didn't stand

out as the “girl in care”. I now know teachers knew, but most of my peers didn’t until I had to change from my foster family name of Gilby to Jurczyszyn due to some legal issue in Grade 7. You can imagine what my peers thought of that name!

*Indeed.*

I have many sporting trophies with varied names on them as I changed my first name over time. But all up school was a sanctuary akin to your experience, Dee. Getting from school to university was via a circuitous route though. But I knew I wanted to get there eventually.

*We know encouragement about education makes a difference (Jurczyszyn & Tilbury, 2012). Kimberley Hobbs (2015) was born in 1991 and went straight to uni from school. She had lots of opportunities as a child to develop confidence, and a school teacher was most encouraging. What was your situation?*

I don’t recall anyone ever asking me what I wanted to do beyond school until the age of 14 when I was in a fifth placement (discharged from two institutions, and three foster families). I was taken to a coffee shop one day by a social worker, one of my case workers. I have such vivid memories of her asking me. I had no idea but said I would like to go to university, but that I knew it would cost too much and I’d be out on my own when I turned 18, so it was a remote possibility. It was this conversation that challenged the status quo and perhaps a complacency about what I was going to do after leaving care.

*No encouragement at home?*

After returning to my original placement, I was living in a household where there were always seven children and a single mother. Going to university was never a topic of discussion centred on me. There was, however, discussion about others in the household going to university and that sparked my interest. A defining moment came when the differences between foster and biological children became clear; there weren’t financial supports to buy a computer and fund education for me. I’m not saying there was discrimination, but there was generous assistance made available from extended family to the biological children. All this going on around me confirmed that university was not for foster kids due to the lack of financial means.

*I still wonder if I would even have thought about university if free education wasn’t in the air—it was the 1970s. When I went to high school I was streamed into an “average” class and that knocked my confidence; until then I thought I was smart, not average!*

That’s the “ideology of smartness” (Leonardo & Broderick, 2011). You know, how education constructs some students as smart and others as not “not-so-smart”. It’s all about social stratification, making some people feel intellectually superior and others inferior.

*It worked. In second year (Year 9) and against the advice of my foster father, I chose to go into the gender segregated “commercial stream” and do three years of bookkeeping, shorthand and typing.*

Did you leave school at 16 and get a job?

### 18.2.2 Structural Openings

*No, I went on to matriculate (Year 12). Gough Whitlam became Prime Minister in December 1972, a living allowance was made available for students in 1973 (“Student Assistance Act, Australian Government,” 1973)—which I automatically qualified for having been in state care—and university fees were abolished in January 1974. I turned 18 two months later.*

“Structural openings” I call that phenomenon, when policies and programs allow people who would not usually have the opportunity—because of the social structure—to go to university.

If the University of Sydney hadn’t removed Latin as an entry requirement in 1945, would Bernard Smith have been able to go?

*Or Lionel Pearce (2002), who matriculated after World War II and then went onto Sydney Uni, and Neil Morrison who worked as a teacher and later as a school inspector. All three men benefited from that policy change, and likely there are others too.*

Frank Golding (2015), he was able to take up a Victorian Education Department studentship and Karen Wilson (2015), she had a Commonwealth Scholarship.

*It was tougher for Karen though wasn’t it, she didn’t have as much support as Frank, financially or emotionally. Consequently, it took her longer to get her degree. Others drop out and never go back.*

That reminds me, wasn’t it Robert Menzies who brought in Commonwealth Scholarships? The same man who said: “To say that the industrious and intelligent son of a self-sacrificing and saving and forward-looking parent has the same social desserts and even material needs as the dull offspring of stupid and improvident parents is absurd” (Penglase, 2007, p. 47). That negative attitude is very much reflected in my experience, it was affirmed for me from a young age, that I was “the dull offspring of stupid and improvident parents”. For the then Prime Minister (1939–1941; 1949–1966) to have such a negative perspective on kids in care makes sense of the barriers I faced in getting through school and eventually into university, which in hindsight were impenetrable from the outset.

*I think that attitude is still widespread.*

Did you go straight to uni?

*No, I deferred. There was too much conflict at home. I stayed on at my summer job, then moved in with my boss for six weeks until I found a place of my own, a tiny bedsit. I didn’t get to uni until I was 21 and then I dropped out after 18 months. I’d made friends, passed everything, but I never said boo in class, I was like many contemporary Australian First-in-Family students, a ‘fish out of water’ (Luzekyj, McCann, Graham, & King, 2017).*

I turned 17 years of age just after leaving school. That year, my birth mother died, I moved into independent living, had surgery...

*A tough year.*

...but I was accepted into TAFE and into a diploma course. I was brimming with pride as my foster brothers had spoken about TAFE and I knew this was going to be

a gateway into something good. At TAFE, a woman announced she was going to upgrade her OP score to get into university.

*What's an OP?*

It's a Queensland thing, it stands for Overall Position and was an eligibility criterion for university entrance. I hadn't heard of upgrading an OP before. Career guidance or tertiary education was not something that featured on my "transition from care" plans. But on hearing about this upgrade, and as I was living independently, I thought, "Uni is now within reach and I'm going to learn more." *Good for you!*

I finished the TAFE course and a teacher encouraged me to get a job in the Northern Territory as it was good money. I got a job at Ayers Rock Resort, a ticket away from my birth family, foster family and all the troubles that had hampered my opportunities thus far. Despite being on my own, I felt cared for. I was living in staff accommodation, two free meals a day, but, best of all, I had two jobs. In 9 months I saved \$10,000 and knew this was a game changer; now I could attain my goal of going to university. I had a Diploma *and* financial resources. I got the Queensland Tertiary Admissions Book sent out and applied for Social Work. I still have my letter of offer, Care of Outback Pioneer Hotel, Yulara, Northern Territory. Soon I was on my way home, landing on the University of Queensland campus with its lush green gardens and lawn. I was entering a world of privilege. I had got there.

*That's a great story, Reeny.*

Thanks, Dee. What about you? You must have gone back at some point, had another go?

*From 1990, after I'd left my oldest daughter's father, I finally began grieving the loss of my birth family thirty years earlier, and that changed my life (Michell, 2012). I chucked in my well paid corporate job and lived on AUSTUDY—which replaced the 1973 allowance from 1987—while he and I both went to Uni. I studied part time, undertook primary care for three of our five children (he had two kids living interstate), and juggled casual paid work too. This was a fabulous phase of my life – difficult, frustrating, challenging – but also exhilarating, enriching, thrilling. I loved it.*

It's interesting to me that you weren't in the end able to take advantage of free university education. My generation looks back in envy at that time, university is now very expensive.

## 18.3 Becoming Doctors of Philosophy

### 18.3.1 A Second Chance

Was uni easier second time around, Dee?

*It sure was, Reeny. When I went back in 1994—you would have been 17 and in TAFE—there was a new Department of Women's Studies at the University of*

*Adelaide; it had opened in 1992. I felt safe there, and as Peter Elbow says, “It usually takes a degree of safety to loosen the tongue” (Elbow, 2012, p. 61). It also helped that I’d matured and was familiar with middle-class norms through work.*

Wasn’t it from the 1990s that suddenly women started going to university in significant numbers? Isn’t that another structural opening?

*Yes, and that would have helped too. I finally finished my Bachelor of Arts with a Major in Women’s Studies in 1997 and then went off to Flinders University to do a Theology Degree. Because I already had a degree I had a better understanding of how to write “academically” and my academic transcript reflects that. Doing that extra degree was a bit like upgrading your OP, Reeny, it meant I could go on and do Honours.*

Is that when you decided to do a PhD?

*Strangely, as soon as I started doing Theology—still part-time while I raised kids and worked casually—the idea “I’m going to do a PhD” popped into my mind. A year later another idea “I could do that” came to mind as I observed a tutor do her job. Previously I’d never thought for a second that I had the capacity to become an academic. I sought advice, began to get published and got a scholarship for the PhD (Michell, 2015).*

It took you a while to get back to uni, Dee, but now you work in a university!

*Yes. I was 46 when, in 2002, I began my PhD and apprenticeship to become an academic; I was fortunate to be offered teaching in Women’s Studies at Flinders University too. By then my eldest daughter was 20 and half way through her university degree, my son was in his last year of primary school and my youngest daughter was eight. I was happy with my life, but I also felt like I’d been “at school”—as an older sister referred to it—forever.*

### 18.3.2 Graduate Endurance

I started my Bachelor of Social Work in 2006. I’ve always regretted I didn’t go to graduation; I only had one foster mother and she had young children and I didn’t want a fuss. I poured a lot of energy into getting into university and finishing it, not celebrating it was an oversight but it did feel like an endurance event what with working a lot to pay for my rent and food whilst living independently, plus costs associated with university.

*So when you wrote about “graduate endurance” in 2016 you knew all about that from personal experience?*

Sure did. I do know how to keep on going through difficult situations without giving way.

*What about placement? That can be a barrier for those without much cash.*

There are two semesters where you undertake a 17-week fulltime placement. It’s very hard to work fulltime in a placement whilst also working part-time to cover rent and living costs. I guess by the time I finished the last placement, transitioning

quickly from university into employment was my focus, rather than celebrating the success or achievements.

*That's a shame.*

Perhaps I just wanted to get on with work as I had a job by then and was delighting in this transitional period with a decent income. I was a qualified social worker. I never imagined I would be back at university again.

*What happened?*

After a few years of working, I met my son's father. I was a world away from state care by then, building a new identity and willing myself to not inflict my childhood on my new accomplishments. I became a mother and relished having a wonderful, educated friendship group. My foster mother was a great support with my entry into motherhood and I had a partner who encouraged me to leave my care years and some of my birth family behind.

*And?*

Not too long after returning to work from maternity leave, I applied and received a scholarship to do a post-graduate course in Health Services Management. My son's father hesitated but he knew nothing was going to stop me. I completed that extra qualification with a Grade Point Average of 6. That's when I knew—without financial stress and with support—how your intelligence can be nurtured and shaped to become far more than what you had thought growing up. Again, I didn't go to graduation. This time I had a young son and was working.

*And from there you did a Masters?*

Yes, I met Professor Clare Tilbury. I'd gone to see her for an informal discussion about doing research and before long, I'd submitted an application to do a research Masters.

*Clare has an outstanding reputation as a social work academic.*

Yes, and she never made me feel it wasn't possible to do my Masters, and then a PhD. It was during my Masters, though, that I started to feel my childhood experiences returning. I started feeling inadequate. I read about trauma, and began to better understand the impact of separation from family and what this can do to your education. I separated from my son's father, was restructured at work and the instability returned.

*I'm sorry to hear that.*

I started to feel like I did doing my undergraduate degree—the endurance event over 4 years. This was turning out to be similar in nature—enduring the balance of study, family and work commitments, plus reading about trauma and how this can be prohibitive in one's education attainment.

*I'm not surprised childhood trauma was triggered, Reeny, you were studying about care leavers at university, weren't you?*

Yes, I talked with other care leavers who were part of my research project. I also met others over the years who had spent time in care and had gone, or were trying to go, to university.

This was powerful. It was such a powerful thing, meeting and talking with some of "my own" people, people like David Hill who was CREATE Director and he'd

been Chair of the ABC (Australian Broadcasting Corporation). I read James Mallon's (2007) work, too, he was in the UK, a care leaver and doing a PhD.

*Finding your "tribe", I get that. It sounds like a challenging, but rewarding time.*

The neutralising force was my son; caring for him and studying gave me a huge sense of optimism and whilst there was turbulence, I knew had overcome this before with less resources. Plus, I was working full time, in a Hospital and Health Service. I couldn't work in child protection with lived experience of that and while studying the topic. Work and education were grounding, both domains gave me coping skills and resources—such as peers and professional contacts—which ultimately made me durable. This was yet another endurance event in many ways.

*Gosh, I can't imagine doing a PhD while working fulltime.*

I completed a year of the Masters, then upgraded to a PhD. This was a turning point for me as I believed for the first time that I was worthy and could do what I set out to do with my education. I had control and nothing was going to derail this PhD now. Clare was firm but a wealth of encouragement, support and without her, I wouldn't have believed in myself. I am eternally indebted to her for my achievements.

### **18.3.3 A Shared Interest – Care Leavers at University**

*When we finally "met" it was 2012 and we both had pieces published in Developing Practice about care leavers at university, along with Kathy Mendis at La Trobe. I was thrilled to find someone else like me around the place.*

Yes, but you didn't do your PhD on this topic did you, Dee?

*No Reeny, I had no intentions of going anywhere near the child protection system. It was enough that about half way through my PhD I fell from an emotional high into a pit of fear, despair and hopelessness, post-traumatic distress triggered by the public debate about the sexual abuse of children in out of home care which resulted in the 2004 to 2008 Mullighan Inquiry in Adelaide. I remember vividly the day the words "I can't do this" came into my mind, getting louder and louder until I was paralysed. Counselling helped, as did writing and programs run at Flinders University for PhD students (Kearns, Gardiner, & Marshall, 2008), and I submitted my PhD in the middle of 2007.*

What changed your mind, you know, about not working in the child protection system?

*With Heather Brook at Flinders University I'd been thinking about what it was like to be from the working class and First in Family at university, and I read many first-person narratives, including the 1995 classic, This Fine Place So Far Home (Brook & Michell, 2012). As helpful as those narratives were, in that they reflected the working-class part of my experience, none of them included stories of people like me, people who lived in out of home care as a child.*

I see.

*And then later I found out about care leaver Jacque Wilson (2013) who has written on her experience at an alternative school, and Gregory Smith (2015) who'd been living as a hermit in Queensland, then did TAFE, went to uni and now has a PhD.*

His is an amazing story.

*And Andrew Harvey at La Trobe who was leading projects (Andrewartha & Harvey, 2017); Harvey, Andrewartha, & McNamara, 2015) on care leavers at university. You were a part of that, too, weren't you?*

Yes, I was interviewed for the *Australian* newspaper (2015), when the Latrobe Project was published and it was then I knew the topic was finally emerging as an agenda item. It was the same as in the UK, low or no expectations of kids in care—from carers, teachers and welfare staff; constant changes in schools and placements; and limited support were all identified as factors that contribute to low education attainment.

*Jacque Wilson and Andrew Harvey have done some wonderful work in Victoria (as they discuss in this volume).*

## 18.4 Where We Are Now

*So, Reeny, you did end up working in child protection, didn't you?*

Yes, Dee, after I graduated my PhD, I thought it was not only safe but desirable to work in a child protection service in health. I was appointed to the role of Manager, Child Protection in a large, new Children's Hospital in Queensland, the pinnacle of my career. I have been able to use my knowledge and lived experience in my employment – to reduce inequalities in health and education which are very comparable for children in out-of-home care. Most importantly, I've been able to lift expectations about care leaver outcomes. I'm determined to ensure these revised expectations remain so that all future care leavers can fulfil their potential.

*And I ended up doing a project on the history of foster care in Australia, with Nell Musgrove at Australian Catholic University. We've got a book coming out at the end of 2018.*

Strange how life turns out, isn't it?

*Certainly is. During the history of foster care project, I was challenged to think beyond care leavers as only those who've been through the statutory system. What I've found are many people who've been in out of home care—like American writer, Jack London (1876–1916), and Swiss philosopher, Jean Jacques Rousseau (1712–1778)... Those are big names.*

*...well they didn't go to university but their work is studied on campuses all over the world. And then there's others who've gone to university, such as influential British philosopher, Bertrand Russell (1872–1970) and even former US president Barack Obama.*

That's cool.



*Yes, and hopefully that knowledge will challenge current expectations too.*

Whether its university, TAFE, Apprenticeships, Diplomas, Certificates, it can all lead to better post care years. None of us controlled our pre- or in-care years but we can reorientate our post-care years by starting something special. Tertiary education is more than classroom learning. It opens doors. You meet new people, learn about yourself, learn new ways of doing things and, fundamentally, it's what many of our peers have been programmed to do from their earliest days. Those who have an education are much better off in life in terms of health and well-being, financial security and economic prosperity and improved quality of life.

*Absolutely. And it's clear from our chat that care leavers can and do complete university degrees and every child in state care should have this opportunity.*

Thanks for the conversation, Dee.

*Pleasure, Reeny.*

## 18.5 Conclusion

In this chapter we have reviewed some of the reasons we were able to go from the statutory child protection system into university and achieve the highest level of qualification, doctorates. We explored similarities, particularly the historic low expectations of children and young people in out of home care, and the importance of stability in living conditions, encouragement and support for academic success. We also explored differences across time and the way in which changes to entry qualifications, and changes in the need for qualifications, can enable those who would not usually be expected to attain a university qualification, to achieve one. Along the way we mentioned a number of care leavers we know who have university degrees, including some who were not in the statutory child protection system, and we concluded that all children and young people in state care should be encouraged to consider university as a viable opportunity and one that has enduring impacts on reorientating the legacy of the care years.

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# Chapter 19

## Education Success Factors and Barriers: Learning from the Experiences of New Zealand Care Leavers Who Went to University



Iain Matheson

### 19.1 Introduction

Anecdotally, remarkably few New Zealand care leavers (also referred to here as care experienced) go to university. While at an abstract level the ‘power of education’ is widely understood, in comparison to their social work and education counterparts in other AngloAmerican jurisdictions, most New Zealand policymakers, managers, practitioners, and indeed researchers, have to date paid little attention to the education of children in statutory care (Matheson, 2015, 2016a). With 6350 children and young people in care (at 30 June 2018), and a further 220 in youth justice custody (Oranga Tamariki – Ministry for Children, 2018), this represents an immense lost opportunity. By way of contrast, in the UK for example, the education of children in care has a much higher policy and practice profile, and their higher education figure for care leavers has reached 11.8% (Harrison, 2017).

However, improved educational outcomes for New Zealand’s care experienced may be on the horizon with the recent establishment of a new statutory child protection agency (Oranga Tamariki – Ministry for Children), a major overhaul of child welfare legislation and in particular care provision, the founding of a national advocacy organisation (VOYCE – Whakarongo Mai) for children in care, new Ministry of Education national guidance for educators on supporting children in care, and the introduction of statutory national care standards (with a strong focus on education and training).

This chapter reports on findings from doctoral research on the experiences of some New Zealand care leavers who did go to university; the qualitative study used

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the lenses of children's rights, ecological systems theory, resilience theory, and cultural capital theory. Specific education findings are addressed here; other findings are reported elsewhere (Matheson, 2015, 2016d).

## 19.2 Background

### 19.2.1 Research Context

Internationally, there is now a significant 'group' of academics with a long-standing research interest in the education of children and young people in care. Key figures include: David Berridge, Claire Cameron, Graham Connelly, Sonia Jackson and Judy Sebba in the UK; Robbie Gilligan in Ireland; Ingrid Höjer and Bo Vinnerljung in Sweden; Ferran Casas and Carme Montserrat in Catalonia, Spain, Peter Pecora and Andrea Zetlin in the US, and Bob Flynn in Canada. As well as a plethora of individual journal articles on the education of children in care, several journals have also published special issues on this topic, for example, *Adoption & Fostering* (Jackson, 2007), *Children and Youth Services Review* (Dill & Flynn, 2012); *European Journal of Social Work* (Jackson & Höjer, 2013) and *Developing Practice* (Matheson, 2016b, 2016c). Identified systematic reviews include four from the UK (i.e. Evans, Brown, Rees, & Smith, 2017; Liabo, Gray, & Mulcahy, 2012; O'Higgins, Sebba, & Gardner, 2017, O'Higgins, Sebba, & Luke, 2015) and another from the US (i.e. Trout, Hagaman, Casey, Reid, & Epstein, 2008).

While there is now also a small body of Australasian literature, almost all has come from Australian rather than New Zealand researchers, for example, The Australian Institute of Health and Welfare, Judy Cashmore, CREATE Foundation, Elizabeth Fernandez, Andrew Harvey, Patricia McNamara, Dee Michell, Philip Mendes, Michelle Townsend, Claire Tilbury, Jacqueline Wilson, and Sarah Wise, with only three New Zealand research studies identified (i.e. Matheson, 2014, 2015; Sutherland, 2006).

### 19.2.2 Overview of Literature

At the outset, four major research projects on the education of care experienced university students are worth highlighting: the English *Going to University from Care* (Jackson, Ajayi, & Quigley, 2005) and the more recent *Moving On Up: Pathways of Care Leavers and Care-experienced Students into and Through Higher Education* (Harrison, 2017); the European (Denmark, England, Hungary, Catalonia and Sweden) *Young People from a Public Care Background: Pathways to Education in Europe* (YiPPEE) project (Jackson & Cameron, 2014); and Australia's *Out of Care, Into University* (Harvey, McNamara, Andrewartha, & Luckman, 2015).

A broad overview of the ‘education of children in care’ literature is presented below with a focus on what is known about success factors and barriers; schooling and universities are each presented separately.

Eight schooling success factors are identified:

1. Schools that have an ethic of care, and where all feel that they belong are valued, and have a voice (Cameron, Jackson, & Connelly, 2015).
2. Attendance, and the promotion of attendance, are critical (Cameron et al., 2015).
3. The importance of high expectations, students’ academic abilities recognised early on, and sufficiently academically rigorous classes (Mendis, 2012; Merdinger, Hines, Osterling, & Wyatt, 2005; Rios & Rocco, 2014).
4. A high degree of educational stability or continuity (Jackson & Martin, 1998; Merdinger et al., 2002; Pecora, 2012; Rios & Rocco, 2014).
5. Positive relationships with supportive school teachers (Cameron et al., 2015; Sebba et al., 2015), or other school staff, who go ‘the extra mile’ at critical junctures (Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; Merdinger et al., 2002; Rios & Rocco, 2014).
6. Participation in extra-curricular school activities (Day et al., 2012; Mendis, 2012; Merdinger et al., 2005).
7. Building on educational success, with education as a protective factor that further promotes the child’s sense of resilience (Waxman, Gray, & Padron, 2003), and strong attainment in examinations during the final compulsory year of schooling (Harrison, 2017). Pecora (2012) recommends strengths-based assessment and educational support.
8. The ability to access information on financial aid for college study, and access college preparation and advice (Merdinger et al., 2005; Rios & Rocco, 2014).

Seven schooling barriers for students are identified:

1. Literacy levels of those in care tend to be below those of their peers (Chambers & Hunter, 2016; Sebba et al., 2015).
2. Attending schools perceived to have a limited academic focus, or to be ‘lowperforming’ (Jackson et al., 2005; Jackson & Cameron, 2014; O’Sullivan & Westerman, 2007; Rios & Rocco, 2014), or not in mainstream schools (Sebba et al., 2015).
3. Experiencing secondary school changes (Jackson & Cameron, 2014; Jurczynszyn & Tilbury, 2012; Sebba et al., 2015).
4. Lack of training for teachers on how to support children in care (Sebba et al., 2015), or limited recognition of learning challenges or (unmet) education needs (Day et al., 2012; Jackson & Cameron, 2014; Rios & Rocco, 2014; Sebba et al., 2015). Similarly, teachers and school managers not recognising or responding sympathetically to the traumarelated behavioural issues of those in care (Jackson & Cameron, 2014).
5. Teachers underestimating educational abilities, or a sense that negative assumptions are held about care students (Day et al., 2012; Jackson & Cameron, 2014; Jurczynszyn & Tilbury, 2012; Rios & Rocco, 2014).

6. School absences or exclusions (Sebba et al., 2015), or stigma associated with being held back a grade (Pecora, 2012).
7. Failures in the education (and child welfare) system (Mendes, Mitchell, & Wilson, 2014; Montserrat & Casas, 2017).

Turning to universities, seven success factors for students are identified:

1. Being female; few male care leavers appear to go to university (Brady, Gilligan, & Nic Fhlannchadha, 2019; Jackson et al., 2005; Merdinger et al., 2005).
2. Studying humanities subjects, (Brady et al., 2019; Jurczyszyn & Tilbury, 2012; Merdinger et al., 2005), with social work, education and law particularly common.
3. Universities having institutional awareness of the needs of care leavers, and linking care leavers to student support services and initiatives (Harvey et al., 2015; Starks, 2013).
4. Universities developing partnerships, outreach programmes and managed transition processes that enhance integration (Gazeley & Hinton-Smith, 2018; Harrison, 2017; Harvey et al., 2015; Jackson & Cameron, 2014; Pecora, 2012).
5. Universities providing scholarships, financial support, and accommodation support Harvey et al., 2015; Starks, 2013).
6. 'Second chance' further education pathways (Harrison, 2017; Harvey, Campbell, Andrewartha, Wilson, & Goodwin-Burns, 2017; Jackson et al., 2005; Jackson & Cameron, 2014; Jurczyszyn & Tilbury, 2012; Herd & Legge, 2017).

Six university barriers for care experienced students are identified:

1. Not actually applying for a place at university, even when eligible to do so (Brady et al., 2019; Harvey et al., 2017).
2. Challenges around generating a sufficient income to live, maintaining their accommodation, and purchasing the necessary books and equipment to support their studies (Mendis, 2012).
3. Students feeling that they do not 'belong' at university and are not 'entitled' to be there (Jackson et al., 2005)
4. Minimal pastoral support, with too many universities still appearing to have a limited awareness of the needs of students from a care background (Harvey et al., 2015; Jackson et al., 2005).
5. A struggle with academic work; therefore more likely to withdraw from papers, resubmit assignments, re-take exams, or extend their time at university (US and UK) (Harrison, 2017; Jackson et al., 2005; Rios & Rocco, 2014).
6. An inability to complete the degree courses (Day, Dworsky, Fogarty, & Damashek, 2011; Harrison, 2017; Jackson et al., 2005; Merdinger et al., 2005).

## **19.3 Methodology**

### ***19.3.1 Research Approach***

The research paradigm for this study was constructivism, and the methodology qualitative research. The data collection method was in-depth face-to-face (informal conversational) interviews which were followed up with a second interview some weeks later by telephone.

The data analysis method used was thematic analysis.

### ***19.3.2 Participant Inclusion and Exclusion Criteria***

The inclusion criteria were degree students and graduates aged 17 to 24 (or potentially up to 29) who, since their 14th birthday, had spent a year or more in the care or custody of the (former) statutory child welfare agency Child, Youth and Family or an associated organisation.

However, 17 year olds who were still in care or custody were excluded.

### ***19.3.3 Participant Recruitment***

Ten different recruitment methods were utilised. The most successful method was approaching child welfare organisations; other successful methods were indirectly approaching a previous recipient of a national award scheme for children in care, use of a New Zealand research participation website, and through my own professional networks.

### ***19.3.4 Participant Characteristics***

Seven participants took part in the study; they lived in three New Zealand cities. With one exception all were female and had a range of ethnicities. At the time of their interviews they ranged in age from 18 to 26; one had already graduated with a bachelor's degree and the other six were undergraduates. Non-kin foster care was the main form of care provision they had experienced. In terms of time in care, participants fell into three broad groups: four came into care as teenagers and remained so until discharged to live independently, two were intermittently in and out of care throughout their childhood, and one came into care as a teenager and subsequently returned to live with her family.

### 19.3.5 *Ethics*

The study was approved by the *University of Otago's Human Ethics Committee*.

## 19.4 Main Education Findings and Discussion

The study's main education findings are reported and discussed here under the following topics: (a) primary and middle schooling; (b) secondary schooling; and (c) university.

### 19.4.1 *Primary and Middle Schooling*

#### 19.4.1.1 Early Recreational Reading Habits

Most participants said that during their primary schooling they had become avid readers and had established strong recreational reading habits.

One described herself as always being “a real bookworm”, and others also indicated that they were committed early readers. While some remembered having books at home, they and others also recalled being heavy users of school and public libraries. However, as well as enjoying reading, one also related that for her, “because of the circumstances at home, it [reading] was the only way that I could escape, temporarily even – any distraction was good”.

#### 19.4.1.2 Positive Experiences of Primary and Middle Schooling

Five participants indicated that prior to coming into care aged 13 or 14, they had experienced conventional patterns of schooling. In contrast, the two other participants attended several primary schools as they came in and out of care; both of their mothers also moved around a lot. As one explained:

I didn't really get much of an [early] education as I was moving around quite a bit...I've still got my reports, looking back at that and some of them saying that I was not really up there – with the rest of the class – and I was quite disruptive behaviour-wise.

These two considered that they had become particularly accomplished at making new friends having got used to so many ‘first days’ at school, although one of them felt that with so many moves she had missed some crucial parts of the curriculum:

The school that you went to in the first half of the year were teaching ‘this’ in maths, and then the school that you went to in the second half had already taught that and was now doing something else. So you missed out on certain things and there are things now that I still don't know because I missed it at primary.



However, by the time they had completed their middle schooling, all participants reported that they were settled at school, making satisfactory progress, and in most cases experiencing some form of educational success.

## ***19.4.2 Secondary Schooling***

### **19.4.2.1 Significant Periods Without Schooling for Some**

Three participants reported experiencing between 3 and 12 months without any secondary schooling. However, they coped with this in different ways. One recalled that, following her reception into care and further placement changes, it was about 6 months before she was enrolled in a new secondary school for Year 11. Over that time, she regularly studied all day at local public libraries. In terms of what motivated her to do so, this is how she put it:

...it is your – duty to study – you're a student – what else are you going to do? It is what you are supposed to do – study – and...I'm not going to let what happened to me stop me from doing what everybody else could do.

She eventually was re-enrolled in a school, but she found adjusting to being back in school very hard and never settled there. The second reported receiving no education at all during her 12 months in care, while the third was at one point suspended for 3 months.

### **19.4.2.2 Behavioural Issues Overcome or Accommodated**

Some participants clearly differentiated themselves from others in care who they considered to be 'troubled'. However most, but not all, reported that they had at some time themselves had reasonably significant periods of truanting, or presented schools with other forms of challenging behaviour, for example drunkenness or offending, to the extent that four of them were at some point stood-down, suspended or permanently excluded (and outside of school there were also some absconding, self-harm and mental health issues). However, such issues were often relatively short-lived. In other instances, schools seemed to show some participants a great deal of flexibility. For example, during their later years at secondary school, two high-achieving participants felt that they were 'cut some slack' on their school attendance issues by school personnel, on the basis that they had come from difficult circumstances but were still doing well academically.

### 19.4.2.3 School Support Through Individual Relationships with Staff

None of the participants were provided with any formal educational support because they were in care. However, four described one or more particularly supportive and long-lasting relationship with a member of school staff. Sometimes these individuals went far beyond what would usually be expected of them, for example two participants reported being offered, and accepting, the opportunity to be fostered by members of their school leadership team. For the other two, it was long-lasting relationships with their school counsellors. As one of them said, her “any time anything went a bit crazy, she’d like ‘do you just want to come along and have a Milo [hot drink brand]?’”. Similarly, for the other:

She was very important because without her I think that I would just have fallen through the cracks...she really stood up for me... She had a very big impact on my schooling – because if it wasn’t for her I wouldn’t have remained at that school – if it wasn’t for her I wouldn’t have done a lot of things.

### 19.4.2.4 Comparatively Stable Secondary Schooling, and Final Schools Perceived as High Quality

Two participants attended a single secondary school, while the others attended two or three each. Changes of school usually arose from an admission into care or placement move. Therefore, while almost all participants spoke of their living situations continuing to change with great regularity, their secondary schooling was comparatively stable, and particularly so towards the end of their secondary schooling. A strong theme in relation to six of the participants, was that they experienced their final secondary school as being of a high quality. Two of the participants went to significant efforts to remain at these schools when adults suggested that a change in care placement would necessitate a change in school.

However, two participants had positive experiences with late moves to secondary schools that they considered to be better. As one of them said: “That’s pretty much where my academic and [personal] life began to merge again”.

### 19.4.2.5 Playing to Their Academic Strengths

Almost all participants identified a favourite subject that they were good at. In most instances these subjects were from the humanities. This included one participant who hardly attended her second or third secondary schools:

That’s about the only class I ever did really well in – French. You know, I’d go to school just to do my French classes in [New Zealand city] as well. French and German were about the only classes that I ever went to.

Most participants spoke of not enjoying Maths or Science-related subjects. However, as they progressed through the secondary school system, participants described being able to play to such strengths in terms of their choice of subjects. As Lisa put it:

I just tended to focus on what I was good at. So, by 7<sup>th</sup> form [year 13] I was taking all – it's the other side of the brain subjects like English, Social Science or Art – I didn't take any Maths or Science or anything because I said I wasn't good at it.

### **19.4.3 University**

#### **19.4.3.1 Traditional and Non-traditional Pathways to University**

While five of the seven participants had gone straight to university from school, the other two had first taken up employment and further education. One did not pass her final school exams and took up a series of jobs. She started one vocational degree but found that she did not enjoy it. She then switched to a lower level course in another area, which led to her embarking upon her current degree course at the same polytechnic. The other had recently entered university as a mature student and her pathway was particularly circuitous. Over the course of several years, and having missed a lot of her secondary schooling, her educational pathway included her attending and completing an access to employment course, graduating from a beauty therapy college and then gaining several years' employment experience including running her own business. While she said that she was finding some aspects of the course quite challenging, she was passing her papers and discovering that her employment experience offered her some advantages:

That's one of the bonuses of having worked in various different kind(s?) of roles and then going...to Uni, because I've got the work experience and life experience and educationally when I'm finished, whereas most of those 18 or 19 year olds will have maybe just the education side of things – they won't have the life experience or the work experience.

#### **19.4.3.2 Vocational Degrees at a Local University**

All of the participants reported that they were taking, or had taken, professional or vocational degrees. Five of the six participants who were still undergraduates indicated that they were planning to become either a teacher, social worker or lawyer; the participant who had graduated was a teacher already. Some explicitly talked about making use of their own experiences of being in care in order to work with vulnerable children and young people. One put it this way:

I do want to work for youth. I did want to look into something around like the prisons or like juveniles – something really intense – I really do want to work with kids that really do need help – like intense help – like criminals.

Six of the seven studied locally and so stayed close to their existing support networks. For example, one looked at the numbers and with her carers' suggestion that she could remain living with them, she decided against moving away:

I wanted to go to [city B] but I couldn't afford it...[my foster carers]...thought of it sensibly...because they're like "what about your student loan – that will be really expensive if you have to pay for...accommodation and all that stuff"?  
...Otherwise I would have wanted to get out of [city A].

### **19.4.3.3 No Formal Educational Support from Tertiary Institutions**

As participants recalled, aside from general university scholarships that two of them received, no specific educational or pastoral support was offered, or provided to them by tertiary institutions in recognition of the fact that they had foster care backgrounds.

### **19.4.3.4 Course Progress – Mixed Fortune**

At the time of the face-to-face interviews, a majority of participants reported that they were making good progress and passing all of their university papers; one of them had already graduated and another was about to. One revealed that she had recently succeeded in gaining entry to second year law, while another indicated that she was, despite her limited secondary schooling, adjusting well to tertiary study as a mature student:

I actually do really enjoy it. I thought it was going to be a lot different...I'm someone that's never been that good at assignments or been good at doing homework or self-directed learning of any description, like with university, there's mostly self-directed learning...I am actually enjoying it.

However, at times some also found university academically, socially or financially challenging.

In terms of financial support, most scholarships were awarded for their first year only.

## **19.5 Discussion**

There are inherent limitations with any and all research, and the findings from this study cannot be generalised to all New Zealand care leavers who went to university, let alone those from say Norway, the Netherlands or Nepal etc. Nonetheless, this study does support several key education findings from European, North American and Australian studies including the importance of: higher education expectations for all, positive relationships with a member of school staff; recognising educational

potential early on; secondary school stability; care leavers being drawn to university courses in social work, education and law; traditional as well as nontraditional pathways to university; and pastoral and financial support from universities.

However, in terms of this study's more original findings, the education-related research, policy and practice implications will in part depend upon young people's individual education circumstances, attitudes to schooling, and engagement. Using as a framework Berridge's (2017) four group typology, possible implications are explored as follows:

**'Private/Self-Reliant' (Young People in Care Who Are Independent and Autonomous)** This group consists of young people with a strong individualistic orientation who do not like to feel dependent on (and/or have been repeatedly let down by) others. Those who are succeeding educationally tend to attribute such success to themselves; they can be critical of others. They also show a high level of motivation and determination which may, for example, come from: not wanting their past or current circumstances to impact on their future; wanting a better life than their parents, or wanting to prove others wrong. While they can also be very assertive and focused on their education and other needs (for example remaining at their existing school or wanting to move to another), they tend to be private and highly selfreliant. Being 'private/self-reliant' was a strong theme amongst this study's participants.

More of these young people could possibly go into higher education, if professionals were perhaps better able to support and work with their strong sense of agency, be more mindful of the education impacts of placement changes and related decisions, and always follow through on commitments that they make to young people (or at a minimum not 'mess things up' for them educationally!). Professionals should also be sensitive to, and discuss, attendance at 'parent's evenings' and school events ahead of time, and if needed facilitate or support the provision of advice on higher education and scholarships from universities and elsewhere as appropriate; these young people may also benefit from mentoring with someone from outside of the care system. Those doing well educationally, while highly engaged in their learning, may not always be as engaged with their school, for example possibly truanting but studying from home.

**'Stressed/Unresolved' (Young People in Care Experiencing High Levels of Stress)** For this group, the stress they are living with is likely to impact upon their education, and sometimes the difference between adaptive and maladaptive behaviour may not always be clear cut. The possibility of going to university might only become apparent after they have left school. While education can be a protective factor and the extent of the stress that some are experiencing may actually be masked by very high educational achievement, generally schooling, let alone university, is not 'top of mind' for these young people, or indeed the professionals working with them. Although not a strong feature in this study, these characteristics can be seen in the experiences of at least some of the participants.

More of these young people could possibly go into higher education, if the level and nature of their stress was more clearly recognised and meaningfully addressed. Their education history could also be better understood, with more of an emphasis on assessing, harnessing, and building upon the educational cultural capital and strengths. While important for most children in care, a positive relationship with a senior member of school staff or school counsellor could be particularly important for this group; that person might even be the only constant reliable adult figure in their life. If young people have missed periods of schooling, they may also require compensatory education. For the professionals, these young people can take up a lot of their time, and even after personal crises have abated, realising their educational potential may require ongoing input.

**‘Committed/Trusted Support’ (Young People in a Stable Placement with Highly Caring Foster Carers)** Of the four groups, this is the one that professionals tend to see as the ‘ideal state’ for young people in care, and most likely to go to university. For some the ‘hard yards’ around education (and/or care) have already been done, and with some secondary school stability, educational success, and friends at school likely to go to university too (and placements being educationally-rich), university may become an increasingly ‘normal’ expectation for many. However, only one of this study’s participants was clearly in this group.

More young people from this group could potentially go into higher education, by ensuring that all of their foster carers have sufficient up-to-date knowledge and understanding of the higher education system, application processes, and funding systems (along with continuing high-quality foster care and the possibility of formal or informal extended care beyond the age of 18). Also, while many care leavers who go to university may make excellent social workers, teachers and lawyers, and that may be the right choice for them, with a stronger sense of security than others in care, potentially some young people in this group could take more risks with their degree choices. However, more fundamentally we need to look at how more young people could move into this group in the first place.

**‘Disengaged’ (Young People Disengaged from Learning)** This final group comprises of those who do not appear to make much effort at school or take advantage of the supports on offer. Boys tend to be significantly overrepresented in this group. Many will have special education needs, and some may present schools with challenging behaviour. Two participants in this study were at some point in their schooling particularly disengaged from learning.

Clearly, for more of these young people to go on to university they need to somehow be (re)engaged with learning. This could be through: involvement with quality pre-school education; promoting early and ongoing reading as a gateway to learning; gaining an understanding of learning strengths and not solely focusing on weaknesses; paying particular attention to the transition from primary to secondary school; choosing a secondary school with a strong focus on student engagement;

and developing informal learning through hobbies, sports, clubs and community groups, part-time employment and business, or exploration of cultural identity. These young people's right to a quality education needs to be respected and rigorously enforced irrespective of whether or not they have the potential to go to university, and any necessary change of school arising from a placement decision needs to be effected as smoothly as possible. There will also need to be a high level of productive and child-focused liaisons between social workers, foster carers and schools on special education needs and/or behavioural issues.

## 19.6 Conclusion

We have long known that most children in care are educationally disadvantaged. This study, in learning from the experiences of seven New Zealand care leavers who went to university, and exploring the success factors and barriers that they faced, makes a modest contribution to the growing literature on better understanding why children in care are educationally disadvantaged, what helps, what hinders, and what can be done about it.

These participants had to contend with many barriers. However, for them education was a significant protective factor in their often challenging lives; they experienced many education success factors including the development of early recreational reading habits, positive school experiences before going to secondary school, any behavioural issues being overcome or accommodated, supportive relationships with school staff, comparatively stable secondary education, a final high school that they deemed to be of a high quality, playing to their academic strengths, both traditional and non-traditional pathways to university, and undertaking a vocational degree at a local institution.

The overall message from this study is a hopeful one. Many more care leavers could likely be supported educationally in going to university if more practitioners, managers, and policymakers (and researchers) demonstrably valued education and learning, expected more for and from children in care, increased their knowledge and understanding of the 'care/learn interface' and its centrality to quality care provision, and fully incorporated such knowledge and understanding into their work both individually and collectively. As well as increasing access to university, as importantly such measures would also help ensure that all others in care were better prepared and engaged in a lifetime of learning, whether that be in further education colleges, on training courses, online, in apprenticeships, at work, in the home, or in communities.

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# Chapter 20

## Educational Background, Educational Expectations and Organized Activity Participation Among Adolescents Aging Out of Care in Brazil



Luciana Cassarino-Perez, Livia Maria Bedin, Fabiane Schutz, and Jorge Castellá Sarriera

### 20.1 Introduction

The transition from adolescence to adulthood is typically a challenging phase of life (Arnett, 1998; Hogan & Astone, 1986). In contemporary times, this stage has become even more so, in light of poorer wages for low-skilled workers and fewer opportunities for inexperienced young workers, as well as the costs of living independently (Wood et al., 2018). When transition to independence follows experiencing care within the child protection system, away from home, numerous risk factors can turn this already difficult life event into an even greater challenge (Osgood, Foster, & Courtney, 2010).

In Brazil, more than 93% of the child-protection population is placed in one of two types of residential centers: *abrigos* (shelters) and *casas-lares* (home-houses) (MDS – Ministério de Desenvolvimento Social e Combate à Fome, 2015). Shelters are the most common type of placement, where caregivers are professionals who work shifts to attend from eight to more than 20 children and adolescents simultaneously. In *casas-lares* a person or a couple – called “social mother” or “social parents” – are responsible for care. They live in a house with no more than ten children and adolescents. Children in foster families represent less than 6% of the care population (MDS – Ministério de Desenvolvimento Social e Combate à Fome, 2015). In contrast with those in foster care, the young people placed in residential centers necessarily have to leave by the age of 18. It is not uncommon for this population to transition to independent living without any housing, financial or social support (Moreira, 2013; Silva, 2010), even though different social policies mandate a gradual process of autonomy acquisition once in care (Brasil, 2006; Conselho Nacional da Criança e do Adolescente & Conselho Nacional de Assistência Social, 2008).

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In fact, a lack of social support and independent living skills to cope with life outside the protection system is also a reality in many other countries (Greeson, 2013). An extensive body of literature indicates a pathway of disadvantage that results from the need to be emancipated early, as well as a lack of skills and support. Among these adversities are fewer educational and employment opportunities and a greater risk of engaging in risky behaviors, such as unsafe sex, substance abuse and criminal involvement (Hook & Courtney, 2011; Kirk & Day, 2011; Lockwood, Friedman, & Christian, 2015; Mersky & Janczewski, 2013; Oshima, Narendorf, & McMillen, 2013; Stott, 2013).

Although researchers have paid little attention to the transition process of youth aging out of care in Brazil, some publications reveal major disadvantages faced by incare adolescents, compared to the general population (Braga & Dell'Aglio, 2012; Schütz, Sarriera, Bedin, & Montserrat, 2014; Zappe & Dell'Aglio, 2016). When it comes to educational background, opportunities and aspirations, this unfavorable position is especially true. In 2013, a national survey revealed that 41.4% of adolescents between 13 and 16 years old in Brazil had an age-grade gap and 30.8% of young people between 18 and 24 had less than 11 years of education (IBGE, 2004). Those numbers are already quite alarming but do not cause as much concern as those of adolescents in out-of-home care. Among the in-care population, studies have found rates of age-grade gaps between 72.7% and 82.3% (Abaid & Dell'Aglio, 2014; Dell'Aglio & Hutz, 2004) and significantly lower means for tests of school performance when compared to adolescents without outof-home care experience (Dell'Aglio & Hutz, 2004; Siqueira & Dell'Aglio, 2010). Educational aspirations (to complete high school and attend college) have also been proven to be lower for Brazilian adolescents in out-of-home care compared to the general population, even though those differences were not statistically significant (Zappe, Moura, Dell'Aglio, & Sarriera, 2013).

School achievements, level of education and educational aspirations are important predictors of positive outcomes in young people who aged out of care. Studies have demonstrated the benefits of increased levels of education on earnings and likelihood of being employed (Okpych & Courtney, 2014), as well as successful socio-labor inclusion (Garcia, Sala Roca, & Sabatés, 2015). Likewise, having optimistic educational aspirations can influence adult educational attainment (Beal & Crockett, 2010; Sulimani-Aidan, 2015).

Different variables (such as academic self-perception, parental and peer support and sense of purpose) are determinants of school performance and expectations of finishing high school and attending college (Kirk & Day, 2011; Kirk, Lewis, Nilsen, & Colvin, 2013). Those variables impact outcomes beyond the walls of schools, involving other microsystems, such as family, friends and community (Ben-Arieh, McDonnell, & Attar-Schwartz, 2009). When it comes to children and adolescents protected by the welfare system in Brazil, family and community involvement tend to be restricted, even though Brazilian law foresees those bonds as vital to a child's

development (Brasil, 1990). Therefore, organized out-of-school or extracurricular activities can play an important role in improving educational attainment and expectations (Cooper, Valentine, Nye, & Lindsay, 1999; Eccles & Barber, 1999; Marsh & Kleitman, 2002; Shernoff, 2010), and should be encouraged in the out-of-home care population (White, Scott, & Munson, 2018).

According to Fredricks and Simpkins (2012), organized out-of-school or extracurricular activities always take place outside of school hours and are necessarily sponsored and supervised by one or more adults. These types of activities can happen within the school environment with the purpose of complementing formal education, within the community or even in other settings outside of schools. Besides those aspects, extracurricular organized activities have three other essential characteristics: voluntary participation, structure and challenge (Csikszentmihalyi, 1990; Csikszentmihalyi, Rathunde, & Whalen, 1993). Potential benefits of engaging in organized activities are essentially linked to the interest in and enjoyment of participation, as well as the effort focused on learning from and engaging in new activities (Mahoney, Cairns, & Farmer, 2003).

The greater the variety of organized activities young people engage in, the greater the positive academic, psychological and behavioral outcomes (Mahoney, Lord, & Carryl, 2005). Positive outcomes emerge from the possibility of developing new competencies and interests through exposure to different experiences and people (Fredricks & Eccles, 2006). Additionally, organized activities, especially community-based ones, have a great impact on: developing a sense of agency as members of one community; belonging to a socially valued group; and establishing supportive social networks. These aspects are, in turn, essential to the facilitation of school achievement and subsequent educational and occupational outcomes once young people age out of care (Eccles, Barber, Stone, & Hunt, 2003). When it comes to vulnerable populations, studies have highlighted the greater need to engage in extracurricular organized activities, as it seems that young people from low income families benefit even more from extracurricular participation than do youth from high-income families (Eccles et al., 2003; Marsh & Kleitman, 2002).

Based on the beneficial findings of organized activities for at-risk populations, researchers have pointed to the critical need for studies on the association between participation in those activities and youth development in minority adolescents living in a variety of ecological contexts (Lisella & Serwatka, 1996; Pedersen & Seidman, 2005). Considering that claim and the limited data on the education of adolescents aging out of care in Brazil, this chapter aims to (1) provide a brief overview of the educational background and educational aspirations of adolescents aging out of care in Brazil; (2) examine potential relationships between participation in organized activities and demographic variables with educational background and educational aspirations; and (3) discuss the specific characteristics of education for adolescents in Brazil who are aging out of care.

## 20.2 Method

### 20.2.1 *Sample and Procedures*

Data described herein emerges from a doctoral dissertation investigation conducted in three different cities: Curitiba, Porto Alegre and São Paulo. Brazilian regulation of investigations involving children living in care is very strict and bureaucratic. Residential care institutions can either be administered by local government or by non-profit organizations, with each local council authorized to determine the level of participation in research that is permitted by each residential care center. For this study, we obtained authorization to contact all residential care centers in Porto Alegre (44) and 22 centers in São Paulo. In Curitiba the city council authorized contact with only the ten institutions administered by non-profit organizations. After contacting all of them, and upon provision of informed consent by case managers, eligible adolescents were recruited from June 2017 to December 2017. Those who agreed to participate also provided a consent form and were informed by researchers regarding confidentiality and the possibility of withdrawal at any point of the study.

Adolescents were included if they met the following criteria: (a) aged between 14 and 18 years old; (b) placed in residential care for at least 6 months; (c) able to comprehend the questions asked; and (d), for those who were 15 years old or younger, were engaged in some kind of activity in preparation for leaving care. The third criterion was confirmed by caregivers and by the research team when the questionnaire was completed. Caregivers checked the last criterion based on two conditions: engagement in extension/professional courses or professional insertion made feasible by government programs.

Of the youths contacted, 190 agreed to participate and complete the questionnaire. The mean age of participants was 15.92 ( $SD = 1.00$ ) years old, with 44.2% self-identified as girls and 55.8% as boys. Most participants came from residential centers in the city of Porto Alegre (58.9%), followed by the cities of Curitiba (28.4%) and São Paulo (12.6%). Data collection was conducted by trained interviewers, occurred face-to-face in the residential centers, but in a separate space to ensure privacy. Completion of the hard copy structured questionnaire took an average of 20 minutes. Researchers did not offer rewards of any kind to participants, following Brazilian law for research with human beings (Brasil, 2012). The Ethics Committee of the Psychology Institute of the Federal University of Rio Grande do Sul approved all study procedures.

## **20.2.2 Measures**

### **20.2.2.1 Demographic Characteristics**

Demographic characteristics, such as age, gender (1 = girl, 2 = boy), type of placement (shelter or home-house) and time in care, were gathered from a questionnaire with 22 questions developed for the doctoral dissertation from which this chapter derives.

### **20.2.2.2 Organized Activities**

Seven questions measured participation in organized activities during out-of-school hours. They concerned the following activities: language classes; professional course; art classes; professional internship; sports; workshops or lectures; community activities (neighborhood fairs, parties, sporting events) and religious activities (mass, worship, retreats, youth ministries). Adolescents described their frequency of participation in those activities on a five-points frequency scale ranging from “never” to “several times a week”. For the present study, we recoded these answers into dichotomous “yes” or “no” because of distribution observed in the sample, with “never” recoded to “no” and all other frequencies recoded to “yes”.

### **20.2.2.3 Educational Background**

In relation to the adolescent’s educational background, we considered the number of grade retentions (process of repeating the same grade due to failing it the previous year) and educational level. Grade retentions were measured as dichotomous variables (never happened X happened once or more), as well as a frequency variable where adolescents reported how many times they repeated the same grade. Adolescents referred to their level of education as either being in (0) Middle School or (1) High School.

### **20.2.2.4 Educational Aspirations**

As educational aspirations we considered two items of the Brazilian Portuguese version of the Perceived Life Chances (Günther & Günther, 1998; Jessor, Donovan, & Costa, 1990). Participants reported the likelihood of (1) finishing high school and (2) getting into the University on a five-point scale varying from “very low” to “very high”.

### 20.2.3 Analysis

In order to provide an overview of the educational background and educational expectations of adolescents aging out of care in Brazil, descriptive statistics are presented for the sample. To examine the relationship between participation in organized activities and demographic variables with educational background, a chi-square test was performed to examine associations among the variables. To examine the relationship with educational aspirations, we performed three stepwise regressions, according to the type of dependent variable. We used binary logistic regression for the dichotomous dependent variable: (a) whether or not repeated a grade; and multiple linear regressions for numeric dependent variables: (b) aspirations of finishing high school, and (c) aspirations of getting into university. Independent variables were the organized activity items and demographic variables (gender, age and type of placement).

## 20.3 Results

### 20.3.1 Descriptive Statistics

Adolescents' distributions in relation to the variables analyzed are presented in Table 20.1, considering the variables of age, gender, type of placement, educational background, grade retentions, educational aspirations and organized activities. For organized activities, only the frequencies of adolescents that have never participated are presented.

### 20.3.2 Relationships Among Participation in Organized Activities and Demographic Variables with Educational Background and Educational Aspirations

To examine the relationships between demographic variables and participation in organized activities with educational background, a chi-square test was performed. We found significant associations between the level of education and age, gender and participating in professional courses. Adolescents in high school tend to be older and are mostly girls. Moreover, those in high school are more involved in professional courses.

Only significant associations are presented in Table 20.2.

We also performed a binary logistic regression with "ever repeated a grade?" (0 = yes or 1 = no) as a dichotomous dependent variable. The model was statistically significant ( $p < .05$ ) with an explained variance of 21.1% (Nagelkerke  $R^2$ ). The percentage of correct classification was 73%. Regression estimates and odds ratio

**Table 20.1** Sample descriptive statistics

Variables	N (%)
Age	
14	12 (6.3%)
15	59 (31.1%)
16	62 (32.6%)
17	49 (25.8%)
18	8 (4.2%)
Gender	
Boy	106 (55.8%)
Girl	84 (44.2%)
Type of placement	
<i>Casa-lar</i> (home-house)	53 (28%)
<i>Abrigo</i> (shelter)	137 (72%)
Educational background	
Middle school	125 (66.5%)
High school	63 (33.5%)
Grade retentions	
Yes	142 (74.7%)
No	48 (25.3%)
Number of grade retentions (1–6)	
One	49 (35%)
Two	51 (36%)
Three	21 (15%)
Four or more	19 (14%)
Educational aspirations	
Finishing high school	
Very low	7 (3.8%)
Low	19 (10%)
About 50%	43 (22.6%)
High	47 (24.7%)
Very high	74 (38.9%)
Getting into university	
Very low	16 (8.6%)
Low	34 (18.2%)
About 50%	48 (25.7%)
High	44 (23.5%)
Very high	45 (24.1%)
Organized activities (% never)	
Language course	135 (72.2%)
Professional course	86 (45.7%)
Art course	89 (48.6%)
Professional internship	89 (48.6%)
Sports	54 (28.9%)
Workshops or lectures	67 (37%)
Community activities	108 (58.1%)
Religious activities	85 (46.4%)



**Table 20.2** Chi-square test for level of education

		Level of education		Total	$\chi^2$ test
		Middle school	High school		
Age	14	8 (6.4%)	5 (6.3%)	12 (6.4%)	12,99*
	15	46 (36.8%)	12 (19.0%)	58 (30.9%)	
	16	43 (34.4%)	18 (28.6)	61 (32.4)	
	17	25 (20.0%)	24 (38.1%)	49 (26.1%)	
	18	5 (7.9%)	5 (7.9%)	10 (4.3%)	
Gender	Girl	47 (37.6%)	37 (58.7%)	84 (44.7%)	7,56**
	Boy	78 (62.4%)	26 (41.3%)	104 (55.3%)	
Professional Course	No	69 (56.1%)	16 (25.4%)	85 (45.7%)	15,82**
	Yes	54 (43.9%)	47 (74.6%)	101 (54.3%)	

\* $p < .05$ ; \*\* $p < .01$

**Table 20.3** Logistic regression parameters for “Grade Retention” model

Independent variables	B	S.E.	Wald	p	Exp(B)	95% C.I. for EXP(B)	
						Lower	Upper
<b>Gender</b>	<b>-1.364</b>	<b>.452</b>	<b>9.120</b>	<b>.003*</b>	<b>0.256</b>	<b>0.105</b>	<b>0.620</b>
<b>Community activities</b>	<b>0.951</b>	<b>.462</b>	<b>4.233</b>	<b>.040*</b>	<b>2.589</b>	<b>1.046</b>	<b>6.406</b>
Age	-0.243	.229	1.123	.289	0.784	0.500	1.229
Type of placement	-0.139	.480	0.084	.772	0.870	0.340	2.231
Language course	-0.183	.539	0.116	.734	0.832	0.289	2.394
Professional course	0.419	.441	0.903	.342	1.521	0.640	3.611
Art course	-0.181	.448	0.163	.687	0.835	0.347	2.009
Sports	0.492	.528	0.871	.351	1.636	0.582	4.602
Workshops or lectures	-0.837	.459	3.333	.068	0.433	0.176	1.064
Professional internship	-0.034	.511	0.004	.947	0.966	0.355	2.633
Religious activities	0.085	.461	0.034	.853	1.089	0.441	2.691

( $Exp(B)$ ) can be observed in Table 20.3. Results indicate that girls are less likely to be retained in school. Likewise, engaging in community activities decreases the chances of grade retentions. All other variables were not significant in the model.

For the numerical dependent variables “aspirations of finishing high school” and “aspirations of getting into university” multiple linear regressions were performed. Results are displayed in Table 20.4. The regression model of “aspirations of finishing high school” was not significant and therefore no variables were entered into the equation. For “aspirations of getting into university”, assumptions were verified through the analysis of residues by Durbin-Watson, showing an adequate ( $d_2 = 2.031$ ) and significant ( $p < .05$ ) model. Independent variables were participation in organized activities and demographic variables (gender, age and type of placement).

The model presented explained variance of 7.1%. Results show that the higher the age, the lower the adolescents’ aspiration of entering university. In addition, participation in community activities and professional courses was associated with a greater aspiration to enter university. All other variables were not significant in the model (Table 20.4).

**Table 20.4** Multiple linear regression parameters for “Aspirations of getting into university” model

Independent variable	Unstandardized coefficients		Standardized coefficients	<i>t</i>	<i>p</i>	95% <i>C.I.</i>	
	<i>B</i>	Std. Error	<i>B</i>			<i>Lower</i>	<i>Upper</i>
<b>Significant variables</b>							
(Constant)	7.818	1.681		4.652	.000	4.498	11.139
Age	-0.304	0.107	-.226	-2.838	.005	-0.515	-0.092
Community activities	0.434	0.202	.168	2.147	.033	0.035	0.834
Professional course	0.419	0.204	.163	2.050	.042	0.015	0.822
<b>Non-significant variables</b>			<b>Stand. <i>B</i></b>	<b><i>t</i></b>	<b><i>p</i></b>		
Gender			-.093	-1.193	.235		
Type of placement			.056	0.695	.488		
Language course			.105	1.308	.193		
Professional internship			.007	0.087	.931		
Sports			-.020	-0.249	.804		
Workshops or lectures			.091	1.153	.251		
Religious activities			.099	1.214	.226		
Art course			-.110	-1.385	.168		

## 20.4 Discussion

It seems that participation in organized extracurricular activities is as important to the education of Brazilian adolescents aging out of care as it is for the education of adolescents investigated in many different contexts worldwide (Mahoney & Cairns, 1997; Mahoney, Larson, Eccles, & Lord, 2005; White et al., 2018; Zaff, Moore, Pappillo, & Williams, 2003). For this study, better educational level, fewer grade retentions and positive aspirations to attend university were related to participation in professional courses and community activities. Additionally, girls were more likely to have higher educational levels and fewer grade retentions, while individuals with lower expectations of attending college were more likely to be in late adolescence.

If we look at the broad concept of organized extracurricular activity, it is not difficult to understand its beneficial role for young people aging out of care in Brazil. The Brazilian child protection system is comprised mainly of residential centers sheltering large numbers of children and adolescents, where care is offered by professional caregivers and interaction with the community is restricted (Silva & Aquino, 2005). The characteristics of this type of placement tend to limit the opportunities of engaging in daily life and leisure activities (e.g., grocery shopping and cooking, sports practices, celebrating special occasions, visiting friends and extended family) that would normally take place in families or communities. Consistent with the literature, results from our study indicate the significance of

participating in organized activities beyond formal curricula, since in the context of residential care, they work as an alternative to expose adolescents to different experiences and people, increasing their competencies and interests (Eccles et al., 2003; Fredricks & Eccles, 2006; Marsh & Kleitman, 2002).

A closer examination of the type of activity found to be associated either with educational level, number of grade retentions or educational aspirations, gives rise to interesting reflections. Participation in training courses can constitute an important facilitator of school engagement and student motivation, as it endorses characteristics of the school environment (such as frequency, rules and continuity) and promotes the discovery of new interests and skills (Gallo & de Albuquerque Williams, 2008; Santana, Doninelli, Frosi, & Koller, 2005). In addition to that, prior studies in low income communities in Brazil have shown that engagement in those activities are evaluated by adolescents themselves as means to gaining self-confidence and enhancing future aspirations (Alves & Albanese, 2016; Silva & Trindade, 2013).

Professional training received by adolescents participating in this study is either offered by a non-governmental institution or by government programs. It is not unusual for these courses to offer financial assistance, as well as offering the possibility to practice a particular professional skill through internships. Taking part in these types of activities can impact adolescents psychologically and socially, not only enhancing school participation, but providing the unique opportunity to start building an identity as a working adult, integrated into a larger society (Eccles et al., 2003; Freitas & Oliveira, 2012). This is especially important for adolescents transitioning from out-of-home care, considering their unfavorable position regarding social belonging (Arpini, 2003; Portella, 2012). According to studies conducted with Brazilian adolescents in vulnerable situations, being involved in economic or labor activity endorses a belief in the right to be an active participant in society (Alves & Albanese, 2016; Freitas & Oliveira, 2012).

To promote active participation and the integration of children and adolescents in their community, Brazilian legislation comprises “community living” as one of the central pillars of out-of-home care policy (Brasil, 1990). Caregivers should practice those guidelines through (i) encouragement of participation in community activities and (ii) development of activities within residential centers to engage community members in participating in children's lives and education (Silva, Mello, & Aquino, 2004). Even though recent surveys indicate that this policy is far from being implemented across the entire country (MDS – Ministério de Desenvolvimento Social e Combate à Fome, 2015), our study suggests that when fulfilled, community living can have a real impact on adolescents' lives, especially for those about to transition to independent living from outof-home care. Eccles et al. (2003) and Shernoff (2010) in studies with adolescents from other countries have reported associations between participation in a variety of structured activities and social belonging, as well as benefits of community involvement for school engagement, school performance and educational aspirations.

Having acknowledged what type of activity positively contributes to adolescents' educational background and aspirations, we still wonder why some activities

were related to educational improvement and others were not. We believe that these results are influenced by the three characteristics of organized extracurricular activities: voluntary participation, structure and challenge (Csikszentmihalyi, 1990; Csikszentmihalyi et al., 1993). It may be that for some adolescents, not all of these conditions were met within their activities. Placement type and lack of financial and human resources (caregivers) tend to limit the options of different activities available to adolescents, which may compromise their interest and motivation. It may also be that engaging in some activities is not as voluntary as it should be, with resulting inconsistency and frustration. According to Zaff et al. (2003), consistent participation in extracurricular activities predicted a 2.5 times greater chance of attending college, compared to adolescents who occasionally participated. Further, Shernoff (2010) found that besides the quantity of after-school activity experiences, what may be an even greater predictor of academic outcomes is the quality of those experiences.

Another aspect that could explain why not all types of organized activities were significantly associated with improvements in education is the context of this study. It seems that there are some fundamental factors associated with out-of-home care (e.g., placement stability and consistent caregiver) that, when absent, could prevent participation in organized activities to be as beneficial as it could be. The study of Farineau and McWey (2011) suggests something similar by stating that type of placement and closeness to caregiver are more significant predictors of delinquency in adulthood than participation in extracurricular activities. More recently, White et al. (2018) also found that a consistent adult who is there to help adolescents prepare for and cope with new educational phases of their lives might contribute more to future educational attainment than extracurricular participation. Those assumptions can also explain why older adolescents from this study tended to have lower expectations in relation to attending college. As they grow older, these young people will need greater support to face the transition to life after care and less time will be available for the complex preparation required. In the face of being emancipated and providing for themselves, an unskilled job may seem like a more attainable option than higher education (Alves & Albanese, 2016).

## 20.5 Conclusion

This study adds to existing findings in relation to positive impact on adolescents in care. Results show that participation in organized extracurricular activities is associated with improvements in school achievements, the number of grade retentions and expectations of attending university. These findings reveal the essential role of community participation in the construction of student and worker identity for the education of adolescents who are preparing to leave care. Higher levels of participation in courses that are designed to develop useful skills for labor and a consistent participation in community activities might help increase the sense of social belonging, as well as higher educational achievements and aspirations.

Although these results allow us to move forward in understanding the complexities of education in care in Brazil, much more needs to be done in this field. One of the main limitations of this investigation is its cross-sectional design. The proposition that extracurricular participation promotes positive development is more adequately tested by longitudinal studies (Larson, 2000). It would be of great value to investigate the impact of organized extracurricular activities on educational outcomes of these adolescents in the future, once they leave care. Another limitation is the lack of analysis regarding how variables such as placement type, social support, gender and age may moderate the relationship between activity participation and development (Mahoney, Larson, et al., 2005). The moderator effect of these variables could be the object of future studies, since our results point to their influence on how adolescents engage in extracurricular activities.

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