

# 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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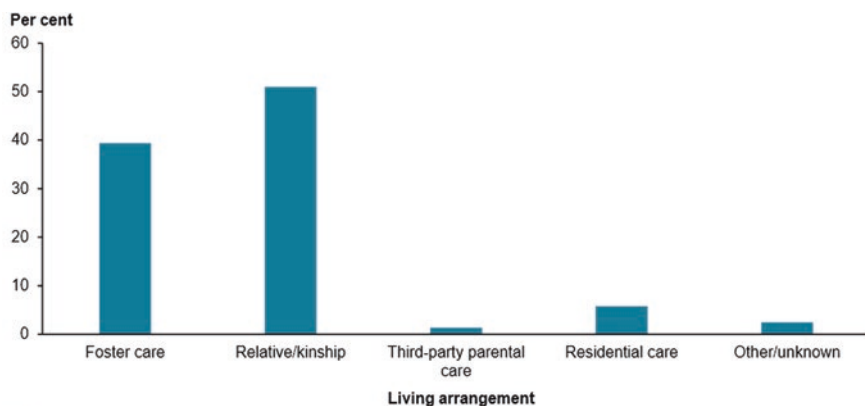
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## 10.2 Background

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

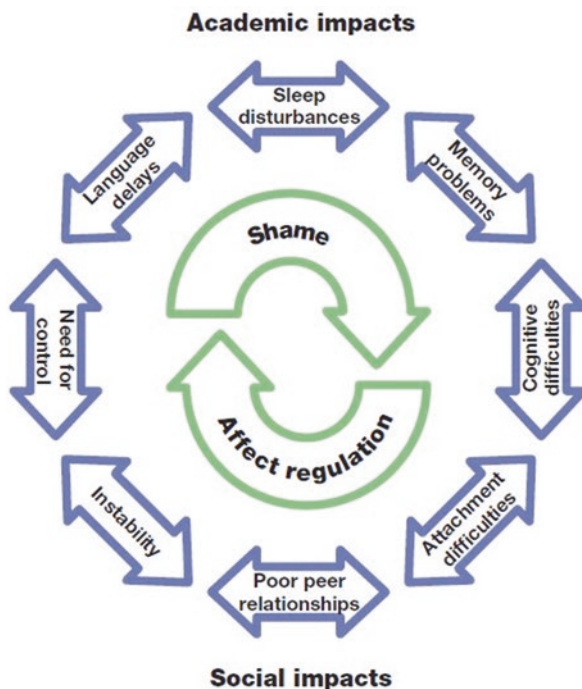
Placement in OHC can interrupt a trajectory of educational disadvantage; it creates opportunities to address learning gaps, build children's confidence and enhance their educational aspirations. The primary years clearly present a *critical moment* when closing the gap between OHC and normative achievement 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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