

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%
Total	75	100.0%	75	100.0%	69	100.0%	219	100.0%
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%
Total	75	100.0%	75	100.0%	69	100.0%	219	100.0%

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	%	Residual	n	%	Residual	N	%	p-value
The classmates are usually nice to me (agreement 1-5)												
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
Some classmates and I have good relationships (agreement 1-5)												
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
Some classmates help me when I have a problem (agreement 1-5)												
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
Satisfied with other children in your class group												
ANOVA												
Youngster			Caregiver			Teacher			Total			
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	.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	%	n	%	residual	p-value
How do you manage the following subjects at school? Sports (frequency 1-3)												
I usually have good marks	58	77.3%	0.80	41	54.7%	-1.60	54	78.3%	153	69.9%	0.84	
Sometimes good, sometimes bad	17	22.7%	-1.18	34	45.3%	2.40	15	21.7%	66	30.1%	-1.27	
Total	75	100.0%		75	100.0%		69	100.0%	219	100.0%		0.002
Have you been responsible for a particular task at school (frequency 1-3)												
Never	31	43.1%	-0.10	32	44.4%	0.08	29	43.9%	92	43.8%	0.02	
Sometimes	17	23.6%	-1.77	30	41.7%	0.77	29	43.9%	76	36.2%	1.05	
Often or always	24	33.3%	2.53	10	13.9%	-1.16	8	12.1%	42	20.0%	-1.43	
Total	72	100.00%		72	100.0%		66	100.0%	210	100.0%		0.005
Improve learning skills... Going to a class group with few pupils at school (Yes-No)												
No	40	53.3%	2.09	19	25.3%	-1.82	25	36.2%	84	38.4%	-0.28	
Yes	35	46.7%	-1.65	56	74.7%	1.44	44	63.8%	135	61.6%	0.22	
Total	75	100,0%		75	100,0%		69	100,0%	219	100,0%		0,002
Training/apprenticeship (non-formal education) (Yes-No)												
No	37	58,7%	2,02	20	32,3%	-1,21	19	34,5%	76	42,2%	-0,88	
Yes	26	41,3%	-1,72	42	67,7%	1,03	36	65,5%	104	57,8%	0,75	
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
I like going to school (agreement 1-5)												
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
I feel safe at school (agreement 1-5)												
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												
	Youngster			Caregiver			Teacher			Total		
	n	Mean	sd	n	Mean	sd	n	Mean	sd	n	Mean	p-value
Satisfied with things you have learned												
0-10 score	74	7.16	2.05	74	5.85	2.07	67	5.60	1.95	215	6.22	<.001
Satisfied with your life as a pupil												
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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