



**Family &  
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Community Services

## **Are We Making the Grade?**

**The Education of Children and Young People in Out-of-Home Care**

**Research Report 2012**

**Dr Michelle Townsend**

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## About the author

Michelle Townsend undertook this research as part of her PhD candidature. Michelle has worked in the out-of-home care sector for the last fifteen years including working for the consumer organisation CREATE Foundation for six years.

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# Executive summary

This report is based on a PhD study, undertaken between 2005 and 2010, focusing on improving educational engagement and outcomes for children and young people in care. The views expressed in this report are those of the author and not those of the Department of Family and Community Services. The purpose of this report is to inform the NSW education and out-of-home care sectors about the findings and the implications for better policy and practice in this area.

The poor educational performance of children in care has been a concern, internationally, for a number of decades. In Australia, it has received less attention even though the limited research to date indicates that children in care are performing more poorly than their non-care peers and face a range of barriers in engaging with their school life. This study sought to develop an understanding of the issues impacting on the educational engagement and outcomes for children in care in NSW. The research and data collection were guided by five main questions:

- What are the educational outcomes for children currently in care?
- What are the factors that affect the educational engagement of children in care?
- How do the various transitions children may experience in care affect their education and how can these transitions best be supported?
- What are the experiences of children in care in their transition to high school and how can this transition best be supported?
- How can the immediate environments of children in care facilitate positive educational engagement and outcomes?

This report presents the findings from two main sets of data: case studies of a sample of children in care before and after they made the transition from primary to high school and large-scale data on children's educational participation and performance. The large-scale data highlight how children and young people in care are performing on educational assessments (n = 2317) compared with students in the general population. The case studies of children making the transition to high school (n = 56), together with individual and focus group interviews with adults in their lives (n = 187), provide a rich understanding of the complex issues involved in improving the educational engagement and achievement of children in care.

## Research Findings

### What are the Educational Outcomes for Children in Care?

This study found that the educational outcomes for children and young people in care in NSW were significantly poorer than those of students in the general population. This was evident in their literacy and numeracy results during their primary and early high school periods, and continued into the later years of high school, where young people in care were participating in non-matriculation courses and withdrawing in high numbers. When compared with all other student equity groups, students in care under-achieved relative to these other equity groups of children other than Aboriginal children whose performance closely matched that of children in care. Aboriginal students in care had the poorest outcomes; in most tests their results were significantly lower than all Aboriginal children. The findings highlighted the poor performance in numeracy as a serious issue for many students in care throughout their schooling. The findings also suggest that children who lag behind academically when they enter high school are unlikely to catch up.

There was no evidence that placement in kinship or foster care or length of time in care was associated with better children's performance in either literacy or numeracy. These findings may, however, be confounded by the severity of issues that brought children into care and there may be differential gains for different groups of children.

This research established that some children in care were doing well academically. From the early schooling data (Years 3 and 5), at least a third of the students in care were identified as performing strongly in the literacy and numeracy tests. In contrast with these early positive results, the findings from the Year 10 and 12 tests, and the interviews with stakeholders, do not indicate a continuation of this positive trajectory for many students in care. In the first four years of high school, there appears to be a decline in performance or a change in student intentions, motivations and circumstances, beyond the well-documented decline following the transition to high school (Akos & Galassi, 2004; Cantin & Boivin, 2004; Mizelle, 1999). Just over one in five students in care who were attempting the School Certificate and one in five students in care attempting the Higher School Certificate left school before completion.

## What are the Factors that Affect the Education of Children in Care?

### Children's immediate Environments: Home and School

A key factor for many caseworkers, carers, education staff, policy makers and managers influencing the education of children in care was children's early years with their birth family. This included their experiences of abuse, neglect, trauma, problematic attachment and disadvantage. These, along with their care experiences, were seen as having a continued effect on children's ongoing social, cognitive and emotional development.

To do well with their education, children said they needed to live with a kind, safe family who cared for them and made them feel that they belonged, with carers who supported their schooling, homework, reading and extra-curricular activities. Similarly, adults contended that a high quality placement, with carers committed to education and facilitating homework and reading, was key for children's positive educational progress. In the school environment, attending a caring and inclusive school, potentially non-government, with engaging learning and supportive teachers was important for children. Children indicated having good friends and feeling safe in the school environment and not being bullied or yelled at by teachers, facilitated their educational engagement. Adults argued that the school's ability to understand the needs of children in care, and respond appropriately to these needs and behaviours, were the paramount factors in children's educational progress. Gaps in children's schooling and time spent away from school were also factors adults felt that negatively affected children's education. Children also focused on their relationships with siblings; living together or attending the same school as their siblings was important to children and seen as a positive contributor to their educational progress.

Adults in the care and education sectors, considered that a number of other factors impacted on the effectiveness of the children's immediate environments in supporting children's education. The first was the extent to which professionals in the care and education sectors, are committed to, and prioritise the education of children in care. The second factor was the stability and resources in children's placement and schooling to support children's educational needs. Stability in relationships was also important to children. Children were clear that they wanted to participate in all decisions related to any changes in their school or placement. Their caseworkers were identified as the primary adult to facilitate this participation.

An important finding of this study was the level of consensus between children and adults about the key factors within the school and home environments that support children’s education. These are represented in Figure 1.

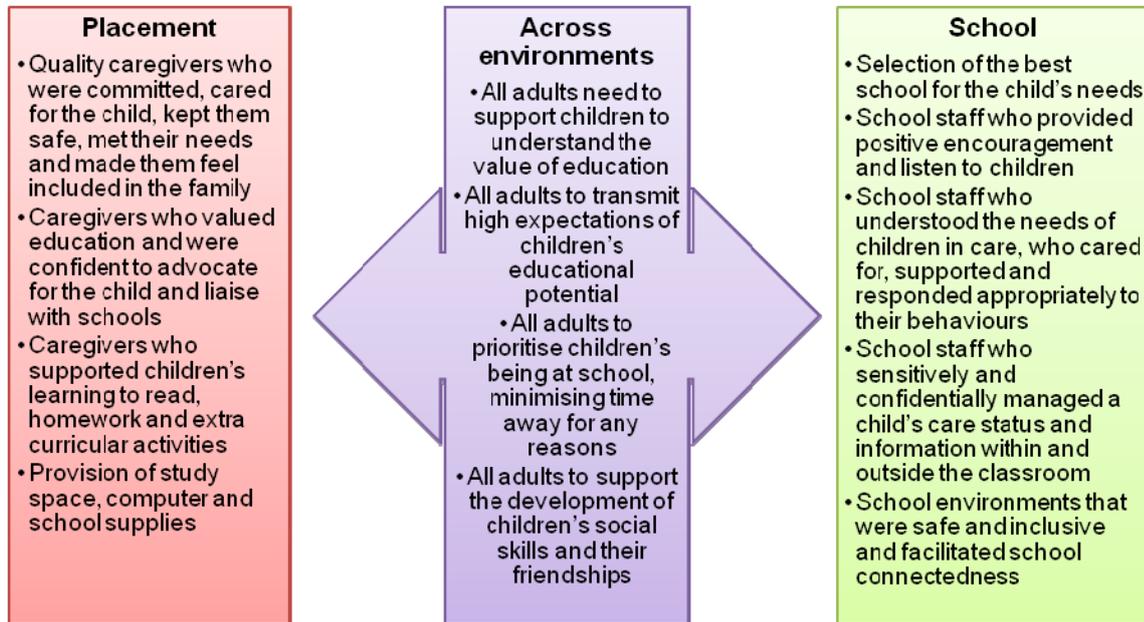


Figure 1: How the Immediate Environments can Support Children in Care with their Education

### Children’s Care Transitions and Their Education

This research found that the transitional points in the care system included in this study - entering care, placement change and restoration – all had a direct effect on children's education by detracting from their learning and school life. The majority of these transitions resulted in a school change. The findings from this study suggest that multiple transitions, normative and/or non-normative, over time or concurrently, can be more difficult due to the cumulative effects of change across children's functioning and coping mechanisms. Multiple school transitions (attending more than 4 schools) were significantly associated with poorer academic and behavioural functioning.

By the time the children in this study were in their first two years of high school, they had attended an average of 4.6 schools, and had had 5.5 placements and 3.4 caseworkers. Transition was an inherent aspect of their care experience and children indicated that these changes provided adjustment challenges for them. Not all transitions were negative, however; many offered them safety and a fresh start, and provided a better environment for them to live in and learn. Children indicated that having the reason for the change explained, together with their participation in decisions about placement, school change and schooling options, were important in facilitating their successful adjustment to their new circumstances.

Likewise, adults in the care and education sectors indicated that entry to care provided a genuine turning point in the lives of some children, whose well-being improved as many of the issues they faced while they were living with their birth parents diminished. Many adults viewed transitions as an opportunity to access educational and other required interventions to support children.

### The Transition to High School

For most of the children in this study, their overall experiences of the transition to high school were positive. They reported that high school offered them a number of benefits including: new friends, broader learning opportunities, greater responsibility and independence. Many of the

challenges were normative, faced by all children making the transition to high school, and included their capacity to adjust to the different environment of high school from the primary school setting (Akos, 2002; Akos & Galassi, 2004; Mizelle, 1999; Wassell, Preston, & Jones, 2007).

The study found, however, that not all children in care successfully made this transition and adjusted to a more complex high school environment. A third of the children reported low school engagement after the transition to high school, with problematic peer and academic issues. Some children in care faced additional impediments in negotiating this transition due to the cumulative effects of instability, attachment, academic and social difficulties. Children with academic difficulties in primary school often had difficulties in meeting the increased scholastic demands. Change in placement and/or school during the high school transition period particularly posed significant adjustment challenges for children.

There are also aspects about the high school setting that can make the transition more difficult. Adults from both sectors argued that high schools are less well structured than the primary school in meeting children's social, emotional and academic needs. Obtaining support for children in care was viewed as more difficult to secure in the high school setting. Exacerbating this for children was the need to form new relationships with adults after losing significant relationships with primary school principals, teachers and aides.

The strategies highlighted by both the adults and children in this study to support children in their transition to high school included selecting the best school for the child, collaborative planning, and a comprehensive and supportive orientation program. Adults and children argued that the selection of high school must take into account the child's preference, what the schools can offer to support the child as well as the social environment of the school. Children and many adults also agreed that non-government schools should not be ruled out because of cost. Many adults promoted the value of a meeting between all stakeholders for all children in care, when the child was in Year 6, to plan for this transition. Both children and adults identified the helpfulness of making the transition with a group of friends or having a sibling or knowing older children at the high school. Furthermore, adults and children agreed that a comprehensive orientation program that immerses children in the high school environment builds student familiarity and confidence, and allays concerns.

## Reforming Out-of-Home Care

There have been a number of advances since 2009 in improving education services for children and young people in out-of-home care. In response to the recommendations of the Wood Special Commission of Inquiry into Child Protection Services in NSW each child and young person in statutory out-of-home care should have an individual education plan prepared for them within 30 days of entering care. Community Services' partner with the Department of Education and Communities to ensure that this happens. The Memorandum of Understanding between Community Services and the Department of Education and Communities was revised to include the increased role of non-government organisations in delivering more out-of-home care services. Further details about the reforms in out-of-home care can be found in the Keep Them Safe Annual Reports and the Department of Family and Community Services Annual Reports.

# Section 1: Background

## Why Focus on Education for Children in Care?

Education provides an environment for children in care to learn, develop, socialise and connect with the broader community. The building of protective factors, interests and capacity, in a consistent and normalising environment, can provide invaluable opportunities for children in care, now and for their future. Yet many children in care are unable to make the most of the opportunities offered through school education.

The limited research in Australia to date indicates in line with international findings, that the educational participation and achievement of children in care are poorer than those of their non-care peers. Spending significant time away from school, falling behind academically, behavioural issues, social issues, suspension, expulsion, bullying, early school leaving and leaving without qualifications have been found to be more common for this group of children (CREATE Foundation, 2001, 2004; de Lemos, 1997; NSW Office of the Children's Guardian, 2003). Little is known, in the Australian context, of the factors that support or impede the educational engagement and outcomes of children in care, and even less is known about children's views on these matters. This study sought to build this understanding, addressing an identified knowledge gap (Cashmore & Ainsworth, 2004; Osborn & Bromfield, 2007).

This research has been undertaken at a time when substantial system reforms in NSW are seeking to make significant improvements to children's experience prior to, and once in, care. The study sought to contribute to these improvements by treating children's educational needs as key to improving their well-being whilst they are in care and after they leave it.

## Review of the Educational Outcomes in Australian Studies

In Australia, only six research studies have specifically focused on education of children in care (Australian Institute of Health and Welfare, 2007, 2011a; Cavanagh, 1995; de Lemos, 1997; Uniting Care Burnside, 2004; White & Lindstrom, 2007; Wise, Pollock, Mitchell, Argus, & Farquhar, 2010) in addition to the consumer organisation CREATE Foundations' Education Report Cards (2001, 2002, 2003, 2004, 2006) and the more recent Association of Children's Welfare Agencies (2008, 2010) surveying of children's educational participation and attainment. These studies identified literacy and numeracy skills as key issues for children in care. Several of these studies also highlighted how the emotional, behavioural, mental health and disability needs of children in care were high and affected their schooling (Cavanagh, 1995; de Lemos, 1997; Uniting Care Burnside, 2004; White & Lindstrom, 2007; Wise et al., 2010).

Other Australian studies with a wider focus have also explored the educational achievement and attainment of students in care. They similarly report poorer educational outcomes for children in care. Yet there is also evidence of a small group of young people previously in care who had done well educationally, achieving the highest schooling qualifications and going on to further tertiary or technical education (Cashmore & Paxman, 1996; Uniting Care Burnside, 2004). Recent research also supports that some students currently in care are engaged and achieving well, but the majority are performing more poorly and disengaging from their schooling (Wise et al., 2010).

## Addressing the Education Needs of Children in Care

A significant number of government departments, along with community service providers, play a critically important role in promoting the safety, well-being, and education of children in care. There is major potential for misunderstanding roles and responsibilities. To address this, many states and territories have established agreements between education and child protection departments to outline their respective roles and responsibilities in relation to the education of children in care.

Two of the key initiatives often featured in these agreements are information exchange and individual education plans. One of the biggest challenges for the collection and publication of performance data is the need to match data from education departments and community services departments. Queensland was one of the few jurisdictions with an individual student identifier, which facilitates the data matching process. Most other states have to make considerable changes to their systems to enable the data matching. The Commonwealth Government has made a commitment to introducing unique student identifiers for all Australian school students. The other key initiative to enhance the focus on educational progress and outcomes for children in care is individual education plans. The aim of these plans is to bring together the child with the key stakeholders in their lives to discuss their education, develop a plan outlining actions and resources, and identify the people who are responsible for the implementation of the plan. A number of other initiatives have been implemented in jurisdictions, local regions and organisations across Australia (see Townsend, 2011 for more details).

Having reviewed the context for education and children in care in Australia, the next section outlines the methods adopted in pursuing this research.

## Section 2: This Study

This research involved a mixed methods approach using different forms of qualitative and quantitative research inquiry, undertaken over four phases (see Figure 2) to provide a fuller understanding of the issues related to the educational under-achievement of children in care.

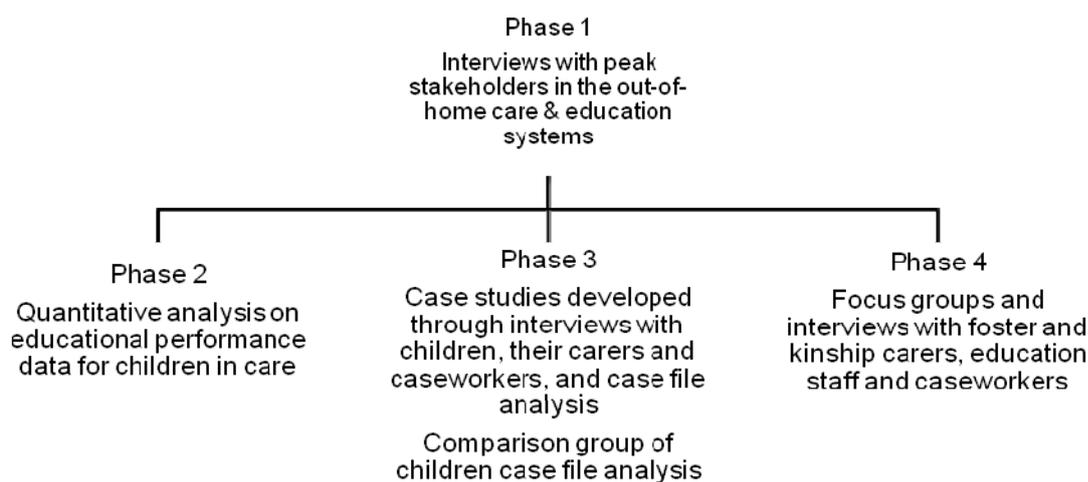


Figure 2: The Four Research Phases

A key step in fully understanding what must be done to improve the education of children in care, is hearing directly from children (Daly & Gilligan, 2010). This study acknowledges children's competence and agency and includes the experiences and views of children aged 12 to 14.

### Overview of the Research Phases

Phase 1 – Interviews with 21 stakeholders from peak organisations in the education and out-of-home care systems, including service providers, monitoring agencies and consumer organisations. The purpose of these exploratory interviews was to clarify the research issue and questions and to consult in the development of the methodology for the subsequent phases of the research.

Phase 2 – Quantitative analysis of educational performance data for 2,317 children and young people in care, provided by the Department of Education and Communities (previously known as the Department of Education and Training), with data from the Department of Family and Community Services, (previously known as Department of Community Services), facilitated by a memorandum of understanding between the two departments. The purpose of the second phase was to chart children's educational outcomes, using statewide educational performance measures throughout a child's primary and secondary education, including:

- The Basic Skills Test (BST) and the Primary Writing Assessment (PWA) Years 3 and 5 (2004 and 2006);
- English Language and Literacy (ELLA) Year 7 (2004 and 2006);
- Secondary Numeracy Assessment Program (SNAP) Year 7 (2004 and 2006);

- School Certificate Year 10 (2006); and
- Higher School Certificate Year 12 (2006).

Phase 3 – Semi-structured interviews with 31 Aboriginal and non-Aboriginal children in care at a key transition in their educational career, the transition to high school. Two semi-structured interviews were conducted with each child. This phase also included interviews with significant adults in these children's lives, their Community Services caseworker (n = 32) and their carers (n = 19). An analysis of children's Community Services case files was undertaken to understand each child's circumstances. A file review of a comparison group of 25 children was also undertaken. The aim of this phase was to explore in detail the factors that support and hinder educational progress for a group of children in care, as well as their experiences of education and out-of-home care transitions.

Phase 4 – 10 focus groups and 14 interviews with those involved in making decisions about children's lives – foster carers, kinship carers, Out-of-Home Care Program teachers, school principals and departmental and community caseworkers (n = 115). The interviews and focus groups sought to understand the issues associated with children's educational engagement and educational outcomes, and the strategies that are needed to respond to these issues.

## Ethical Considerations

There were some complex ethical issues involved in this research, placing demands on all involved throughout the research to ensure that these were thoroughly considered and responded to (Thomas & O' Kane, 1998; Wise, 2009). The issues included concerns about research with vulnerable groups, obtaining informed consent from children, avoiding harm and distress, managing disclosure, ensuring confidentiality and privacy, and managing the tension between children's participation and their protection (see Townsend, 2011 for more detail on how each of these issues were addressed). There were several levels at which ethical review took place: the study's supervisory panel, the Southern Cross University Human Research Ethics Committee, the NSW Community Services and the State Education Research Approval Process Unit at the NSW Department of Education and Communities .

## Limitations

There are several limitations that need to be considered in the interpretation of the findings from this study. First, the use of case files. Previous research has indicated that educational information is often missing in case files (Uniting Care Burnside, 2004; Zetlin, Weinberg, & Luderer, 2004), also the case in this study. Relevant information may be missing, incomplete or inconsistent, reflecting the judgements and busyness of the various people who fill in the records (Heath, Colton, & Aldgate, 1994; Osborn & Delfabbro, 2006). Where carers and caseworkers had been involved with the child for a relatively short time, they could not provide the information sought. Some children did not have a caseworker allocated, so there was no caseworker available to interview.

The second relates to the restrictions placed on the inclusion of some children in care (commonly referred to as 'gate-keeping'); 29 per cent of potential participants (n = 47) in this study were excluded by Community Services.

With respect to the quantitative data, there were a number of limitations to the data matching between departments. Firstly, Community Services operates on a financial year basis, while the Department of Education and Communities operates on a calendar year. As a result, Community Services data as at 30 June each year does not directly correspond to the testing periods of March and October, as there may have been some variations in care entries and exits between

these points. Secondly, there were differences in the capacities of the two departments' information systems. Community Services has one statewide information system; the Department of Education and Communities has two systems for enrolment data and assessment data. Thirdly, there were challenges in matching the children's names, as children in care may go by a variety of names or spellings of names. Where these children could not be matched, they were excluded. With the School Certificate and Higher School Certificate data, a less extensive matching process was undertaken. A fourth limitation was that the state cohort data used as a comparison group includes children in care. However, since children in care represent less than one percent of the general student population, the inclusion of their results is unlikely to have had a significant effect on the analysis (Australian Institute of Health and Welfare, 2011a).

A further reason for the failure to match the education and care data for children in care was the 18-month range in age at which NSW children could commence school. To take this into account, the age of children in care (as at 30 June 2004/06) ranged from 8 to 13 years, to cover all potential children in Years 3, 5, 7. This inevitably led to a lower number of students being matched as some of these children may instead have been in Years 2, 4, and 6. For the older students in the study, the age range of 15 to 17 was chosen to cover all potential Year 10 and Year 12 students. Again, some of these students may have been in Year 11. A further contribution to children not being included in the study was that some were attending non-government schools, which were not reported upon, as this data was not available to either department. There was also a likelihood that some children may have been withdrawn from testing by their caregivers, or that they were absent on the day of testing or were exempt from testing (Townsend, 2007). One final quantitative data limitation was the limited analysis that could be made on the matched performance data. Aggregated data rather than unit level data was provided for the study and Community Services therefore undertook most of the statistical analysis.

Having outlined the methods and limitations of this study, the next section examines the findings on the educational outcomes of children and young people in care.

## Section 3: The Educational Outcomes of Children in Care

This section reports on the educational achievement of children and young people in care using the standardised tests that most students across the state participate in during Years 3, 5, 7, 10 and 12. The educational participation and performance findings obtained for the 56 children in care who participated in the case study are then presented.

### Literacy and Numeracy Tests Years 3, 5 and 7

The literacy and numeracy tests conducted in Years 3, 5 and 7 are designed to assess whether children have achieved the minimum benchmark standards appropriate for their year of schooling (Australian Institute of Health and Welfare, 2007). Data were obtained for 1,995 children in care who sat the literacy and numeracy tests in Years 3 (n = 553), 5 (n = 590), 7 (n = 497) and 8 (n = 355) in NSW government schools in 2004 and 2006. The gender distribution and the Aboriginal population of these children correspond with the wider care community.

#### Mean Test Scores for Students in Care

Children in care had significantly lower mean test scores across all testing periods in literacy and numeracy than children in the general population who sat for these tests. These results are in line with other Australian studies (Australian Institute of Health and Welfare, 2007; CREATE Foundation, 2001; Department of Child Safety, 2005; Department of Education and the Arts, 2003).

The findings from this study suggest that children's length of time in care did not have a positive or negative effect on performance. In terms of gender, in numeracy male students in care slightly outperformed females until Year 7, where the mean test scores of females were higher than males. In literacy, female's out-performed males across each literacy test with the exception of Year 3 in 2004. Only in the literacy Year 5 results (2004 and 2006), in Year 7 (2006) and Year 8 (2004) were female students' results significantly higher than those for male students

Compared with all Aboriginal students across the state, Aboriginal students in care performed more poorly in every test at every year level. Aboriginal students in this study performed significantly more poorly than non-Aboriginal children in care at every year level in both numeracy and literacy in 2006.

The NSW Department of Education and Communities (2007a) publishes performance data on several student equity groups including: Aboriginal students, non-English speaking background students, country area program students and students attending priority funded schools due to socio-economic disadvantage. The mean test scores of children in care were below every other equity group in both test years and across every year level, with the exception of Aboriginal students whose results were slightly lower than those of all children in care. But the mean test score for Aboriginal children in care was significantly poorer than Aboriginal students across every test in 2006 and in many test areas in 2004.

#### Students in Care Achieving the National Benchmarks

For each of the tests, benchmarks have been set to determine whether children have met the minimum standards for literacy or numeracy for that stage of their schooling. This study found that fewer children in care met the national benchmarks compared with all children in the general

population. Aboriginal children in care were also less likely to reach the benchmarks than all Aboriginal children who sat the tests.

Children in care were more likely than the general population of children sitting the tests to achieve the lowest skill band for literacy and numeracy:

- In Year 3, approximately 1 in 10 students statewide were in the lowest band for literacy and numeracy, compared with approximately 1 in 4 children in care;
- In Year 5, fewer than 1 in 10 students statewide were in the lowest bands for literacy and numeracy, compared with approximately 1 in 5 children in care; and
- In Year 7, approximately 1 in 20 students statewide were in the lowest band for literacy and numeracy, compared with approximately 1 in 6 children in care.

The ratings for Year 7 literacy and numeracy tests were low, elementary, proficient and high. Children reaching the elementary band or higher were considered to have met the benchmark. It is likely, however, that the high school students, whose results place them in the elementary band, rather than proficient band, will face some challenges in undertaking their schoolwork. In 2004 and 2006, less than a third of the children in care reached the proficiency level in numeracy. In literacy, approximately 6 out of 10 students in care scored in the proficient or highly literate band.

From the available data, there was no evidence to suggest that children being in care for a longer period, or in a particular placement type (kinship care or foster care), improved children's ability to achieve the minimum literacy and numeracy benchmarks.

## School Certificate and Higher School Certificate Tests Years 10 and 12

The School Certificate is awarded to students who have completed a satisfactory program of study in the first four years of high school, Years 7 to 10. The Higher School Certificate is awarded to students when they successfully complete secondary education in NSW.

### Pathways of Young People in Care

As at 30 June 2006, there were 1,399 young people in care who were aged 15 and 17 years of age. Of these children, the Department of Education and Communities was able to match 322 (23%) young people as candidates for the School Certificate or Higher School Certificate tests in 2006. The educational outcomes and pathways for the 1,399 are presented in Figure 3 and in Figure 4 for Aboriginal Students. These figures attempt to account for the many pathways that young people can take at this point in their schooling. The estimates of the potential pathways are based on the available Australian data, as well as relevant government statistics.

### Participation of Students in Care in the School Certificate

Of the group of young people in care sitting for the School Certificate in 2006, 46 per cent were female and 54 per cent were male. Females in care performed better than males, with more achieving their School Certificate (64% compared with 50%), and fewer withdrawing (18% compared with 25%). Of the School Certificate candidates in care, 23 per cent were Aboriginal and 77 per cent were non-Aboriginal. Aboriginal students in care were less likely to gain their School Certificate than non-Aboriginal students in care (39% compared with 62%) and were more likely to withdraw than non-Aboriginal students in care (31% compared with 20%).

### Performance of Students in Care in the School Certificate

There are five individual exams English-literacy, Mathematics, Science and Australian History, Geography, Civics and Citizenship in the School Certificate. Students were awarded a mark for each of the mandatory tests and were placed in a band related to the standard of performance they had achieved (Band 6 is the highest band, and Band 1 is the lowest). Across all subjects, with the exception of Australian Geography, Civics and Citizenship test, no students in care were placed in the highest band (Band 6). More female students were in the top three bands for English Literacy, Science and Geography, while male students outperformed female students in Mathematics and History.

The disparity between the performance of Aboriginal and non-Aboriginal young people in care was most evident in the results in the lowest band. For instance, 1 in 5 Aboriginal students failed the English Literacy test, compared with approximately 1 in 10 of all students in care and approximately 1 in 20 of the general student population in NSW. In the Mathematics test 31 per cent of Aboriginal students in care failed, compared with 15 per cent all students in care and 5 per cent of all NSW students.

When the performance of young people in care was compared with other equity groups, students in care performed more poorly than other equity students from the Country Area Program and Priority School Funding Program (based on socio-economic disadvantage) across every subject area with the exception of Science Band 1. All Aboriginal students generally performed more poorly than all students in care but Aboriginal students in care overall performed more poorly than all Aboriginal students in the state.

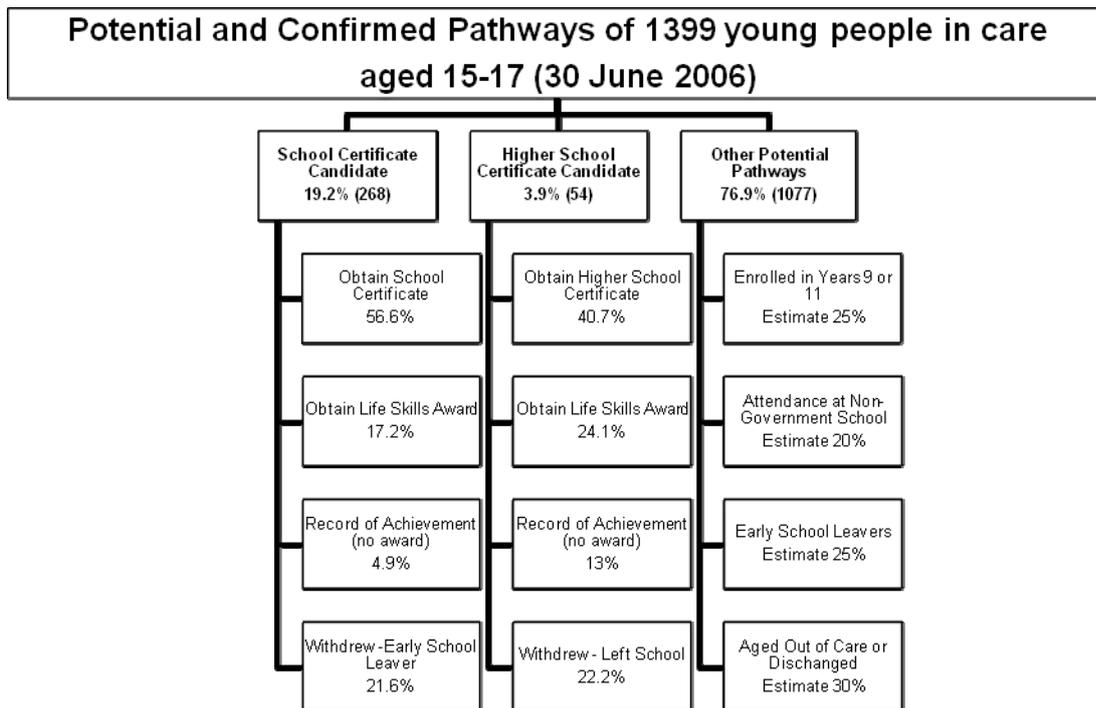


Figure 3: Pathways of Young People in Care

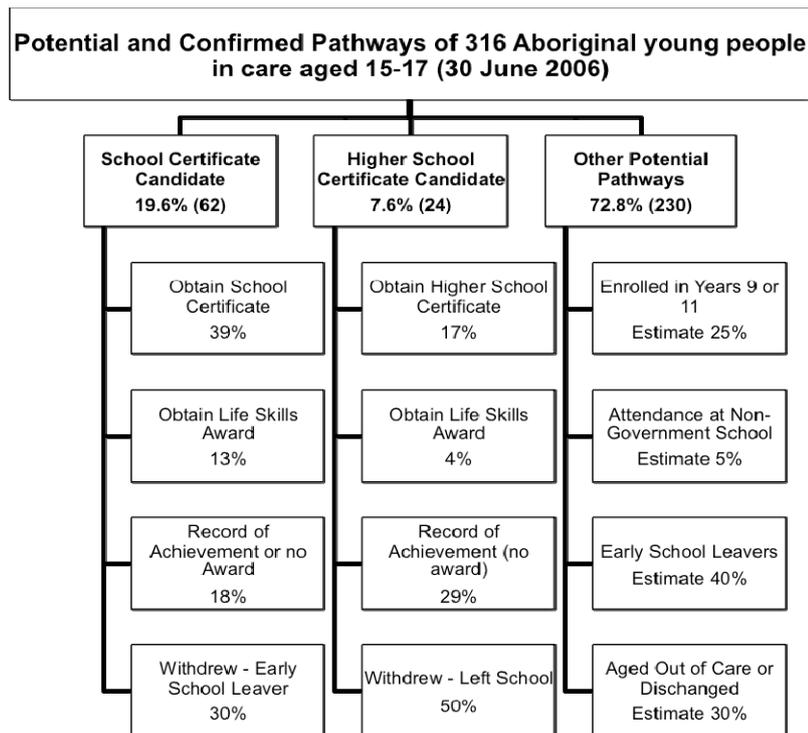


Figure 4: Pathways of Aboriginal Young People in Care

### Participation of Students in Care in the Higher School Certificate

As shown in Figure 3, 54 young people sat for the Higher School Certificate (HSC) in 2006. Of this group, 40 per cent (n = 22) were successful in obtaining their HSC. Almost a quarter of the students (n = 13) undertook a special program of studies (Life Skills), while just over a fifth of students withdrew (n = 12). The remaining students were not successful in obtaining the HSC qualification.

Of the group of young people in care sitting for the HSC, 59 per cent were female and 41 per cent were male. More male candidates (59%) were successful in obtaining their HSC than female candidates (28%). Of the HSC candidates in care, 44 per cent were Aboriginal and 56 per cent were non-Aboriginal. The percentage of Aboriginal students who achieved their HSC (17%) was much lower than the percentage of successful non-Aboriginal students (60%) as shown in Figure 4. In this study, only Aboriginal young people withdrew from their HSC candidature.

### Educational Outcomes for the Case Study Children

This section examines the key educational indicators, where available, for the 56 children in the case studies. Of the 56 children, it was possible to obtain the 2004 and 2006 literacy and numeracy test results for only 21 per cent. The performance of these 12 children was very similar to that of all children in care with a quarter of the children not meeting the benchmarks for literacy and numeracy. The educational issues for this group of children in the previous 12 months to the study was examined to understand more about their progress. Table 1 presents the frequency of current academic, social and behavioural issues among the children in the study.

Table 1: Current Issues at School for Case Study Children

	Yes		No		Missing	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Academic issues	34	60.7	20	35.7	2	3.6
Behavioural issues	26	46.4	30	53.6	-	-
Social issues	23	41.1	26	46.4	7	12.5
Any current issues	42	75.0	14	25.0	-	-
All three issues	14	25.0	36	64.3	6	10.7

Only a quarter of the children did not have any current academic, social or behavioural issues at school, with the rest facing one or more of these issues. School mobility, having attended more than four schools and/or having a diagnosed disability was significantly related to behavioural and academic issues.

Table 2: Comparative Data on Educational Indicators and Outcomes for the Study Children

Are we making the grade children ( <i>N</i> = 56)	CIAO sample ( <i>N</i> = 199)	Comparative data
<b>School enrolment</b>		
Proportion of children who have attended school part-time since being in care = 21%	Proportion of children attending school part-time at time of study = 6%	Proportion of part-time students in NSW in 2010 = 0.2% (Australian Bureau of Statistics, 2010)
Proportion of children enrolled in: Government school = 73% Catholic non-government school = 11% Other non-government school = 9% Not at school or unknown school = 7%	Proportion of children enrolled in: Government school = 90% Catholic non-government school = 5% Other non-government school = 5%	Proportion of NSW children enrolled in: Government school = 66% Non-government school = 34% (Australian Bureau of Statistics, 2010)
Proportion of children who have ever repeated a grade at school = at least 9%	Proportion of children who have ever repeated a grade at school = 24%	Proportion of children aged 15 who have ever repeated a grade at school = 8% (Organisation for Economic Co-operation and Development, 2011)
Proportion of children attending a school for specific purposes Currently = 3% Ever = 16%	Data not reported on	Proportion of NSW children attending a school for specific purposes in 2011 = 0.7% (Department of Education and Training, 2011)
Proportion of children who have ever been home-schooled = 13%	Data not reported on	Estimated proportion of students home-schooled in NSW in 2010 = 0.2% (Australian Bureau of Statistics, 2010; Board of Studies NSW, 2010)

<b>Educational support</b>		
Proportion of children who have ever received educational support through the DET out-of-home care program = 52%	Data not sought as program not available in Victoria	No available comparison.
Proportion of children have ever received specialised educational support within the school = 54%	Proportion of children who receive specialised educational support within the school = 32%	No available comparison
Proportion of children who receive educational support through tutoring: currently = 10% ( $n = 3/31$ ); ever = 29% ( $n = 9/31$ )	Proportion of children who receive educational support through tutoring or other assistance = 16%	No available comparison
<b>School engagement</b>		
Proportion of children ever suspended at school = 57%	Proportion of children suspended at school in the last 12 months = 15%	Proportion of NSW children suspended (between 5 and 20 days), at school = 1.4 % (NSW Department of Education and Training, 2009a, 2009b). <sup>1</sup>
Proportion of children ever expelled from school = 5%	Proportion of children ever expelled from school = 6%	Proportion of children ever expelled from school = 0.04% (NSW Department of Education and Training, 2009a, 2009b). <sup>2</sup>
Proportion of children who participate in extra curricular activity outside school = 61% (19/31)	Proportion of children who participate in extra curricular activity outside school = 60%	Proportion of Australian children who participate in extra curricular activity outside school = 74% (Australian Bureau of Statistics, 2009).
Proportion of children who participate in extra curricular activities at school = 65% (20/31)	Proportion of children who participate in extra curricular activities at school = 38%	No known comparison
Proportion of children who reported days they did not want to go to school: - 38% once a week or more (12/31) - 32% once a month or more (5/31)	Proportion of children who look forward to going to school most days (aged 12+ years) = 42%	Proportion of Year 9 students who agreed or strongly agreed with the statement "My school is a place where I really like to go each day" = 35% (Marks, 1998)
Proportion of children who intended to continue at school and complete their Higher School Certificate (HSC) = 68% (21/31)	Data not reported on	Proportion of Year 9 students who intended to continue at school and complete their HSC or equivalent = 75% (Lamb, Walstab, Teese, Vickers, & Rumberger, 2004)
<b>Peer relationships</b>		
Proportion of children with no close friends at school = 10% ( $n = 3/31$ )	Proportion of children with no close friends at school = 11%	No known comparison
Proportion of children who experienced bullying in primary school = 55% (17/31); in high school = 36% (11/26)	Data not reported on	Proportion of children who experienced bullying in the last 12 months = 38% (Australian Institute of Health and Welfare, 2011b).
Proportion of children who bullied other children in primary and/or high school = 23% (7/31)	Data not reported on	Proportion of children who bullied other children = 20% (Australian Institute of Health and Welfare, 2011b)

Note. The CIAO sample is taken from the study by (Wise et al., 2010).

<sup>1</sup> The number of short suspensions was not provided.

<sup>2</sup> The expulsion percentage was based on the number of students permanently excluded in 2008 in relation to the total number of students in 2008.

## Summary

The overall results of the literacy and numeracy tests, together with the School Certificate and Higher School Certificate tests indicate that many students in care were not faring well educationally. These findings suggest that, as an equity group, children in care were the poorest performing students in NSW, apart from Aboriginal students. Notwithstanding this, Aboriginal children in care performed significantly more poorly than all Aboriginal students.

The educational outcomes for children in care were significantly poorer than that of all children in the state at every test level across the two different years of literacy and numeracy testing. Compared with students in the state, children in care had lower mean test scores, were more likely to be in the bottom band and fewer were achieving the highest band in the literacy and numeracy tests. Similarly, the performance of students in care in the School Certificate was poorer than the performance of the general student population across the state. Students in care were more likely to be in the lower three bands and between two to four times more likely to fail the tests. In both the School Certificate and Higher School Certificate, just over 1 in 5 students in care who attempted the course dropped out before completion. Male students in care were more likely to complete the Higher School Certificate than females. This contrasts with the School Certificate where female students were more likely to complete and less likely to withdraw. The majority of Aboriginal students were unsuccessful in their Higher School Certificate candidature.

In particular, students in care were falling behind in numeracy. In the early years of schooling, between 15 and 25 per cent of children in care were not meeting the numeracy benchmarks. In Year 7, only 3 out of 10 students in care were proficient or high achievers in numeracy. The longer-term effect of these poor numeracy outcomes is likely to be reflected in their School Certificate results and their retention rates. Literacy was also a concern for some children in this study, with almost 40 per cent of children in care in Year 7 not being proficient in literacy. Again, the challenges they face in literacy are likely to continue throughout their schooling and could adversely affect their performance in every subject, given that literacy is a fundamental skill underpinning academic work (Dinham, 2008) and the one compulsory Higher School Certificate subject that all students must undertake.

Yet there remained a group of children in care who appeared to be performing well in literacy and numeracy. For instance in Years 3 and 5 in literacy and numeracy, an average of 1 in 5 students in care were in the highest two bands. In early high school (Year 7), there was evidence of a substantial group of children who are achieving well in literacy and a smaller group achieving well in numeracy. All students in these two groups were demonstrating that they have the academic potential to attain their School Certificates and Higher School Certificates. Indeed in the 2006 School Certificate, just over a fifth of students in care were achieving well academically, although the majority were having some difficulties with mathematics.

In summary, while a substantial number of children were struggling with the academic aspects of their schooling, there remains a sizeable group of children who have the potential to complete their schooling. What was not evident from these data was whether the children in care who are performing well academically continue on this trajectory. The low completion rates of the School Certificate and Higher School Certificate indicate that there may be barriers to students in care continuing on a strong academic pathway. The next three sections investigate the factors which, from children's and adults' perspectives, detract from as well as support, children's educational progress.

# Section 4: Transitions in the Lives of Children in Care

This section reports the findings regarding the perceived impact of selected out-of-home care and education transitions on the educational engagement and achievement of children in care. The findings reported upon are drawn from children and adult’s interviews and focus groups and the case file reviews.

## Care Transitions

Table 3: Out-of-Home Care Transitions of Children in Care

Transition	Effect on children	Key issues for children	Scale for case study children (n = 56)	What supports children
<b>Entry to Care</b>	<ul style="list-style-type: none"> <li>Trauma, grief and loss</li> <li>Disruptions to schooling, social and community relationships</li> <li>Reduced capacity to learn and engage</li> <li>Being safe can offer positive turning point</li> </ul>	<ul style="list-style-type: none"> <li>Adjusting to new circumstances</li> <li>Feeling safe and secure</li> <li>Maintaining connections</li> <li>Managing uncertainty</li> <li>Some children change school at the same time</li> </ul>	<ul style="list-style-type: none"> <li>Universal transition</li> <li>54% experienced more than 1 entry</li> <li>43% first entered care before starting school</li> <li>57% commenced school before entering care</li> </ul>	<ul style="list-style-type: none"> <li>Children being supported to understand why they are in care and to maintain significant relationships</li> <li>Educational assessment and intervention</li> </ul>
<b>Placement changes</b>	<ul style="list-style-type: none"> <li>Anxiety</li> <li>Grief and loss</li> <li>Feelings of instability and a lack of control</li> <li>Reduced capacity to learn and engage in school</li> </ul>	<ul style="list-style-type: none"> <li>Adjusting to a different environment and establishing trust with new caregiver</li> <li>Multiple, unplanned or quick changes more unsettling and difficult to adjust to</li> <li>Some children change school at the same time. Adolescents and high-needs children can disengage from school at this point</li> </ul>	<ul style="list-style-type: none"> <li>Across care entries, the average number of different placements experienced was 5.5 (SD = 3.9)</li> <li>Only 3 children had experienced 1 placement</li> <li>For the most recent placement change, half changed school, half did not</li> </ul>	<ul style="list-style-type: none"> <li>Explaining why the change is required</li> <li>Children’s involvement in the decision</li> <li>Children’s positive thinking assists them</li> <li>Change occurring in a planned way, with time to say goodbyes</li> </ul>
<b>Caseworker change</b>	<ul style="list-style-type: none"> <li>Sense of disconnection from their caseworkers following multiple changes</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in educational advocacy and timely services being sought by caseworkers</li> <li>With the unallocated children there may be no-one taking on these roles</li> </ul>	<ul style="list-style-type: none"> <li>Of the children for whom there was data available, they had an average of 3.4 (SD = 1.4) caseworkers</li> <li>73% had an allocated caseworker</li> </ul>	<ul style="list-style-type: none"> <li>Continuity and regular contact with an allocated caseworker</li> <li>Caseworkers having time to build a trusting and ongoing relationship with children</li> </ul>

<b>Restoration</b>	<ul style="list-style-type: none"> <li>• Feelings of instability and uncertainty</li> <li>• Often a change in school required</li> <li>• Torn loyalties</li> <li>• Trauma and attachment issues when restoration fails</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of definite timelines and lack of certainty make the process difficult for children</li> <li>• On return home birth parents can struggle to prioritise and meet children’s educational needs</li> <li>• Restoration failure affects all aspects of children's functioning</li> <li>• Adolescents were reported as more likely to leave school at this transition</li> </ul>	<ul style="list-style-type: none"> <li>• 54% experienced more than 1 entry</li> <li>• For half of this group (<math>n = 15/30</math>), a formal attempt at restoration was made during their time in care</li> <li>• At time of study only, four of the 15 remained restored.</li> </ul>	<ul style="list-style-type: none"> <li>• Children’s educational needs are taken into account in restoration planning</li> <li>• Support children to successfully enrol and settle into a new school (if required)</li> <li>• Restored children are linked into educational support programs</li> </ul>
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### Care Transitions: Other Possible Transitions

On reviewing the case files of the children in this study, it became evident that in addition to the changes outlined previously, children face further critical points that can result in significant changes to their lives. Drawing on Fernandez’s (2006) work on critical or crisis events for children in care, two events related to birth parent/s were explored: parent incarceration or release from jail or death of a birth parent. Two other critical or crisis events related to the child’s placements were also examined. The first was the death of carer/s and the second was children being abused in care, resulting in an investigation, but not necessarily in children being removed from that placement. Critical or crisis events were experienced by a substantial number of children in this study, as shown in Table 4.

Table 4: Critical Events Experienced by the 56 Children in Care

	n	%
Experienced at least one critical event	36	64
Experienced at least two critical events	15	27
Critical parent-related events (at time of case file review)		
Incarceration of birth mother	4	7
Incarceration of birth father	8	14
Death of birth mother	2	4
Death of birth father	4	7

Note. With the exception of parental incarceration, which for some children their parent was incarcerated before and/or during their time in care, each of these critical events happened while the child was in care.

Three other 'events', not included in the analysis, also emerged. The first was the effect of families taking matters back to the Children's Court. There were suggestions that this was often destabilising for children, and threats to stability had an impact on their psychological and educational progress. The second point, concerned what happens when young people's care orders expire while they were still at school, completing their final year. This situation is likely to occur for potentially 34 children in the study if they continue on to Year 12. The third point related to birth parents suddenly re-entering children's lives after considerable absences.

## Education Transitions

Table 5: Educational Transitions of Children in Care

Transition	Effect on children	Key issues for children	Scale for case study children ( $n = 56$ )	What supports children
<b>School change</b>	<ul style="list-style-type: none"> <li>Feelings of loss and anxiety</li> <li>Deteriorated academic progress and social adjustment</li> <li>Loss of peer support</li> <li>Lowered confidence and self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>Leaving behind close friends and making new friends</li> <li>Difficulties in few days prior and after this transition</li> <li>Time spent away from school during the change</li> <li>Abrupt changes</li> </ul>	<ul style="list-style-type: none"> <li>2.4 primary schools attended in care (SD = 1.3)</li> <li>1.2 high school attended in care (SD = 0.6)</li> <li>4.6 all known schools attended before and during care (SD = 2.7)</li> <li>16% attended only one primary and one high school</li> </ul>	<ul style="list-style-type: none"> <li>Change occurring in a planned way, with time to say goodbyes</li> <li>Change occurring during natural breaks</li> <li>Additional support during initial transition period offered by schools and significant adults</li> <li>Children's active involvement in the decision</li> <li>Children's honest reflection on their current situation</li> <li>Knowing other children or siblings at the new school</li> <li>Children making friends at the new school</li> </ul>
<b>The transition to high school</b>	<ul style="list-style-type: none"> <li>Stress about the change, particularly during the initial transition</li> <li>Feeling of loss - losing relationships with primary school staff and sometimes peers</li> </ul>	<ul style="list-style-type: none"> <li>High school readiness, including academic ability and capacity to adjust to different environment and relationship with teachers</li> <li>Disparity in orientation processes experienced</li> </ul>	<ul style="list-style-type: none"> <li>The majority of children, reported successfully transitioning</li> <li>For a smaller group of children peer and/or academic issues were linked with their low school engagement</li> <li>13% were unstable in their placements during</li> </ul>	<ul style="list-style-type: none"> <li>Having an older sibling at the high school or knowing other people at the school or making the transition with friends</li> <li>Undergoing an orientation process</li> <li>Attending a central school, where the high school is on the same site</li> <li>Children's</li> </ul>

		<ul style="list-style-type: none"> <li>• Instability in placement during this transition</li> <li>• Increased homework and schoolwork expectations and responsibilities</li> </ul>	<p>this transition period</p>	<p>satisfaction with the school selected</p> <ul style="list-style-type: none"> <li>• Planning meetings between key stakeholders to plan for a successful transition</li> <li>• Mentor and buddying systems</li> </ul>
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**Education Transitions: Other Possible Transitions**

Several other areas may act as educational transition points for children in care, including suspension, exclusion and repeating a grade. A substantial number of children in the study (57%) experienced at least one suspension while in care. The case file review indicated that three children were excluded from school (5%). All three children had between 5 and 10 suspensions before being excluded. At least five of the children in the study repeated a grade in primary school, and one child repeated twice. The actual number of students who repeated may be higher, since there was insufficient information on file for more than half of the participants (54%) to determine whether they had repeated a grade.

**Summary**

The range of educational and care transitions that children in care experience has a significant impact on their lives and, with some transitions, almost all aspects of children’s lives were changed. The findings suggest that most of the out-of-home care transitional points included in this study – entering care, placement change and restoration – directly affected children’s education and many resulted in changes of school. The majority of educational transition points that children in care experience were similar to those of their non-care peers; starting school, transition to high school and leaving school. Children in care, however, appear more likely to experience additional school changes and to leave school earlier. There were also suggestions that children’s educational transitions, particularly the transition to high school, could be made more difficult due to the cumulative effects that change has on all aspects of children’s social, emotional and cognitive functioning. Some adults strongly expressed the view that the more transitions children experience, the more difficult they find transitions in the future, although a number of children reported the opposite – change helped prepare them for further change. Children did acknowledge, however, that their anxiety and their capacity to adjust were paramount. The children suggested that when they understood the reasons for the change in their lives, were given the information they needed to consider the issue, had input into the decision or made the decision themselves, they were better able to adjust successfully to the change. Few adults in this study placed an emphasis on children’s need to understand and participate in these decisions.

## Section 5: Children's Views on Education and Care

This section focuses particularly on the reflections of the interview group of children (n = 31) on the factors that support or hinder their educational progress.

### Children's Perception of Their Performance

#### **Key finding: Most children rate their educational progress positively**

The majority of children reported they were doing well or very well at school. A smaller group (30%) stated they were less confident in their ability to keep up with their peers and were experiencing some difficulties academically.

#### **Key finding: Children perceive being in care has a positive or neutral effect on their education**

The majority of children (65%) felt being in care had helped their education, while a smaller proportion (29%) felt that it had no impact. None felt it had a negative impact. Care was perceived by children to have a positive impact on their education due to: the help and assistance they received in their placement and at school and the benefits that a fresh start in care, and sometimes at a new school, has offered them. The majority of children who felt being in care had not impacted on their education, had entered care before starting school and were stable in their placement.

#### **Key finding: One in four children report they are currently or previously have been behind in their schooling**

The reasons children attributed this to were missing periods of school, or finding the schoolwork hard and being unable to keep up with the work. For a number of these children their participation in tutoring and extensive carer support had helped restore them to grade level performance.

#### **Key finding: Most children feel they receive enough assistance at home or school with their education**

Most children reported receiving enough support (68%) and 20 per cent were unsure whether they received enough support at home or school.

### Children's Engagement in School Life

A key interest area of this study was identifying what engages children in care in their education. The interviews suggested that two-thirds of the children were positively or moderately engaged in their schooling, while a third were negatively engaged. Friendships and learning were the central reasons children wanted to be at school. Tiredness, low motivation, being unprepared, disliking or having difficulties with a subject, and problems with peers or teachers were associated with lower engagement and wanting to stay home from school.

## What Children Said Supported or Impeded Their Education

### School Environment: Relationships and Roles

**Key finding: Friendships are central to children in care, yet they experience challenges in making and maintaining these friendships**

The stability of their friendships from the past and into the future was a central theme in their interviews, with some children expressing caution about the prospect of maintaining their current friendships and others acknowledging the loss of previous friendships. Leaving friends and making new friends were both difficult for children. Children reported mixed experiences of making new friends when they were required to change schools, with some children finding this experience easier than others. When children were asked whether they expected to stay friends with their current group in the future, almost half expressed some caution, noting that life could be unpredictable and that they could be required to change school again. Fitting in socially or having difficulties with their peers was also an issue. For several children, their closest friends were a year or more below them at school, which presents a significant issue when the child makes the transition to high school. There was a perception from some children that their friends from primary school stopped liking them, once they moved to high school.

**Key finding: 1 in 2 children report being bullied, almost a quarter report bullying other children**

Many of the children in the study had experienced bullying while in care. There were four main reasons why children believed they were bullied: their appearance, their name, their care status, and their birth parents. Personal attacks in sensitive areas related to being in care and children's birth parents added a further damaging dimension to the experience of being bullied. Children's views of the effect of bullying differed markedly. For a small proportion of the children, bullying had a significant impact and had continued over a long period. For other children who were bullied, their experiences reduced or stopped in high school or had been much briefer and without lasting impact.

Seven children (23%) stated that they had bullied other children, and several additional children indirectly described bullying their peers. It was unclear to what extent these bullying behaviours were one-off or ongoing, due to the guarded responses many children gave. The reasons they gave for bullying other children were predominantly in response to the bullying they themselves or their friends suffered. Two children, however, said they started bullying other children to obtain things they felt they needed including food and money.

### Relationships with Teachers

The positive attributes that supported children's relationships with their teachers were their teachers being 'nice', 'kind' and 'funny'. Other qualities that was important for children was their teachers being helpful, being engaging with their teaching, to listen to student's' perspectives, and to convey that they liked them. The common reasons children provided for not having a good relationship with their teachers were that they thought their teachers were 'mean', 'strict', 'angry' or 'unfair'. Teachers being angry and shouting during class, was something many children in care strongly disliked. It is likely that some children in care may have had difficulties in their responses to teachers' anger and yelling due to their childhood histories. There was a perception, held by a couple of children, that their teacher disliked them. Unfairness in treatment was a further theme of the negative relationships between teachers and children. Some children said that some of their teachers were unfair in their disciplinary actions and others felt some teachers were unhelpful when they asked for assistance with their schoolwork. Children's own moods and motivations

were also an important factor in the relationship they had with teachers, as this affected their behaviour in the school setting and was a factor in how teachers responded to them.

### **Key finding: Non-Government schools viewed as beneficial**

Almost all of the children who attended non-government schools (n = 11/12) reported that they had benefited academically and socially from attending this type of school due to the positive school climate. Seven of the 11 children currently attending a non-government school, had moved from the state system. They reported having nicer peers, a caring school community and teachers, and improved teaching. Several children felt they had improved academically in this setting.

### **How Schools and Teachers Can Help**

The three most important things that schools and teachers could do were to provide positive encouragement, to help children understand the value of education, and to understand what it was like for a child in care, as outlined in Table 6.

Table 6: What Schools and Teachers can do to Help Children in Care With Their Education

<b>Prioritised strategies (n = 26)</b>
1. Provide positive encouragement
2. Help kids in care understand the value of education for their future
3. Understand what it is like for kids in care
4. Listen to kids in care
5. Give kids in care a good teacher
6. Provide a teachers aide
7. Take kids aside when they have done something wrong or need help
8. Provide tutors at recess and lunch
9. Shouldn't do activities on family or the child's past
10. Shouldn't know you are in care

The two lowest rated items were the ones which a subset of children felt the strongest about – school activities related to family and schools recognising the sensitivities for children were in care. Five children spoke out against schools offering activities based on families, stating they made children uncomfortable and brought up issues for them.

### **Others' Knowledge of Care Status at School**

There was considerable variation in children's views about their teachers and peers knowing they were in care. Most children were happy for their schools, teachers and peers to know. Yet they were also clear that they wanted the information to be shared sensitively, that it should only be what people really needed to know, and that the information should be kept confidential. Children generally decided for themselves which of their peers they discussed this with. There was a small group who vehemently asserted they wanted none of their peers or teachers to know they were in care. Some children felt the decision about whether the school should be informed is best made on an individual basis, with the child's involvement.

## Care Environment: Resources, Support and Activities

At least a third of the children reported their carers had offered them significant assistance to improve their education. The children were asked whether they had access to a number of educational supports in their placement and while the majority of children in the study had these supports, this was not universal (Table 7).

Table 7: Support and Resources in Children’s Care Environment

	Yes	No	Don’t know
Someone interested in your schooling	29	1	1
Access to quiet space for homework	28	1	2
Access to computer at home for homework	28	3	0
Access to internet at home	24	6	1
Required books for schoolwork	28	2	1
Access to reading material at home	30	1	0

Many of the children said being able to read was essential to their schooling progress, but reading was not important to all children. The majority of the children (n = 23) described themselves as confident readers and placed a high value on books and reading. A smaller group of children (n = 8), however, stated they did not like reading and disliked books.

### Extra-curricular Activities

The participation of children in care in extra-curricular activities has been identified as a factor supporting educational outcomes. Of the interviewed children, 61 per cent reported that they participated in extra-curricular activities, with the majority of children participating in sporting activities (n = 17/19). Of the children not participating in any extra curricular activities (39%), the reasons they gave included the cost, weekend contact with their birth family, having a break from activities, uncertainty about what activity to undertake and the extended travel required for children who live in rural areas.

### How Carers Can Help Children

Overall, children viewed carers as a significant support for helping children in care with their schoolwork, homework and reading as well as providing or arranging the resources they needed for their education (outlined in Table 8). The high priority given to learning how to read reflects the struggles many of the children had in learning how to read and, for some, the efforts of one carer helped them to master reading.

Table 8: What Carers can do to Help Children in Care With Their Education

<b>Prioritised strategies (n = 26)</b>
1. Help them with homework
2. Help kids learn how to read
3. Provide study space, computer and school supplies
4. Help kids in care understand the value of education
5. Treat kids in care like their own children
6. Arrange for extra curricular activities
7. Send kids in care to a good school
8. Get involved at school
9. Get kids in care a tutor
10. Call them Mum and Dad so other kids don't know they are in care

For a number of children, feeling that they were treated in the same way their carers treat their own children, or calling their carers 'Mum' and 'Dad', were important to them and they linked this to their educational progress.

## Caseworker and Departmental Support

### How Caseworkers Can Help

Overall, the message from children for caseworkers was that their first and foremost goal should be to find children a good family and then to support children in an ongoing way by providing resources for their education, and to facilitate their participation by having regular contact with them and by listening to their views (as outlined in Table 9).

Table 9: What Caseworkers can do to Support Children With Their Education

<b>Prioritised strategies (n = 26)</b>
1. Find kids in care a nice and safe family
2. Listen to kids views about their life
3. Help kids understand the value of education
4. Be involved with kids in care education
5. Examine school report and get help if needed
6. Help buy school supplies
7. Visit more often
8. Get them a laptop
9. Enrol in good school
10. Get kids into tutoring

Despite the emphasis that children place on their relationship with their caseworker, and how this supports their schooling, children's experiences of these relationships were mixed. From children's reports there appear to be three groups of children. The first group (n = 8) did not have an allocated caseworker; the second group (n = 10) had an allocated caseworker and were in regular contact with them (quarterly or more often) and discussed schooling together; and the third group (n = 13) saw their caseworkers less regularly and were less likely to discuss their education.

## Participation in Case Planning and Education

Children's participation in decisions about their lives is important as it can empower them, improve the decision-making outcomes and increase children's acceptance of decisions. The interviewed children were asked whether they had gone to a case conference or review meeting in the last year (n = 26). Of this group, ten (39%) had been to a meeting, while 12 (46%) had not. Two were unsure and two were not asked. The children's views of their participation in case planning closely matched the case file review figures, so it was likely that a large proportion (approximately 60%) were not formally participating in case planning or case review meetings.

When asked about how they would feel about a staff member of their school attending their case-planning meeting, half the children said this would be acceptable, while others said it would be 'strange' and 'awkward' having someone from their school present. Children were generally happy for someone from their school being present if they were able to select that person, someone they trusted and felt comfortable with and if they were only present for the school aspects of the meeting.

Children were also asked about their participation in education decisions. Of the 31 children, almost two-thirds (n = 20) reported participating, 16 per cent (n = 5) reported not participating and the remainder were unsure. It was notable that most of the children who reported they did participate in educational decisions were unable to specify what decisions they had participated in. When asked whether they participated in a key decision - which high school they would attend - over half did not have any input. Overall, it was evident from the study that children's participation in decision-making was not firmly entrenched.

## Summary

The findings from the interviews suggest that, for the majority of children, care has had a positive influence on their education. Children generally perceived that they were doing well academically and were supported with their education, particularly by their carers. There remains a group of children who were not fully engaged with their schooling and who felt less positive about their educational progress. The findings point to five key issues for children. The first issue relates to the difficulties and uncertainty faced by some children in their peer relationships. The second issue concerns the difficulties some children were having with particular subjects, as a result of being behind their class-mates or because of their lack of interest or ability. The third issue to emerge was that children's own motivation also played a role in their relationships with peers and teachers. The fourth issue concerns the prospects for those children being suspended from school, given this was a pattern for most that continued into high school. The final issue related to children's views that their participation in decisions about their lives was important for their education, yet such participation appears to have been limited.

Children also point to the important roles that adults play by providing support and assistance, positive expectations and compassion and by encouraging children to value education. As one young man succinctly stated:

*Everyone around them, like parents, teachers, DoCS, they should take a bit of time out to give them the best support they need and everything. If you know that no-one supports you, you wouldn't be bothered to do it. But if you know everyone supports you, you have a head to do it.*

Having explored what children perceive to be important for their educational progress, the next section examines adults' perspectives on what supported or hindered children's education.

## Section 6: Adults' Views on Education and Children in Care

This section summarises the key findings from interviews and focus groups with 187 caseworkers, carers, education staff, policy makers and managers.

### Educational Outcomes of Children in Care

**Key finding: The majority of the adults felt that most children in care were not doing well educationally**

The main concerns of the adults in the study were that children in care struggled academically, disengaged from their schooling and were more likely than other children to leave school early. The most common reason proposed for their poor educational outcomes was that children's early care and learning experiences had left them lagging behind their peers, and they had been unable to catch up and meet academic benchmarks. While some children were seen to be very bright and capable, they were still underachieving academically due to their earlier experiences and their own motivations.

Adults reported that many children in care lost interest in their education over the later years of primary school and into high school. This disengagement was characterised by adults as children not being interested in or not completing schoolwork or homework, being behind academically, school refusal, and for some, orchestrating suspensions. This disengagement was associated with their early school leaving.

### Individual Factors That Affect Children's Education

There were three characteristics of children in care frequently highlighted by adults as affecting their education: their emotional well-being, their sense of identity and belonging and their motivation and self-esteem.

Participants suggested that the emotional well-being of children in care was intricately linked with their learning and behaviour and their relationships with peers and teachers in the school setting. Adults argued that children's early and often abusive experiences resulted in ongoing trauma, difficulties in forming close attachments with others, anxious behaviour, emotional immaturity, grief, loss and lack of trust. They reported that the trauma that children experienced did not just affect them at the time of entry to care but could resurface, particularly in adolescence or as they experienced changes. Many adults thought that schools were unable to respond appropriately to the emotional needs of children in care, suggesting they do not always understand attachment, trauma and anxiety issues, and that this could result in inappropriate responses to children's behaviour.

Adults, mostly from the care sector, highlighted themes related to children's identity and sense of belonging that they felt impacted on children's education. The key issues were that children needed to feel that they belonged, were living in stable circumstances, and were cared for and loved by others, including their carers. Children who were experiencing instability or who were not attached to their birth family, to their carers or to other adults in their lives, were likely to have difficulties in forming effective relationships in the school setting and difficulties in engaging in their learning. Participants suggested that children held a perception of themselves as being

different and that this perception was linked to not living with their birth families and being in care. Understanding why they were in care, was seen as important for children to as this allows them to accept the situation and assists in their identity formation.

Children's motivation and self-esteem were also suggested by adults, as being linked to their school engagement and achievement. The perception that many children in care have low self-esteem, feel negative about themselves and lack confidence in their own capabilities, was frequently highlighted as a significant factor affecting their academic achievement. Children's own motivation to be engaged in school life was identified as a further important factor influencing children's educational outcomes. There was suggestions that motivated children were generally stable and engaged in their education, had goals, wanted a life different from their birth parents and considered education to be a pathway for achieving this.

## **Birth Family Factors That Affect Children's Education**

Adults explored the potential impact of children's early life experiences and the influence of the birth family on children's schooling. Pre-placement experiences, low prioritisation by birth parents of education and children's ongoing relationships with their birth family were the key factors identified by adults.

Adults were particularly concerned about the effects that social disadvantage, abuse, neglect and disrupted attachments had on children's socio-emotional, cognitive and language development. They reported that children in care usually came from disadvantaged circumstances, where birth parents were often in receipt of income support and had limited educational qualifications. Associated with this disadvantage, the home environment presented limited learning opportunities.

Caseworkers and carers argued that the low priority that most birth parents placed on their child's education had a negative effect on their children's education. They reported that some children entering care had missed significant periods of schooling and had a history of non-attendance. A number of participants believed that for many birth parents, their own education had been problematic and this resulted in a limited commitment to the education of their children.

Another factor that adults, mostly from the care sector, believed had an impact on the education of children in care was their relationship with their birth families once they entered care. Ongoing disrupted relationships with birth parents and siblings can generate considerable concern, anxiety and unrealistic expectations for children. Some continuing relationships can also be unhealthy and de-stabilising for children. Contact can create behavioural and engagement issues at school for children, and for some children, contact required time away from school. Positive relationships with members of their birth family were seen to be clearly beneficial for children. Adults reported this was particularly true of positive sibling relationships in the school or placement.

## **Care Environment Factors That Affect Children's Education**

Several factors related to the care environment were reported by adults to have an impact on the education of children in care, including the fit and quality of the placement, carer's commitment to children's education and carer's ability to facilitate homework. These factors were considered more important than placement type although the views of adults on residential care varied. Some participants suggested that children in residential care sometimes faced poorer educational outcomes when workers failed to prioritise and support school education and when children had difficulties in adjusting to living in these environments. Yet there were positive examples of where residential care situations had actively addressed these concerns.

The key point made was the importance of having a care environment that was safe, welcoming, and with carers who were committed to the individual child and their education. Adults suggested that having appropriate resources including books, computers and access to the internet and a physical environment that was conducive to study within the care environment was important. Valuing education and feeling confident to advocate for the child and liaise effectively with the school were also seen as important qualities for carers in contributing to positive educational progress. Caseworkers reported that while some children had carers who had the capacity to support their education, many did not. The three key barriers to carers giving a high priority to education offered were that some carers do not value education, have limited educational qualifications themselves and do not have the confidence to deal with schools.

Participants further identified homework as a factor which influenced educational performance. There were diverse opinions about the value of homework for children in care and the value of carers' roles in enforcing and supporting the completion of homework. The broader issue for most, however, was how carers could effectively support children to undertake homework and manage this situation if it became problematic without this having a negative effect on their relationship.

## School Factors That Affect Children's Education

Participants identified five characteristics of schools that they suggested have an impact on the education of children in care. These include selection of school, the extent the child is connected to their school, time spent away from school, schools awareness that a child is in care and how that influences the school's expectations and responses to a child's behaviour.

Adults identified the importance of a school that best met children's needs. There were suggestions that getting the school right was a protective mechanism, which could mitigate future instability and prevent the escalation of children's needs. Many recommended a small school which could closely care for and monitor the child. It was considered important that children could fit in, be safe and not bullied in the social environment. Placing children in the same schools as their foster or birth siblings and peer group was also proposed as a useful means of supporting the education of children in care, by strengthening their sense of belonging. Yet some suggested that it was not always ideal to send siblings to the same schools if there was a possibility that their relationship might be detrimental to their progress.

Non-government schools were the preference for many carers and for a number of caseworkers as they felt they offered smaller, safer, more structured environments with strong pastoral and academic support. Nevertheless, not all adults supported this position. Some felt children in care had more access to support services in the public system, and that there was more Integration Funding Support available for children with diagnosable disabilities.

Participants argued that school connectedness – children being included and feeling part of their school community – was an important factor in children's educational engagement and outcomes. Adults argued the importance of a personal history of inclusive school experiences in which children in care are offered affirming relationships and opportunities to feel good about themselves and to belong. Positive expectations and the support of school staff, as well as safe and caring school environments, were perceived as being essential ingredients of a good school community.

Time away from school, for school and care related reasons, was offered as a factor in the poor educational outcomes for children in care. The three school-related reasons were to do with the policies and practices of enrolling children and disciplining children through suspension and expulsion and the use of partial attendance. The majority of care-related reasons for time away from school related to changes in living situations or children being required for various activities, including meetings, contact, assessment, counselling and medical health appointments.

Participants held different opinions as to whether these care related reasons warranted time away from school.

Adults highlighted the importance of schools being aware that students were in care, yet suggested there were some risks of this awareness. The benefits included were firstly, awareness and understanding of a child's situation, secondly, extra support for the child, thirdly, realistic expectations of the child and, finally, awareness helped professionals to work together. There were, however, strong perceptions that children were 'labelled' by their care status in the school system and sometimes this influenced schools' decisions not to accept enrolments. Many care sector participants suggested that the negative views that some school staff held produced a school community where children in care were 'discriminated' against, 'scapegoated' or treated with less tolerance.

Children's behaviour at school and how the school responded to this was highlighted as a factor affecting educational performance. The three main concerns were: firstly, that schools need a more holistic understanding of the reasons for children's behaviour, and secondly, that schools' responses to the behaviour of children in care were sometimes ineffective or inappropriate in the absence of that understanding. The third concern was that some children with behaviour issues were only able to receive distance education or were not receiving any form of education. Caseworkers believed that many school staff do not understand the needs of abused, neglected and traumatised children and, as a result, their responses to children could be punitive or harsh as they found the behaviours difficult to deal with.

The behaviour management strategies that most out-of-home care stakeholders were opposed to were 'at home suspension' and exclusion. Education stakeholders highlighted how suspension was often a last resort, but that it needed to be available for schools to use in certain situations, particularly violence and property damage. Most adults from the care sector supported the need for suspension when violence occurred, but were concerned that some children were suspended for minor misdemeanours. A number of adults believed some children actively sought suspension to have time away from school, so that suspension then becomes a reward for bad behaviour rather than a useful strategy. Many caseworkers and carers cited the lack of options for children in care who were suspended frequently or for long periods. A central issue concerned placement strain or breakdown related to school suspensions, especially if the carers work.

## Peer Factors That Affect Children's Education

Adults raised a number of issues in relation to the peer relationships of children in care which compromised their ability to form attachments and engage at school. Adults focused on four concerns: poor social skills, the effect of instability on friendships, feelings of being different from other children, and peer selection issues.

Delays and deficiencies in children's social development were linked to their pre-placement experiences and instability in care. As a result, children were perceived as having difficulties in establishing and maintaining friendships and understanding what behaviours are appropriate when relating with their peers. Some children, particularly those with multiple changes, were reported as displaying wariness about making new friends. Caseworkers also reported that younger children were more likely to make friends, but by late primary or high school, their success in making new friends after changing schools was dependent on their social skills. This instability, and living away from their birth parents, also accentuated the differences between children in care and their peers. Feeling different, or being perceived as different by other children, was seen as another reason why some children had difficulties fitting in with their peers.

Out-of-home care stakeholders argued that these circumstances and a lack of social skills could make children in care more vulnerable to bullying and could result in some children seeking acceptance with children younger, or older, or with negative peer groups. A number of adults noted that in order to feel accepted, children in care tended to gravitate to other children in care, or to a group of peers that did not value attending school or obtaining an education. Their desire to be accepted sometimes resulted in inequitable situations with their peers. Care sector participants indicated that they felt a significant number of children in care were bullied at school and that this had a negative effect on their school engagement. There were concerns that there was insufficient monitoring and appreciation at some schools that children in care were at increased risk of being bullied.

Despite articulating a range of concerns, adults across the two sectors gave little priority to peer relationships in their work with children in care. Caseworkers particularly reported that children were not supported to maintain existing friendships or establish new friendships.

## Professional Factors That Affect Children's Education

The key factors related to professionals reported by the adults were: low prioritisation of education by caseworkers, lowered expectations by carers and professionals and ineffective working relationships between professionals.

For many children in care, the priority given to their education and the expectations held of them by the adults in their lives were often low. Caseworkers reported that some children in care receive far greater attention and support than others, particularly children with high needs, behaviour issues or those unstable in school or placement. There was concern that children who were not coming to the attention of professionals were 'neglected' or 'left to it' educationally. Notably, stakeholders' assumptions about the roles played by other stakeholders often led them to give less attention to education because they thought others were taking care of this area. In particular a number of caseworkers indicated that education did not rate highly in their workload as their focus was 'family' and 'placement' and they expected education professionals to take care of that area of responsibility. Many participants indicated they held high expectations for individual children; however, they reported that their expectations for children in care in general were low.

The three main issues reported regarding inter-disciplinary working were difficulties in working across professional boundaries, unclear roles and responsibilities and ineffective information exchange. How professionals communicated and worked together in supporting the education of children in care was unsatisfactory for many stakeholders. Professionals from both sectors identified significant professional differences and misunderstandings. Adults reported their lack of awareness of the different sectors and uncertainty about their own and others' roles. There was a view that some professionals, agencies and departments, were unwilling to take responsibility for supporting the education of children in care. Caseworkers in particular expressed considerable frustration at the perceived unwillingness of the Department of Education and Communities to take responsibility for children in care, with these children being seen by education professionals as the responsibility of Community Services. Thereby financial support for children in care within the school setting was sought from Community Services in a way that did not occur with children not in care. Caseworkers and school staff identified that sharing information was often problematic. Uncertainty as to who needed to know what and ineffective or delayed information exchange were widely reported. Finding the balance between providing pertinent information to respond to the needs of the child and the school community, and withholding other information, was a challenge reported by both sectors.

## Education and Out-of-Home Care System Factors That Affect Children's Education

There were a number of overarching systemic factors that adults said affected the education of children in care, including: instability in placement and schooling, inadequate funding support and efficacy of case planning.

There was considerable agreement from participants in both sectors that the lack of stability in children's school and home environments had a significant effect on children's education. Schooling stability was generally perceived as dependent on placement stability. The outcomes of instability were viewed as negative and cumulative across all domains of children's development. Conversely, stability was associated with stronger educational outcomes and increased well-being.

The consistent message from participants was that there were insufficient resources in either sector to support children in care with their education. Within Community Services, two issues related to funding for educational purposes were identified: firstly, inadequate resources to meet the educational needs of children in care; and secondly, the length and inequity of funding processes. In general, out-of-home care stakeholders argued that the Community Services funding submission process needed to be more efficient and equitable, and fund educational resources that meet children's needs. The items where there was majority agreement that needed funding from Community Services included tutoring and computers and, for some children, non-government school fees. Another issue particularly for caseworkers was that the financial decision-making emphasised budget considerations rather than the needs of the child.

Within the Department of Education and Communities, stakeholders again commented on the adequacy of resources, and that the funding assistance available for children in care was only short-term or required a diagnosis. Adults argued that the lack of resources within the public education system prevented the academic and welfare needs of some children in care from being met. There were calls for Department of Education and Communities Out-of-Home Care Program's funding assistance to be more flexible and for longer duration and to include trauma as a funding criterion for the Integration Funding Support Program.

Many care sector stakeholders argued that case planning plays a crucial role in supporting education for children in care, through supporting stability and the monitoring and addressing of educational needs. The three key issues reported were firstly, whether a child had a case plan and, if so, whether it had been reviewed annually; secondly, whether education was a focus of the plan; and thirdly, whether children and other stakeholders had participated in the formulation of the plan. Adults reported significant variation in case planning between workers and agencies and suggested that not all children were supported through regular and inclusive case planning mechanisms. There was also an identified need for education to be emphasised in case planning to ensure it is not lost in competing priorities. One aspect promoted that supports this emphasis is having all the relevant stakeholders, including the child and educational representatives, involved in the case planning process. Caseworkers indicated that all stakeholders were not consistently involved in case planning, either because they were not invited or because they were unable to attend.

## Adults Views on Improving the Education of Children in Care

The strategies outlined in this section were suggested by at least 15 per cent of the adult participants (Table 10).

Table 10: Strategies to Improve Children's Educational Engagement and Outcomes

<b>Prioritised Strategies</b>
1. Increased funding and services for children's education and well-being
2. Stability in placement and school
3. Access to tutoring
4. Educational assessment
5. Access to alternative learning environments
6. Access to the DET Out-of-Home Care Program
7. Access to holistic support services
= 8. Support to catch up academically within schools
= 8. Teachers aide support
10. Access to mentoring
11. A significant adult supporting each child's education
12. Carer advocacy in the school environment
= 13. Educational monitoring of children by professionals
= 13. Professional development for stakeholders on this topic
= 15. Improving communication between stakeholders
= 15. Supporting children to attend the best school for their needs

Many of the strategies that participants suggested address the issues that have been identified in this study. A number focused on significant adults taking on roles as educational advocates and supporters working directly with the child. The 'significant adult' roles included: tutor, mentor, educational supporter, carer advocate and teacher's aide. This theme of having supportive adults for children's education emerged strongly, although there was not a clear consensus about who should perform these roles, or whether or not one person should perform them all. There was recognition that for many children in care, no one takes the role of educational advocate and supporter, but despite being aware of this, many adults said they were unable to fulfil this role.

## Summary

This section has examined the factors that the 187 carers, caseworkers, education staff, policy makers and managers participating in this study believed supported or impeded the education of children in care. There were a number of key points made by the participants. The first was that children in care have increased needs because of their early experiences of disadvantage, abuse and neglect, and because of their experiences while in care. Responding to these individual needs was viewed as central to children being able to engage successfully in their schooling. The second key point was that the relationships of children in care with other children - siblings and friends- and their parents, carers and significant adults were often interrupted. Yet continuity in positive relationships was seen to positively support school engagement. The third point was about the importance of a care environment with carers who advocated for and valued education, supported children with homework and their extra-curricular activities, and provided the physical space and resources for study. The fourth point was that children's needs were best met in the school environment when schools offered an inclusive community, understood the needs and experiences of children in care, and responded appropriately to their behaviours. Finally, the extent to which professionals, carers and birth parents held positive expectations and prioritised education for children in care was put forward as a key factor that influenced children's own educational motivation and expectations.

Having examined the key findings from this research, the final section proposes the policy and practice implications that arise from this study.

## Section 7: Where to From Here?

Despite the lengthy list of factors that impede educational engagement and achievement, almost all research participants maintain optimism about the potential for positive change to address children’s educational underachievement. Children were given the opportunity to assert their agency in defining what they, and other children in care, need to assist them with their education. Many of the changes children call for would also bring considerable benefits to all aspects of their lives. As getting education right for individual children not only meets their educational needs, but also offers a long-term support mechanism to enhance their well-being. This points to the importance therefore of placing a priority on acknowledging, addressing and resourcing educational needs in the short-term so as to achieve significant long-term benefits. In applying the findings of the study, Figure 5 identifies the most important elements that influence the educational engagement and outcomes of children and young people in care.

### Findings to Improve Policy and Practice

There are a number of policy and practice implications arising from the findings of this study. Some fall within the scope of broader out-of-home care system reform (see Keep Them Safe NSW Government, 2009; Wood, 2008a). These include, firstly, the availability and diversity of quality placements, secondly, taking a holistic approach to meeting children’s needs, and thirdly, ensuring that all children have an allocated caseworker. The implications are set out in Table 11 starting with the individual child and then focusing on their home and school environments, before moving onto the professionals and systems that support children in care.

Table 11: Key Findings to Improve Policy and Practice

Area	Findings
Individual child	As a result of their life experiences, many children require assistance in developing their social skills and self-esteem, and in making and maintaining friendships. Children’s participation in the care and education environments is also an important mechanism to support children’s well-being.
Birth family	Restoration is a time where adults and children can lose their focus on education, as other areas require attention. Birth parents can be ill-equipped or unable to support their child’s education, and extra consideration and assistance from professionals is required.
Care placement	It is important to support carers in understanding their roles in relation to education and children in care to ensure that children receive assistance and positive encouragement in the home environment.
School	It is important to support schools and teachers to build awareness and capacity in meeting the needs of children in care. There is also a need to support the retention of young people in care in the later years of high school and their continuation to further education and training.
Professionals	Professionals from both the education and out-of-home care sectors identified the need to strengthen their understanding of the educational needs of children in care and the ways to work more collaboratively to address these needs.
NSW Department of Education and Communities	Need to clarify and increase the support for children in care within the school setting, as well as monitoring the performances of children in care. New initiatives need to be evaluated to see if they produce improved educational outcomes for children and young people in care.
NSW Families and Community Services	Need to focus on giving education a higher priority and improving support for children’s education through increasing the resources, training and monitoring allocated to the education of children in care. There is a need for a particular focus on supporting children at transitional points where academic progress is at risk. There is

	also a need for a greater emphasis on children being supported by Community Services to attend the school that best suits their needs. Some children require the support and services available through the public education system, while other children can benefit from attendance at non-government schools. Ideally, all children in care would attend high achieving schools.
Collaboration between Education and Community Services	There is considerable opportunity for agencies to work more closely together in supporting the education of children in care through annual educational assessment of children in care and enhanced information exchange.
Children's Court	Having the Children's Court prioritise education from the outset could help increase the focus across all aspects of care planning and restoration.

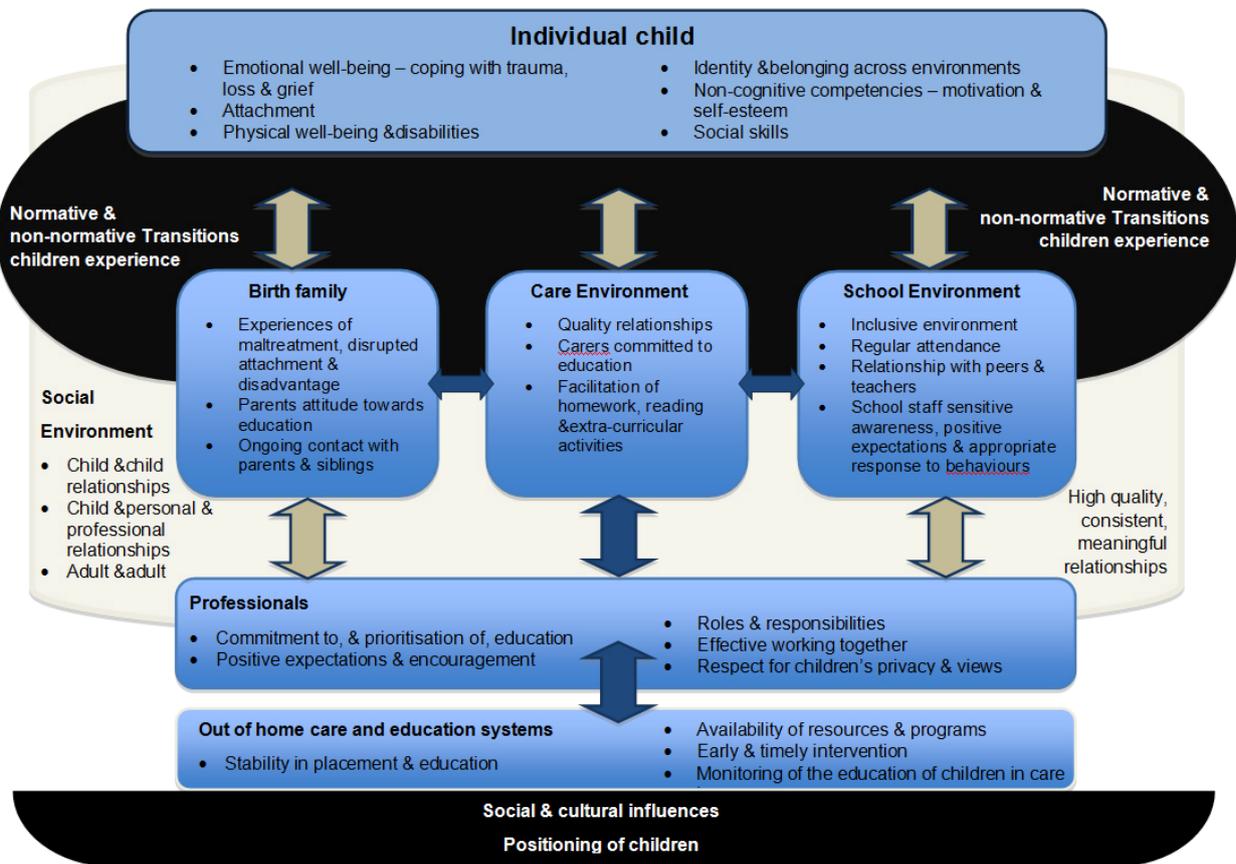


Figure 5: Key Influences on Educational Engagement and Outcomes of Children in Care

## Final Remarks

This study established that the factors associated with children's poor educational engagement and outcomes in the NSW context were multiple and across both the care and education systems. That is, the context of children's lives, their relationships and environments all influenced their schooling. A key conclusion from the research is that the educational underperformance of children in care cannot be solely attributed to the individual child; a significant proportion of the reasons lie in the ways in which the home, school, and particularly the care and education systems prioritise and support children's education. This suggests that guidance and support for the education of children in care must come from working together across government and stakeholder groups to enrich the individual environments of children. There is still much to be done before it can be said 'we are making the grade' in terms of ensuring children in care are meeting their educational potential. But the evidence is growing for how we can work towards this.

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