Are we making the grade? The education of children and young people in out-of-home care

Michelle Lee Townsend

Southern Cross University

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Are We Making the Grade?
The Education of Children and Young People in Out-of-Home Care

Michelle Lee Townsend BA

This thesis is submitted for the requirements of the degree of Doctor of Philosophy

Centre for Children and Young People
School of Education
Southern Cross University

7th July 2011
I certify that the work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text, and that the material has not been submitted, either in whole or in part, for a degree at this or any other university. I acknowledge that I have read and understood the University's rules, requirements, procedures and policy relating to my higher degree research award and to my thesis. I certify that I have complied with the rules, requirements, procedures and policy of the University (as they may be from time to time).

Print Name: Michelle Townsend

Signature: .................................................................

Date: 7\textsuperscript{th} July 2011
Abstract

The poor educational performance of children in out-of-home care has been a recognised concern, internationally, for a number of decades. In Australia, less attention has been given to this issue even though the limited research to date indicates that children in care are performing worse than their non-care peers and face a range of barriers in engaging with their school life. This study seeks to develop an understanding of the issues impacting on the educational engagement and outcomes for children in care in New South Wales.

As an exploratory study, it examines the various transitions and factors within the home, school and care and protection contexts that facilitate and impede educational engagement and achievement by children in care. A mixed methods approach was used to achieve this. Quantitative educational participation and performance data highlight how children and young people in care are progressing educationally. Case studies of children making the transition to high school (n = 56), together with individual and focus group interviews with relevant 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. The research was informed by key theoretical interests drawn from the broad field of Childhood Studies and from Ecological Systems Theory.

The findings reveal that the educational outcomes for children and young people in care in New South Wales were significantly below their non-care peers. Indigenous children in care were achieving significantly below their non-Indigenous peers in care, as well as Indigenous children not in care. Numeracy was a particular issue for many children and young people in care throughout their primary and secondary schooling.
The findings also point to a number of important factors that impact on children’s educational engagement and achievement. These include the characteristics of their home and school environment, the relationships they have with their peers, significant adults and professionals, and the stability of these for children. Children emphasised their need for support, belonging and safety in their home and school. They viewed school and placement changes as positive if they were being moved to a more supportive and beneficial environment and their significant relationships, including with siblings and friends, were able to continue. Children’s involvement in planning and decision-making was considered key to promoting positive outcomes and supporting their adjustment to new circumstances.

The findings further suggest that a focus by professionals on meeting individual children’s short- and long-term needs, including relationship requirements, will enhance their educational outcomes. The study concludes that the underperformance of children in care cannot be solely attributed to the individual child; a significant proportion of the contributing factors lie in the ways in which the home, school and, particularly, the out-of-home care and education systems, prioritise and support children’s education. Based on these findings, a series of recommendations are offered in relation to policy and practice.
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Chapter 1
The Context of Education for Children in Care

This thesis is about the engagement and educational outcomes for children in out-of-home care.¹ The study aims to comprehensively explore how children in care in New South Wales, Australia, can best be engaged and supported in their education. The study is an ambitious undertaking, involving mixed methods of inquiry, multiple participant groups, extensive data and four chapters of findings. The inclusive nature of this research, and its multi-source approach, provides an opportunity to generate rich insights into a complex and important social issue.

This first chapter establishes the current social and political context for protecting and educating Australian children. Children’s experiences of social disadvantage and maltreatment are positioned within the context of state and federal government responses to these issues. To date, the various levels of government have been challenged in responding adequately to a range of care and protection issues and there remains considerable concern regarding poor outcomes, including educational, for Australian children in care. This chapter also establishes the significance and scope of the study and concludes by examining the role of the researcher.

¹ ‘In care’ will be used as shorthand for the term ‘in out-of-home care’ throughout the thesis, unless the term out-of-home care is required for clarity. Similarly the term ‘children’ is used as shorthand for children and young people. Key terms are defined in Appendix A.
1.1 Background to the Research

1.1.1 Child Protection and Social Disadvantage in Australia.

Children develop within and across various ecological environments including family, community and school. Broader social, cultural, political, and economic spheres also shape their lives (NSW Department of Community Services, 2005; Stanley, Richardson, & Prior, 2005). For some children their immediate family environment cannot meet their needs or protect them from harm. In many cases, when children are harmed they are reported to state and territory child protection agencies. Australian children who are notified include those suspected of being abused, neglected or otherwise harmed; and those children whose parents are unable to provide adequate care or protection (Australian Institute of Health and Welfare, 2005). The negative effects of abuse, neglect and failure to meet the needs of children have been well documented (De Bellis, 2001; Lansford et al., 2002; Trocme & Caunce, 1995) and are discussed further in chapter 2.

In Australia, many of the most vulnerable families that come to the attention of child protection agencies have experienced a range of disadvantage, including poverty and limited education, which in turn affects the families' health, housing and employment opportunities. Research has long highlighted the association between family income status and involvement in the child protection system (Barnardos, 2003; Community Care Division, 2002; Department of Human Services, 2003; McConnell, Llewellyn, & Ferronato, 2000; The Allen Consulting Group, 2003; Thomson, 2003). New South Wales and Victorian data has shown that 70–77 per cent of families involved with child protection services were low-income families (Community Care Division & Department of Human Services, 2002; McConnell et al., 2000). In some geographic communities, socio-economic

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2 Ecological environments encompass the broad range of physical and social environments and the relationships between them that affect children's development.
disadvantage has become so entrenched and intergenerational, that the rates of child maltreatment, early school leaving, criminality, unemployment and mental and physical health issues are far greater than for other communities (Vinson, 2007).

There have been an increasing number of distinct family types over-represented in the child protection system, in addition to low income families. These family types include:

- Sole parent families, particularly female-headed families (Australian Institute of Health and Welfare, 2006b; Community Care Division, 2002; Fernandez, 1996; Nivison-Smith & Chilvers, 2007);
- Families with adults who left school early without gaining any post-school qualifications and families where no adult was employed (Nivison-Smith & Chilvers, 2007); and

It has been recognised that the parenting capacity of Indigenous parents has been eroded over time by a “multiplicity of social, cultural and historical factors” (Secretariat of National Aboriginal and Islander Child Care Inc, 2004, p. 49). It is now increasingly argued that to prevent the continued over-representation of Indigenous children in the care and protection system, the social inequalities faced by Indigenous communities must be addressed (Australian Institute of Health and Welfare, 2010; CREATE Foundation, 2001b; Secretariat of National Aboriginal and Islander Child Care Inc, 2004).

Societal disadvantage, as well as personal characteristics, has influenced the capacity of many parents to raise their own children in a nurturing environment. Personal factors that challenge parental capacity include: mental illness, intellectual disability, physical disability, alcohol abuse, substance abuse, domestic violence and social isolation (NSW Department of Community Services, 2007; The Allen Consulting Group, 2003). Statutory agencies have highlighted a
number of additional issues that affect parenting capacity, including transience and homelessness (Department of Human Services, 2003; McConnell et al., 2000). Parents’ own childhood experiences of abuse, neglect, and trauma are also likely to affect their ability to parent effectively (Council of Australian Governments, 2009). In some families, there is an intergenerational history of involvement with the child protection system (Tomison, 1996). Studies in Australia have shown that approximately 20 per cent of mothers and between 7 and 16 per cent of fathers, whose children were in care, had also been in care as children or adolescents (Community Care Division & Department of Human Services, 2002; Leek, Seneque, & Ward, 2004).

In response to these ‘demand’ issues, there have been a number of significant social, cultural and political developments in Australia that directly influence the need for this research. Governments and policy makers are increasingly focusing on the well-being of Australia’s children, as evidence has mounted about the importance of intervening early in children’s lives to promote positive outcomes. The unsustainable rise in child protection notifications, and the failure of the state to respond (using current models) to the demand for services for vulnerable children and families, has resulted in a fundamental restructuring of the way Australia supports and protects children. The Council of Australian Governments has recently endorsed a *National Framework for Protecting Australia’s Children 2009–2020* which implements a public health model of primary, secondary and tertiary services to promote the safety and well-being of children (Council of Australian Governments, 2009). Under this framework, primary health and education services are accessible to all children (Bromfield & Holzer, 2008; Council of Australian Governments, 2009). Secondary services, intended for families with additional needs, employ an early intervention approach, with increased resources for family support and improved collaboration of agencies (Australian Institute of Health and Welfare, 2009). The most intensive and interventionist of responses are the tertiary services, which focus on ensuring the safety of children (Bromfield & Holzer, 2008). In Australia, however, as child welfare is the
responsibility of the states and territories, all service reform takes place within eight different legislative and service system frameworks.

The link between disadvantage in Aboriginal communities and Aboriginal children’s safety and well-being has been highlighted in several Government Inquiries across different jurisdictions, resulting in a number of reforms. The most recent was Closing the Gap, endorsed by the Council of Australian Governments in 2008. Closing the Gap addresses the health, educational, safety, economic and well-being needs of Aboriginal people and the need to reduce the disparity in outcomes between Aboriginal and non-Aboriginal people. A number of state and territory inquiries have also highlighted the sexual abuse and neglect of Aboriginal children (see the Little Children are Sacred report (Wild & Anderson, 2007) and Breaking the Silence (Aboriginal Sexual Assault Taskforce, 2006)). The Northern Territory Emergency Response, a Commonwealth Government initiative, was implemented in August 2007, although not without controversy in respect to some aspects of the intervention, particularly the financial quarantining and the suspension of the Racial Discrimination Act.

Although the current system reforms ultimately aim to decrease the child protection interventions required in children’s lives and to improve their outcomes, this shift in focus will take some time to reduce the numbers of children reported to child protection agencies and the numbers who go on to enter care. Addressing the deeper social issues that many Australian families face, particularly Aboriginal families, may take even longer.

1.1.2 Australian Children in Care

For now, there remains a significant proportion of children who enter care. Nationally, at 30 June 2009, there were 34,069 children in care (Australian Institute of Health and Welfare, 2010). This was an increase of 115 per cent over
the ten-year period from 1998 to 2008 (Australian Institute of Health and Welfare, 2009). This growth was largely because the number of children who entered the care system was higher than the number who left it (Australian Institute of Health and Welfare, 2009; Talpin, 2005). Children entering care are now staying longer and entering at younger ages, particularly as infants (Wood, 2008b).

The current study is based in the largest Australian jurisdiction, New South Wales. As at 30 June 2009, the Australian Institute of Health and Welfare (2010) reports there were 15,211 children in care in this state. Almost a third (33%) of all children in care in New South Wales were Indigenous. More than a third (44%) of children in care entered under five years of age and 16 per cent were under the age of one. Just under half (49%) entered between the ages of 5 and 14. There was little difference in the number of children by gender – 52 per cent boys and 48 per cent girls. Children in care in New South Wales live in a range of placements, including with relatives or kinship carers, with unrelated foster carers, in residential care, or in independent living arrangements. These placements are arranged and supported by government or non-government providers. As at 31 March 2008, it was estimated that approximately 9,839 children in care in New South Wales were school-aged (aged between 5 to 15) and a further group of approximately 1000 young people were aged between 16 and 17 and could still be attending school (Wood, 2008b).  

1.1.3 The Capacity of Governments to be Better Parents

Children in care are widely viewed as being in the care of the state, where the state has intervened to ensure their safety and well-being and continues to have responsibility to uphold this while they are in care. When children enter care in

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3 Community Services was known as the Department of Community Services until 2010.
4 Compulsory school enrolment was previously to 15 years of age. Since 1 January 2010, all New South Wales school students have been required to stay at school until the end of Year 10 and after this, to be engaged in some form of education, training or employment until they turn 17 (NSW Department of Education and Training, 2009d). In New South Wales, children commence school aged between 4.5 and 6 years.
New South Wales, the responsibility for parenting them is re-allocated by the Children’s Court when a care order is made (NSW Office of the Children’s Guardian, 2004). Across Australia, criticism has been levelled at the capacity of state and territory governments to be ‘good parents’, evidenced by the number of inquiries conducted in recent years (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999; Commissioner for Public Administration, 2004a, 2004b; Crime and Misconduct Commission, 2004; Ford, 2007; Gordon, Hallahan, & Henry, 2002; Jacob & Fanning, 2006; Layton, 2003; Standing Committee on Social Issues, 2002; Wood, 2008a).

Over the past decade, two major inquiries into child protection services have been undertaken in New South Wales. Following the first in 2002, Care and Support: Final Report on Child Protection Services, the New South Wales Government provided additional funding to child protection services of $1.2 billion over six years, with over $600 million allocated to improving outcomes for children in care (NSW Department of Community Services, 2004). The second inquiry, the Special Commission of Inquiry into Child Protection Services, commenced five years later, and assessed what further changes were required to cope with future demand once the current reforms were concluded. The New South Wales Government’s response to this report, released in 2009, was titled, Keep Them Safe: A Shared Approach to Child Wellbeing. It committed the government to a five-year action plan to reform the child protection system and improve outcomes for children in care (NSW Government, 2009). A further $617 million was allocated to the out-of-home care area (NSW Government, 2009). These inquiries and the resulting system reforms offer new opportunities to strengthen the cross-government responses for children in care and clearly demonstrate that, to date, the outcomes for children in care have not always been positive. Yet there is currently concern from the New South Wales government that there may not be sufficient funding available to meet the anticipated growth in numbers of children in care into the future (expected to reach 24,000 by 2013/14), or to pay for some of the commitments made, including the planned transfer of out-of-home care
placements to the non-government sector (Gallard, 2010; The Boston Consulting Group, 2009).

The goal of out-of-home care is to safeguard and improve the circumstances of children. Out-of-home care aims to provide an environment where children develop, learn, and have any problems assessed and addressed. Their families, likewise, need to have their problems and concerns responded to, and they should receive services that enhance the likelihood of children’s successful return home. Doubts have been raised about whether out-of-home care always provides children with a better environment than they would experience with their parents (Jackson & Martin, 1998), including in relation to whether children’s educational outcomes are improved. Some children have been further abused in care by individual perpetrators and by the system (Cashmore, Dolby, & Brennan, 1994; CREATE Foundation, 2004c; Ombudsman Victoria, 2010). As Rutter (2000) argues:

Clearly, the children have been admitted to care in order to protect them from risk environments but, equally, it is apparent that their experiences whilst in care cannot necessarily be assumed to be benign or protective (p. 687).

Further, Lawrence (2008) points out that “the state does not always get it right” (p. 98). Part of the reason for this could be that historically, the primary focus of the child welfare system has been children’s safety and permanency, rather than their well-being (Berger, Bruch, Johnson, James, & Rubin, 2009).

1.1.4 Outcomes for Children in Care

The aforementioned inquiries expressed considerable concern about the poor outcomes, both currently and historically, that many children have experienced in care, and after leaving it. Children are now entering care with more complex needs and do not always have these needs met. Australian reviews of out-of-

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5 See also the Forgotten Australians and Bringing Them Home.
home care conclude that the outcomes for many children have been consistently poorer than for children who were not in care (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005; Bromfield & Osborn, 2007). Two New South Wales Government reviews reached similar conclusions. The first, the *Report of the New South Wales Standing Committee on Social Issues (Child Protection Services)* argued there was significant evidence that the outcomes in “education, employment, standards of living, emotional well-being and interpersonal relationships” were poorer for children in care than for their non-care peers (Standing Committee on Social Issues, 2002, p. 96). In the second report in 2008, the Honorable James Wood AO, QC reported that children in care had increasingly complex needs, that there was a decreasing availability of foster care, that there were fewer suitable placements, and that children’s medical, dental and allied health needs were often not being met (Wood, 2008a). A longitudinal study in New South Wales of young people four to five years after leaving care reported that young people’s care experiences did not compensate them sufficiently for the earlier disadvantage they faced (Cashmore & Paxman, 2007).

The focus on the physical and mental health of Australian children in care has increased as research has demonstrated the disparity in health outcomes between children in care and children not in care. Studies consistently report that children in care are more likely to have disabilities (Child Guardian, 2006; CREATE Foundation, 2006; de Lemos, 1997) and mental health and behavioural issues (Royal Australian and New Zealand College of Psychiatrists, 2008; Sawyer, Carbone, Searle, & Robinson, 2007) than the general population. These elevated rates of physical, psychological, and mental health problems affect the overall well-being of children in care (Clare, 2001; CREATE Foundation, 2006; Tzioumi & Nathanson, 2005). Tzioumi and Nathanson’s (2005) study in New South Wales described a vulnerable group of children with high, often unrecognised, or unmet health needs, including speech delays (60%), hearing problems (25%), and vision problems (25%). Of the children in care under 5
years of age, 68 per cent failed a development screening assessment (Tzioumi & Nathanson, 2005). Often these behavioural, psychological and mental health needs require professional intervention, which many children do not receive (Sawyer, Carbone, Searle, & Robinson, 2007).

The social functioning of children in care is also affected by the many changes they experience in their environments. Children in care face the particularly challenging tasks of managing competing loyalties between care and birth families, of adjusting to new home and school rules, and of remaining connected to their birth families through organised contact visits (Chapman, Wall, & Barth, 2004). The making and maintaining of friendships as they change schools and tell other children of their ‘care status’ are further challenges children are required to negotiate (Blome, 1997; Finkelstein, Wamsley, & Miranda, 2002; Stanley, Riordan, & Alaszewski, 2005). These adjustments, in combination with potential health issues, and the effects of abuse and neglect, can pose significant barriers to successful social functioning. Research has linked poor social adjustment for children in care with difficulties in peer relationships, and later drug use and criminality (Andersson, 2005; Farruggia, Greenberger, Chen, & Heckhausen, 2006). Australian research has linked out-of-home care placement with an increased likelihood of breaking the law or entering a juvenile justice centre (Community Services Commission, 1996; Delfabbro, Barber, & Cooper, 2002; Stewart, Dennison, & Waterson, 2002).  

Nonetheless, research has also demonstrated that the lives of some children improve as a result of being in care (Barber & Delfabbro, 2004; Chapman et al., 2004; Fernandez, 2008; Forrester, Goodman, Cocker, Binnie, & Jensch, 2009; Osborn & Bromfield, 2007). Longitudinal studies have shown that children in stable long-term care were generally better off than those who return home or were not removed (Bellamy, 2008; Davidson-Arad, 2005; Taussig, Clyman, &

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6 See Appendix B for a summary of the outcomes of Australian young people once they have left care.
Landsverk, 2001). Aside from the immediate benefits of safety and security, research has shown that the functioning of children in long-term care often improved over time (Barber & Delfabbro, 2004; Osborn & Bromfield, 2007). Barber and Delfabbro (2004) found that for most children, placement in care resulted in a reduction in emotional distress and hyperactivity, and improvements in behaviour at home and school. Taussig, Clyman and Landsverk (2001) found that children remaining in care for six years or more, even those with multiple placement moves, had fewer problems than children who returned home.

Despite the limited research on children’s satisfaction with out-of-home care, children’s views have generally reported the benefits of care. Chapman et al. (2004) found that children in care, regardless of placement type, were usually satisfied and felt close to their carers, although most maintained hope for restoration with their biological family. Wilson and Conroy’s (1999) review found that many children felt their quality of life improved in care and those in kinship or foster care were generally highly satisfied, but those in group home care were not. In South Australia, whether in long-term care or recently placed, children reported general satisfaction, although like their counterparts in Wilson and Conroy’s study, children in residential care were less satisfied (Delfabbro, Barber, & Bentham, 2002). The majority of children in two New South Wales studies reported that they were ‘better off’ in care, than when living with their family (Cashmore & Paxman, 1996; Community Services Commission, 2000).

For children in care, education is critically important for their present and future well-being and outcomes (Coleman, 2004; Dent & Cameron, 2003; Gilligan, 1998; Harker, Dobel-Ober, Lawrence, Berridge, & Sinclair, 2003; Pecora et al., 2006). Schools can offer protective, supportive and curative opportunities with far-reaching positive consequences. To avoid early disadvantage continuing, there is a strong need to support and engage children in care in their education from the earliest stages (Department for Education and Skills, 2006; Farrar, Goldfield, & Moore, 2007). Debate about the purpose of education and the
demands upon schools continues but, for the purpose of this research, the role of school education is to “equip students more broadly, to become and to be active, free and meaningful participants in their communities, society and in the economy” (Dusseldorp Skills Forum & Australian Industry Group, 2007, p. 12). If children and young people are to become active, free and meaningful agents, schools need to provide for their academic, social and personal development in an engaging and inclusive school environment.

Schools have a significant role in developing children’s knowledge, skills, attitudes and values as well as promoting their socio-emotional development (Masters, 2004). As a social institution that almost every child and young person engages with for a minimum of 12 years, schools represent a considerable protective resource (Gilligan, 1998; Goddard, 2000; Veltman & Browne, 2001). School entry can remediate disadvantage in early learning environments and provide a “second chance” for children (Stipek, 2005, p. 99). Within the school environment, children in care have opportunities to build social skills, friendships and lifelong interests. Education staff can support children in care in relating to others (Veltman & Browne, 2001), in dealing with the stresses that arise from within and outside their family (Kufeldt, Simard, & Vachon, 2000), and by being positive adult role models (Gilligan, 1998). Teachers can further support the development of children in care by being their advocates, mentors and sources of inspiration and knowledge. The importance of education goes beyond its academic benefits. For instance, remaining at school, irrespective of the academic results they achieve, has been reported as offering benefits to maltreated children and young people, particularly in protecting against externalising disorders and delinquent and anti-social behaviours (Williams, MacMillan, & Jamieson, 2006). Furthermore, for children in care, school offers a normalising experience where they can participate in their education just like “everyone else” (Kids in Care Education Committee Working Group, 2003, p. 3). School can be a safe and predictable place when other aspects of their lives have changed significantly (de Lemos, 1997; Finkelstein et al., 2002; Fletcher-
Campbell, 1998; Kufeldt et al., 2000) and the rituals and routines of school can create security for children in care (Gilligan, 1998).

Schools support the well-being of children in care, and the out-of-home care system, by monitoring children. Teachers, as the professionals with most contact with children in care (Gilligan, 1998), can offer a unique perspective within case planning, identifying and addressing problems while building on strengths (Kufeldt et al., 2000). Education staff also monitor the well-being of children by observing the appearance, behaviour, performance, time-keeping, parental contact and progress to and from school, providing information on their “situation beyond school” (Gilligan, 1998, p. 15). This monitoring serves to provide protection from abuse for children in care (Berridge & Brodie, 1998).

Not only is education important while children are in care, it offers a tangible pathway to a better future for children once they leave care. One of the most significant ways that the lifelong outcomes of children in care could be positively supported would be for children to obtain a good school education (Coleman, 2004; Department for Education and Skills, 2006; Jackson, 1994; Pecora et al., 2003). Education is increasingly the passport to full participation in social, economic and community life for adults in Western countries, with educational qualifications providing a pathway to employment, higher education and technical training. As Jakubowicz (2009) argues, educational outcomes have a considerable influence on the “personal well-being, health, income, and social mobility, flexibility and innovation” of adults (p. 1). For young people who have left care without an adequate education and useful qualifications, their choices in many dimensions of their adult lives have been shown to be limited. Educational outcomes “are some of the best indicators of future well-being and successful transition to adulthood for former foster youth” (Pecora et al., 2003, p. 46).

Clearly, the school context offers significant potential to influence children’s current and future well-being and their development, personally, socially and
academically (Dent & Cameron, 2003). Yet despite these opportunities, the schooling experiences of some children in the general population and in care have been far from positive. This current study seeks a better understanding of these issues and will explore ways of addressing the problem of educational engagement and achievement for children in care.

1.1.5 The Australian Education Context

Concerns about the well-being of students, about poor student outcomes due to early school leaving, and about the impact of geographical, socio-economic, cultural and gender disadvantage have resulted in a range of strategies to monitor and improve student outcomes (Cashmore & Townsend, 2006; Dusseldorp Skills Forum & Australian Industry Group, 2007; Organisation for Economic Co-operation and Development, 2004; Vinson, 2002). Nationally, there have been several initiatives seeking to achieve greater consistency and improvements in educational provision. An increase across Australian jurisdictions of the compulsory school age (to 17 years) has occurred, requiring more flexible vocational pathways and partnerships in education. The newly introduced draft national curriculum and nationalised assessments and benchmarks for literacy and numeracy aim to provide equity and excellence across all Australian schools and enhance our understanding of Australian children’s educational progress (Australian Curriculum, 2010). Considerable new resources have been allocated to improving schools’ educational provision, including the ‘Education Revolution’ introduced by the Commonwealth Government, with the extensive refurbishment of existing school facilities and the establishment of new ones. Similarly, the ‘Digital Education Revolution’ provides increased computer and internet access to schools, and supports teacher

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7 This initiative may address standardisation issues for children moving interstate. For children in care, however, most of their moves are within state. Issues regarding children missing aspects of subjects are not addressed in this initiative, as the implementation of the curriculum continues to be determined by individual schools.
development, teacher training and the adoption by teachers of information and communication technologies in their teaching practices.

Concerns that some children are at a disadvantage in the education system have resulted in an intensive focus on quality teaching, and teacher attraction and retention, over the last decade. In New South Wales, a range of equity programs which address student disadvantage have been implemented and reviewed (Lamb & Teese, 2005). The New South Wales Department of Education and Training introduced its Quality Teaching Framework in 2003. The Framework is based on pedagogy that promotes intellectual quality, a quality learning environment and engages students in the significance of their work (NSW Department of Education and Training, 2003b). Notwithstanding these initiatives, parental concerns about the capacity of the public education system to meet the educational needs of children has contributed to the trend of increasing enrolments in non-government schools, to a point where a third of all Australian students are now enrolled in the non-government system (Australian Bureau of Statistics, 2009b).

1.1.6 Addressing the Education Needs of Children in Care

When examining the context of children in care, it is obvious that a significant number of government departments, along with community service providers, play a critically important role in promoting their safety, well-being, and education. There is major potential for misunderstanding roles and responsibilities. To address this, a number of jurisdictions have developed agreements or protocols between relevant government departments. Across Australia, five 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. The three
remaining jurisdictions reported that they were progressing towards the development of a partnership agreement (CREATE Foundation, 2004a).

Two of the key initiatives often featured in partnership agreements are information exchange and individual education plans. A national educational outcomes project was undertaken by the National Child Protection and Support Services data group (NCPASS) to examine the educational outcomes of children in care across Australia through literacy and numeracy benchmark tests. The outcomes from the first report are outlined in chapter 2. New South Wales was one of three jurisdictions not included in that report. One of the biggest challenges for the collection and publication of data was 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 facilitated the data matching process. Most other states had to make considerable changes to their systems to enable the data matching. In December 2009 the Commonwealth Government announced that it was introducing unique student identifiers for all Australian school students.

Many Australian jurisdictions have been implementing individual education plans to enhance the focus on educational progress and outcomes for children in care. Victoria, Queensland, South Australia and the Australian Capital Territory require all students in care to have an individual education plan. In Tasmania individual education plans are developed only for students in long-term care, whereas Western Australia only requires plans for those at educational risk (CREATE Foundation, 2004a). Individual education plans aim 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.
The context for this research is the state of New South Wales, where two pieces of government legislation directly affect children in care and their education. The first is the *Children and Young Persons (Care and Protection) Act 1998 No 157* and the second is the *Education Act 1990 No 8*. The *Children and Young Persons (Care and Protection) Act 1998* provides the basis for the state’s intervention into the lives of individual children and their subsequent placement in care. The purpose of this Act is to ensure that children are afforded care and protection which ensures their safety, welfare and well-being. The Act emphasises the rights of the child as paramount and that, when removed from their families, children are to be placed in safe, nurturing, stable and secure environments that maintain their links to the significant people in their lives, and to their language, culture and religion. The child must also be given the opportunity to participate in the decisions that are made about their lives.\(^8\) Although education *per se* is not directly addressed in the Act, the *Children and Young Persons (Care and Protection) Regulation 2000*, part 4, clause 12(3) (b), requires that a care plan includes the educational and training needs of the child *(NSW Office of the Children’s Guardian, 2003)*.

The second piece of New South Wales legislation which establishes the provision for children and young people, including those in care, is the *Education Act 1990*. This Act establishes the principle that every child has the right to receive an education, and that although the education of a child is primarily the responsibility of parents, it is the duty of the state to ensure that every child receives an education of the highest quality. Of particular relevance for this study is the Act’s object, “mitigating educational disadvantages arising from the child’s gender or from geographic, economic, social, cultural, lingual or other causes”

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\(^8\) Section 10 of the *Children and Young Persons (Care and Protection) Act 1998* outlines the Principle of Participation for any child for whom decisions are made in accordance with the Act. See Appendix A for details.
Children in care can face a range of educational disadvantages that are ‘mitigating’ in nature.

In addition to these two pieces of legislation, there is a range of policies, service models, and guidelines that inform the education of children in care (see Appendix C), although most only make broad statements that highlight the importance of education. The New South Wales Office of the Children's Guardian has recently revised the standards for out-of-home care. The section on the standard of education states an important goal that: “Children and Young People’s educational outcomes match those of their peers in the general population” (NSW Office of the Children’s Guardian, 2010, p. 11). The Children's Guardian assessment of this standard focuses on four areas:

- That children attend an appropriate education or vocation facility;
- That children's educational progress is assessed, monitored and reviewed at least annually;
- That learning support is accessed if needed and other educational issues are addressed; and
- That information regarding education is exchanged between stakeholders.

The future role of such standards in New South Wales is uncertain. In 2009, the Council of Australian Governments supported the development of national standards for out-of-home care, with the aim of improving the quality of care and outcomes for children. The working document included three standards on education: that all children have an individual education plan, that young people aged 15 to 18 are supported to be engaged in education, training or employment, and that children are supported to participate in social and recreational activities (Department of Families, 2010b). The national standards are expected to be completed at the end of 2010 (Department of Families, 2010a).

To date, the existing legislation, policies and initiatives have not adequately addressed the education needs of children in care. The New South Wales
Government’s response to the recent child protection review recognised that children in care remain at higher risk of poor educational outcomes, and argued for the earlier support of children in care in relation to their learning needs (NSW Government, 2009). Specific recommendations that are being implemented include: individual education plans, out-of-home care coordinators being appointed in regional offices of the New South Wales Department of Education and Training to support the implementation of these plans, and better collaboration to further assist children in care with their education (NSW Government, 2009). These recommendations, alongside a range of other well-being strategies from Keep Them Safe, offer new opportunities to improve outcomes for children in care.

1.2 Statement of the Problem

The limited research and anecdotal evidence in Australia to date indicate that the educational participation and achievement of children in care are lower 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, 2001a, 2004a; 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.

The benefit that school education offers this group of children goes beyond academic achievement. The social development possibilities and the building of protective factors, interests and capacity, in a consistent and normalising environment, can provide invaluable opportunities for this group of children. What is missing is an understanding of how home and school environments, and the systems of care and education, can maximise these benefits for children in care.
1.3 The Significance of the Research: Why Focus on Education for Children in Care?

The exploratory approach used in this study builds an understanding of the issues that impede and facilitate educational engagement and outcomes for children in care. In doing so, it addresses an identified knowledge gap. There is little education data collected by Australian state and territory governments for children in care (Tilbury, 2004), and although projects are underway to change this, it has been difficult to gauge how children in care are faring with their education. The Australian research in the area is also limited (Bromfield et al., 2005; Cashmore & Ainsworth, 2004; Osborn & Bromfield, 2007). A small number of studies over the last ten years serve to demonstrate that education for children in care is a problem that Australia has not escaped (Cavanagh, 1995; CREATE Foundation, 2004a; de Lemos, 1997; Kids in Care Education Committee Working Group, 2003). There is a strong demand, from both the research community and out-of-home care sector, for further Australian research examining the educational engagement and outcomes of children in care (Cashmore & Ainsworth, 2004; Delfabbro, 2010; Osborn & Bromfield, 2007; The Child and Family Welfare Association of Australia, 2002).

Education provides vital opportunities for children in care to learn, develop, socialise, and connect with the broader community. For thousands of children in care in New South Wales, their ability to engage in their schooling and obtain a beneficial education is likely to be affected by their pre-placement history and their experiences in care. Their educational progress may also be influenced by the systemic factors of instability at home and in school and the lack of continuity in relationships with significant adults and professionals. Other contributors include a failure among adults to give the education of children in care a high priority, a failure among adults to take responsibility for the education of children in care, and a shortage of resources. The combination of these factors has often
resulted in educational needs going unmet and, as a result, the educational progress of children in care has been compromised.

To fully understand what must be done to further improve the education of children in care, it is an imperative to hear directly from children (Daly & Gilligan, 2010). This study includes the “lived experiences and views” of children aged 12 to 14, in which their active involvement provides the focus (Winter, 2006, p. 60). Few Australian or international studies have positioned the experiences and views of children in care as central to the research. Winter’s review of education research with children in care concluded that the research literature is missing the detailed accounts of what children said regarding their own education. Not only is there a lack of research that included the perspectives of children currently in care on their immediate experiences, but children’s unique and valuable insights into the ongoing development of child welfare practice, policy and planning were often absent (Fox & Berrick, 2007). The current study acknowledges children’s competence and agency. It is directly informed by what children say helps them and their peers in care with their schooling. Gathering children’s views is also important in facilitating a comprehensive understanding of quantitative data and in presenting alternative views to prevailing adult perspectives.
1.4 The Purpose of the Study

The overall aim of this research is to identify the factors that facilitate and impede educational engagement and achievement by children in care. The study seeks to generate knowledge about the factors within children’s home and school context, and within the broader care and education systems, that may assist policy-makers, practitioners, and carers in improving policy and practice responses. It aims to provide new insights into improving the educational engagement and outcomes of children in care.

The research and data collection are guided by five main questions:

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

1.5 Overview of the Methodology

This research involved a mixed methods approach using different forms of qualitative and quantitative research inquiry, undertaken over four phases:

Phase 1 – Interviews with stakeholders from peak organisations in the education and out-of-home care systems, including service providers, monitoring agencies and consumer organisations.
Phase 2 – Quantitative analysis of educational performance data for 2,317 children and young people in care, provided by the New South Wales Department of Education and Training and New South Wales Community Services.

Phase 3 – Case studies developed through interviews with 31 Indigenous and non-Indigenous children as they made the transition to high school, as well as interviews with their caseworkers and carers, and case file analysis. A case file review of a comparison group of 25 children was also undertaken.

Phase 4 – Focus groups and interviews with 115 adult stakeholders: Indigenous and non-Indigenous foster and kinship carers, Out-of-Home Care Program teachers, school principals and government and non-government caseworkers.\(^9\)

Two advisory groups were established at the commencement of the research: a youth advisory group and a supervisory panel. The advisory group of seven young people, either currently in, or having recently left care, was formed to provide feedback and direction at key points throughout the research. This approach was valuable for refining the research content and process. The advisory group assessed promotional material, interview guides and supporting material. In the content area, the advisory group provided additional questions and thematic areas were added in the early stages. The supervisory panel consisted of various academics and senior staff members from New South Wales Community Services and the New South Wales Department of Education and Training who offered feedback at various points throughout the development of the research.

All of the children who were interviewed were offered the opportunity to review their interview transcripts and make any changes they liked. In order to utilise the

\(^9\) See Appendix A for further details on the Out-of-Home Care Program teachers and non-government services provision in New South Wales.
practice and experiential knowledge of a range of stakeholders, the study also engaged the out-of-home care and education stakeholders throughout Phase 1 to inform the research questions and approach, and throughout Phases 3 and 4.

1.6 The Role of the Researcher

I have a strong background of working with, and commitment to, children in care. This history of involvement has informed and motivated this research. The six years prior to commencing this research were dedicated to working for the CREATE Foundation, the Australian consumer organisation for children and young people in care. As the National Coordinator of CREATE, I increasingly appreciated the extent to which education potentially provided a positive pathway for this group of children. I became a kinship carer during the course of this study, which added a rich and deeply moving experience of the day-to-day realities for children in care. I acknowledge that my professional and personal background informs my involvement in this study. As Greene and Hill (2005) point out:

An interest in researching children's experience, can therefore, be allied to a moral perspective on the role and status of children which respects and promotes their entitlement to being considered as persons of value and persons with rights (p 3).

In undertaking this research, I recognise that my own views and values play an important role in shaping the nature and approach of this study. I regard children as experts in their own lives, with the right to participate in decisions about their life. I also believe that children can provide valuable insights not only into their individual situations, but also on systemic issues. Furthermore, I hold view that the state has a responsibility as a corporate parent or as in loco parentis to ensure the needs, interests and potential of children in care are met.
I commenced the research with preconceived theories and explanations, informed by my professional and personal experiences. As O’Connell-Davidson and Layder also signal:

> Researchers are influenced and informed by the phenomenon they investigate and they bring to it their own social identity, set of experiences, perceptions, biases and theoretical preconceptions (O’Connell-Davidson & Layder, 1994 cited in Tomison & Goddard, 1999, p. 6).

To address concerns of objectivity, a reflexive approach was adopted, requiring a continual reflection on how my own values and social identity have influenced the research process (Tomison & Goddard, 1999). Such an approach required me to evaluate research impartially in order to discover things that did not necessarily support my views and expectations. Furthermore, I had to set aside my role as an advocate for children in care, while privileging their views.

### 1.7 Scope of the Study

This exploratory study seeks to increase understanding of the educational engagement and performance outcomes for children in care in New South Wales, with a focus on the factors that contribute to these outcomes and what can be done to improve them. To examine educational performance outcomes, the statewide tests at five points throughout children’s primary and secondary schooling were assessed, for both a statewide cohort of children in care and the case study group. Child and adult perspectives on the school performance outcomes of children in care were also explored. To understand the factors related to children’s educational performance and engagement, various individual, family, professional and systemic considerations were investigated, as well as the transitions children experience in both the care and education systems. The final aspect of the study focused on the strategies which successfully promote the performance and engagement of children in care and on the key areas for which new responses need to be developed and implemented.
1.8 Overview of the Thesis

This chapter provides an overview of the research problem, including the background, context, and significance of the study, and outlines the way the study was approached.

Chapter 2 critically reviews the relevant literature related to education and children in care.

Chapter 3 commences by outlining the theoretical interests informing this research. The chapter then details the aims and processes for each of the four research phases, together with the ethical implications arising from them. The characteristics of the participants from the four phases in this study are then described. The chapter concludes with the limitations of the study.

Chapter 4 reports the quantitative findings of educational outcomes for children and young people in care.

Chapter 5 reports the various education and out-of-home care transitions that children in care experience and details how children and adults perceive that these transitions can affect educational engagement and outcomes.

Chapter 6 reports the perspectives of children in relation to how being in care has supported their educational progress, and identifies the factors they perceive engage and disengage them with their school life.

Chapter 7 reports the factors which, according to adults, support or hinder the educational progression of children in care. The chapter concludes with the strategies these stakeholders recommend to support children in care with their education.
Chapter 8 discusses the key themes from the findings in relation to the theoretical interests of the study.

Chapter 9 concludes the thesis by proposing a way forward based on the findings of the study. The chapter summarises the contribution of this study to understanding the issues and improving the educational engagement and outcomes of children in care. Implications for theory, policy, and practice arising from this research are then discussed.

1.9 Chapter Summary

For some Australian children a significant proportion of their childhood and adolescence is spent in care. These children, while having very individual experiences before entering care, share a common vulnerability (Taylor, 2003), formed as a result of negative experiences in their childhood or adolescence, often in environments poorly equipped to respond to their needs. The increasingly challenging nature of families requiring child protection services, has contributed to the progressively complex needs of children who require out-of-home care. The poor outcomes reported for many children in care have been linked to their early life experiences as well as to the limited capacity and willingness of individuals and the system to respond to these children’s needs.

Insufficient importance has been placed on the education of children in care, despite their significant disadvantage and need. Internationally, and in the small number of studies undertaken in Australia, there is mounting evidence that the educational engagement and performance of children in care is below that of children not in care. What is less clear, within the Australian context, is what the factors are that facilitate and impede educational engagement and achievement for children in care. This study aims to address this gap.
This research has been undertaken at a time when substantial system reforms are seeking to make significant improvements to children’s experience prior to, and once in, care. The study seeks to contribute to these improvements by treating children’s educational needs as a key to improving their well-being whilst they are in care and after they leave it. The approach taken acknowledges the special uniqueness of every child in care and recognises the variety of strengths, gifts and potential, as well as the vulnerabilities, each child carries within them. As Jackson (1994) suggests:

If children in the care system have more than their share of problems, they also have, like other children, a spread of abilities, talents and interests available to be built on given the right conditions (p. 278).

The title of this research deliberately asks ‘are we making the grade?’ This question signals that the answers to the problem of educational engagement and achievement for children in care likely do not lie exclusively within children themselves but rather with the collective responsibility of a society that can provide the ‘right conditions’ in which children can thrive.
Chapter 2

Education and Children in Care: Key Issues and Influences

Over the past few decades the education of children and young people in care has taken on increasing importance with academic researchers and policy makers (Francis, 2000; Goddard, 2000). Half a century ago, studies in the United Kingdom first identified that children in care were performing worse than their peers and, in the period since, many young people in care have continued to leave school early and without qualifications (Jackson & Sachdev, 2001). This situation is improving in a number of countries, although this progress is often insufficient to significantly effect positive change for the current generation of children and young people in care (Fletcher-Campbell, 1998). The educational performance of the majority of children and young people in care remains poorer than that of their non-care peers (Burley & Halpern, 2001; Coleman, 2004; Department for Education and Skills, 2006; Finkelstein et al., 2002; Harker et al., 2003; Wolanin, 2005).

Most of the research addressing the educational outcomes for children and young people in care has been either point in time (cross-sectional) or retrospective (Coleman, 2004), with a few longitudinal studies mostly involving those who had already left care. Sweden is currently the only country that has undertaken a national cohort study examining the educational attainments of care-leavers. The Swedish study found that care-leavers were three times more likely than their non-care peers to have only a basic education (Vinnerljung, Oman, & Gunnarson, 2005). Similarly, in the United States of America, Canada and the United Kingdom, large-scale studies have concluded that the academic performance of children and young people in care falls behind their peers, and that this gap increases as they get older, with a smaller proportion completing
school (Coleman, 2004; Jackson, Ajayi, & Quigley, 2005; Kufeldt et al., 2000; Smithgall, Gladden, Howard, Goerge, & Courtney, 2004). The available research builds a consistent picture of the challenges involved in improving the educational outcomes for children and young people in care and confirms that long-term positive outcomes for care-leavers are intrinsically linked to their educational outcomes.

This chapter commences with a review of the key issues concerning educational engagement. This is followed by a review of the Australian research on education and children in care. An examination of the explanations offered in the literature for the poorer outcomes of children in care, as well as the various factors associated with positive and negative outcomes, is then undertaken. The few studies that report the perceptions of children in care, and of care-leavers, are also reviewed.

2.1 Why Engagement is Important

Students' engagement in school life involves more than academic learning and achievement; it is also about children's psychological, social and physical development (Thomson, 2005). Australian research suggests that students who are engaged and connected with their school are more likely to stay at school and do well in that setting (Thomson, 2005). School engagement has been associated with positive outcomes, including academic persistence, regular attendance, independent learning, educational aspirations and academic achievement (Fredricks, Blumenfeld, & Paris, 2004; Thomson, 2005). Conversely, low engagement and negative experiences at school are linked with poorer academic outcomes and early school leaving. Burns, Colin, Blanchard, De-Freitas and Lloyd (2008) suggest in their review of the literature that educational disengagement in young people could be attributed to both individual and structural factors. They suggested there were seven elements that promoted school engagement. These elements were:
• School structures: school and class sizes, support structures, formal participation opportunities and flexibility;
• School curriculum: relevant, flexible, hands on, interaction between students and teachers, student input and authentic and progressive assessment;
• School ethos (atmosphere);
• Teacher relationships: positive, respectful, non-judgmental relationships between students and teachers;
• Peer/social relationships;
• School facilities and resources: attractive and appropriate facilities demonstrate to students they were valued; and
• Social structures: recognition of the various contexts for children including welfare, health and justice systems as well as social, political and cultural contexts.

(Burns et al., 2008, pp. 53-54)

Looking specifically at school disengagement, Burns et al. (2008) suggest there are a number of key individual and structural risk factors including:

Male, low SES, Indigenous, living in a rural or remote location, low rated school achievement, attend government school, attended multiple schools, exclusion from school because of cost, teenage pregnancy, drug use, low parental education, sole parent family, disabled, poor family attachment, working long hours in part-time job, family conflict, punitive parenting, poor school environment, irrelevant curriculum, poor teaching, and poor relationships with teachers (p. 21).

For maltreated children and children in care, many of these factors have been identified as often being present in their lives (chapter 1). These factors are likely to be intertwined and it is not clear which of them have the most significant impact on student engagement. It is recognised, however, that disengagement from school is a key part of the decision to leave school early and it is important to understand more about the factors that facilitate and impede school engagement (Thomson, 2005).
Overall, the out-of-home care research reports little about the extent to which children in care are engaged with their schooling, however the higher rates of absenteeism, suspension, expulsion and early school leaving suggest that some children in care do disengage from their education. Little research has examined the school-related attitudes and beliefs of this group (Stone, 2007). The research undertaken by Tyler, Johnson and Brownridge (2008) with maltreated children suggested higher levels of school engagement were associated with greater overall well-being. For children in care, most of whom have been abused and neglected and experience difficulties and disruptions in many aspects their lives, it is likely that their ability to be engaged in their schooling is diminished.

2.2 Review of the Educational Outcomes in Australian Studies

In Australia, there has been very little research in the areas of engagement and educational outcomes for children in care. Only six research studies have specifically focused on education of children in care, in addition to the consumer organisation CREATE Foundations’ Education Report Cards (CREATE Foundation, 2001a, 2002, 2003, 2004a, 2006b) and the more recent Association of Children’s Welfare Agencies (2008, 2010) surveying of children’s educational participation and attainment. The Cavanagh study in 1995 was one of the first Australian studies to examine this issue. It found that the majority of 487 Victorian children in residential care scored below or well below average levels in literacy and numeracy (Cavanagh, 1995). A short time afterwards, de Lemos (1997) examined the educational achievement of 1132 children in Victoria across all types of out-of-home care, and found their literacy, numeracy, and social and personal development were “considerably lower” than those of their non-care peers (de Lemos, 1997, p. 12). Uniting Care Burnside researched the educational experiences and outcomes of 36 children in residential, foster or professional care who were case managed by the agency in 1996. This study found that of the young people old enough to have left school, only 39 per cent had completed their Higher School Certificate (Uniting Care Burnside, 2004).
The Australian Institute of Health and Welfare’s (2007) pilot study on *Educational Outcomes of Children on Guardianship or Custody Orders* demonstrated that children in care had poorer academic performance than their non-care peers at each year level in literacy and numeracy and were less likely to reach national benchmarks. Likewise, a 2007 South Australian study found that children in care were at “extremely high risk of not achieving the [literacy and numeracy] benchmarks at all stages of their schooling” (White & Lindstrom, 2007, p. 8). A recent Victorian study found that of 199 school aged children and young people in care, a quarter were doing well at school, half were performing more poorly and were disengaging from their schooling and a quarter had left school (Wise, Pollock, Mitchell, Argus, & Farquhar, 2010). These six 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 were high and affected their educational engagement and progression (de Lemos, 1997; Uniting Care Burnside, 2004; White & Lindstrom, 2007; Wise et al., 2010).

A clear picture of educational outcomes of children in care, across all placement types, is gained through the data collected by the Queensland Government. Since 1999, the Queensland Government has been collecting data on national literacy and numeracy benchmark tests at Years 3, 5 and 7 for children who have been in care for more than two years. The data, collected over a six-year period, consistently reported that across Years 3, 5 and 7 the reading, writing and numeracy standards of students in care were below the state average. This was the case for both male and female students and for those from both Indigenous and non-Indigenous backgrounds (CREATE Foundation, 2001a; Department of Child Safety, 2005; Department of Education and the Arts, 2003; Kids in Care Education Committee Working Group, 2003). The tracking of the educational progress of children in care who undertook both the 1999 and 2001 literacy and
numeracy tests found no deterioration or improvement in their results (Kids in Care Education Committee Working Group, 2003).

Other Australian studies with a wider focus have also explored the educational achievement and attainment for students in care. The key issues identified, in addition to poorer learning outcomes in literacy and numeracy, are: firstly, a failure to attain age-appropriate educational levels (Child Protection and Juvenile Justice & Community Care Division, 2001); secondly, repeating a year of school (Child Guardian, 2006, 2008; Community Services Commission, 2000); thirdly, specific learning difficulties and disabilities (Child Guardian, 2008); and finally, early school leaving and leaving without qualifications (Cashmore & Paxman, 1996). 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). The next section examines in detail the specific findings of studies undertaken in Australia.

School Attendance

Australian research indicates the number of students in care who attended school irregularly or had prolonged or persistent days away from school increased as they aged (Cavanagh, 1995; de Lemos, 1997; Fernandez, 2009). Victorian research on children in care, 13 years or older, reports that between a quarter and a half had problems attending school (Cavanagh, 1995; de Lemos, 1997) and that these problems appear to be particularly prevalent among children in residential care placements (Department of Human Services, 2001 cited in CREATE Foundation, 2004a). Kinship care placement was reported as having a positive effect on school attendance, with research showing an improvement in school attendance for over half and a deterioration for a small proportion of children (Child Protection and Juvenile Justice & Community Care Division, 2001). Government statistics in Victoria report that while students in care have more time away from school than the general population, the difference decreased from 2003 to 2004 (CREATE Foundation, 2006b). A South
Australian study, however, found that attendance rates of students in care are similar to those of all students (White & Lindstrom, 2007). Truancy has also been identified as an issue for some children and young people in care (Owen et al., 2000; Wise et al., 2010). It is difficult to determine whether the situation is improving, as evidence from some states suggests, because data is not collected or routinely reported.

**Suspension and Exclusion**

Children and young people in care also spend more time away from school due to suspension and exclusion than the general school population (CREATE Foundation, 2004f; Delfabbro, Barber, & Bentham, 2002). Suspension and exclusion rates for the general student population are relatively low; in New South Wales in 2008, 1.4 per cent of all students were given a long suspension (between 5 and 20 days, average 13 days), and only 0.04 per cent all students were expelled from school (NSW Department of Education and Training, 2009b, 2009e).\(^{10}\) The number of short suspensions was not provided. A number of studies have found that a third of all students in care were suspended in a 12-month period (Association of Childrens Welfare Agencies, 2008; CREATE Foundation, 2006b; Delfabbro, Barber, & Cooper, 2002). Osborn and Delfabbro’s (2005) study, tracking a high needs group of students in care from four Australian states and territories, found that the number suspended or expelled in the previous six months was 43 per cent. Expulsion from school is lower but still affects 5–8 per cent of all students in care in Victoria (Child Protection and Juvenile Justice & Community Care Division, 2001; Community Care Division, 2002; Wise et al., 2010).\(^{11}\) The most common reasons for the suspension and exclusion of children in care included: violence, fighting and aggression towards peers and teachers, ‘threatening good order’ and to protect the safety and well-being of others (CREATE Foundation, 2004f; White & Lindstrom, 2007).

\(^{10}\) The expulsion percentage was based on the number of students permanently excluded in 2008 in relation to the total number of students in 2008.

\(^{11}\) An issue in Australian studies is the grouping of suspension and expulsion data which makes it difficult to determine how many children were permanently excluded from a school.
Educational Progression

The Australian literature has identified two issues about the educational progression of students in care: firstly, the failure to reach age-appropriate standards, with studies showing between a fifth to half are performing at slightly or significantly below age-appropriate school levels (Cavanagh, 1995; Fernandez, 2008). The second issue is that many Australian students in care were repeated a year at school, with studies reporting that between 7 and 32 per cent repeated a grade at some stage in their schooling (Association of Childrens Welfare Agencies, 2008; Child Guardian, 2006, 2008; Community Services Commission, 2000). The rate for all Australian students repeating at some stage of their schooling, including students in care, has been estimated at between 14 and 18 per cent (Kenny, 1991 cited in McGrath, 2006).

Literacy and Numeracy Results for Children in Care

The gaps in educational progress for students in care become particularly apparent in their literacy and numeracy attainment levels. Australian research and data over the last ten years has consistently shown that many students in care performed below average in literacy and numeracy. The initial Australian study on this issue found that 64 per cent of the Victorian students in residential care were rated below or well below average for literacy and numeracy (Cavanagh, 1995, pp 49-50). The follow-up study of young people in foster and residential care found that only 11 per cent of students aged 13 to 17 were assessed as reaching the levels of attainment in literacy and numeracy required to successfully complete high school (de Lemos, 1997). As outlined earlier in this chapter, the Queensland data showed that the literacy and numeracy test results of children in care were significantly below the average of the general school population (Department of Education and the Arts, 2003).12 One of the challenges the Queensland Government data presents is that they are reported on in a different format each year. Some years show overall results, while others show reading, writing and numeracy strands. Additionally, some years provide Appendix D outlines the key findings of the last seven years of this data.
breakdowns for gender and Indigenous status but others do not. Notwithstanding these challenges, there is some evidence that slight improvements in results may be occurring, although a consistent data format and further comparison between results for students in care for previous tests will be required to confirm this improvement. No public data has been made available by any of the states or territories since the 2007 study by the Australian Institute of Health and Welfare (AIHW).

The AIHW’s study of *Educational Outcomes of Children on Guardianship or Custody Orders* involving 895 children in care from five jurisdictions, found that in literacy and numeracy tests in Years 3, 5 and 7, these children had poorer academic performances than the general school population (Australian Institute of Health and Welfare, 2007). Children in care were significantly less likely to meet the national benchmarks for literacy and numeracy and there was a substantial decline in the proportion achieving the benchmarks in the later school testing periods, Years 5 and 7 (Australian Institute of Health and Welfare, 2007). There were no consistent findings regarding differences due to gender, placement type and length of time in care. Indigenous status, however, was significantly linked to lower mean test scores (Australian Institute of Health and Welfare, 2007). A follow-up study being undertaken by the AIHW will examine any changes in performance over time for children in care. Overall, the Australian evidence presents a compelling message that literacy and numeracy outcomes for many children in care were poor, and that as these children age they find this increasingly difficult to overcome (Townsend, 2007).
Length of Participation in Education

There are two key points that the Australian literature makes about participation in education: firstly, that students in care often do not complete their schooling, and secondly, that they discontinue their participation at an earlier age than other young people. The majority of the wider student population participates in school education until they complete high school. In New South Wales, the proportion of all students completing high school was estimated at 67 per cent (NSW Department of Education and Training, 2009f). Many young people in care, however, were reported to be leaving school once they reached the legal leaving age or shortly afterwards (CREATE Foundation, 2006b). Several studies of young people in care, who have left school, found that between 25 and 80 per cent had not continued beyond Year 10 (Association of Childrens Welfare Agencies, 2008; Cashmore & Paxman, 1996; CREATE Foundation, 2004f).

Qualifications of Young People Leaving School

The result of early school leaving is apparent in the number of young people in care leaving school without qualifications. In New South Wales, there are two levels of school qualifications, the School Certificate at the end of Year 10 and the Higher School Certificate at the end of Year 12. Some studies have estimated that between 65 and 80 per cent of young people in care left school without obtaining the School Certificate or an equivalent qualification (Child Protection and Juvenile Justice & Community Care Division, 2001; Community Care Division, 2002; CREATE Foundation, 2004f), while two other studies of young people leaving care put this figure at 25 per cent (Cashmore & Paxman, 1996; McDowall, 2009). For the Higher School Certificate (HSC), a New South Wales longitudinal study found that 36 per cent of young people in care completed their HSC, compared with 80 per cent of the comparison group who were living with their families (Cashmore & Paxman, 1996). Four to five years later, the number of care-leavers who obtained their HSC had increased to 42 per cent (Cashmore & Paxman, 2007). Two other studies found that of young people old enough to have completed their HSC, just over a third had done so (McDowall, 2009; Uniting Care Burnside, 2004). Overall, the Australian research
suggested that at least a quarter of young people in care were leaving school without qualifications some time before completing Year 10, and that approximately a third were completing Year 12 and obtaining their HSC, and the remaining group were leaving school some time between completing Year 10 and completing Year 12.

**The Effect of Gender, Cultural Status and Age of Entry**

There has also been limited research in Australia that explores the cultural status and gender of children in care in relation to their educational outcomes. The data collected on state-wide literacy and numeracy tests has shown that Indigenous students in care perform below non-Indigenous students in care at all year levels (Australian Institute of Health and Welfare, 2007; Kids in Care Education Committee Working Group, 2003). The AIHW suggested that the Indigenous disadvantage was notionally equivalent to 8 to 12 months of schooling (Australian Institute of Health and Welfare, 2007). Yet research in South Australia found no significant differences in the academic performance of Aboriginal and non-Aboriginal children on entry to care or on placement change, finding between 56 and 60 per cent of both groups were performing below average (Barber, Delfabbro, & Cooper, 2000).

Research findings were mixed on the impact of gender on educational outcomes for children in care. In Australia, literacy and numeracy test results of all students showed that males continued to score higher in numeracy and females higher in literacy (Penman, 2004). Notwithstanding this, Queensland data found these patterns were not always repeated for students in care (Department of Education and the Arts, 2003). The more recent AIHW study found no significant differences between male and female mean test scores or between numbers of males and females achieving the benchmark (Australian Institute of Health and Welfare, 2007).
The age of entry to care may also be a factor in educational outcomes, although there is little Australian research on this. Certainly in New South Wales, entering care before seven months was found to reduce children’s exposure to attachment difficulties and adversity, and decreased the likelihood of mental health problems (Tarren-Sweeney, 2008).

In summary, this review of the Australian research points to the fact the poor educational engagement and outcomes for children in care is a major issue. The next section examines what is known of children views on their educational progress and what they feel supports their schooling.

2.3 Perceptions of Children on their Education

For a significant proportion of children in care, their perception of their own educational progress was positive (CREATE Foundation, 2004f; Harker et al., 2003). In one study in the United Kingdom, 44 per cent of children and young people in care viewed their education as progressing well to very well, and in Australia this figure has been reported at 60 per cent (CREATE Foundation, 2004f; Harker et al., 2003). In both studies, there was a group of students (24% in the United Kingdom, and 7% in Australia) who felt they were progressing badly or very badly (CREATE Foundation, 2004f; Harker et al., 2003). Many of the children in the study by Finkelstein et al. (2002) blamed themselves for their poor academic performance. The explanations that this group of children offered for their educational failings were related either to themselves or to traumatic events in their lives such as being taken into care. Other barriers that children report as affecting their education are instability in care, low self belief and the emotional and psychological effects of their life experiences (A National Voice, 2007).
Some examination has been made in the literature of the perceptions that children have about how care has affected their education. Harker et al. (2003) found mixed responses; 45 per cent felt it had improved their educational performance, 33 per cent believed it had made them perform worse and 21 per cent felt there was no impact. Children attributed improvement to increased stability, support, and encouragement (Harker et al., 2003). A later study of young people, over two years, found an increasing proportion reported their education was going well or very well (Harker, Dobel-Ober, Berridge, & Sinclair, 2005).

It is also possible that children’s perceptions of the effect of out-of-home care on their education may change after they leave care. Several studies suggest that many care-leavers perceive that care had a detrimental effect on their education (Allen, 2003; Barnardos, 2006), particularly in relation to school instability (Tilbury, Buys, & Creed, 2009) and that insufficient attention was paid to their educational needs (Chapman et al., 2004). Similarly, Jackson found that care-leavers’ reports on their education had a prevailing tone “of regret for missed opportunities, talents underdeveloped, avenues blocked off” (Jackson, 1987, p. 12). What also emerges from studies with care-leavers is that despite their low educational qualifications, most had high educational aspirations and an understanding of the value of education in “achieving independence and self sufficiency” (Coleman, 2004, p. 2). The majority of care-leavers (82%) in a study by Cashmore and Paxman (2007) reported an interest in further education and training, regardless of whether they completed high school or left school early.

**Children’s Views on What Would Help With Their Education**

Children and young people in care have identified a number of barriers they face in obtaining an education and offer recommendations about what they would like changed to support them. These areas can broadly be grouped as: information
and resources, assistance and opportunities, school facilities and structure, school staff attitudes and school culture.

Children have identified that they require increased access to financial support and resources to assist them with their education (A National Voice, 2007; McDowall, 2009; National Youth in Care Network, 2001). The resources include increased computer and internet access in their placement (CREATE Foundation, 2004e), and increased learning resources in the classroom (Who Cares? Scotland, 2004). Information about their educational rights and entitlements has also been highlighted by children in care as important in assisting them with their education (Harker et al., 2003).

Children in care have acknowledged the importance of all stakeholders offering support and encouragement for their education (Harker et al., 2005; Harker et al., 2003). They specifically identified a number of areas where they require assistance with their education, including extra help with their school work (A National Voice, 2007; McDowall, 2009), particularly for those with learning disabilities (CREATE Foundation, 2004e), as well as assistance from adults in resolving problems that children have at school (Child Guardian, 2006). Some children suggested that increased opportunities should be provided for children in care who are achieving well to be supported to progress further with their education (CREATE Foundation, 2004e).

Children in care across a number of jurisdictions would like to see some changes in school structures and facilities. The changes include; longer recess and lunch breaks or shorter days (CREATE Foundation, 2004e), smaller class sizes (CREATE Foundation, 2004e; Who Cares? Scotland, 2004), increased numbers of teachers and support staff (Who Cares? Scotland, 2004) and improved school facilities (Harker et al., 2003). Some children have also called for less homework (CREATE Foundation, 2004e).
Other areas that children would like to change about their school include school staff attitudes and the school culture. Firstly, children have identified that teachers and school staff should take a more positive attitude towards children in care (CREATE Foundation, 2004e) and have a greater understanding of the difficulties they face (National Youth in Care Network, 2001; Who Cares? Scotland, 2004). Children would like schools to decrease the level of conformity and control required (CREATE Foundation, 2004e), while increasing the level of information, participation and choice for students (National Youth in Care Network, 2001; Who Cares? Scotland, 2004). One other important area that children want is a safe school where students are not bullied (National Youth in Care Network, 2001; Who Cares? Scotland, 2004).

2.4 Why the Poor Educational Engagement and Outcomes?

The poor educational outcomes in terms of low academic achievement, early school leaving, leaving without qualifications, leaving without the ability to fluently read and write, have been frequently reported and agreed upon by a range of researchers and government reports (Burley & Halpern, 2001; Coleman, 2004; Finkelstein et al., 2002; Francis, 2000; Jackson & Martin, 1998; Scottish Executive, 2007). The views, however, are more divided as to whether the out-of-home care system is responsible for producing poor educational outcomes or whether children in care would experience poor educational outcomes if they had not been placed in care.

One explanation is that the early negative and birth family-related experiences have a lasting influence on the development of cognitive capacities and intellectual abilities (Vinnerljung et al., 2005). According to this position, the highly disadvantaged backgrounds and the risk factors associated with why children entered care, namely poverty and maltreatment, are linked to educational failure (Berridge, 2007). Runyan and Gould (1985) suggest that some of the poor educational outcomes for children, persisting after eight years
in care, can be accounted for by the higher levels of disadvantage they experienced before entering care, including less educated parents, belonging to a minority group, higher rates of school absenteeism and lower academic results. Cameron and Maginn (2008) further suggested that parental rejection, in addition to maltreatment, was a major contributing factor in this failure. In this argument, the out-of-home care system does not necessarily ‘jeopardize’ the education of children in care (Berridge, 2007) or account for their outcomes (Forrester, Goodman, Cocker, Binnie, & Jensch, 2009). As Stone (2007) argues:

A non-random set of factors (e.g., race, poverty status, maltreatment type and severity) select children into the child welfare system and into particular services and/or placements within the child welfare system. These pre-existing factors alone and/or the degree to which they interact with system entry and placement characteristics may account for the observed academic performance (p. 145)

The view that poor educational outcomes should be expected for children in care, due to their background and birth-family experiences, has been rejected by other researchers who have argued that such factors do not account for those who entered care early and remained in care throughout their childhood and achieved poor educational outcomes; or for those who improved educationally once they received the support and assistance they needed (Fletcher-Campbell, 1998; Jackson et al., 2005).

Again we draw the conclusion that the obstacles that prevent most children in care from realising their educational potential lie within the care and education systems, not in the young people themselves (Francis, 2000, p.59).

The argument that the causes of poor educational outcomes of children in care go beyond their socio-economic, social class, and maternal education backgrounds, and their experiences of maltreatment, leads researchers to argue that this adversity is related to being in care (Fletcher-Campbell, 1998; Viner & Taylor, 2005). Therefore, if the poor educational outcomes are a product or responsibility of the system (Fletcher-Campbell, 1998; Francis, 2000; Martin &
Jackson, 2002), the problem while “awesome, is solvable” (Fletcher-Campbell, 1998, p. 4).

Smithgall et al. (2004) argue that while children in care enter with weaker academic performance, related to the effects of abuse and neglect, the continued poor performance and increasing gap between children in care and children in general indicate that out-of-home care factors also contribute. As Cheung and Heath (1994) suggest, the care system has done little to ameliorate the educational disadvantage that this group face. The principle of compensation is a key aspect of this issue, and many researchers argue that the out-of-home care system should provide additional compensatory measures in the education of children in care to address their pre-care disadvantages (Cheung & Heath, 1994; Francis, 2000; Gilligan, 1999; Goddard, 2000). A further concern is that the lack of remediating action may result in the educational disadvantage being compounded (Kids in Care Education Committee Working Group, 2003).

The key explanations for poor outcomes identified in the literature include children’s pre care experiences of maltreatment and attachment, as well as the presence of disabilities. Out-of-home care factors that are considered as contributing to poor educational outcomes include the effects of grief, loss and trauma as well as instability in placement and schooling. The low expectations and low priority given to this issue and the lack of communication and collaboration between professionals are offered as further explanations. The next section examines these and other factors that have been identified as important in supporting or diminishing from the education of children in care.
2.5 Factors Influencing the Education of Children in Care

2.5.1 Individual Factors

The literature identifies a number of factors that affect the classroom and playground functioning of individual children in care. The negative factors include trauma, emotional difficulties, feelings of difference, lack of secure attachments and disabilities. Many of these issues are understood to emanate from children’s maltreatment, their entry into care, and their experiences in care. Positive individual factors identified in the literature include self-efficacy, early literacy, the presence of a significant adult, opportunities to build on areas of strength and success, and participation of children in care.

In Millers (2007) work on cumulative harm, she argues that it is inadequate to consider children’s needs, including educational, without a consideration of the interrelationships of attachment, neuroscience, child development, infant mental health, resilience and trauma theory. Children who are abused and neglected often face attachment difficulties (Burgheim, 2007; Centre for Parenting and Research, 2006, 2007; Cook et al., 2007; Downey, 2007), as are children who experience placement instability in care (McIntosh, 2003). These difficulties have been proposed as an explanation for why some children in care perform poorly and disengage from their schooling (Cameron & Maginn, 2008; Downey, 2007; Seyfried, Pecora, Downs, Levine, & Emerson, 2000; Trocme & Caunce, 1995). Dent (2003) suggests that the absence of secure attachments could make life’s ordinary stresses, like learning and interacting with peers and adults in the school setting, highly stressful for children. Burgheim (2007) likewise argues that the dysfunctional attachment of some children ‘clash’ with school behaviour management techniques, as children have an underlying expectation that adults do not value them and may reject them (Iwaniec, Larkin, & Higgins, 2006). Attachment also affects relationships in the school context by increasing
children’s need for control, causing difficulties in making attachments and creating poor peer relationships (Downey, 2007).

Trauma is also a factor, for maltreated children (De Bellis, 2001; National Scientific Council on the Developing Child, 2004a) and children in care (Zetlin, G, Weinberg, & Shea, 2006). As Wolanin (2005) suggests, children in care are subject to two, possibly three, traumatic experiences: firstly, the maltreatment they experienced which led to the external intervention; secondly, the removal from their birth family; and thirdly, the trauma some children experience as a result of their treatment in the care system. Children’s experiences of trauma affect academic performance and can cause difficulties with memory, listening, understanding and expressing (Downey, 2007; Jackson et al., 2005; Wise et al., 2010).

Difficulties with children’s emotional development and regulation have also been proposed as negatively influencing children's education (Shonk & Cicchetti, 2001; Trocmé & Caunce, 1995). A number of studies have reported that the emotional maturity of children in care is below that of their peers (Cavanagh, 1995; Scherr, 2007). Emotional dysregulation – feelings of shame, hyper arousal or disassociation – have also been reported as impacting on children’s academic performance and social functioning in the school setting (Downey, 2007). Large classrooms can be “overly stimulating, frightening and incomprehensible” for children in care, and this can result in difficult behaviours (Comfort, 2007, p. 30). This combination of socio-emotional difficulties and children’s life experiences can result in low self-esteem (Cavanagh, 1995; Jackson, 1987; Sinclair, 1998; Weyts, 2004).

A pervasive feeling of being different from other children can also have a significant impact on the functioning for some children in care. Children report feeling different to other children in the school setting (Community Services Commission, 2000; Hines, Wyatt, & Merdinger, 2005; Stein, 1994), being treated
differently by foster carers (Fox & Berrick, 2007; Jackson et al., 2005) or by their teachers (Altshuler, 2003; Barnardos, 2006), as well as feeling different from their birth parents (Community Services Commission, 2000). Twenty-two per cent of all young people in care in three large-scale Queensland studies reported feeling different to their non-care peers all or most of the time (Child Guardian, 2006, 2008, 2010).

In Australia, research studies and child welfare departments have both noted the increasing complexity of the needs of children entering care and have identified this complexity as a continuing feature of the care system (CREATE Foundation, 2004b; Delfabbro, King, & Barber, 2010). In addition to the general increase in the complexity of the needs of children in care, there is also a group of children with high and complex needs to which the care system is struggling to respond effectively. A number of studies have suggested that the high rates of health, emotional and behavioural issues, and the high incidence of disabilities among children in care, partly explain their poor educational engagement and outcomes (de Lemos, 1997; Stanley et al., 2005; Weyts, 2004). Disability rates across several Australian studies for children in care have been reported as being between 24 and 39 per cent (de Lemos, 1997; McConnell et al., 2000; White & Lindstrom, 2007), compared with 5 per cent of all Australian students (Steering Committee for the Review of Government Service Provision (SCRGSP), 2010). Self-reports of Australian children in care have shown that between 14 and 27 per cent report having a disability (Child Guardian, 2006, 2008; CREATE Foundation, 2006c). Learning difficulties appear to be particularly prevalent, with 27 to 32 per cent of children in care identified as having a general learning difficulty (de Lemos, 1997; Owen et al., 2000). Higher rates for Attention Deficit and Hyperactivity Disorder (ADHD) have also been reported; 17–18 per cent (Child Guardian, 2006, 2008), compared with between 6–11 per cent based on Australian and international studies of all children (The Royal Australasian College of Physicians, 2009).

13 Bath (2008) argues global descriptors such as high and complex needs convey a homogeneity that fails to acknowledge the varied and difficult issues faced by individual children.
Two New South Wales studies reported behavioural or mental health problems are a significant issue for more than half of children in care (Tarren-Sweeney & Hazell, 2006; Tzioumi & Nathanson, 2005). Other Australian studies have reported lower rates: 12 per cent (Owen et al., 2000), 24 per cent (Community Services Commission, 2000), and 28 per cent (de Lemos, 1997). Children in residential care and/or with high support needs are more likely to have diagnosed behavioural or emotional difficulties than children in other placement types (Osborn & Delfabbro, 2006). What is not clear, however, is whether these difficulties and disabilities precede or are a sequelae to maltreatment (or placement in care), nor how they contribute to academic difficulties (Stone, 2007). Certainly, several children in Altshuler and Gleeson’s (1999) study identified that they had developed behavioural problems at school since being placed in care, as they did not express their feelings at home, instead expressing their frustrations and anger at school.

A number of studies identify that self-efficacy – strong internal motivation and an appreciation of the importance of education – are important factors contributing to educational success (Harker, Dobel-Ober, Berridge, & Sinclair, 2004; Jackson & Martin, 1998; Who Cares? Scotland, 2004). Australian studies have also highlighted that many children in care have strong career and educational aspirations (Cashmore, Paxman, & Townsend, 2007; CREATE Foundation, 2004f). Yet to achieve these aspirations they require a corresponding enjoyment of, and positive attitude to, school as well as a motivation to undertake the work required. One Australian study found three quarters of the children in care were happy attending school (Community Services Commission, 2000), while another study reported just over half of the children had a good or very good attitude to school (de Lemos, 1997). Noticing and celebrating educational improvements, achievements and milestones also supports educational attainment (Fletcher-Campbell, Archer, & Tomlinson, 2003; Harker et al., 2005; Uniting Care Burnside, 2004).
It has also been suggested that opportunities outside of the classroom that develop children’s talents and interests are important. There is increasing evidence of the link between extra-curricular activities and positive educational progress (Gilligan, 2007; Holland & Andre, 1987; Thomson, 2005). Participation in extra-curricular activities organised through the school enhances children’s sense of belonging to the school, as well as promoting students’ feelings of self-worth that can assist students to become effective learners (Thomson, 2005). Participation in outside-of-school activities can assist in developing social skills, and brings children in care into contact with a wider range of people, increasing social connectedness (Daly & Gilligan, 2005; Gilligan, 1999; Jackson et al., 2005).

Learning to read early and fluently is also a contributing factor to educational success. An international survey on reading, mathematical and scientific literacy skills found that Australian students who were interested in reading and who read regularly had significantly higher achievement levels than students who never read for enjoyment (Australian Council for Educational Research, 2001). Sonia Jackson has consistently argued that early literacy is critical for children in care (Jackson, 1994; Jackson & Martin, 1998). Fluent reading provides children in care with opportunities to explore other worlds and different ways of living, escaping from the stresses of life in care and providing self-entertainment (Jackson & Martin, 1998). What is not clear is the extent to which children in care are supported to learn how to read. Research from the United States indicates that for children in care aged 0 to 5, a quarter are read to two or fewer times a week by their foster or relative carers (Kortenkamp & Ehrle, 2002). Many of the carers in the Letterbox Club initiative in the United Kingdom reported reading together allowed them to form stronger relationships with the child they cared for (Booktrust, 2009).14

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14 A number of initiatives in Australia have also been implemented to support carers and children in care with early literacy, see Appendix E.
Overwhelmingly, the evidence points to the importance of a significant adult consistently supporting and encouraging educational success (Harker et al., 2003; Jackson & Martin, 1998; Martin & Jackson, 2002; National Youth in Care Network, 2001). Young people have suggested that to enjoy learning and experience success at school they need to feel that someone cares about their education (National Youth in Care Network, 2001). Similarly, there was consensus among the children involved in Harker et al.’s (2004) study that obtaining support, encouragement and acknowledgment of their efforts was central to their educational success. The reality, however, for many children in care is that they often lack a significant adult inside or outside the care system, who has sufficient knowledge, interest and responsibility to provide support to their education in the way a concerned parent would (Goddard, 2000) and to advocate for their access to educational services if needed (Vacca, 2008).

Other research has identified that participation of children in care in decisions about their circumstances is important, offering many short- and long-term benefits. Participation allows children to develop skills useful to other aspects of their lives. These include debating, communicating, negotiation, prioritisation and decision-making (Sinclair, 2000). The participation of children in care in decisions about their circumstances, gives children knowledge and a sense of control over their lives (Delfabbro et al., 2002). The more children are able to practice decision-making, the more confident and proficient they become at doing so (Leeson, 2007). Meaningful participation empowers and enhances children’s self-esteem (Sinclair, 2000). Schofield (2002) argues that other beneficial outcomes from participation include development of self-efficacy and the ability to think and reflect. Participation can also prepare young people in care for their transition to independent living (Cashmore, 2002).

The literature suggests, however, that the benefits of participation are only afforded when children are actively listened to, and their views acknowledged as
valuable and taken into account (Mason & Gibson, 2004; Schofield & Thoburn, 1996). The latter authors argue that children’s participation in child protection decisions not only recognises the value of children's views in making decisions, but also gives “the child important messages about the way in which the child him or herself is valued” (Schofield & Thoburn, 1996, p. 1). Whiting (2000) argues that this participation also demonstrated respect for a child and acknowledges his or her individuality. In a number of studies, children have consistently rated being listened to, having a say and being supported as the most important feature of their involvement in decision-making (Cashmore, 2002; Thomas & O' Kane, 1998). Of less importance was getting what they wanted or supporting adults to make good decisions (Thomas & O' Kane, 1998b).

2.5.2 Birth Family Factors

Past and ongoing relationships with birth parents, and the processing and understanding of these experiences, ties and influences can impact on the education of children in care. The literature identified that birth parents' views on education and their educational expectations of their children, as well as their own educational backgrounds, may be influential on children, although more research is required. Little mention is made in the literature of the relationship between education and contact with birth parents (Brodie et al., 2009) or sibling relationships. Although Daly and Gilligan (2005) found placement with siblings can be a potentially protective educational factor.

There has been insufficient research to confirm a connection between parental educational levels and the educational performances of children in care. One Swedish study with over 30,000 children in care found a “correlation between parents' and children's educational attainment, regardless of type of experienced

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15 For a comprehensive Australian literature review on contact between children in out-of-home care and their birth families see (Scott, O'Neill, & Minge, 2005)
intervention or length of time spent in care" (Vinnerljung et al., 2005, pp. 272-273). Yet in the United Kingdom, Martin and Jackson's (2002) smaller study of high achievers found almost all the participants’ parents lacked educational or occupational qualifications, suggesting the correlation does not hold for all children in care. The separate data sets of young people leaving care and of parents with children entering the care system similarly identify low educational outcomes.

More positively, for some children in care, motivation for educational success can be linked to contact with birth parents (Jackson, 1994) and the valuing of education by their birth parents (Jackson & Martin, 1998; Martin & Jackson, 2002). In their study of high achievers, Jackson and Martin found that while some young people had little contact with their parents, parental interest and belief in the importance of education was a major source of motivation for young people “despite distance in time and space” (Jackson & Martin, 1998, p. 573). The authors suggested this parental influence often operated as a ‘sleeping factor,’ resurfacing in adolescence to support increased educational aspirations (Jackson & Martin, 1998).

There is a significant body of research showing children’s experiences of abuse and neglect negatively affects their school engagement and performance (Crozier & Barth, 2005; De Bellis, 2001; Evans, Scott, & Schulz, 2004; Trocme & Caunce, 1995; Veltman & Browne, 2001). The sequelae of abuse and neglect for children, is that they are more likely to: underperform in standardised tests (Eckenrode, Laird, & Doris, 1993), have language delays (Trocme & Caunce, 1995), have behavioural issues (Trocme & Caunce, 1995), have difficulties concentrating (Trocme & Caunce, 1995), exhibit higher school absenteeism (Runyan & Gould, 1985), repeat a year at school (Eckenrode, et al., 1993; Runyan & Gould, 1985; Trocme & Caunce, 1995), receive special education services (Trocme & Caunce, 1995) and have deficits in basic reading, writing and numeracy skills (Evans, Scott, & Schulz, 2004). Children who are maltreated are
also more likely to have social difficulties (Conaway & Hansen, 1989). The available research suggests that children who are abused and neglected are at multiple risk of poor school functioning (Cicchetti, Toth, & Hennessy, 1993), yet they may not be receiving the services they require to meet their educational needs (Webb et al., 2007).

The literature indicates a number of factors are likely to influence the way maltreatment affects children’s learning and participation in school. The early literature emphasised the type of abuse and the consequences each type had on the academic functioning of maltreated children and children in care (Trocme & Caunce, 1995; Veltman & Browne, 2001). More recently the literature has acknowledged that children often experienced more than one form of maltreatment (Bolger & Patterson, 2001; Higgins, Adams, Bromfield, Richardson, & Aldana, 2005; Veltman & Browne, 2001), which may have a more significant role in their educational difficulties in the school setting, than the type of maltreatment experienced (2005).

Children’s education is likely to be influenced by the timing, chronicity and duration of maltreatment as well as by the types of maltreatment involved. For New South Wales children entering care for the first time in 2006/07, the average time between their first report of maltreatment and entry into care was 3.5 years. Half entered care within 2.6 years of their first report, while the rest had a long child protection history (Wood, 2008b). In the school social context, greater severity and chronicity of maltreatment is linked to increased difficulties in peer relationships and low self-esteem (Bolger, Patterson, & Kupersmidt, 1998). The age of onset of maltreatment is also a factor, with evidence that young children maltreated may be at increased risk of early school career behaviour problems and grade repetition (Stone, 2007) as well as long-term adaptive and competence difficulties at school (Trocme & Caunce, 1995). Indeed, Lansford et al. (2002) found that children physically maltreated in the first five years of life

16 See Appendix F for a summary.
were more likely to experience psychological and behavioural problems in adolescence, and that these problems were likely to be present in the school setting.

In Australia, the key elements present in most families in which children experience any form of maltreatment are poverty and social exclusion (chapter 1) (Bromfield & Higgins, 2005). It has been argued that family socio-economic status is a predictor of the educational outcomes of children (Erebus International, 2005; Feeney et al., 2002; Lamb & Teese, 2005; Veltman & Browne, 2001; Zappala & Parker, 2001). A key point that the research has more recently addressed is whether the underachievement of maltreated children is a function of socio-economic background or of the maltreatment. Several studies and reviews have found that the difficulties of maltreated children in the school setting went beyond the socio-economic dimension (Crozier & Barth, 2005; Trocme & Caunce, 1995).

There has been considerably less Australian research into the issues and outcomes for children who have been abused and neglected. The research that has been conducted has focused more on child sexual abuse and family violence (Cashmore, Higgins, Bromfield, & Scott, 2006; Higgins, Adams, Bromfield, Richardson, & Aldana). A number of state government departments, however, have examined the reasons for children’s entry into care (Leek, Seneque, & Ward, 2004, 2009; Talpin, 2005). What is clear from these reports is that children entering care had experienced abuse, neglect or parental incapacity or were at serious risk of maltreatment. The available international literature suggests that these factors place children at particular risk of educational difficulties.
2.5.3 Care Environment Factors

There are a number of positive and negative factors related to children’s care placements that have been reported as impacting on children’s educational engagement and performance. A key theme is the capacity of placement types to facilitate children’s educational progress. In particular, research has explored whether education is encouraged and supported by carers or workers and whether space and physical resources is allocated for them to progress educationally (Berridge & Brodie, 1998; Fletcher-Campbell, 1998; Gallagher, Brannan, Jones, & Westwood, 2004; Harker et al., 2003; Jackson et al., 2005; Who Cares? Scotland, 2004).

It remains unclear what type of placement provides the best conditions for the education of children in care (Goddard, 2000). Various studies have shown different results, and the research does not always acknowledge or control for the different characteristics of children living in different placement types (Barth, Guo, Green, & McCrae, 2007; Goddard, 2000). The findings suggest there may be wide variations in the educational supports provided to children within placement types (Harker et al., 2003). Chapman et al. (2004) found that children’s willingness to talk to their primary caregivers about their schooling was highest for kinship care and lowest for residential care. Relative care has been found to be associated with good academic progress, children not being bullied or being required to change schools when first placed (Daly & Gilligan, 2005).

There is general support for the conclusion that home-based care is associated with better educational outcomes than residential care (Cameron, 2007). Residential care has been associated with lowered levels of academic achievement (de Lemos, 1997; Rutter, 2000) and educational attainment (Stein, 1994). In the United Kingdom, there have been a number of reports highlighting concerns about the ability of residential care to support the educational progress of children (Berridge & Brodie, 1998; Fletcher-Campbell, 1998; Who Cares? Scotland, 2004).
Scotland, 2004). Care-leavers studying at university who had resided in residential care reported they had received little support and that the environment in which they had lived was unconducive to study (Jackson et al., 2005). Other United Kingdom research, however, has indicated that higher proportions of children had access to the resources they required for their education (Harker et al., 2003). Other studies have demonstrated that good educational outcomes can be achieved through quality, stable residential care that places education at the forefront (Gallagher et al., 2004; Jones & Landsverk, 2006).

These findings support the argument that an educationally supportive and enriching placement (Harker et al., 2005; Harker et al., 2003), where education is valued and encouraged (Jackson et al., 2005), and the child feels loved and secure, are significant in facilitating educational success (Cashmore, Paxman, & Townsend, 2007). A number of studies have shown that the allocation of space to study and educational support for students in care is high. In two Australian studies, between 80 and 90 per cent of children in care reported their school resource needs were met most or all the time (CREATE Foundation, 2004e, 2006a). Seventy-seven per cent of United Kingdom students and 89 per cent of Canadian students reported they were provided with adequate support for doing homework and assignments at home (Harker et al., 2003; Kufeldt et al., 2000). Yet these studies and others indicate that there is a group of children in care who do not have these experiences. A quarter of young children in the United States National Study of Child and Adolescent Well-being (NSCAW) study received minimal cognitive stimulation from their carers (Kortenkamp & Ehrle, 2002). Barth et al. (2007), also in an NSCAW study identified that quality of care was an issue for a fifth of the children their study and that more than a fifth of children resided in placements living below the poverty line. The authors argue that children need substantial educational support in their homes (Barth et al., 2007). Lipscombe, Framer and Moyers (2003) highlighted that some carers did not see their role as facilitating education. In their study, 36 per cent of the carers were highly involved in providing support and encouragement, 50 per cent were moderately
involved and 14 per cent had no involvement or little awareness of the young people's schooling (Lipscombe et al., 2003).

The educational levels of caregivers has also been proposed as an important factor (Heath, Colton, & Aldgate, 1994). In their study, Heath et al. found that children placed with highly qualified carers made more educational progress in their early years at school. Jackson and Martin (2005) found that care-leavers who went on to university were more likely to have lived with foster carers who had studied at degree level and were more likely to have had foster mothers who worked outside the home in a managerial or professional role. Similarly, a New South Wales study found children in care benefited from foster carers having higher education levels (Uniting Care Burnside, 2004). More broadly, Baker and Stevenson’s (1986) research found that mothers with university education knew more about their children’s academic performances, had more contact with their teachers and took actions to manage their child's academic achievement. Yet despite the suggested advantages of higher carer education levels, in the United Kingdom female carers generally had few educational qualifications and, if employed, were likely to be in unskilled work (Jackson et al., 2005).

The situation in Australia appears similar. The 2001 Australian Census reported 62 per cent of primary carers had no post-school qualifications, and that this figure increased to 70 per cent for single female foster carers with birth children. Less than 1 in 10 (9%) of female foster carers had tertiary qualifications (McHugh et al., 2004). A New South Wales survey of 450 foster carers found that less than half of the primary carers (42%) had obtained their School Certificate and a third (34%) had obtained their Higher School Certificate, although over half (56%) obtained a post-school qualification (McHugh et al., 2004). There is no available Australian data on the educational qualifications of kinship carers. Given the low educational attainment of some carers, there is an argument that educational background should be a factor in foster carer selection and that educational support should be an explicit part of carers’ roles (Jackson & Martin, 1998).
Knight and Caveney (1998), however, raised concerns suggesting this is based on a “middle class view of success” (p. 40). There is significant support, however, for carers to be further assisted and trained in supporting the education of children in care (Fernandez, 2006; Mondy, 2002; White & Lindstrom, 2007).

2.5.4 School Factors

The literature identifies a number of school-related factors that can have a positive or negative influence on children’s education including school setting, culture and disciplinary environment, children’s attendance patterns and child-teacher relationships.

In Australia, a significant gap has been identified between the highest and lowest achieving students (Australian Council for Educational Research, 2001; Cashmore & Townsend, 2006; Organisation for Economic Co-operation and Development, 2006). The Australian literature indicates that the socio-economic context of the school may have a greater influence on student achievement than student-level socio-economic status (Australian Council For Educational Research, 2003). Low socio-economic background students attending schools with increased concentrations of students with higher socio-economic backgrounds tended to perform better (UNICEF, 2002), while students attending schools with higher concentrations of students from lower socio-economic groups were more likely to achieve lower scores in literacy and numeracy (Erebus International, 2005). Furthermore, the Longitudinal Surveys of Australian Youth has shown that after proficiency of literacy and numeracy in Year 9, the second-greatest influence on Year 12 scores was the particular school the child attended, followed by the socio-economic background of the student (Ainley 2003, cited in Erebus International, 2005).
There is also some support from the literature for the contention that concentration of disadvantage in communities, as a consequence of lack of positive role models, higher concentrations of non-traditional families, lack of economic opportunities and lack of empowerment, may have a greater impact on educational under-performance than individual disadvantage (Erebus International, 2005). From the New South Wales data available on child protection substantiations, children were more likely to be located in areas served by socio-economically disadvantaged schools (Nivison-Smith & Chilvers, 2007). In the United Kingdom and the United States, there was some indication that children in care were attending high schools with poorer performing students (Jackson et al., 2005; O'Sullivan & Westerman, 2007; Smithgall et al., 2004). In Queensland, 41 per cent of students in care were in schools identified by Education Queensland as being in socio-economically disadvantaged areas (Department of Education and the Arts, 2003).

While there is concern about concentrations of poorer performing students in some schools, there are other within-school factors that have also been shown to be important. The *Longitudinal Surveys of Australian Youth* has consistently reported that the school a child attends does matter in student engagement and outcomes (Fullarton, 2002; Thomson, 2005). This suggests that individual schools and teachers “can and do make a difference to children's learning” beyond socio-economic disadvantage (Erebus International, 2005, p. 12). For instance, the Australian Council for Educational Research, found that the extent of teacher support was associated with literacy and maths performance, and that a positive disciplinary environment and teacher morale was associated with student performance in reading, maths and science (Australian Council for Educational Research, 2001). Higher levels of school engagement are reported when students felt their school had a good school climate, one with “high quality teachers, effective discipline, high levels of students learning and a positive school spirit” (Fullarton, 2002, p. v). One study found that a school climate that offers excellence in teaching and learning, as well as the opportunity for children
in care to catch up, was critical to improving educational achievement of children in care (Allen & Vacca, 2010).

Teacher relationships are clearly important and children have identified the need for respectful, engaging and caring school staff (NSW Commission for Children and Young People, 2005). Positive teacher relationships can be a protective factor for children who have been maltreated, compensating for negative adult relationships and supporting children to reassess their self perceptions (Cicchetti et al., 1993). Yet there have been suggestions that children in care are less likely to have positive relationships with their teachers, due to children’s school mobility and the teachers’ lack of awareness of their educational needs or because of stereotyping by school staff (Allen & Vacca, 2010). One comparison study found larger numbers of young people in care, who left school early, attributed doing so to not liking their teachers (25% in care versus 5% not in care) (Blome, 1997). Teaching staff may be challenged when responding to the needs of children in care, who represent a small number in the student population (Jackson & Sachdev, 2001). Alternatively, teachers may just be uncertain about the specific issues faced by children in care and the role they can play (Kids in Care Education Committee Working Group, 2003; O'Neill, 1999). Kufeldt (2000) identified the importance of teachers being supportive, firm and consistent in responding to the behaviour of children in care. School responses to children’s behaviour, particularly the use of suspension or exclusion, have been regularly identified as an issue in the literature. Scherr’s (2007) meta-analysis across five countries found that 24 per cent of children in care had been suspended or expelled at least once.

One further, contributing factor to educational success, is regular school attendance (Allen & Vacca, 2010a; Jackson et al., 2005; Jackson & Martin, 1998; Martin & Jackson, 2002; Stone, 2007). As Withers (2004) points out: “Failure to be in school long enough (early leaving) or often enough (truancy) to gain basic skills and knowledge has personal and social costs” (p. 8). One study, of
children in the first 12 months of care, reported positive effects of improved attendance on literacy and numeracy results and found the effects were double the negative effects of a school change (Conger & Rebeck, 2001).

2.5.5 Peer Factors

The relationships of children in care with their peers can have a significant effect on their education. The key issues identified in the literature are firstly, the social competencies of children in care, secondly, their ability to make and maintain friendships, and thirdly, bullying. For some children in care their social competencies are low and they face difficulties in making and maintaining friendships (Stanley et al., 2005). In earlier discussion, it was pointed out that the social skill development of maltreated children can be affected by parental modelling and early developmental difficulties (Conaway & Hansen, 1989; Shonk & Cicchetti, 2001), which can result in problems with peer relationships due to aggression or socially withdrawn behaviour (Bolger & Patterson, 2001). There is an increasing emphasis in the literature on the need for out-of-home care stakeholders to promote and support children’s continued relationships with people important to them (Fox & Berrick, 2007), as well as to support the development of new relationships when children are required to change school or home (Community Services Commission, 2000; Fox & Berrick, 2007).

Friendships may be an important predictor of school engagement and attainment. Close positive peer relationships play a role in mediating the negative effects of maltreatment for children (Bolger et al., 1998; Iwaniec et al., 2006).

Some children who had experienced maltreatment but reported having a good friend began, over time, to feel better about themselves. These children appeared to attain this goal by forming friendships outside their families, through which they may have found some of the companionship, trust, encouragement, and sense of personal value that they need to feel good about themselves (Bolger et al., 1998,
Other research also promotes the view that the development of friendships with non-care peers is also an important pathway to educational success (Daly & Gilligan, 2005; Jackson & Martin, 1998; National Youth in Care Network, 2001).

Yet Australian and overseas research has shown a significant number of children in care regularly experience difficulties in their relationships with their peers (Stanley et al., 2005), particularly children with high needs (Osborn & Delfabbro, 2005). Children in care face additional burdens in making and maintaining friendships due to the school and placement mobility they experience (Blome, 1997). Furthermore, Finkelstein et al. (2002) found that many children were uncomfortable or reluctant to share with their peers that they were in care, fearing stigma and wishing to retain privacy about their birth parents. The authors found that a quarter of the children in their study had concerns about their care status and that this caused anxiety and difficulties in peer relationships, leading them to withdraw socially and resulting in their social isolation (Finkelstein et al., 2002). Correspondingly, half of the children living with their grandparents in Western Australia expressed shame and were secretive about their lives outside school. Their concerns were not necessarily about their living situation but were often to do with their parents’ problems that resulted in them living with their grandparents (Hislop, Horner, Downie, & Hay, 2004).

One aspect of peer relationships being given increased attention by researchers are the reports of children in care being bullied or bullying other children (Barnardos, 2006; Goddard, 2000; Kids in Care Education Committee Working Group, 2003; Who Cares? Scotland, 2004). Some studies have found strong evidence that bullying carries significant negative short- and long-term consequences both for the person bullied and the bully (Lodge, 2008; Rigby, 2003; Wilkie, 1998). In Australia, two studies reported approximately 65 per cent of children in care had experienced some form of bullying and almost 1 in 5 reported being bullied most or all of the time at school (CREATE Foundation,
Of the children bullied, most informed someone or a number of people, but 22 per cent told no one what was happening (CREATE Foundation, 2004f). In Queensland, 42 per cent of children in care reported that bullying at school was an issue they were not being assisted with (Child Guardian, 2010).

2.5.6 Professional Factors

Some of the key professional factors affecting the education of children in care include: the low prioritisation of educational performance and low expectations of caseworkers, carers and teachers; the stereotyping of children in care by professionals; and the lack of communication and collaboration between professionals.

A number of researchers have suggested that caseworkers often view the educational needs of children in care as a lower priority than other issues related to being in care (Finkelstein et al., 2002; Fletcher-Campbell, 1998; Francis, 2000; Harker et al., 2003; Kufeldt et al., 2000; Stein, 1994) or that they simply do not see educational support as part of their role (Jackson, 1987). As a result, educational issues are not always considered when choosing care placements (Harker et al., 2005). Gilligan (1998) argues that this lack of attention and appreciation of education in social work policy and practice directly affects the educational progress and outcomes of children in care. One of the areas where this is evident is in the lack of distinct educational planning (Fletcher-Campbell, 1998). For many children in care, education is addressed in a limited way through their care plans (Weyts, 2004). Aboriginal carers in New South Wales report not being aware of or involved in formal education planning for the children they care for, and also report that informal discussions with caseworkers regarding education were rare, unless there was a crisis (NSW Ombudsman, 2008). As the agency responsible for reviewing the case files of children in care in New South Wales described:
Decision-making about children and young persons in out-of-home care reflects the low priority given generally to educational needs. Emphasis tends to be on physical and emotional needs. Schooling was rarely mentioned and usually only in relation to regular attendance (NSW Office of the Children's Guardian, 2003, p. 4). Where implemented, *Looking After Children* materials have supported an increased profile for education in the assessment and planning for children in care (Francis, 2000; Nixon, 2000), as has the introduction of individual education plans across some Australian and overseas jurisdictions which also attempt to increase the focus on education.

The literature further points to low expectations of the educational potential of students in care by caseworkers, carers, and teachers (Emerson & Lovitt, 2003; Fletcher-Campbell, 1998; Francis, 2000; Jackson, 1987; Kids in Care Education Committee Working Group, 2003; Sinclair, 1998; Weyts, 2004). One area where low expectations are evident is in future education and career planning (Goddard, 2000; Jackson & Martin, 1998). A number of studies have examined differences amongst professionals in their expectations of the education of children in care. These findings suggest that despite teachers holding lower expectations than carers and caseworkers, these were accurate reflections of children's academic progress (Francis, 2000; Heath et al., 1994).

Researchers have suggested that the negative stereotyping of children in care can limit their educational opportunities (Fletcher-Campbell, 1998; Francis, 2000; Harker et al., 2003; Kids in Care Education Committee Working Group, 2003). Francis (2000) reports that teachers, caseworkers and carers may label children in care as not having the interest, potential or ability to manage the pressures of school. Fletcher-Campbell (1998) suggests young people in care are considered low achievers, involved in delinquent behaviour or troublemakers. The inadequate understanding by schools of out-of-home care can also contribute to the stereotyping (Barnardos, 2006; Fletcher-Campbell, 1998; Kids in Care Education Committee Working Group, 2003). Children report being aware of the
negative stereotyping they face (Harker et al., 2003; Martin & Jackson, 2002). Children indicate that they want to be treated as individuals and to challenge generalised stereotypes through further understanding amongst their friends, teachers and social workers of what the experience of being in care is like (Harker et al., 2003).

Some studies have suggested that the low level of professional cooperation between education and community service stakeholders is a further reason for the low educational engagement and outcomes of children in care (Conger & Rebeck, 2001; Jackson & Sachdev, 2001; Smithgall et al., 2004). Communication and collaboration between these stakeholders is often poor (Altshuler, 2003; Coleman, 2004; Smithgall et al., 2004), which is a barrier to decision-making and implementing actions that would make a positive difference to the education of children in care. Altshuler (2003) found the adversarial, non-collaborative relationships between caseworkers and educators were based on a lack of mutual trust and understanding regarding confidentiality constraints. Harker et al. (2005) further propose that the lack of understanding of respective roles and responsibilities, high staff turnover, low staffing levels, resistance to change and service restructuring are the main barriers to inter-professional collaboration.

Caseworker turnover and case allocation are also likely to influence the effectiveness of working relationships (Smithgall et al., 2004). Teaching staff in a Victorian study reported they were rarely invited to participate in the case planning process and felt their knowledge of the children and their expertise were not used or acknowledged (O'Neill, 1999). This situation is often reinforced by the negligible training or guidance to help caseworkers, carers and schools to work together (Fletcher-Campbell, 1998), although guidance in this area appears to be increasing.\(^\text{17}\)

\(^{17}\) For example the United Kingdom’s *Guidance on the Education of Children and Young People in Public Care* (Department for Education and Employment, 2006) or the Victorian *Partnering*
2.5.7 Education and Care System Factors

The Effects of Out-of-Home Care on Education

The research on the influence of placement in out-of-home care on children’s education is ambivalent about whether care has a positive, negative, or negligible impact. Generally, studies have found that out-of-home care placement did not improve the educational performance of maltreated children (Blome, 1997; Dumaret, 1985; Evans, 2004; Heath et al., 1994; Kurtz, Gaudin, Howing, & Wodarski, 1993; Runyan & Gould, 1985). Nevertheless, some studies have found improvements in some aspects of children’s education (Conger & Rebeck, 2001; Trocme & Caunce, 1995), particularly for children in long-term stable care (Fernandez, 2008).

Stone (2007) argues there has not been enough research on how out-of-home care affects education and the quality of the research that has been done in this area is inadequate. A key difficulty is that not all studies have had similar comparison groups and so they have produced different results. For instance, Buehler, Orme, Post and Patterson (2000) found that while young people who had experienced foster care were educationally disadvantaged compared to the general population, their disadvantage was similar to adults matched on gender, cultural, socio-economic and family background. The lack of controlling for factors makes it difficult to disentangle the effects of maltreatment from those of out-of-home care placement (Stone, 2007). Another problem is the reliance on cross-sectional designs that do not demonstrate changes that may occur over

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18 In some studies the comparison group was children who were maltreated and didn’t enter care, while in other studies the comparison group was of children from similar socio-economic backgrounds, but who were not reported as being maltreated. Some studies matched a comparison group with certain similar characteristics, for example academic ability, gender, culture, age, while other studies compared children in care with children from the wider community.
children’s time in care (Stone, 2007). A further limitation of the studies is that the measures used to assess academic performance varied across studies (Trout, Hagaman, Casey, Reid, & Epstein, 2008).

The available research suggests there is the potential for differential gains for different groups of children in care, further supporting the call for not treating children in care as a homogeneous group (Goddard, 2000; NSW Office of the Children's Guardian, 2002; Stone, 2007; Taylor, 2003). Fox, Frasch and Berrick (2000) suggest distinctions emerge if children’s age, pre-natal history, consequences of maltreatment, socio-economic status, access to environmental supports and placement type are considered. Conger and Rebeck (2001) found greater gains were made by younger children who entered care due to maltreatment; children who were placed in foster or kinship care; and children who were in stable environments and remained in care longer. In comparison, Heath et al. (1994) found that children who entered care for reasons of abuse and neglect, performed significantly more poorly than children entering for other reasons. In Evans’ (2004) study, the children who had poor achievement on entry showed gains, while children with good initial achievement tended to decline. This led Evans to contend that a focus at entry to care on the children with higher educational needs and subsequent interventions may contribute to the gains made whereas for children with good initial performance, less emphasis may be placed on their education, and therefore they may be at risk of academic decline in care.

There are limited international studies examining out-of-home care and school engagement. Several report that placement in care has a positive effect on reducing school absenteeism (Conger & Rebeck, 2001; Runyan & Gould, 1985). Conger and Rebeck qualify this finding, stating that while the children continue to have high absentee rates, they are generally an improvement on their pre-care rates (Conger & Rebeck, 2001). When examining discipline rates, a number of studies have found children in care had levels similar to those of children with
similar socio-economic backgrounds and maltreated children (Conger & Rebeck, 2001; Smithgall, Gladden, Yang, & Goerge, 2005). This result led Smithgall et al. (2005) to suggest that the trauma related to abuse and neglect was part of the underlying cause of behaviour problems for both groups of children in schools. Yet for many children in a South Australian study, entry to care was associated with improvements in their behaviour at school and for children who remained longer-term in care, these gains tended to be sustained (Barber & Delfabbro, 2004).

Several studies examine the factors related to education performance comparing children in care with children not in care. The research on intelligence tests found children in care had similar results to children from the same socio-economic background (Conger & Rebeck, 2001; Runyan & Gould, 1985). Conger and Rebeck’s (2001) study of children in care found the literacy and numeracy test results of children before entering care was below average and these results continued in the year after care placement. Trout et al. (2008) reviewed the literature and found children in care performed below grade level in literacy and numeracy and were in the low to low-average range on academic achievement measures. Other studies have found that children in care were more likely to participate in special education services than children from the same socio-economic background (Conger & Rebeck, 2001; Runyan & Gould, 1985), or maltreated children who stayed at home (Runyan & Gould, 1985). Scherr’s (2007) meta-analysis of the educational experiences of children in care found that they were five times more likely than children living at home to receive special education services. Higher rates of repeating a year at school have also been reported for children in care (Smithgall et al., 2004). Trout et al.’s (2008) literature review of United States studies found that between 35 and 57 per cent of children in care had repeated a school year. Similarly Scherr (2007) found that a third of children in care had been retained a year. Given that grade retention is still a controversial education practice (McGrath, 2006; Stone, 2007), it is interesting to note that one research review reported an increase in the use of
grade retention over time for children in care (Stone, 2007), while another reported a reduction (Scherr, 2007).

The rate of high school completion is another regularly reported educational outcome, particularly for care-leavers. Research shows young people in care, and those who had left care, are leaving school earlier and have lower high school completion rates than other children with the same socio-economic background (Conger & Rebeck, 2001) or the wider student population (Burley & Halpern, 2001; Cashmore & Paxman, 2007; Smithgall et al., 2004; Trout et al., 2008).

Systemic Factors
Regardless of their individual potential or abilities, children in care face a number of systemic factors that can help or hinder their educational progress. Some of the key structural factors include: the ability of a jurisdiction to adopt a whole-of-government (corporate parenting) approach (CREATE Foundation, 2004e; Harker et al., 2005; Jackson et al., 2005), levels of interdisciplinary collaboration (Altshuler, 2003; Borland, Pearson, Hill, Tisdall, & Bloomfield, 1998; Harker et al., 2005) and adequate and accurate record keeping and information exchange (Fletcher-Campbell, 1998; Harker et al., 2005; Kufeldt et al., 2000). Instability in placement and school has also been identified as a key explanation in the poor educational engagement and outcomes of children in care.

Some countries, in particular the United Kingdom and Canada, have adopted a corporate parenting approach, where a whole-of-government response is provided to meet the needs of children and young people in care. As Kufeldt et al. (2000) described:

The *Looking After Children* approach to outcomes for children in need of state intervention was based on the premise that children in care of the state and its agencies were entitled to the same standards of care that responsible, caring parents in the community give to their own children. In brief, taking children into
care carries with it the obligation to provide good parenting with all that implies (p. 4).

Research has suggested that the failure of relevant departments to adopt a corporate parenting approach and develop partnerships between departments leads to inadequate communication, information sharing and service coordination for children in care (CREATE Foundation, 2004a; Harker et al., 2004).

Given the very different focus and aims of the education and welfare systems (Altshuler, 2003), particularly in the absence of a whole-of-government approach, interdisciplinary or interdepartmental cooperation is unlikely to occur without significant effort (Borland, Pearson, Hill, Tisdall, & Bloomfield, 1998). The structural separation of the education and welfare departments, attitudinal differences (Borland et al., 1998), uncertainty in relation to respective roles and responsibilities (Fletcher-Campbell, 1998) and sometimes disagreement about which department has responsibility (Kufeldt et al., 2000) in regards to the education of children in care, all contribute to the low levels of cooperation. Furthermore, both departments face a range of pressures including policy and resource constraints that can act as barriers to the implementation of effective collaborative practice regarding the education of children in care (Fletcher-Campbell, 1998).

Researchers have raised the issue of adequate, accurate and timely record keeping and information exchange as key factors to be addressed in improving the educational outcomes for children in care (Fletcher-Campbell, 1998; Kufeldt et al., 2000). Sharing information in a confidential way is also important (Harker et al., 2005). The issue of poor record keeping and information exchange within, and between, departments has led to a situation where for some individual students in care there is negligible regular monitoring of their achievement attainment and fragmented information on their educational interests, aptitudes and milestones (Fletcher-Campbell, 1998). Systemically, this inadequate collection of data has prevented a strategic and evidence-based approach to
improving the education of children in care (CREATE Foundation, 2006a; Fletcher-Campbell, 1998).

**Placement stability**

One common explanation for why children in care have poor educational engagement and outcomes is the instability they may have experienced in their home and school placements (Emerson & Lovitt, 2003; Harker et al., 2005; NSW Office of the Children's Guardian, 2002; O'Sullivan & Westerman, 2007; Smithgall et al., 2004). Children have reported stability in their lives as critical for their well-being (CREATE Foundation, 2004e; Jackson et al., 2005).

There is considerable evidence to suggest that placement stability is associated with a range of positive outcomes, including educational outcomes, for children in care and care-leavers (Cashmore, 2000; Holland, Faulkner, & Perez-del-Aguila, 2005). Australian studies have shown evidence of improved social adjustment (Delfabbro et al., 2010) and improved emotional, behavioural and academic outcomes for children in stable care (Fernandez, 2008). Placement stability has been associated with continued educational progress and attainment in several studies (Bailey, Thoburn, & Wakeham, 2002; Daly & Gilligan, 2010; Pecora et al., 2003; Pecora et al., 2006; Stein, 1994). An Australian longitudinal study of care-leavers found a significant link between an increased number of placements and fewer years of schooling completed (Cashmore et al., 2007). Additionally, there is evidence that young people who remain in one placement for at least 75 per cent of their time in care are more likely to complete high school (Cashmore et al., 2007). But not all studies have found placement stability to be linked with improved educational achievement (Evans, 2004; Heath et al., 1994; Jackson & Sachdev, 2001). Heath et al. (1994) found that children in care performed at levels similar to those of a comparable group who had not entered care, despite the care group being placed in seemingly favourable long-term stable placements.
The period of moving from one placement to another has been identified by children as a time of anxiety and adjustment to living with new carers, in a new household with a different lifestyle and usually a new school (Blome, 1997; Community Services Commission, 2000; Webb et al., 2007). This anxiety, uncertainty and lack of permanence in care may contribute to children’s academic performance being depressed on a “continuing basis” (Heath et al., 1994, p. 242). Not all placement instability is negative, however. Moves can occur for positive reasons, including being closer to family or preferred school (Barber & Delfabbro, 2004). Also, placement changes were preferred to remaining in a placement that was not working out or where children were being treated inappropriately (Barber & Delfabbro, 2004; Community Services Commission, 2000). Placement changes that provided similar or enhanced support for children’s educational needs were also seen by young people as positive (Harker et al., 2005). There were, however, limits on the type and amount of instability that children could manage; placement instability which persisted for 12 months or more was linked with a deterioration in psychological functioning (Barber & Delfabbro, 2004).

Overall, while existing literature suggests an association between placement stability and positive educational achievement, the extent to which placement stability supports education success is still unclear (Jackson et al., 2005). Many of Jackson’s research group of care-leavers studying at university had experienced stability while in care; however, some participants moved home and school numerous times and this did not preclude educational attainment for them (Jackson et al., 2005). There is also some consensus that while placement stability benefits child well-being it “should not be relied upon as the primary strategy to promote optimal educational achievement for children in care” (Uniting Care Burnside, 2004, p. 25). There is some suggestion that the quality of the placement and children’s feelings of being loved and secure were particularly salient factors (Cashmore et al., 2007; Harker et al., 2003).
School Stability

Research has demonstrated a strong correlation between placement and school mobility (Fletcher-Campbell, 1998; Francis, 2000; Goddard, 2000). For school-aged children, entry to care, and subsequent placement changes whilst in care, have often resulted in a change of school (Cashmore, 2000; Smithgall et al., 2004). In Australian studies, between 42 and 78 per cent of children in care changed school at the commencement of their current placement (Child Protection and Juvenile Justice & Community Care Division, 2001; Community Services Commission, 2000; Delfabbro, Barber, & Cooper, 2000; Fernandez, 2008). Yet sometimes difficulties at school can precipitate the placement and school change (Francis, 2000; Lipscombe et al., 2003). Difficulties with non-attendance or school suspension or exclusion creates strains on the care placement or could result in the placement breakdown (Francis, 2000; NSW Ombudsman, 2008). Other reasons for school change include carer home relocation, transfer to a non-government school or non-attendance (Uniting Care Burnside, 2004). Not all children in care have unstable schooling. In New South Wales, one study found a third of children and young people had only attended one school since being in care (Community Services Commission, 2000).

What is not obvious from the existing research is the strength of the relationship between school stability and educational outcomes for children in care. Fox and Berrick (2007) identified a number of studies in which most children reported doing well at school, despite experiencing multiple school changes and having academic difficulties. Cashmore and Paxman (2007) found the number of school changes was not significantly correlated with the number of school years completed, although there was an association between school stability and completion of the final years of schooling. Another Australian study identified adolescents as being at increased risk of early school leaving when they had experienced placement instability (Owen et al., 2000). School change in Year 11 has been found to significantly reduce the likelihood of young people in care completing high school (2001). Conger and Rebeck (2001) found school change
was associated with a slightly lowered maths score but no difference in reading scores. Other research has identified lowered academic performance associated with placement and school changes for maltreated children and children in care (Eckenrode & Rowe, 1995). The authors found school and home mobility accounts for some of changes to children's academic outcomes – 15 per cent of the changes in test scores, 33 per cent of changes to English grades and 19 per cent of grade repetitions.

Research examining school mobility and achievement for all children suggests that school stability is important (Commonwealth Department of Education Science and Training and the Department of Defence, 2002; Mehana & Reynolds, 2004). A three- to four-month performance disadvantage in achievement has been reported for mobile students in the elementary [primary in Australia] school years (Mehana & Reynolds, 2004). Higher levels of student mobility appear to compound other factors, including social or emotional concerns or existing learning difficulties, which can negatively impact on student learning (Commonwealth Department of Education Science and Training and the Department of Defence, 2002). This is likely to be particularly relevant for children in care. An Australian research review into the impact of changing schools on students' learning, found that children were more likely to be adversely affected when they were younger, and less likely if they lived at home with their biological parents (Hotton, Monk, & Pitman, 2004). This review also found that the attitudes children and their families held about the move, the context of the move and the level of support before and after moving, influenced the impact on children’s educational performance (Hotton et al., 2004). An American study examining all students found students who had recently changed both residence and school were twice as likely to drop out of school (South, Haynie, & Bose, 2007).

Certainly, the perception of the impact of school change is predominately negative in the out-of-home care literature. Children have voiced their frustrations
with school changes and identified this as a major issue for them (Community Services Commission, 2000; Fox & Berrick, 2007; Johnson, 1995; Tilbury et al., 2009). School change creates interruptions in the lives of children, most of whom have already experienced significant disruptions (Wolanin, 2005). Friendships are disrupted (Daly & Gilligan, 2005; Mehana & Reynolds, 2004) as well as social supports, which may contribute to social isolation (Eckenrode & Rowe, 1995). Regardless of how planned and supported a school change is, it inevitably involves a disruption to learning (Jackson, 1988) as children are required to adjust to differences in curriculum, teaching style, teacher expectations and school standards (Ayasse, 1995; Conger & Finkelstein, 2003; Eckenrode & Rowe, 1995; Galton, Gray, & Ruddock, 1999; Hay & Cuskelly, 2006; Mehana & Reynolds, 2004). Some children may have to spend time away from school while the new school enrolment is arranged (Conger & Finkelstein, 2003; Harker et al., 2005). Australian research found this period ranged from none to more than a month’s absence from school (CREATE Foundation, 2004f). The timing of school change is an important factor that should be considered, changes during important academic periods should be avoided and natural breaks should be utilised (Conger & Finkelstein, 2003; O'Sullivan & Westerman, 2007; White & Lindstrom, 2007; Wolanin, 2005). Children have described the discomfort of arriving mid-term, often without the required uniform, which resulted in questioning from other students regarding their circumstances (Harker et al., 2003).

Some studies have suggested that not all school changes for children in care are negative (Chapman et al., 2004; Fox & Berrick, 2007; O'Sullivan & Westerman, 2007). Changing school can have positive consequences by providing a fresh start within a new learning environment (Conger & Finkelstein, 2003). One study in the United Kingdom found half of the children reported that changing school had been good for them as their new school better suited their needs or provided a turning point (Morgan, 2007). Similarly, over half (59%) of the children in a
United States longitudinal study reported their “new school was better than their previous school” (Chapman et al., 2004, p. 297).

2.5.8 Transition Points

Children grow in environments where an interplay of genetic, biological, environmental, familial, social and cultural forces influence their development (Burns et al., 2008; Lawrence, 2008). Children develop individually and uniquely in response to these influences, yet Western society conventionally holds that there are a number of developmental periods that children transition through including: the foetal, neo-natal, infant, pre-school, school, adolescent and adult periods. Children do not reach these developmental periods uniformly and, as Lawrence (2008) argues these periods should not be viewed as fixed age-related stages, but rather as flexible bands of timing, each of which involves a transition period. These transition periods present individual developmental tasks to be mastered (National Crime Prevention, 1999), and carry social expectations in the community (Berk, 2008). Whilst there has been some critique of an over-reliance on a developmental approach (outlined in chapter 3), nevertheless these offer an important framework for examining the transitional periods that children experience.

As children navigate transitional points, they obtain “new modes of adaptation to biological, psychological and social changes” (Graber & Brooks-Gunn, 1996, p. 769). How individual children respond to these transition periods is influenced by a range of factors including their development prior to the transition, the timing of the transition, their experience of the transition, and the context in which the transition occurs (Rutter, 1989 cited in Graber & Brooks-Gunn, 1996, p. 768). Furthermore, transition periods throughout childhood and adolescence differ in that some are a matter of choice, while others are not; some open up options and others reduce them (National Crime Prevention, 1999). Furthermore, not all children are successful in negotiating each transition (Stewart, Livingston, &
Dennison, 2008) and maltreated children appear to face additional risks during educational transitions (Stone, 2007). How children have coped with stress and managed challenges in their past affects their attitudes and confidence in dealing effectively with new life challenges and transitions (National Crime Prevention, 1999; Rutter, 1999).

**Transitions and Children in Care**

Transitions are a critically important issue for children in care and children may be challenged by the additional transitions they experience. The specific stressors related to being in care, as well as the long-term effects of maltreatment increase the probability that they will experience difficulties (Hines et al., 2005). Three key issues surrounding out-of-home care transitions for children have been identified. Firstly, transitions are part of every care experience (McIntosh, 1999); secondly, the effects of significant transitions, or repeated transitions, creates vulnerability and a sense of loss for children (Department of Child Safety, 2006; McIntosh, 1999); and finally, most transitions are planned by adults, and therefore children have little control over them (Department of Child Safety, 2006). As McIntosh (1999) described: “By definition, transition is at the core of foster care, just as much as care is” (p. 29). The research undertaken by Macintosh, suggests that out-of-home care transitions are the most vulnerable points for children in care, and generated feelings of loss, isolation, confusion and disorientation, which affected children’s self-agency and sense of control. For children in care, there are a numbers of universal and potential educational and out-of-home care transitions points that they may experience (Figure 2.1).
The transition to high school is a key focus of the current study, together with an interest in the following out-of-home care transitions for children: (1) entry to care, (2) placement change, (3) school change, (4) restoration and (5) change of caseworker. This study examines each of these transitions in light of their influence on children's educational engagement and outcomes, from both child and adult perspectives.

For many children, entry to care can be a traumatic, confusing and distressing transition, but for some children this change can bring relief (Community Services Commission, 2000; CREATE Foundation, 2004d; Whiting, 2000). Feelings of grief, fear and loneliness are common (Fernandez, 2004), and some children express anger at being separated from their parents, regardless of the maltreatment experienced (Morrison, Frank, Holland, & Kates, 1999). Entry to care can represent a major crisis in children's lives. Emotions are heightened and
they can be in a state of shock (Department of Child Safety, 2006). Cashmore and Paxman (1996) found that children did not always understand the reason why they went into care and they were not given any explanation. Consequently, many felt a sense of responsibility for the change (Cashmore & Paxman, 1996) and some children believed their own behaviour was the reason (CREATE Foundation, 2004c). Children also report not knowing who to talk to, whether they would stay where they are and who made that decision (Community Services Commission, 2000).

Changing schools, discussed previously in this chapter, is a further significant transition that many children in care are likely to experience. Leaving behind friends and important people within the school community can cause sadness and a sense of loss. The period after changing schools is a time of settling in, making new friends, getting to know the unwritten social norms of the schools, learning the rules and expectations of the school establishment, linking in with where the class is up to with subjects and relating with new teachers. For many children in care, the time at which they change schools is related to other changes in their lives, where they live, and who they live with, bringing together significant changes to adapt to.

A further transition for children in care is movement between placements. Whether this is through a planned change or a placement breakdown, moving to a new placement requires considerable adjustment on behalf of the child. Changing placements can generate fresh feelings of loss and may trigger strong emotional and behavioural responses (Department of Child Safety, 2006). Children have reported a sense of being alone at this time through the further loss in significant relationships and have felt excluded from the decision-making process (Community Services Commission, 2000).

Restoration (the return to living with birth parents) is another significant transition that some children in care may experience. This potential transition can be
protracted, and living with the possibility of restoration, yet not the certainty, can be deeply unsettling for children (Clare, 2002). Children who are being restored are required to move households, often at a geographical and sometimes social distance, as well as manage anxiety, ambiguity and ambivalence about returning to live with their birth parent/s (Clare, 2002). Re-negotiating relationships with their birth parents on returning home can be a significant stressor (Taussig et al., 2001), especially given the child themselves has changed in the time they have lived in care and the family composition may also be different from when they left (Clare, 2002). Australian research has shown that returning home is not always permanent for children (Department of Human Services, 2003; Wood, 2008a).

One additional care transition, of interest to the current study, is change of caseworker. Caseworker change makes it difficult for children to trust workers and to understand and have confidence in the out-of-home care system (Department of Human Services, 2003). Children report that misinformation or a lack of information provided to them is a result of caseworker turnover (Finkelstein et al., 2002). Some children do not even have an allocated caseworker (NSW Ombudsman, 2009; Standing Committee on Social Issues, 2002). It is a contention of this research that the continued changing of caseworkers for children in care, as well as the inconsistencies of case management attention and allocation of caseworkers, is likely to affect education planning, support and review. This is supported by the New South Wales Ombudsman group review of 35 children aged 10-14 in care, where six of the seven children with unmet educational needs were not allocated a caseworker (NSW Ombudsman, 2009). Yet there is some suggestion from care-leavers who went onto university in the United Kingdom that their social workers played no part in their successful progress to higher education (Jackson, 1988). A number of studies, however, with children and young people in and after leaving care identified the caseworker relationship as important (Cashmore & Paxman, 1996; CREATE Foundation, 2004c, 2004e; Johnson, 1995).
The transition to high school has been identified as a critical time for all children and their carers, that provokes a “variety of emotions, behaviours and concerns” (Wassell, Preston, & Jones, 2007, p. 49). Akos (2002) argue this particular transition can be especially challenging, due to the significant contextual changes that occur including additional and unfamiliar students and school staff and multiple “behavioural and classroom rules and expectations” (p. 339). That this change also takes place alongside personal changes associated with the onset of puberty (Akos, 2002; Butler, Bond, Drew, Krelle, & Seal, 2005; Eccles et al., 1993; Wassell et al., 2007), emerging sexuality (Butler, Bond, Drew, Krelle, & Seal, 2005; Turning Points, u.d), exploring cultural identity (Butler et al., 2005; Turning Points, u.d) and social role redefinitions (Graber & Brooks-Gunn, 1996), poses further challenges for children (Butler et al., 2005; Eccles et al., 1993).

Some studies have reported a decrease in students’ motivation and enjoyment of school, as well as academic decline, after making the transition to high school (Akos, 2002; Cantin & Boivin, 2004; Mizelle, 1999). Positive and negative changes in academic competence have also been reported (Harter, Whitesell, & Kowalski, 1992). Eccles et al. (1993) used ‘stage-environment fit’ theory to describe the fit between the needs of the children making the transition and the environment of their school. Particularly important aspects were a decrease in close teacher relationships, an increase in academic grouping and comparative and public assessment of achievement, as well as heightened peer status concerns (Eccles et al., 1993). Schiller (1999) found that some children who transitioned to different schools from their peers had more difficulties with the transition due to the loss of supportive peer relationships, while others felt ‘freed’ from labels and from the low expectations their peers had of them. Several researchers have suggested that success in this transition can place children on a pathway to academic engagement and achievement while failure can mean disengagement and early school leaving (Schiller, 1999; Akos & Galassi, 2004). For children in care, little research has been undertaken on the transition to high school. Although there is suggestion given this transition occurs during a period
of sensitive emotional and social development, maltreated children may have further vulnerabilities (Eckenrode, Izzo, & Smith, 2007).

2.6 Chapter Summary

A review of the Australian and international literature indicates that a multiplicity of factors contribute to the overall low educational engagement and poor outcomes for children in care. For some children, being in care has enhanced their educational outcomes since they were afforded advantages they would not have had if they had remained with their birth parents (Harker et al., 2003; Jackson et al., 2005). Other children in care experience difficulties within the care system but still go on to succeed academically. Yet for some children, being in care compounds their disadvantage and they give up. A key question emerges, then, concerning what governments, organisations, practitioners, carers and children themselves can do to redress such disadvantage and to ensure that all children in care are given every opportunity to be engaged and successful in their education.

It is clear from the literature reviewed in this chapter that there remains a number of areas requiring further research. Firstly, very little is known about children’s own perspectives on their education. Secondly, further work needs to be undertaken to identify the nature and level of support required to improve the educational engagement of children in care. Thirdly, the issue of transitions calls for further exploration in terms of the impact these have on children’s educational outcomes. This study aims to generate knowledge in these areas and to obtain a comprehensive picture of what children, carers, caseworkers, education staff and policy makers have to say about how to address the factors that facilitate and impede the education of children in care within New South Wales. The next chapter outlines the methods adopted in pursuing this knowledge, along with the theoretical interests that guided the research.
Chapter 3
Methodology

This study is one of the first of its kind in Australia to pursue multiple perspectives on the educational outcomes and engagement of children in care. Given the exploratory nature of the research a mixed methods approach was utilised to capture a range and depth of views. The study also incorporated the collection and analysis of non-identifiable quantitative data to chart the educational outcomes for children and young people in care, using statewide educational performance measures. The research also included individual and focus group interviews with a range of stakeholders, as well as children, to identify the factors that both facilitate, and act as barriers to, the educational engagement and achievement of children in care. This chapter begins with an overview of the theoretical interests underpinning the study and provides a rationale for the selection of a mixed methods design. It then examines the aims and processes of each of the four research stages and outlines the characteristics of the participants involved in the qualitative phase of the study. The discussion also includes an in-depth analysis of the ethical implications of the study, since these are integral to this research endeavour. The chapter concludes by considering the limitations of the study.

3.1 Theoretical Interests

There are two broad theoretical interests that have shaped this study. The first concerns the theorising of children and childhood since the experience of being in care is a powerful influence in shaping these children’s identity and their experience of childhood. The broad interdisciplinary field of Childhood Studies offers some important conceptual elements that are useful for this task. Whilst variously described, Childhood Studies has been referred to as an ‘emerging paradigm’ (Kehily, 2008) that assumes ‘childhood’ is socially constructed and
views children as social actors who are capable and hold valuable perspectives that contribute to the social world and to shaping their own lives (Woodhead, 2009). In taking a stance that views children as experts in their own lives, children’s voices assume a critically important role within this particular study, since what the child participants have to say about their experience will significantly influence understandings about the educational engagement and outcomes for children in care (Mudaly & Goodard, 2006; Murray, 2005). This study aims to contribute to the development of notions of ‘child centred scholarship’ (Kehily, 2008), an approach not yet well articulated in much of the methodological literature on research concerning children’s lives.

The second theoretical interest takes these experiences of childhood, specifically in relation to issues of school engagement and achievement, and attempts to make sense of them in light of children’s social ecologies. Hence, Ecological Systems Theory has been adopted as a framework for understanding the educational experiences of children in care in relation to both their immediate and wider social contexts, drawing particular attention to the relationships within and between these contexts.

Together, the key tenets of Childhood Studies and Ecological Systems Theory offer significant potential for deepening understanding of the factors that influence the educational engagement and outcomes for children in care. The following discussion details the central ideas of both bodies of knowledge - as relevant for this study.

3.1.1 Understandings of Childhood

Until recently, the dominant view of childhood came from the developmental approach, in which children are universally positioned as evolving from biologically immature and dependent stages, to the independent rationality of
adulthood (Prout & James, 1997). Chronological age was linked to developmental stages and the subsequent biological and cognitive changes were seen as priming a child’s social competence (James, 1999). Developmental theories emphasise the perceived dependent nature of children and the need for adult guidance of their development. A prominent child development theorist, Piaget, argued that children develop according to a framework of predetermined stages, based on their age (Prout & James, 1997). A supplementary concept was socialisation theory, which views childhood as the ‘location’ for children to prepare for their future participation in adult societal life (Christensen & Prout, 2005; Matthews, 2007; Prout & James, 1997; Qvortrup et al., 2009). These dominant views of children and childhood informed the way many practitioners framed children’s development.

Child development and the nature of childhood and has been the topic of significant debate over the last three decades. According to Childhood Studies, ‘childhood’ is conceptualised as socially constructed, culturally situated (Woodhead, 2009) and historically contingent (Lange & Mierendorff, 2009). The view of child development taking place in a universal manner across time and culture has given way to an appreciation that children develop in a variety of contexts (Hogan, 2005), that children experience these contexts differently and that their individual experiences change from one context to another (Matthews, 2007). As James (1999) argued, this was particularly evident when childhood was considered cross-culturally, in terms of the “kinds of expectations that are placed on children, the kinds of opportunities that are offered to them and the ways in which they are given responsibilities, or in fact, have responsibilities withheld from them” (p. 174). An understanding that children’s development is subject to the interplay of genetic, biological, social and cultural factors, coincided with a reassessment of children’s contribution to their own development.

Essentially, Childhood Studies views children as competent and capable, and holds that it is important to understand childhood from the standpoint of children’s
lived experiences (Prout & James, 1997). This shift from children being viewed as ‘becomings’ to ‘beings’ was not necessarily a shift between two ‘binary notions’ (Parkinson & Cashmore, 2008). Firstly, there has been some recognition that developmental perspectives continue to have value in advancing the understanding of childhood (Parkinson & Cashmore, 2008), particularly in terms of understanding that children’s individual competencies change throughout childhood (Hogan, 2005) and impact “on the way they see the world, and on the way others treat them” (Parkinson & Cashmore, 2008, p. 23). Secondly, as Woodhead points out, children themselves, in offering accounts of their ‘being’, often include a sense of ‘becoming’ in terms of their adult hopes, aspirations and expectations of independence and responsibilities (Woodhead, 2009). The next section examines the way in which representations of children and childhood affect the positioning of children in care.

### 3.1.2 Positioning of Children in Care

The understandings of children and childhood during the twentieth century are critical to the positioning of children in care today. The state’s role in protecting children emerged from dominant notions of childhood which emphasised the vulnerability of children and the importance of children’s future roles as adults (Mason & Steadman, 1996). Over time, adults constructed definitions of what constituted abuse and how it should be responded to (Mason & Falloon, 2001; Scott & Swain, 2002). When threats to children’s development were deemed to be too great, the state intervened to change children’s environment and facilitate improved pathways to adulthood (Lawrence, 2008). The foundations of the child welfare system, which positions children as vulnerable or as victims (Grover, 2005), rather than recognising that children can be both vulnerable and capable and entitled to have a say in what affects them, continue to this day. The child protection system often reinforced children’s experiences of childhood in which they were mostly powerless in their relations with adults. Children are also often excluded from influencing the systems that had such considerable influence over
their lives – the political, welfare and education systems (Mason & Steadman, 1996). The children’s rights movement has challenged the powerless status of children by promoting their right to participate in decisions about their own lives and seeking children’s social inclusion at all levels.

Child protection is one of the central arenas where debates about children’s rights to participation and protection have taken place (Hogan, 2005). There is increasing recognition that many of the actions taken in the past, even those guided by best intentions, have inflicted long-term harm on children and families (Cuthbert, 2010). Throughout the world, child welfare agencies, as well as other institutions, have been challenged by a recognition that children’s self-disclosures about abuse in care had not always been taken seriously (Hogan, 2005; Stein, 2006). A focus on ensuring children’s voices were sought and heard contributed to legislative revision across many countries. Informed by the United Nations Convention on the Rights of a Child, child protection legislation, in a number of western countries, stipulates the right of children to participate in decisions about their lives, and that decisions taken should promote children’s best interests.\(^{19}\) Alongside this has been the development of a ‘consumer’ movement for children in care, which has promoted children’s participation and empowerment as a mechanism for achieving better outcomes for all children in care (Sinclair, 2004).

Contained within notions of children’s rights to participation and protection, there remains a 'potential of conflict' between adults’ duties to listen to and consider children’s views and their duty to act in their best interests (Freeman, 2009; Thomas & O’ Kane, 1998). Winter (2006) describes this as a difficult balance to be struck. Adults are expected to give primary consideration to the best interests of the child, and although there is an expectation that this consideration will include the views of children, this has not always been the case (CREATE

\(^{19}\) Principle of Participation, Chapter 2, Section 10 NSW Children and Young Persons (Care and Protection) Act 1998.
Thomas and O'Kane (1998) suggested that the use of age and maturity definitions in legislation, in the case of New South Wales legislation age and developmental capacity (New South Wales Government, 1998), sets the potential for children's participation to be compromised by adults' own subjective judgments about children's capacity. Daly (2005) argued that resolution of this possible conflict was generally achieved by deciding that adults' rights and responsibilities took precedence over children’s rights. This underlies the differences in power contained within child and adult relationships.

A further factor in the positioning of children in care is that their current and future needs are determined, in the main, by adult decision makers. While child welfare stakeholders are expected to be guided by the principle of what is in the best interests of the child, this has resulted in “adult-defined generalisations” about what children need (Mason, 2008, p. 358). The outcomes sought by adults for children in care can be quite different from children's views about the outcomes they feel are important for them (Higgins & Buoy, 2010; Winter, 2006). A growing range of research on what children and young people identify as their needs and wishes while they are in care has been undertaken (CREATE Foundation; Mason & Gibson, 2004). Yet often adults have given children little opportunity to identify their needs and wishes on a continuing basis (Mason, 2008). Some adults making decisions have not even met the child involved before forming judgements about what is important for them (Cashmore, 2002). Mason (1999) argues that instead of children “contributing as knowers”, many adults in their lives and professionals convey and interpret children’s perspectives (p. 31).

### 3.1.3 Participation and Children in Care

At this point it is worthwhile considering in more detail what role the above positioning of children in care plays in facilitating or impeding their participation. For this research, participation is defined as: “the direct involvement of children in
decision-making about matters that affect their lives, whether individually or collectively” (Hill, Davis, Prout, & Tisdall, 2004, p. 83). The reasons identified in the literature for the importance of participation for children in care have broadly included: the need to uphold children's rights, to improve decision-making and services, and to develop children’s skills and empower children. The participation of children in care can take place at a number of levels including the system, local area, service and individual levels (NSW Child Protection Council, 1998). There are, however, barriers to children’s participation that arise in relation to both adults and children.

Participation offers many benefits to children (see chapter 2), as well as to the child welfare system and its professionals. Sinclair (2000) argued that ensuring children in care participate in decisions about their lives increases the likelihood that the best decisions will be made about their care and protection needs. As Schofield and Thoburn (1996) ask: “without listening to children and understanding how they experience their world, how can we begin to determine what will ensure their protection and enable them to grow into healthy adults?” (p. 1). Children’s participation offers a protective mechanism, where quality of care issues or abuse in care can be prevented, identified or acted upon immediately (Sinclair, 2000; Stein, 2006). Children’s participation can also facilitate an improvement to the services offered to them and other children in care (Sinclair, 2000; Whiting, 2000). Moreover, at a systems level, the participation of children can contribute to addressing many of the bigger issues facing the child welfare system, including improving children’s experiences and outcomes (CREATE Foundation, 2004b; Daly, 2005).

Despite the potential benefits of participation for children in care, there are also barriers, including the views adults have about children, children’s own views and experiences of participation, and organisational barriers. Some studies have found that certain groups of children were less likely to be allowed to participate due to adults' views of their competence. The perceived competence of children
was found to be a prominent barrier, with young children being viewed as too young to participate in decisions about their lives (Clark & Statham, 2005; Schofield & Thoburn, 1996; Winter, 2006), as their understandings, reliability and rationality are limited (Office of the Guardian for Children and Young People, 2008). Children with disabilities, or those from non-English speaking backgrounds were also found to be less likely to participate, as were ‘excluded’ or ‘hard-to-reach’ groups of children (Curtis, Roberts, Copperman, Downie, & Liabo, 2004). Thomas and O’ Kane (2000) found that there were also a series of misconceptions by adults that acted as barriers to children’s participation. For instance, children’s abilities to weigh up the relevant factors for making a decision were viewed by some adults as inferior, rather than different. Thomas and O’ Kane (1998b) also found some adults held the view that children’s participation meant that children made the decision. Such a view could lead adults to conclude that children were burdened by participating in decisions or were being given inappropriate responsibilities that detracted from their childhood (Office of the Guardian for Children and Young People, 2008).

Some adults have also held the view that children’s participation may place them at risk by requiring them to discuss negative experiences that they had experienced either before or after they were placed in care (Office of the Guardian for Children and Young People, 2008). Borland, Pearson, Hill, Tisdall and Bloomfield (1998) reported that some adults may be uneasy that children may abuse their rights by acting irresponsibly. Hill et al. (2004) argued that adults' self-interest may limit children's participation if they feel their position, or authority, may be undermined.

A further barrier complicating children's participation is the number of adults involved in their lives and decision-making processes. Daly (2005) describes this as "additional layers of adult control" that reduce children’s opportunities to participate (p. 7). The organisational commitments to children’s participation also directly influenced whether workers were able to spend the time developing
supportive relationships with children and facilitate their participation. A lack of resources and time to support participation (Schofield & Thoburn, 1996), and the competing demands placed on individual workers (Wilkinson, 1999) have been identified as significant barriers to children's participation. Thomas and O’Kane (2000) argued that the devaluing of face-to-face work with children by organisations can also contribute to workers not having the training, confidence or opportunity to engage directly with children.

For children in care, there are a number of factors that may prevent their participation over and above the barriers faced by children in the general population. Children who have been traumatised, abused and neglected are often left feeling powerless over their lives with most having had decisions made about them that they have had no say in and little understanding of. Yet with adults' support and understanding, as well as time, children with these experiences are able to develop a thorough understanding of their own feelings and wishes and are able to consider their options (Grover, 2005; Schofield & Thoburn, 1996). Otherwise, as Schofield and Thoburn (1996) suggest, a combination of low self-esteem and feelings of powerlessness may mean that children say what they think adults want to hear. Likewise, without support and understanding, children's feelings of fear and anger may be misconstrued as signs of unwillingness to engage in the participation process (Bessell & Gal, 2007). Children may also view their participation as uninteresting, tokenistic and pointless, making little difference, and consuming of one of the few resources they can control – their time (Roberts, 2003). As Hill et al. (2004) argue, even when the views of young people are known, they have often had little impact on broader scale policy decisions.

It is worthwhile reviewing the different ways Australian children in care participate at different levels to understand the extent of this problem. At a systemic and organisation level, there have been some attempts to include children’s views. The perspectives of children and young people in and after leaving care, in
legislative and system-wide reviews, have been a feature across Australia and are often facilitated by the consumer organisation, CREATE Foundation. The Children’s Guardian in Queensland has also undertaken three large-scale studies, each surveying between 1703 and 2727 children in care. At a service level, many non-government service providers have implemented strategies to facilitate the participation of children in care in their service planning and evaluation. In Queensland, another large-scale project which involved interviews with children in care aged 5–18, reported their views of the care system and their individual experiences directly informed the statutory agency.  

At an individual level, the extent to which children participated appears to have varied considerably. A number of Australian surveys of children in care have shown that at least a third of children felt their views were never, or only sometimes, taken into account (Child Guardian, 2006; CREATE Foundation, 2004b). The next section will examine the extent of participation for Australian children in the education context.

**Participation in the Educational Context**

Schools are potentially an important venue for promoting children’s understanding and experience of participation (Hart, 1992). Armstrong (2006) argued that schools could provide children with a “democratically empowered model of social inclusion based on participation, social responsibility and critical citizenship” (p. 2). Yet Cook-Sather (2002) found that, like the child welfare system, the Australian education system has generally been characterised by an absence of the influence of children’s voices. The reasons offered for schools’ failure to empower students are firstly, that educators do not view that this as schools’ primary role, and secondly, the hierarchical structure of the education system. Nonetheless, the literature suggests that there can be many benefits when students are engaged and participating in their education.

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According to Hart (1992), schools subscribe to the prevailing view that their responsibility is to educate and socialise children. Most relationships and structures within the school setting are hierarchical and generally authoritarian, with students having little control or say (Cook-Sather, 2002; Thomas, 2007). This often positions children as passive recipients, reinforcing their lack of agency (Atweh, Bland, Carrington, & Cavanagh, 2008). An Australian study with 519 early adolescents found that a quarter felt that their rights to advocacy, privacy and fair treatment received little or no support in the school setting (Irving, 2001). Opportunities for children’s participation were often in school councils or student representative councils. Yet as Hill et al. (2004) suggested, these forums are not necessarily democratic in approach and the inclusion of some groups of children was limited. There are, however, a range of alternative educational settings that offer democratic environments where children’s participation is valued (Cook-Sather, 2002; Thomas, 2007).

The benefits of children’s participation in the school context have been identified both for children and for the education system. Systemically, the participation of children can improve educational practice and system reform as Cook-Sather (2002) argued:

Decades of calls for educational reform have not succeeded in making schools places where all young people want to and are able to learn. It is time to invite students to join the conversations about how we might accomplish that (p. 9).

At a more local level, if schools collaborate with students to support their participation, this tacitly acknowledges to students that their abilities are valued and trusted (Atweh et al., 2008). The development of stronger relationships between school staff and students not only facilitates student participation, it supports school engagement (Atweh et al., 2008). Similar beneficial effects on school engagement were also found in an Australian study of students in care (White & Lindstrom, 2007).
As outlined in chapter 2, children in care have reported a range of barriers to their education within the school setting. Relevant to this discussion is children’s desire for a decrease in the level of control and conformity required by schools and an increase of information and opportunities for students to participate and make choices (CREATE Foundation, 2004f; National Youth in Care Network, 2001; Who Cares? Scotland, 2004). There is also a suggestion that children who are disaffected or disengaged from their education have the most to benefit from active participation in the school context. Finn (1989) argued that the participation of children through academic goal setting and decision-making was particularly important for children who felt that the curriculum was irrelevant to their needs and that disciplinary systems were unfair and ineffective.

In summary, the above discussion draws attention to several important elements offered by Childhood Studies, highlighting that whilst there has been increasing recognition of children's competence, capacity and involvement in their own development, there remain considerable challenges in respect to their agency. The paradigm that positions children as vulnerable, dependent and in need of adults to define their best interests remains prominent (Bessell & Gal, 2007). Smith (2005) argued that children’s participation in decisions about their own lives was bound up in adult constructions of ‘age, maturity and capability’ and that children in care were therefore offered little opportunity to define their own needs or share their lived experiences. Yet there is a growing body of evidence to suggest that children are active in the constructions of their own lives and competent to explore their own needs (CREATE Foundation, 2004b; Mason & Gibson, 2004). Furthermore, the growth internationally of consumer organisations for children and young people in, and after leaving, care have challenged adult-defined needs for this group. The next section embeds students in care within the broader contexts of their lives.
3.1.4 Ecological Systems Theory

A further theoretical interest underpinning this research is Bronfenbrenner’s Ecological Systems Theory (Bronfenbrenner, 1977, 1979, 1989, 1999). Ecological Systems Theory provides a useful framework for examining the social contexts of individual children in care. Bronfenbrenner proposed that human development takes place through continuous and complex reciprocal interactions between children and other people, objects and symbols in their environment. He argued that development is particularly rapid and marked during childhood and adolescence. As Berk (2008) states, children develop within a “complex system of relationships affected by multiple levels of the surrounding environment” (p. 26). More recently cast as Bio-Ecological Systems Theory, Bronfenbrenner (1995, 1999) emphasised the role that a child’s characteristics play in shaping the course of their future development – that is, children are viewed as active agents in, and on, their environments. Berk (2008) describes the key tenets of the approach as:

In ecological systems theory, development is neither controlled by the environmental circumstances, nor driven solely by inner dispositions. Rather children are both products and producers of their environment: The child and the environment form a network of interdependent effects (p. 29).

Within Bronfenbrenner’s model, the child is a central figure within nested systems (Bronfenbrenner, 1979). The inner circle, the *microsystem* is the immediate environment of the child, where children interact with significant others; it includes family, school, childcare and community environments (Bronfenbrenner, 1995). The second circle, the *mesosystem*, comprises the interrelationships and interconnections between the different *microsystems* the child actively participates in (Bronfenbrenner, 1979). The third circle, the *exosystem*, encompasses the environments in which the child is not an active participant, but the events in this *exosystem* affect or are affected by what happens in the setting of the child (Bronfenbrenner, 1979). These environments include the formal settings of the caregivers’ workplace, religious institutions and community health.
and welfare services, as well as informal environments of caregiver’s social networks, including friends, neighbours and extended family (Berk, 2008). The outer circle is the macrosystem, which encompasses the overarching belief systems, values, laws, customs, resources and ideologies of the culture (Bronfenbrenner, 1979). Bronfenbrenner included the institutional systems – economic, social, educational, legal and political as part of the macrosystem (Bronfenbrenner, 1977). In a further development of the framework, Bronfenbrenner introduced the chronosystem, which reflects that human development, and the environments for this development, do not remain static. This temporal aspect to the framework recognises that important life events, transitions and experiences can alter the existing relationships between a child and their environment, which may instigate developmental change (Bronfenbrenner, 1989).

As an approach, Ecological Systems Theory, is valuable in identifying the complex influences on children’s development (Aldgate, 2006; Owen et al., 2000). Jack (2010) argues that an ecological approach supports the safety and well-being of children, by emphasising the importance of connections between the individual, family and community in children’s lives. This facilitates an assessment of both the positive and negative inputs into a child’s development and offers a model for compensating negative factors by introducing or enhancing positive factors elsewhere in a child’s context (Aldgate, 2006). This broader understanding of the context of individual children’s lives remains a key theoretical contribution in social work education (Coady & Lehman, 2007; Germain, 1979) and has informed the assessment and recording frameworks in England, Wales and Scotland (Aldgate, 2006), interventions for children and families at risk (Wong & Cumming, 2008), and transition planning for young people leaving care (Gil-Kashiwabara, Hogansen, Geenen, Powers, & Powers, 2007). Critics of this approach express concern that, while it provides a useful lens in approaching social issues, it does not offer an understanding of the specific causal processes at play (Wakefield, 1996); nor does it directly prescribe
the interventions that are required to address these issues (Rotabi, 2008). Supporters argue, however, that an ecological approach provides a holistic and balanced view in guiding interventions that promote children’s immediate well-being (Aldgate, 2006; Rothery, 2007) as well as their longer-term safety and development (Boushel, 1994).

Ecological Systems Theory is particularly useful in facilitating an exploration of the personal circumstances of children in care in a way that situates them within broader social and cultural influences (Harvey & Delfabbro, 2004). For this group, the influences of the macrosystem (economic, social, educational, legal and political systems) on their experiences are likely to be particularly important. Bronfenbrenner argued that the priority given to children and those responsible for caring for them by the macrosystem determines how children and their caregivers are treated across the different environments (Bronfenbrenner, 1977). Similarly, Diamond and Ash (2000) argue that the visibility of children at a legislative and constitutional (macrosystem) level is linked to the experiences of individual children and their carers:

Understanding the relationship, between child development and the most remote of the hierarchical [sub] systems, is critical because of the enduring impact, on children, of such as association. (p. 2)

Diamond and Ash (2000) argue that this ‘enduring impact’ is of particular consequence for children in care who do not have the moderating and protective factors of their family, and their microsystem environments may be less dependable. This led the authors to argue that the role of the state as a macrosystem for children in care was to take responsibility in ensuring they have enriched environments (Diamond & Ash, 2000).

3.1.5 Transitions

A further theoretical consideration applied to this study is the process of transitions that children experience. Normative transitions are defined as
expected transitions that happen to the majority of people over the ‘normal’ course of their lives (Hareven & Masaoka, 1988; Smith, 1999). Also conceptualised as life stage transitions, normative transitions are “periods in time when individuals experience major changes” (Lenz, 2001, p. 300). Life transitions are sensitive periods in human development, with instability a key feature at this time (Lenz, 2001). When there is a mismatch between biology and the social and physical environments, there can be considerable long-term repercussions (Office of the Prime Minister’s Science Advisory Committee, 2011). Other transitions are non-normative life events that create discontinuity in a person’s life and require significant readjustment (Smith, 1999).

This study uses Kralik, Visentin and Van Loon’s (2006) conceptual approach that proposes that transitions are not an event but a process that people go through. “Transition is the way people respond to change over time. People undergo transition when they need to adapt to new situations or circumstances in order to incorporate the change event into their lives” (Kralik et al., 2006). These changes can be forced or chosen (Selder, 1989) and require a process of inner re-orientation and reconstruction of self-identity (Bridges, 2004; Kralik et al., 2006). Some transitions may be so complex and multi-dimensional that they intrude on every aspect of a person’s life (Selder, 1989) and may heighten their vulnerabilities (Lenz, 2001; Meleis, Sawyer, Im, Messias, & Schumacher, 2000). In keeping with an ecological approach, Meleis et al. suggest that personal, community and societal conditions can support or constrain the process and outcomes of transitions.

Chapter 2 outlined the various types of transitions that children in care can undergo. These include both normative and non-normative transitions. For children in care, attachment and loss issues can heighten their vulnerabilities when making transitions (McIntosh, 1999, 2003). In the context of placement transitions, loss, grief and traumatic stress can be significant and can have a lasting effect (Unrau, Seita, & Putney, 2008). Yet transitions are not exclusively
about increased risk for children in care. The concept of resilience, the attainment of positive adaptation within the context of significant adversity (Cicchetti, 2010) is also associated with transitions that children make. Transitions can be positive opportunities if children are supported by their environments in developing new skills (Lenz, 2001; Newman & Blackburn, 2002).

3.1.6 Summary of Theoretical Interests

This study utilises a number of conceptual elements drawn from Childhood Studies and Ecological Systems Theory that help to facilitate a deeper understanding of the issues and transitions that impact on the educational engagement and outcomes of children in care. Both perspectives are interested in the role of children’s agency and the ways in which this shapes their social worlds. While Childhood Studies has prompted various theorisations of children’s participation, Bronfenbrenner’s Ecological Systems Theory provides a framework for examining the complexity of influences that affect the participation of children in care, particularly in respect to their educational engagement and outcomes. The next section examines the research design, informed by these theoretical interests.

3.2 Research Design

3.2.1 Method

Using a mixed methods approach, both quantitative and qualitative data were collected through semi-structured interviews and focus groups, analysis of standardised tests and statistics of government departments and out-of-home care case files. A mixed methods approach was adopted to provide rigorous and in-depth data (Denzin & Lincoln, 2005; Sandelowski, 2003) and a fuller
understanding of the research phenomenon (Onwuegbuzie & Teddlie, 2003; Sandelowski, 2003). A mixed methods approach has the advantage of enhancing the strengths, while minimising the weaknesses, of qualitative and quantitative methods (Punch, 2005; Tomison & Goddard, 1999). In a very complex field such as out-of-home care research, mixed methods can enrich our understanding by providing insights and data from a range of stakeholders (Holland, 2009). No one stakeholder group or method is likely to provide the answers to this research problem. Mixed methods also take advantage of the different sources of data that are available, which is important given the complexity of child welfare services (Barber & Delfabbro, 2004).

The rationale for the design choices
A decision was taken to use mixed methods and a range of data sources to build a more holistic understanding of the educational engagement and outcomes of children in care and their lived experiences (Punch, 2005).\(^{21}\) The quantitative methods including the analysis of statewide test results enabled a broader understanding of the research problem (Punch, 2005) by providing an indicator of children’s relative educational achievement (Burley & Halpern, 2001). The qualitative methods allow some insight into the subjective experiences of children’s lives. These methods were holistic and open to capturing the richness and diversity of experiences (Greene & Hill, 2005).\(^{22}\) The qualitative approach allowed a focus on the context of individual children, leading to a summation of the central features of their experiences (Greene & Hill, 2005).

\(^{21}\) The choice of the different elements in the design was informed by my own experiences in developing the CREATE Foundation report cards which highlighted the value in mixed methods in understanding and promoting a social issue. My experience is in qualitative data analysis, however, I recognised the value of the quantitative test data, which has not previously been collected in this state and the likelihood that a study combining a large-scale quantitative data set and qualitative findings would promote government action on this issue.

\(^{22}\) The qualitative study included interviews and focus groups with 243 participants, resulting in 3 days, 16 hours of recorded interviews, 272 case file volumes were analysed creating 784 pages of case file review notes.
Having decided on mixed methods, a number of phases were then selected to develop a comprehensive understanding of the research problem (Figure 3.1).

![Diagram of the Four Research Phases]

Figure 3.1: The Four Research Phases

Each phase of the research was designed to complement and inform the subsequent phases i.e. Phase 1 informed the interview and focus group protocols in phases 3 and 4. It was anticipated that the phases would follow sequentially but delays in obtaining the data for Phase 2 resulted in this phase being completed last.

Consideration was given to interviewing three age groups of children at key educational transition points – entry to school, the move from primary to high school and the decision to stay at school post compulsory school age (a total of 36 children). A decision was taken to focus on one age group based on concerns by the PhD supervisory panel that there would be barriers to recruiting the youngest group of children and that the caseworkers would only nominate the children who were doing well at school. The literature review identified a lack of
research on children in care as they transition to high school, whereas more research, although still limited, has been undertaken with adolescents in care.

**Research Phases**

**Phase 1** – The first phase involved the collection and analysis of qualitative data through interviews with senior staff in the out-of-home care and the education systems. The purpose of the interviews was:

- To clarify the research questions;
- To seek the support and cooperation of peak organisations in undertaking subsequent phases of the research; and
- To consult with the senior staff in developing the methodology for the subsequent phases of the research.

Fourteen interviews for Phase 1 were conducted with 21 participants.  

**Phase 2** – The second phase involved the collection and analysis of non-identifiable quantitative data regarding the educational performance of children and young people in care. The purpose was to chart their educational outcomes, using statewide educational performance measures. The quantitative data consisted of two years of test results administered at five points 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)

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23 In two organisations, several people were interviewed together.

24 From 2008, national testing in literacy and numeracy was implemented for all students in Years 3, 5, 7 and 9 across Australia in May of each year (Ministerial Council on Education, 2006).
In total, test results were reported for 2317 children and young people in care.25

The testing regime commences with literacy – reading and writing – and numeracy tests, with children being tested in Years 3, 5, and 7. Schools have the option of retesting Year 8 students who completed the test previously in order to compare results (NSW Department of Education and Training, 2007a). These tests 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). The aim of the tests is to inform parents/caregivers how their children are progressing in these core areas and to support teachers to address the literacy and numeracy needs of students (NSW Department of Education and Training, 2009a).

The School Certificate is awarded by the Office of the Board of Studies New South Wales to school students who have completed a satisfactory program of study in the first four years of high school, Years 7 to 10.26 Students are awarded a mark and a band based on their performance in statewide tests held in November, in English-literacy, Mathematics, Science and Australian History, Geography, Civics and Citizenship, and Computing skills (Board of Studies NSW, 2009). The tests assess students’ achievements in these subjects and whether they possess the skills needed to undertake subjects in Years 11 and 12. The Higher School Certificate is the qualification students achieve when they complete secondary education in New South Wales. The Higher School Certificate is a measure of students’ academic and vocational achievement across a range of subjects (NSW Vice-Chancellors’ Committee: Technical

25 Information on the percentages of students in care exempted or absent from statewide testing was requested but this information was not available.
26 To receive the School Certificate, students are required to study courses in English, Mathematics, Science, Human Society and its Environment and Personal Development, Health and Physical Education. At some time during Years 7–10, students are also required to study courses in creative arts, technology and applied studies and languages other than English.
Committee on Scaling, 2006). Students achieving above 50 out of 100 are deemed to have reached or exceeded the minimum standard.

**Phase 3** – This phase involved the collection of qualitative data through interviews with 31 Indigenous and non-Indigenous children in care at a key transition in their educational career, the transition to high school (from Year 6 in primary school to Year 7 in high school). 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 their Community Services out-of-home care file 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.

This phase focused on the perspectives of children, their caseworkers, and their carers. Two semi-structured interviews were conducted with each child. The aim of the first interview was to explore the perspectives of the children in relation to their experience of education and learning to date, the effect of their care experiences on their education, and their plans and expectations for their future education. The purpose of the second interview, conducted in the following school year, was to identify how they had managed the transition to high school, to explore their attitudes to their education and any changes to those attitudes and to gauge their perceived well-being. The second interview also offered children the opportunity to assess the recommendations the group of 31 children had made in the first interview (see Appendix G for the child interview protocols). The interview schedules were developed, based on a review of the literature and a review of studies that similarly interviewed children in relation to their education including *Taking Care of Education* (Harker, Dobel-Ober, Berridge, & Sinclair, 2005) and Education Report Cards (CREATE Foundation, 2004).

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\(^{27}\) The results are based on school-based student assessment across Years 11 and 12 and an examination mark for each course students have undertaken (Board of Studies NSW, 2006).
The interviews with each child’s caseworker and with their carer focused on their perceptions of the child’s educational progress and the supports and barriers that they believe have had an impact on this progress, as well as their perceptions on the broader issue of educational engagement and outcomes for children in care (see Appendix H for the caseworker interview protocols and Appendix I for the carer interview protocols). The 32 caseworkers who were interviewed related to 23 children; some children were not allocated a caseworker, and several caseworkers did not respond to communications regarding the study. Five caseworkers were interviewed a second time, in relation to eight children. At the time of the second interview, many of the children did not have an allocated department caseworker and several had just changed caseworkers and the new caseworkers did not feel confident to be interviewed about the child. Some children had also been transferred to the non-government sector for case management.

A further important source of data was Community Services case files. Subject to the consent of the children, these files were accessed for the children in the interview study, all of whom gave consent. Case file analysis of a comparison group of 25 children was also undertaken. The purpose of analysing these files was to understand each child’s circumstances from the perspective of those making decisions about them since their first involvement with Community Services. A case file template was used to obtain and record data from the Key Information and Directory System (henceforth referred to as electronic files) and from their paper-based case files (see Appendix J).

**Phase 4** – The final phase of the study involved the collection of qualitative data through 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

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28 This group of children were excluded from participating in this study. The reasons for this exclusion are detailed in the section Gate-keeping by Caseworkers later in this chapter.
caseworkers ($n = 115$). The interviews and focus groups sought to understand the issues associated with educational engagement and educational outcomes, and the strategies that are needed to respond to these issues. The development of the protocols for this phase was informed by the Phase 1 interviews, the initial interviews with children and the literature review (see Appendix K).

The next section outlines the participants involved in the qualitative aspects of this study, in particular the children in care and their characteristics, their life experiences before entering care and once in care, as well as a comparison of this group of children with all children in care in New South Wales.

### 3.2.2 Ethical Considerations

The focus and nature of this research, means that there were some complex ethical considerations involved, placing demands on all involved throughout the research to ensure that these problems were thoroughly considered and responded to (Thomas & O’ Kane, 1998a; Wise, 2009).

There were several levels at which ethical review took place: the study’s supervisory panel, the Southern Cross University Human Research Ethics Committee, the New South Wales Community Services and the State Education Research Approval Process Unit at the New South Wales Department of Education and Training. Ethics approval was sought and obtained from the Southern Cross University Human Research Ethics Committee to undertake an initial phase of the study with peak stakeholders. An advisory group of young people who had left care was also established to inform the development of the research. These steps were useful for exploring the challenges that might have arisen, and how best to address them, before embarking on the remainder of the study. The philosophical and procedural 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.

**Ethical Research with Vulnerable Groups**

The theoretical conceptualisation of children as bearers of rights and as social actors (Bessell, 2006) required their ethical engagement in this research. In seeking this engagement, various issues involved in undertaking research with children were considered. Three key points were taken from the literature: firstly that children, particularly abused and neglected children, are often perceived as vulnerable (Mudaly & Goodard, 2006). As Hill (2005) outlined, there is a perception that children are vulnerable to “persuasion, adverse influence and indeed harm – in research as in the rest of life” (p. 63). The second point was that research may be seen to place children at further risk. Murray (2005) argued there is a belief among adults that research can be damaging to children. Perceptions of risk and vulnerability compel adults to ‘protect’ children rather than promote their participation in any activities that may be seen as ‘risky’. The third point is that it was the role of adults to protect and act in children’s best interests. As Wise (2009) proposed, there is often a tendency to protect children in care even when the risks of participation are low. Yet as Thomas and O’Kane (1998) argued, viewing children as victims reinforces views of their incompetence. Indeed, it could be argued that all children including those who have been abused and neglected have the right to decide whether to participate in research and have their voices heard and researchers have a responsibility to be particularly sensitive to their vulnerability and needs when involving them in research (Mudaly & Goodard, 2006). As Bessell (2006) described, the risks that research offers to individual children who participate in research should be “understood, assessed and explained to children themselves,” rather than adults making blanket decision about the risks involved (p. 48).
Consent

This study respected the right of children to decide whether they wanted to participate in the research. Therefore all the children provided their informed consent as opposed to providing assent to their participation after their parent or guardian provides consent (Bessell, 2006). This approach drew upon key evidence in the literature in designing a method that was safe, ethical, and respectful of the capacities and views of children.

With regard to the capacity of children to give informed consent, over the last decade there has been a substantial range of literature focused on research with children, including their ability to give informed consent. There is general agreement that children are able to consent to their own participation in research (Alderson, 2004; Balen et al., 2006; Hill, 2005; Sinclair, 2004; Williamson & Goodenough, 2005) and that they have the right to do so (Hill, 2005). Before children can provide informed consent or dissent, however, they must be given clear and sufficient information that explains the purpose and nature of the research (Alderson, 2004; Morrow & Richards, 1996). For consent to be valid, it must be informed through the provision of information which outlines the aims of the research, what is being requested of the participant, what will be done with the research findings, whether there will be feedback and what confidentiality is offered (Hill, 2005). The limits to confidentiality must be clearly explained and children should understand when concerns about their safety and well-being require this confidentiality to be breached (Williamson & Goodenough, 2005). Williamson and Goodenough argue that children cannot give informed consent if researchers do not discuss child protection and child abuse openly with them.

There is a vigorous debate in the literature about children’s capacity to consent to participate in research but there is some consensus more recently that there is no specific age at which children are deemed to have the capacity to give consent; this depends on the type of research, the child’s own experience and confidence, and the ability of the researcher to engage with the children and support them to make ‘unpressured informed decisions’ (Alderson, 2004). Whilst
not unproblematic, some commentators argue that an individual assessment of each child’s competence to consent should be undertaken by the researcher (Hill, 2005). Alderson (2004) argues that competence can be assessed by asking children, including young children, how much they understand the research and their rights in relation to the research. Hill (2005) also supports young children’s capacity to give informed consent following careful explanation and discussion of the potential outcomes. Morrow and Richards (1996) challenge the view that children lack competence to make decisions about participating in research, suggesting their competencies should be viewed as different, rather than less, than adults’ competencies. Indeed, Bessell (2006) argued, “the burden of responsibility is no longer on the child to demonstrate his or her capacity, but on the researcher to develop techniques that recognise and support children’s capabilities” (p. 45). Finally, various researchers emphasises that it is important for researchers to go back to participants to ensure ongoing consent is given freely beyond the initial invitation and acceptance (Hill, 2005). It is important that children understand that they can withdraw from the research at any time, terminate the interview, or decide not to answer any question (Berrick, Frasch, & Fox, 2000; Hill, 2005).

**Information Pack**

Information regarding this research was clearly set out and made widely available to children, gate-keepers, significant stakeholders, and other potential participants. The information packs that children and their carers received contained a cover letter, information sheet, sample questions from the interview protocol and the consent form. Additionally, the child’s information pack contained a six-minute DVD describing the research and the researcher in more detail. The aim of this DVD was to provide potential participants with material about the research that was accessible in terms of language and graphics and which described the researcher (Murray, 2005). This information provided

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29 Gate-keepers are defined as adults with the “the power to grant or withhold access to people or situations for the purposes of research” (Burgess, 1984 cited in Murray, 2005, p. 48).
children with the base material to allow them to weigh up the risks and benefits of their participation, including the limits of confidentiality. Particular emphasis was placed on the explanation of children’s right to withdraw from the research and their right to protection from harm, including the processes for ensuring this protection. Care was taken to explain that the information provided in the interview would not be shared with their carer, caseworker or anyone else, except in cases where the information related to previously undisclosed harm or neglect or where it indicated that the child was at risk of harm or neglect. The information packs were an important part of this study as they were the only opportunity to promote the research directly to children and their carers. The DVD, in particular, provided a child-friendly medium that lessened the reliance on written information.\footnote{It would have been interesting to ask the children how they perceived the DVD and whether this had any influence on their decision to participate in the study.}

**Consent Process Children**

With this opt-in approach, the children who wished to participate in the study then advised me via their carers. At the start of each interview with a child, I outlined the purpose of the research, the confidentiality provisions (including child protection matters), feedback opportunities, the child’s right to withdraw from the research, the child’s right to choose not to answer any questions and the child’s right to ask questions. I also indicated that they would be contacted again in 12 months time to see if they would like to participate in a second interview. After this took place children completed consent forms (see Appendix L). To gain access to children’s care data, written consent was also sought directly from children at the conclusion of the first interview. Verbal and written information was used to explain what the data would be used for, how it would be used and the confidential nature of this information.

To gain direct access to children in care for this research, permission was required from the department responsible for the children, the New South Wales
Community Services. All of the children in this research had a court order allocating parental responsibility to the Minister for Community Services and by delegation to New South Wales Community Services. Thus, Community Services had the right to provide informed consent for children under their care as set out under the *Children and Young Persons (Care and Protection) Act 1998*.\(^{31}\) This allocation of parental responsibility removed the legal requirement for seeking parental consent, which may have proved difficult to obtain in many cases.

**Consent Process Adults**

Consent from adult participants in the interviews and focus groups (Phases 1, 3 and 4), required a signed written consent statement (see Appendix M), after the provision of written and verbal information outlining the research and ethical matters. For the interviews, an information pack was sent to potential participants outlining the research project. A follow up phone call was then made to clarify any questions or provide any further information as required. A number of agencies sought a copy of the questions in advance so that staff could prepare for the interview. For the focus groups, I attended a meeting with the relevant stakeholder group to discuss the focus group, or I forwarded the information packs in the post. At the start of each interview or focus group, I explained the purpose, what would be covered, how the information would be recorded and used and the confidentiality of the information provided. Participants had the opportunity to ask any questions.

**Consent Considerations with the Comparison Group**

A significant number of children were excluded from this study by Community Services staff, so a decision was taken early in the study to seek ethical approval to access the case files of a sample of children who had been excluded. The ethical challenge was that, while informed consent for access to the files was obtained for all the children who were interviewed, it was not possible to seek consent from those excluded. In weighing up this situation, I decided that

\(^{31}\) Care responsibility is defined in Division 4, Section 49, Clauses 1–5.
although I was strongly committed to the importance of children providing their own informed consent to participate in research, it was also important that the education and care experiences of this group of children, who had been excluded without their awareness, should contribute to building knowledge on this important issue.

Case files have been used in other research without the full informed consent of participants. This is sanctioned under the principles of the Australian National Health and Medical Research Council Ethical Guidelines, when the case information is used only as the “basis for describing a phenomenon” (Tomison & Goddard, 1999, p. 8). Case file analysis also occurs regularly within non-government organisations and community service departments, and has been an important part of a number of Australian research studies regarding children and young people in care (Barber & Delfabbro, 2004; Cashmore & Paxman, 1996; Fernandez, 1996). In their longitudinal study of young people leaving care, Cashmore and Paxman (1996) argued that accessing the files was the “only reliable basis for making comparisons” between the young people they were able to interview and those they could not interview (p. 11). This approach also forestalled the situation where the children who were interviewed comprised too small a sample, or comprised a sample of children whose experiences did not reflect the diverse experiences of children in care. Community Services and the Southern Cross University Human Research Ethics Committee accepted these arguments and gave ethics approval for these files to be examined.

Avoiding Distress
A number of strategies were implemented for the children in the interview group to minimise causing them distress as a result of their participation in the study. These included an activity at the commencement of the first interview to support the child to identify significant adults they could talk to about situations that made them feel unsafe. Furthermore, the interviews themselves did not gather information on a range of issues that could lead to distress; instead the case file
review and caseworker interviews allowed such potentially sensitive personal information to be gathered.

To forestall or prepare for any difficulties related to children becoming distressed or making a disclosure, the following approach was discussed with the child before the commencement of any interview. If at any stage in the interview the child became distressed, I would discuss with the child the appropriate actions to take, drawing on the activity that had identified significant supportive relationships in their lives. If a disclosure about any risk of harm was made, I would work with the child in responding to that disclosure in a way that was child-centred and met reporting requirements. In the event of a disclosure, the interview was to be stopped and a discussion was to take place about what would happen and I was to explain to the child their option of accessing an independent counsellor through Interrelate. No child protection disclosures were made at any time during the research.

Other disclosures made by the children relating to harm that were not reportable (such as bullying) were discussed with the child to find appropriate ways to address these issues. In the course of the interviews with 31 children, only one child became distressed and the interview was halted while the bullying that was causing the distress was discussed with the child and his carer (who was present at the child’s request). The child and carer developed strategies that were subsequently implemented and I followed up to see how the child was faring in the days following the interview. Bullying was raised as an issue by a number of children and together we discussed whether the child had told anyone about the situation and whether they felt supported in this matter, which all participants did.

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32 If a disclosure was made, the researcher was required, under agreement with Community Services, to make a report to Community Services under section 27 of the Children and Young Persons (Care and Protection Act 1998) and the requirements of the Centre for Children and Young People Draft Child Protection Guidelines (Centre for Children and Young People, 2005).
33 For a summary of the number of interviews conducted with a carer or other person present see Table 3.4.
Confidentiality
Throughout the research process, confidentiality (with the exceptions previously outlined) was ensured by de-identifying and de-contextualising the data and any accounts of it in the outputs of this study. The six steps taken to uphold confidentiality for all participants involved in this research are outlined in Appendix N.

Ethics Committees
Research with children has increasingly focused on managing and minimising risk with a corresponding increase in governance in research. The strategies involved have been developed by adults for children (Danby & Farrell, 2004). Seeking approval for this research was a lengthy and demanding process and the Southern Cross University Human Research Ethics Committee undertook considerable assessment of risk. Throughout the ethical application process, the supervisors and I engaged with this committee to seek workable solutions to their concerns, and to meet Community Services requirements for the participation of the children in their care, while maintaining my commitment to hear directly the voices of children in care. As more research is undertaken with children, using a variety of methods (Hill, 2005), it is important that researchers and supervisors actively engage with ethics committees in a way that emphasises ongoing dialogue, learning and evaluation by all parties (Wise, 2009). Although this process was time consuming and challenging, the research ethics and methodology ultimately benefited from our efforts (Wise, 2009).

As outlined earlier, an initial ethics application was submitted to the Southern Cross University Human Research Ethics Committee to undertake Phase 1 of the research. This expedited ethics application took four months to be approved. The ethics application for the remainder of the study took three months to be approved. I attended a Human Research Ethics Committee meeting to address initial concerns, from which a sub-committee was convened to examine this
research application.\textsuperscript{34} Two written responses, and participation in a teleconference were required before the research was approved, albeit with a number of special conditions.\textsuperscript{35} Approval from the New South Wales Department of Education and Training was also required and the approval process was lengthy. The time from initial application to approval was ten months. Approval required two written responses, and a variation application.

**Gate-keeping by Caseworkers**

Adults in their roles as gate-keepers can help or hinder children’s participation in research (Wise, 2009). A central issue regarding gate-keeping for this group of children was the number of adults who formally or informally played a role in their lives (Bogolub & Thomas, 2005). This research met existing Community Services protocols which required caseworkers to provide consent for the children for whom they hold decision-making responsibility. Gate-keeping protocols are designed to protect children, but they may also limit the participation of capable and interested children (Wise, 2009). Gate-keeping can also affect children in different ways, with some groups of children less likely to take part in research than other groups (Bogolub & Thomas, 2005), particularly those in care.

In this research, the gate-keeping process involved the names of all children fitting the research criteria being provided to caseworkers, who then determined which children were in a position to participate. For the children who did not have an allocated caseworker, the manager of out-of-home care made the decision. If the caseworkers or managers decided that a child was not suitable to participate, they were asked to record the reasons as outlined below:

- Attending a school year other than Year 6, please state what year____
- Child’s ill health

\textsuperscript{34} In both applications I asked to be allowed to attend the ethics committee meeting when the application was first discussed, so that I would be available to respond to concerns that the committee had. While not usual practice, this was a worthwhile strategy.

\textsuperscript{35} See Appendix O for details of the special conditions. Following this approval, the researcher made three additional changes of protocol applications to Southern Cross University Human Research Ethics Committee as outlined in Appendix O.
• Child is currently changing placement
• Child is currently returning home
• Child has returned home
• Child's placement is currently too fragile
• Child is too distressed to participate in research
• Child is missing or transient
• Child is too violent to participate in research
• Other please state ______________________________

These reasons were selected following a review of the relevant literature (Community Services Commission, 2000; Fox et al., 2000; Gilbertson & Barber, 2002), and after discussions with participants in Phase 1. Murray (2005) argued that many of the reasons offered for why children in care are not able to participate in research were based on a child “protectionist model” not a “citizen with rights model” (p. 61). One of the main reasons that caseworkers may veto participation is that they believe involvement would be against the child’s best interests. The Community Services Commission (2000) in New South Wales found this veto reduced their sample size by 58 per cent. Yet in this guise of protecting children and acting in their best interests, some children who may have been willing and eager to participate in this research were prevented from doing so.

This process of determining which children were eligible and available for the study took place in 14 Community Services centres. The length of this process resulted in considerable delays. Some of the issues that delayed this process included:

• The time that it took for the centres to make decisions about the children on the list they had been provided - between one week and eight months;
• One centre did not respond to any contact from the researcher regarding the gate-keeping process for a period of 12 months;
• The lack of continuity of contact persons in the centres: a research contact was designated in each of the centres but many changed roles during the course of the study, leaving other staff members to take over, many of whom had had no prior involvement with the research;
• The gate-keeping process stretched into the Christmas period and therefore received little attention during this busy time for caseworkers, children and their carers;
• Staff changes through secondment and movement to different roles across all three regions and
• The high workloads of many caseworkers which meant that they had little time to assist the research.

Gaining the confidence of caseworkers and establishing good communication with them is critical in the process of research with children in care (Thomas & O’Kane, 1998). Yet as Wise (2009) highlighted, when caseworkers are involved in the recruitment process, this can be difficult if the process is time consuming, if there is a competing priority or if the research is seen by them to have little value or relevance to their work. A breakdown of the Community Services centres’ ‘gate-keeping’ processes in this study showed that while most centres excluded between 0 to 25 per cent of potential participants, one Community Services centre excluded 62 per cent. This high level of exclusion may have been linked to the significant numbers of children who had no allocated caseworker at this centre. As well as raising quality of care issues, this highlights the issue of who was qualified to make an adequate assessment of whether a child was in a position to participate in the research if they had not been seen by the department for a period.

Gate-keeping by Carers
Other research has identified that children rarely decide independently whether they will participate in research; carers generally give their own consent before children are invited to participate (Murray, 2005). The ethical process for this
research did not formally require the consent of the child’s carers. However, their cooperation and informal consent are critical to the success of any research with children in care. In practice, carers arranged all aspects of children’s participation in this study. All of the phone calls I received regarding children’s participation were from carers and none were from the children themselves. My first contact with children was not until I arrived for the interview. Not having contact with the children before the interview required assurances of the child’s consent via their carer. I was unable to work directly with the children prior to arriving for the interview to select an appropriate location or to determine whether a significant adult would be present during the interview and who that might be.

Carers, like all parents, are busy with the day-to-day care of the child and often other children as well. They may have demands on their schedule related to the circumstances of these children being in care, with associated medical visits, counselling or therapy, case review meetings and contact with birth families. Children in care often have many adults coming in and out of their lives, so the disruption of a researcher coming in to discuss education and children in care may be of concern to some carers. In this research it was not surprising that many carers expressed support for the research to caseworkers, but did not get in contact. There was also a need for an alignment of the research subject area with the carer’s own interests; for instance, many carers who got in contact had expressed their own concerns about education and children in care. Distrust of researchers was also indicated as an issue by carers during this study. On two occasions, I was presented with informal feedback about a previous researcher not following through on promised actions. Such failures generate some valid scepticism of the ethics of researchers working in this field. In another instance, one family had not responded to the information packs, but three months later, after meeting me in a different context, they discussed the research with their grandson and arranged an interview. Trust and confidence was established through a face-to-face meeting.
Carers also had their own perspectives on whether children were in a position to participate in research. Three carers contacted me to inform me that the child that they cared for was ‘unsuitable to participate’ in the study. The carers offered the following reasons: one child had significant disabilities that precluded his participation; for another child there was an impending placement breakdown; and for the third child, the carer was concerned that the interview would be unsuitable, as the child ‘no longer thought of themselves as being in care’.

3.2.3 Data Collection and Management

This section outlines the approach that was followed to collect and manage the data for the four phases of the research design.

Phase 1
Phase 1 interviews were undertaken with senior staff in the education and out-of-home care sectors to clarify the research questions and methodology. Interviews were held at the participant’s office, with the exception of one phone interview for a participant who was interstate. With the consent of the participants, the interviews were recorded electronically. If permission was not given, detailed field notes were taken during the interview, again with the consent of the interviewee.

Phase 2
The purpose of Phase 2 was to chart the educational outcomes for children and young people in care, using statewide educational performance measure. The development of the data for Phase 2 required a process of matching data from the Department of Education and Training with data from the New South Wales Community Services, facilitated by a memorandum of understanding between the two departments. Once matched, the data was provided as aggregate data for the test areas outlined in Appendix P with the breakdown in results as follows:

- Indigenous status;
- Gender;
• Living situation (Years 3, 5 and 7 data); and
• Length of time in care (Years 3, 5 and 7 data).

Please refer to Appendix P for a full description of the data matching procedure.

Phase 3

The third phase of the study involved the development of case studies of children in care. In obtaining a group of children for the study, the following steps were taken:

• Developing and consulting on research parameters;
• Meeting with the Community Service centres to discuss and provide information regarding the research;
• Obtaining a list generated by Community Services of potential participants;
• Distributing the list to Community Service centres for a decision to which children could participate;
• Posting information packs to children who were potential participants, and their carers; and
• Being contacted by children or their carers.

As the aim for the case studies was 50 children, two samples with the same criteria were required when the first sample did not provide sufficient numbers after the gate-keeping process. A total of 14 Community Service centres, from across three regions were involved in the research out of a possible 86 centres across New South Wales.

Once the list of children was ‘vetted’ by caseworkers in the relevant Community Service centres, information packs were forwarded for the centres to distribute.\footnote{See Appendix Q for details of the distribution.} Following this process, I made contact with all of the Community Service centres to confirm receipt of the information packs by children and carers and to gauge their possible interest in participating. Some of the Community Service centre
caseworkers engaged with me in following up with the children, while in other centres there were significant difficulties in finding out whether all the children received the packs. In some cases there were difficulties in finding out how many packs had been sent. It was advantageous to have one person who understood the research who could follow up with the children, rather than relying on individual caseworkers. The follow-up process in the two Community Service centres where this happened showed that children and their carers were often interested in participating in the research. This process also revealed that some children and carers did not receive the initial information packs. This follow-up process was an integral part of the research and without this, there would have been only six participants in this research.

Table 3.1 outlines the number of potential participants in this study, the number of children excluded through the gate-keeping process and the number of participants.

Table 3.1: Summary of Potential, Excluded and Actual Participants

<table>
<thead>
<tr>
<th>Number of potential participants</th>
<th>Number of children excluded</th>
<th>Number of children sent packs</th>
<th>Number of children who participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for sample 1 and 2</td>
<td>162 children</td>
<td>47 children (29%)</td>
<td>115 packs sent to children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>confirmed excluded by the gate-keeping process.</td>
<td>32 children/carers declined to participate (28%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 children withdrew after initial consent (3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>46 children status unknown (40%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 placement breakdowns (2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31 children participated (27%)</td>
</tr>
<tr>
<td>Review of case files for 25 children from this group.</td>
<td>115 packs sent to children</td>
<td>31 children interviewed</td>
<td></td>
</tr>
</tbody>
</table>
As noted previously, a request was made to all caseworkers to record information about the reasons for children being excluded from the study. However, this information was provided for only 32 (68%) of the children who were excluded. There was no overall difference by gender (44% male and 44% female, 12% gender unknown), although research in the field has suggested that males were more likely to be excluded (Murray, 2005). Three of the four children who were excluded because they were deemed too violent to interview were male and the gender of the fourth child was not stated. The four children who were excluded because they had returned home, or were returning home, were all female. The reasons for exclusion are outlined in Figure 3.3.

![Figure 3.3 Gate-keepers’ Reasons for Children’s Exclusion From Research](image)

**Note.** Other reasons included the carer had just had a baby, the child was having problems related to school i.e. extensive bullying, and the child was involved in an abuse in care allegation.

**Children in the Interview Group**

For the children who agreed to participate in the research, an interview time was established after school hours or during school holidays. Following a confirmatory phone call 24 hours before the interview, I met face-to-face with the child for the interview. The children had the option of having their carer/s or
another significant adult present with them for their interview. The presence of an adult can act as a support for the child. However, this presence can also “regulate children’s voices, by challenging or redefining what they say and, similarly, older or more confident siblings may dominate the direction of discussions” (O’Kane, 2000, p. 151). In the case of Aboriginal children, discussion took place regarding my non-Indigenous cultural status and the option of having an Aboriginal person present during the interview to uphold the cultural safety of the child (Bin-Sallik, 2003; Williams, 1999). I was informed that one child was Aboriginal, but this child did not want an Aboriginal person present for the interview. This was discussed with the child by their carer and caseworker and confirmed with me before the interview commenced. Another child mid-interview stated they were Aboriginal, so an Aboriginal person was also not present for that child. The presence or absence of adults and the location of the interview are outlined in Table 3.2.

Table 3.2: Details of Children’s Interview Situations

<table>
<thead>
<tr>
<th></th>
<th>Interview 1</th>
<th>Interview 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>n</em> = 31</td>
<td><em>n</em> = 26</td>
</tr>
<tr>
<td>Other people present during interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Carer/s present</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>• Sibling present</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>• No adult immediately present in room</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Location of the interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Home (placement)</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>• Phone interview – due to family circumstances</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>• Other – including Fast Food outlet and friends house who were also being interviewed</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Participant review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview transcript sent to child on their acceptance</td>
<td>12</td>
<td>14</td>
</tr>
</tbody>
</table>
At the end of the first interview children were given a $20 bookstore voucher to thank them for their participation in the study. They had no prior knowledge of this gift. Following feedback from children, a generic voucher that could be used at a variety of department stores was given to children at the second interview.

All children in the study were asked if they would like to be sent a copy of their interview transcript at the conclusion of each of the two interviews. Many children were eager to take up this offer and two of the children requested the electronic audio recording of the interview, which was downloaded to disk and posted to them. Children were provided with a stamped, self-addressed envelope for them to send back any feedback or changes to me; however, none was received during the course of the research.

Eleven months after the first interview was undertaken, I wrote to all the children advising that I would telephone in the following weeks to see if they would like to participate in a further interview. Carers were also informed in writing of this invitation, and the carers were also sent an information pack for them to consider if they would like to take part in an interview. Twenty seven (27) children from the original sample of 31 agreed to be interviewed a second time (87%); however, one child’s carer cancelled the second interview and then remained uncontactable after moving house. Of the remaining four children who declined to participate in the second interview, three other children declined to participate in the second interview and one child and their carer did not respond to any of the phone messages or correspondence sent. The reasons given included recent placement changes, being too busy with after-school activities and illness.

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37 For a few children the length of time between the two interviews was less than 12 months as there had been delays in the first interview being undertaken.
**Phase 4**

The fourth phase of the study involved the focus groups and interviews in the three regional areas with the following stakeholders: Indigenous carers, non-Indigenous carers, non-government caseworkers, government caseworkers, Department of Education and Training school principals and Out-of-Home Care Program teachers. The purpose of Phase 4 was to understand the issues associated with the educational engagement and outcomes of children in care, and the strategies that are needed to respond to these issues. Early feedback from the Department of Education and Training indicated that there was little likelihood of being able to bring together a group of school principals and Out-of-Home Care Program teachers in each region. Southern Cross University Human Research Ethics Committee and Department of Education and Training approval was obtained to undertake interviews, rather than focus groups, with these stakeholders. Fourteen interviews with education staff and ten focus groups were conducted, involving 115 participants, at locations negotiated with each of the stakeholder groups or interviewees. The majority of interviews and focus groups were electronically recorded and transcribed for analysis. Several were recorded with handwritten notes.

**Quantitative Linkage Procedure Phase 2**

This part of the study involved linking the administrative data across two New South Wales Government departments – Community Services and the Department of Education and Training, for children and young people in care. Community Services created a unit record file for all children aged 8 to 13 in years 2004 and in 2006 and for all young people aged 15–17 in 2006 containing the following information for each child:

- A unique identifier for each child (developed by Community Services and the Department of Education and Training);
- Child’s first and last name;
- Gender;
- Date of birth; and
• Indigenous status.

These files were then sent to the Department of Education and Training to be linked with the appropriate test scores. On return to Community Services, additional out-of-home care data was added. Matching the unit record files for the two departments was problematic because their administrative data sets hold information in different formats. Three different matching processes were undertaken for the data sets (see Appendix P).

For the literacy and numeracy test results, the out-of-home care data were matched against the 2004 and 2006 result files for the Year 3 Basic Skills Test, the Year 5 Basic Skills Test, Year 7 and Year 8 SNAP (Secondary Numeracy Assessment Program) and Year 7 and Year 8 ELLA (English Literacy and Language Assessment). In 2004, 846 children representing 20 per cent of all children in care in that age group were matched. By 2006, Department of Education and Training administrative data sets had been developed further, allowing a more comprehensive matching of children’s names and dates of birth. The number of children matched following this process was 1149, representing 26 per cent of all the children in care in that age group. There were 1399 young people aged 15–17 as at 30 June 2006, and data on their educational status was available for 23 per cent of all young people in care in that age group ($n = 322$).

**Data Analysis**

This section reviews the steps taken to uphold the rigour and quality of the data analysis process. Merriam (1988) asserted that concerns regarding quality in research can be addressed through thorough attention and documentation of the research conceptualisation, data collection, analysis and interpretation processes. A range of different strategies was employed to ensure the quality of the findings in this research including: triangulation of data and methods, peer examination of strategies, providing ‘rich’, ‘thick’ data, cross-case analysis and outlining the characteristics of the participants.
Qualitative Data

A grounded theory approach to data analysis has been applied to the qualitative data utilising Charmaz’s (2006) flexible approach to grounded theory principles and practices. Interviews and focus group transcripts were coded line by line into the NVIVO software program. The benefits of NVIVO are the rigour it provides to the organisation of the large amount of qualitative data, and the facilitation of extensive interrogation of the data (Bazeley, 2007). The data analysis commenced with detailed ‘open coding,’ which aimed to develop as many categories as required without making any judgements at that stage about what categories were more important (Dey, 2004). No codes had been developed before the coding process; all were developed through immersion with the data. The one exception was where the data was coded directly to one interview question: where the children were asked their advice on what various stakeholders should do to assist children with their education. Where relevant, ‘in vivo’ codes were used to capture the language used by the participants. Once the coding process reached a point where 115 different codes had been established, hierarchical nodes were developed in NVIVO, drawing together the patterns of association between codes (Bazeley, 2007). Focused coding utilised the codes and nodes that were most significant and relevant to the research questions to categorise the remaining data, seeking to further understand connections and relationships between the codes. Thematic analysis occurred through the development of memos at all stages, exploring prominent concepts and key nodes, my reflections and theoretical connections. These memos informed the structure and underpin the three qualitative findings chapters; (a) children’s experiences and views, (b) children and adults views on transitions; and (c) adult views of the factors that support and impede education for children in care.

For the individual case studies of children, the information provided by the child, their caseworker, their carer and the review of their case file, was triangulated to provide a comprehensive documentation and understanding of each case. This
process sought to present complementary and divergent views and timelines related to the key transitions.

**Quantitative Data**

For the quantitative data in Phase 2, the test results were provided by the Department of Education and Training to Community Services as aggregate data. Community Services undertook the analysis of variance to explore the influence of the variables of gender, indigenous status, length of time in care and care status on the test results for all children in care in the literacy and numeracy tests. Comparison between mean test scores of children in care and all children in the state were undertaken using independent T Tests. In Phase 3, the children’s quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS) for analysis, utilising descriptive statistics. Quantitative data collected in the children’s interviews were also analysed in SPSS using descriptive statistics.

**3.2.4 Characteristics of Participants**

Many of the primary stakeholders involved in the care and education of children in care, including the children themselves, participated in the various phases of this research. In total, 243 participants were involved (Table 3.3).\(^\text{38}\), \(^\text{39}\)

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\(^{38}\) All tables and figures in this chapter were compiled for this research.  
\(^{39}\) No adults were excluded from participating in this study.
**Table 3.3: Characteristics of the Participants in the Interviews and Focus Groups**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Group</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>Indigenous</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Government</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>-</td>
<td>Metro 8</td>
</tr>
<tr>
<td></td>
<td>Non-government</td>
<td>13</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>Metro 13</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Children</td>
<td>56</td>
<td>27</td>
<td>29</td>
<td>8</td>
<td>Metro 10</td>
</tr>
<tr>
<td></td>
<td>Carers</td>
<td>19</td>
<td>17</td>
<td>2</td>
<td>0</td>
<td>Metro 5</td>
</tr>
<tr>
<td></td>
<td>Caseworkers</td>
<td>32</td>
<td>25</td>
<td>7</td>
<td>3</td>
<td>Metro 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional 46</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Carers</td>
<td>49</td>
<td>46</td>
<td>3</td>
<td>11</td>
<td>Metro 18</td>
</tr>
<tr>
<td></td>
<td>Caseworkers</td>
<td>19</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td>Metro 0</td>
</tr>
<tr>
<td></td>
<td>Non-government</td>
<td>33</td>
<td>22</td>
<td>11</td>
<td>3</td>
<td>Metro 15</td>
</tr>
<tr>
<td></td>
<td>Caseworkers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional 18</td>
</tr>
<tr>
<td></td>
<td>Education staff</td>
<td>14</td>
<td>4</td>
<td>10</td>
<td>NA</td>
<td>Metro 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional 11</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>243</td>
<td>170</td>
<td>73</td>
<td>30</td>
<td>Metro 84</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Regional 159</td>
</tr>
</tbody>
</table>

*Note.* Each of the carers and caseworkers participated in only one phase. For one Phase 3 interview, two caseworkers were present. One of the carers in Phase 3 was a birth parent who was interviewed after the child was restored during the study.

**Characteristics of the Children**

This section examines the characteristics of the 56 children in Phase 3 of the study. It is important to provide extensive details of the children’s characteristics to allow the diversity of children’s profiles to be recognised. The sample parameters for this phase of the study were as follows:

- The child's age at 31st October 2006 – 11 years 3 months to 12 years 9 months;
- Entered care before the age of 11;
- The child is overviewed by selected Community Services centres in the research regions; and
- Parental responsibility is to the Minister for Community Services.

Of the 56 children, 31 (55%) participated in one or two interviews and their case and electronic files were accessed; 25 (45%) were excluded from the study by caseworkers and only their case files and electronic files were accessed.\footnote{The reasons for children’s exclusion are detailed in the section Gate-keeping by Caseworkers later in this chapter.} The gender and participation status of the children are shown in Figure 3.2.

![Figure 3.2: Gender and Participation Status in the Research](image)

As at 30 June 2008, all of the children were aged between 12 and 15 years of age; 5 per cent were aged 12 ($n = 3$), 59 per cent were aged 13 ($n = 33$) and 36 per cent were aged 14 ($n = 20$). Their dates of birth spanned an 18-month period from the end of 1993 to mid-1995. All of the children were originally located in the three regions selected for the study (two regional, one metropolitan), but during the course of the study four children moved to different regions, as outlined in
Table 3.4. All of the regional moves resulted in school changes given the geographic distances, as well as a change of caseworker.

Table 3.4: Regional Location of Children

<table>
<thead>
<tr>
<th>Region</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1 - Metropolitan</td>
<td>10</td>
<td>17.9</td>
</tr>
<tr>
<td>Region 2 - Regional</td>
<td>29</td>
<td>51.8</td>
</tr>
<tr>
<td>Region 3 - Regional</td>
<td>13</td>
<td>23.2</td>
</tr>
<tr>
<td>Other Regions</td>
<td>4</td>
<td>7.1</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The case file review identified 28 children (50% of the group) as having a diagnosed physical, intellectual or mental health disability. This group included 21 children (38%) who had a diagnosed mental health disability. At least 23 children (41%) faced problems such as speech or developmental delays and learning difficulties, while 32 children (57%) had behavioural or emotional problems. The children in the interview group had a similar proportion of disabilities to children who were not interviewed (48% interviewed, 52% excluded). There were 17 children (30%) who did not have any diagnosed disability, and the status of a further 11 children was unknown. In each of these categories (physical, intellectual or mental health disability), between 11 and 13 children had no information on file to make an assessment of whether they had any disabilities or problems.

Nine of the children (16%) were defined by Community Services as children with ‘high and complex needs’.\(^{41}\) One of the ‘high needs’ children was interviewed, while the other eight were excluded from participating in the interviews. Of the

\(^{41}\) ‘High needs’ children is the term utilised by Community Services to refer to children and young people in care who have challenging or risk taking behaviours that places themselves or others at serious risk of harm, they may have mental health issues, or a disability that impedes their normal life, is life threatening or requires constant monitoring or intervention (NSW Department of Community Services, 2008a).
nine children in the ‘high needs’ category, seven had a diagnosed disability, one did not, and there was not sufficient information on file for one child to determine if he had a diagnosed disability.

Of the 56 children, 52 were born in Australia (93%) and eight were Indigenous (14%). Three children were born overseas and the place of birth of one child was not recorded. Five of those born in Australia had a culturally and linguistically diverse background and for four children there was no information on file about their cultural backgrounds.

**Life Experiences Before Entering Care**

For the 56 children in the study, according to reports to Community Services, their family life before entering care was often affected by domestic violence and drug and alcohol abuse (59% and 61% respectively). Almost a quarter had been inadequately supervised (23%) and almost half experienced neglect (48%). Ten children were sexually abused (18%) and a further three children were suspected of having been sexually abused or were at high risk of being sexually abused. Seven children had been homeless (13%), and almost a fifth \((n = 11)\) and/or their siblings were attending school irregularly before entering care. The parents of five of the children had physical or intellectual disabilities and one or both of the parents of seven children had mental health disorders.

At the time of entering care, a quarter \((n = 14)\) were living with both of their parents and a third of the children \((n = 19)\) were living with one of their parents. Twelve children were living with one of their birth parents and their birth parent’s partner at the time of entering care and for 10 children no information was on file. One further child was taken into care at hospital shortly after birth. Most of the children were from families where there are other children. The children in this study had between one and 11 siblings \((\text{mean 3.3, SD = 2.0})\). Only one child in the study was an only child. Half of the children had two or three siblings, while 20 per cent had four or more siblings. Some children with step-siblings had little or no contact with them.
Care Entry and Experiences

For many children in the study, their childhood had been intertwined with the child protection system. Most of the children were well known to Community Services through multiple reports of the children themselves and of their siblings. Over half of these children had entered care numerous times. The initial entry was often in a short, temporary care arrangement. For some, re-entry was a result of one or more failed attempts at restoration with birth parents. Thirty (54%) of the children in the study experienced between 2 and 18 care entries (mean 2.5, SD = 2.7); with 26 children (46%) entering care only once. Of the excluded group, 68 per cent entered care more than once, compared with 42 per cent of the interviewed group, although this difference was not statistically significant. For a small group of children, however, there was only one report, that being the one which resulted in their entry to care, generally through abandonment or the disclosure of sexual abuse.

A third of the children entered their current care period as infants or preschoolers (34%), and had spent much of their childhood in care. A further 43 per cent entered care between five and nine years of age and 23 per cent entered care as they approached adolescence (see Table 3.5).
Table 3.5: Number of Care Entries and Age Child Entered Care in Current Period

<table>
<thead>
<tr>
<th>Age entered care this period</th>
<th>Total number of care episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>&lt; 1 years</td>
<td>4</td>
</tr>
<tr>
<td>1 - 4 years</td>
<td>7</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>10</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>5</td>
</tr>
<tr>
<td>n</td>
<td>26</td>
</tr>
</tbody>
</table>

The children resided in a variety of living arrangements in care, including kinship care, foster care, residential care and placement with their birth parents. Many had changed placements during their time in care. At the time of the study, the majority of children were in foster care, with a smaller number in kinship care, residential care and with non-related persons (see Table 3.6). There were few differences in placement type between the interviewed and excluded groups of children, apart from three of the four children in residential care being in the excluded group. All of the children in the care of a non-government agency were in foster care ($n = 16$) or residential care ($n = 3$) whereas the children in departmental placements were also in kinship care, with birth parents and non-related persons.
Table 3.6: Number of Children in Current Placement Type by Type of Service Provider

<table>
<thead>
<tr>
<th>Placement type</th>
<th>Government Service Provider</th>
<th>Non-Government Service Provider</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>Kinship Care</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>19.6</td>
</tr>
<tr>
<td>Foster Care</td>
<td>19</td>
<td>16</td>
<td>35</td>
<td>62.5</td>
</tr>
<tr>
<td>Residential Care</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>7.1</td>
</tr>
<tr>
<td>Birth parent</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>7.1</td>
</tr>
<tr>
<td>Non-related person</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td><strong>37</strong></td>
<td><strong>19</strong></td>
<td><strong>56</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Note. At the time of the study the four children restored were still officially in care with parental responsibility allocated to the Minister of Community Services.

Over half (61%) of the children in the study had lived in their current placement for two or more years, 27 per cent had lived in their current placement for two to five years and 34 per cent had lived in their current placement for five years or more. Two children had only been in their current placement for less than a month, 12 for between 1 to 12 months, and eight had been in their current placement for one to two years. Many children, however, had experienced a range of other placements earlier in this and previous care experiences. The mean total number of placements within this care entry was 4.3 (median 4, SD = 2.9= 2.9). The mean total number of placements for all care entries was 5.5 (median 4, SD = 3.9). There was no significant difference in the number of placements between the interviewed and the excluded group of children.

As noted earlier, 55 of the 56 children had at least one sibling and half (51%) of the children with siblings, lived with one or more of their siblings. There were four groups of siblings in the study, including two sets of twins. Despite some of the larger families being separated in the care system, nearly 1 in 5 children (18%) lived with between two and six siblings.
Comparison with All Children in Care in New South Wales

As at 30 June 2009, there were 15,211 children in care in New South Wales (NSW) (Australian Institute of Health and Welfare, 2010). All of the comparison data in this section are derived from the Australian Institute of Health and Welfare *Child Protection Australia 2008–2009* report. The gender distribution of the children in this study was similar to that for all NSW children in care, but fewer were Indigenous (14% in this study compared with 33% for all NSW children in care).

The average age at which the children in this study entered their current care episode was slightly higher than the average age at which children in care in the state as a whole entered their current care period. Although a similar proportion from this study and the state as a whole entered care under the age of one and remained in care.

The children in this study had on average been in care longer than all children in care in NSW. Only 5 per cent had been in care for less than two years, whereas 39 per cent of all children in care in NSW had been in care for less than two years. Over 91 per cent of children in this study had been in care for two or more years, whereas only 61 per cent of all children in care in NSW had been in care for two or more years. This study had a higher percentage of children living in residential care (7% compared with 2%), and slightly fewer (93% compared with 97% for the state as a whole) living in home-based care. For the children in the study, the length of time in the current placement was similar to the state average. For both the study group and the state as a whole, approximately a quarter of children had been in continuous placement for between two and five years and a third had been in continuous placement for five or more years.

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42 Fewer children in the sample of potential participants in this study were Indigenous (17%) in comparison with the statewide data on children in care.
43 For both the New South Wales children and the children in the study, they may have entered out-of-home care previously at a younger age.
44 Length of time in out-of-home care was not available for two children.
3.2.5 Limitations

While this exploratory study offers valuable findings on educational engagement and achievement, there are several limitations that warrant comment. The barriers faced in undertaking this research included data not being available, delays in obtaining access to data through organisational and ethical processes, and gate-keeping by various adults. In addition to the limitations related to the methods, the following aspects of the study have an influence on the generalisations that can be drawn from it.

The first relates to the use of departmental data sources. A number of researchers have noted the limitations of using case files, as the relevant information may be missing, incomplete or inconsistent, reflecting the judgements and busyness of the various people who fill in the records (Heath et al., 1994; NSW Centre for Parenting and Research, 2005; Osborn & Delfabbro, 2006; Uniting Care Burnside, 2004). Educational information in particular has been identified as lacking (Uniting Care Burnside, 2004; Zetlin, Weinberg, & Luderer, 2004). For two children, only one volume of their case files could be located and in other files, key items of data were not recorded. Extracts from individual children’s electronic files supplemented some of the missing data, but did not answer all of the questions sought from the case file review.

With respect to the quantitative data, there were a number of limitations to the data matching in this project due to the differences in the way the two relevant state government departments operate, the wide variation in school starting ages and that it was not possible to obtain the educational data on a significant proportion of children known to be in care at that time. One of the significant differences between the two departments was that Community Services operates on a financial year basis, while the Department of Education and Training
operates on a calendar year which is aligned with the school year. As a result, Community Services data based on 30 June may not directly correspond to the testing periods of March and October in 2004 and 2006 as there may have been some variations in care entries and exits between these points. Another limitation was in the capacities of the two departments’ information systems. Community Services has one statewide information system; the Department of Education and Training information systems are more disparate, with two systems for enrolment data and assessment data. These information systems were undergoing changes, so in 2006 children were checked against the statewide enrolment census and then against the assessment data, while in 2004 the children were only matched against the assessment data. Additionally, there were challenges in matching the children’s names across the departments’ information systems, children in care may go by a variety of names or spellings of names. Where these children could not be matched, they were excluded. Furthermore, with the School Certificate and Higher School Certificate data a less extensive matching process on derivatives or similar names was undertaken. Community Services suggested that some failures to achieve a match may have arisen because some young people ‘aged out’ of care or may have been discharged before undertaking the Higher School Certificate in October.

The number of students not included in the study is a further limitation. One reason for the failure to match the education and care data for children in care was the age at which children commenced school ranged from 4 years 6 months to 6 years – an 18-month variation. To take this into account, the age of children in care (as at 30 June 2004 and 2006) 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 not have been in these years in 2004/06, and 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). Queensland has previously reported that between 14 and 18 per cent of children in care were exempted from the tests (CREATE Foundation, 2006b). Although the test result findings from this study correspond with those from other Australian studies, the large group of students in care who could not be data matched may have outperformed or underperformed compared with the group for whom data could be matched. This would limit the generalisability of the findings.

A further limitation is that the state cohort data used as a comparison group for children in care includes the children in care. In 2006, there were 1,149 children in care participating in the literacy and numeracy tests compared with 220,000 children across the state (NSW Department of Education and Training, 2007a). In the School Certificate there were 268 young people in care matched compared with 87,056 young people across the state. In the Higher School Certificate there were 54 young people in care matched compared with 66,185 young people across the state (Board of Studies NSW, 2006). Since children in care represent less than one percent of all students, however, the inclusion of their results is unlikely to have had a significant effect on the analysis.

One final limitation was the limited analysis that could be made on all of this matched performance data. Aggregated data rather than unit level data was provided for the study and Community Services therefore undertook most of the

[45] In Years 3, 5 and 7 children can be exempted from sitting for the tests if they are either newly arrived in Australia (less than a year before the tests) and have a language background other than English, or if they have significant intellectual or functional disabilities. All other children with disabilities or difficulties are expected to participate. However, parents and caregivers have the right to withdraw their child from testing and this is classified as parent withdrawal rather than exemption (NSW Department of Education and Training, 2009c).
statistical analysis. This restricted the range of analyses that could be conducted. A key area of interest would have been to examine the longitudinal results of the children who sat both the 2004 and the 2006 tests to assess changes in performance over that time. Regression analysis, separately on both the literacy and numeracy outcomes, and the variables of gender, indigenous, status, placement type and length of time in care would have been valuable to further understand the relationship between children’s characteristics and outcomes.

For the caseworkers and carers involved in the case study interviews, the length of their relationship with the child in care was likely to have affected their perspective and knowledge about the child, and in some cases where the relationship was relatively short, they could not provide the information sought. Some children did not have a caseworker allocated, and so there was no one available to interview who was currently involved with the child.

There are several further issues that may affect the generalisations that can be made from the children interviewed in Phase 3 of this study, including:

- Gate-keeping by caseworkers and carers
- Capacity to recruit participants
- Capacity to keep participants in the study over a 12 month period

These issues across different points of the study may have affected the representativeness of the group interviewed, from all children in care. Gate keeping by caseworkers and carers prevented the involvement of a substantial proportion of children, with 29 per cent of potential participants (n = 47) being excluded by Community Services. Additionally the placements for two children broke down between the time they were offered the opportunity to participate in the research and the time arranged for their interview. This resulted in their withdrawal from the research by Community Services. As this research involved caseworkers determining the appropriateness of children’s participation, it is likely that the children who were interviewed were more likely to be perceived to be doing well in their schooling and out-of-home care contexts. Gilbertson and
Barber (2002), for example, argued that children who are excluded because they ran away, because they were assessed as violent, because of instability in their placement, because they were personally distressed or because they would have found the discussion upsetting, represent some of the ‘most troubled’ children in care yet their voices are not heard. The children who were excluded may therefore represent a more ‘troubled’ group of children in care.

Similarly, a further group of 84 children did not participate in Phase 3 of the study as they or their carers declined involvement or did not respond to the information packs. These children’s views and experiences may not be reflected in those of the 31 interviewed children. Additionally, there was a 16 per cent \((n = 5)\) attrition rate for this study from the first to the second interview. A similar English research project that tracked a group of children and young people in care had a 30 per cent attrition rate, which led the researcher to note that the group who left the study "may represent a disaffected group due to turbulent care or educational experiences" (Harker, Dobel-Ober, Akhurst, Berridge, & Sinclair, 2004, p. 277). The case file reviews indicate that several of the children who withdrew from this study experienced a number of changes in placement and schooling in the period between the first and second interview.

In summary, these various constraints are similar to those experienced by other researchers in this field.

### 3.3 Chapter Summary

This chapter has outlined the value of Childhood Studies and Ecological Systems Theory in understanding how children in care are faring with their school education. A Childhood Studies approach places the perspectives and experiences of children at the forefront of research endeavours. Therefore, considerable emphasis was placed on the importance of hearing directly from children in care to ensure they had the opportunity to inform the debate about
how to improve their school education and that of other children in care. With children’s participation at the forefront of planning for this research, the discussion in this chapter has given extensive attention to ethical considerations, to the challenges and to the methods that were implemented to facilitate children’s informed participation. Despite the limitations outlined, the scale of the research and the diversity in participants and methods, as well as the reported experiences of children in care, provided several rich sources of data to address the research problem. The next four chapters present the findings.
Chapter 4 The Educational Outcomes of Children and Young People in Care

In New South Wales, there has been little quantitative research into the educational performance of children and young people in care. This study is the first to examine their educational achievement using the standardised tests that most students across the state participate in during Years 3, 5, 7, 10 and 12. This chapter presents these findings. The first section reviews the findings of the quantitative component of the study: the results of the literacy and numeracy tests, the School Certificate and the Higher School Certificate for children and young people in care. These tests involve children and young people in care from Year 3 through to Year 12, the final year of school. The results of the literacy and numeracy test results of the 56 children in the case study sample, as well as the academic, social and behavioural issues for this group are also examined. The chapter concludes with a discussion of the findings in light of the literature.

4.1 Literacy and Numeracy Tests Years 3, 5 and 7

As outlined in chapter 3, the literacy and numeracy tests are conducted in Years 3, 5 and 7. Schools also have the option of retesting Year 8 students who completed the test previously in order to compare results (NSW Department of Education and Training, 2007a). These tests 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).
4.1.1 Size of Study Population

Data were obtained for 1,995 children in care who sat the literacy and numeracy tests in Years 3, 5, 7 and 8 in New South Wales government schools in 2004 and 2006. As at 30 June 2004, there were 4,190 children in care in NSW who were aged 8 to 13. Of these children, the Department of Education and Training was able to match 846 children who sat the statewide literacy and numeracy tests in Years 3, 5, 7 or 8 in 2004. As at 30 June 2006, there were 4,370 children in care who were aged 8 to 13. Of these children, the Department of Education and Training was able to match 1,149 children who sat the statewide literacy and numeracy tests in Years 3, 5, 7 or 8 in 2006. A breakdown of the study population for each test and year is presented in Table 4.1.

Table 4.1: Number of Children in Care for Whom Literacy and Numeracy Data was Available by Year

<table>
<thead>
<tr>
<th>Testing Year</th>
<th>2004</th>
<th>2006</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 3</td>
<td>223</td>
<td>330</td>
<td>553</td>
</tr>
<tr>
<td>Year 5</td>
<td>245</td>
<td>345</td>
<td>590</td>
</tr>
<tr>
<td>Year 7</td>
<td>229</td>
<td>268</td>
<td>497</td>
</tr>
<tr>
<td>Year 8</td>
<td>149</td>
<td>206</td>
<td>355</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>846</td>
<td>1,149</td>
<td>1995</td>
</tr>
</tbody>
</table>

Table source: The New South Wales Community Services and the Department of Education and Training.

There were several reasons why information on the test performances of students in these standardised tests was available for only 20 per cent (2004) and 26 per cent (2006) of all the children in care who were potentially eligible to sit the tests, as outlined earlier (chapter 3). The increase in matching in 2006 is
probably attributable to the more extensive matching process that was undertaken with the data set (see Appendix P).

4.1.2 Mean Test Scores for Students in Care

In 2004 and 2006, 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 (Table 4.2). As noted in chapter 3, the group all children in the general population included children in care. While ideally, the comparison would have been between children in care and children in the general population not in care, this breakdown was not available. Since the children in care comprised only a small proportion of this group (approximately 1%), the comparison that was made is still valid; not excluding the in care children’s scores from the overall scores may, however, provide a slight underestimate of any comparative differences in scores.
Table 4.2: Mean Test Scores of Children by Care Status

<table>
<thead>
<tr>
<th></th>
<th>Year 3</th>
<th></th>
<th>Year 5</th>
<th></th>
<th>Year 7</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children in care</td>
<td>All children tested</td>
<td>Children in care</td>
<td>All children tested</td>
<td>Children in care</td>
<td>All children tested</td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>46.3\textsuperscript{a}</td>
<td>50.6\textsuperscript{a}</td>
<td>52.8\textsuperscript{b}</td>
<td>57.4\textsuperscript{b}</td>
<td>82.9\textsuperscript{c}</td>
<td>88.7\textsuperscript{c}</td>
</tr>
<tr>
<td>2006</td>
<td>46.0\textsuperscript{d}</td>
<td>50.4\textsuperscript{d}</td>
<td>51.8\textsuperscript{e}</td>
<td>57.0\textsuperscript{e}</td>
<td>83.6\textsuperscript{f}</td>
<td>88.8\textsuperscript{f}</td>
</tr>
<tr>
<td>Numeracy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>47.2\textsuperscript{g}</td>
<td>52.3\textsuperscript{g}</td>
<td>54.3\textsuperscript{h}</td>
<td>60.7\textsuperscript{h}</td>
<td>77.1\textsuperscript{i}</td>
<td>85.1\textsuperscript{i}</td>
</tr>
<tr>
<td>2006</td>
<td>47.7\textsuperscript{j}</td>
<td>53.3\textsuperscript{j}</td>
<td>54.7\textsuperscript{k}</td>
<td>61.5\textsuperscript{k}</td>
<td>76.4\textsuperscript{l}</td>
<td>84.6\textsuperscript{l}</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training.

Note. The pairs of figures with the same superscript are significantly different from each other (p<0.05). The Year 3 and 5 literacy tests in 2004 tested reading and language skills, whereas in 2006 they tested reading, language and writing skills (overall literacy). Detailed tables are available in Appendix R, Tables 1, 2.

Some figures were also available for the Year 8 results of children in care (as shown in Appendix R Table 3). Of concern was that the children in care in Year 8 who were retested performed below the mean test scores of all children in the state in Year 7.\textsuperscript{46}

\textsuperscript{46} Retesting of Year 8 students is optional for schools.
Mean Test Scores by Gender for Students in Care

The gender distribution of this study’s participants, across the two data sets, was fairly even, with 52 per cent male and 48 per cent female. This corresponds with the gender breakdown of all children in care in New South Wales as at 30 June 2006 (Australian Institute of Health and Welfare, 2006c). Overall, male students in care slightly outperformed females in numeracy until Year 7, where the mean test scores of females were higher than males (Table 4.3). In literacy, females out-performed males across each literacy test with the exception of Year 3 in 2004. These results are in line with the gender differences in performance in numeracy and literacy found in the general Australian student population (Penman, 2004) and in international student populations for literacy (Australian Council for Educational Research, 2001). The analysis of variance demonstrated that female students' literacy results were significantly higher than those for male students across the Year 5 results (2004 and 2006), in Year 7 (2006) and Year 8 (2004).

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47 All comparison data from the Australian Institute of Health and Welfare were taken at 30 June 2006.
Table 4.3: Mean Test Score of Children in Care by Gender

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy 2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>n</td>
<td>M</td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>46.1</td>
<td>106</td>
<td>46.6</td>
<td>148</td>
<td>47.1</td>
</tr>
<tr>
<td>46.5</td>
<td>117</td>
<td>45.4</td>
<td>169</td>
<td>47.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numeracy 2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>n</td>
<td>M</td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>53.9a</td>
<td>116</td>
<td>52.7b</td>
<td>152</td>
<td>54.0</td>
</tr>
<tr>
<td>51.8a</td>
<td>128</td>
<td>51.1b</td>
<td>177</td>
<td>54.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>83.7</td>
<td>84.7c</td>
<td>122</td>
<td>77.7</td>
</tr>
<tr>
<td>Male</td>
<td>82.1</td>
<td>82.5c</td>
<td>133</td>
<td>76.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>88.3d</td>
<td>86.6</td>
<td>99</td>
<td>82.2</td>
</tr>
<tr>
<td>Male</td>
<td>84.9d</td>
<td>84.6</td>
<td>95</td>
<td>81.6</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training.

Note. The pairs of figures with the same superscript are significantly different from each other (p<0.05). Standard deviations are available in Appendix R Table 1 and 2.
Mean Test Scores by Indigenous Status for Students in Care

In 2006, 29 per cent of all the children in New South Wales in the out-of-home care population were Indigenous (Australian Institute of Health and Welfare, 2006c). Of the children who were data matched for the literacy and numeracy tests, 28 per cent of students in care were Indigenous. Compared with all Indigenous students across the state, Indigenous students in care performed more poorly in every test at every year level, as outlined in Table 4.4. In 2006, Indigenous students in this study performed significantly more poorly non-Indigenous children in care at every year level in both numeracy and literacy. In 2004, the test scores of Indigenous students in this study were significantly lower than non-Indigenous children in care in numeracy in Years 3 and 5 and in literacy in Years 7 and 8.

Table 4.4: Mean Test Scores of Indigenous Children by Care Status

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 5</th>
<th>Year 7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Literacy</td>
<td>Numeracy</td>
</tr>
<tr>
<td></td>
<td>44.9</td>
<td>45.8</td>
</tr>
<tr>
<td></td>
<td>44.0</td>
<td>45.9</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and Department of Education and Training.

Note. The pairs of figures with the same superscript are significantly different from each other (p<0.05). The comparison of the Year 3 and 5 literacy tests in 2004 were of literacy – reading and language, whereas the Years 3 and 5 literacy tests in 2006 compared overall literacy – reading, language and writing. All Year 7 literacy tests compared overall literacy. Standard deviations are available in Appendix R Table 1 and 2.
Mean Test Scores of Students in Care Compared with Other Equity Groups

The New South Wales Department of Education and Training (2007b) publishes performance data on several equity groups including: Indigenous students, non-English speaking background students (NESBT), country area program students (CAP) and students attending priority funded schools due to socio-economic disadvantage (PSFP). These are presented in Table 4.5. ⁴⁸, ⁴⁹

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⁴⁸ The Country Areas Program is designed to assist schools in geographically isolated areas to enhance the learning outcomes and educational opportunities for students.

⁴⁹ Equal proportions of the case study children in care and of all children across the state attended schools in the priority-funding program (approximately 1 in 5 students).
<table>
<thead>
<tr>
<th></th>
<th>Students in care</th>
<th>Indigenous state</th>
<th>NESBT state</th>
<th>CAP state</th>
<th>PSFP state</th>
<th>All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literacy Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>46.3</td>
<td>47.1</td>
<td>51.7</td>
<td>49.1</td>
<td>49.0</td>
<td>51.2</td>
</tr>
<tr>
<td>2006</td>
<td>46.0</td>
<td>45.9</td>
<td>51.0</td>
<td>48.4</td>
<td>48.1</td>
<td>50.4</td>
</tr>
<tr>
<td><strong>Literacy Year 5</strong></td>
<td></td>
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</tr>
<tr>
<td>2004</td>
<td>52.8</td>
<td>52.5</td>
<td>57.2</td>
<td>55.0</td>
<td>54.5</td>
<td>56.8</td>
</tr>
<tr>
<td>2006</td>
<td>51.8</td>
<td>52.0</td>
<td>57.6</td>
<td>54.8</td>
<td>54.4</td>
<td>57.0</td>
</tr>
<tr>
<td><strong>Literacy Year 7</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>82.9</td>
<td>83.7</td>
<td>88.9</td>
<td>86.6</td>
<td>85.3</td>
<td>88.7</td>
</tr>
<tr>
<td>2006</td>
<td>83.6</td>
<td>83.5</td>
<td>89.3</td>
<td>86.4</td>
<td>85.6</td>
<td>88.8</td>
</tr>
<tr>
<td><strong>Literacy Year 8</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>86.6</td>
<td>85.2</td>
<td>90.2</td>
<td>88.8</td>
<td>87.3</td>
<td>90.4</td>
</tr>
<tr>
<td>2006</td>
<td>85.6</td>
<td>85.1</td>
<td>90.7</td>
<td>88.5</td>
<td>87.4</td>
<td>90.4</td>
</tr>
<tr>
<td><strong>Numeracy Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>47.2</td>
<td>46.9</td>
<td>52.8</td>
<td>50.0</td>
<td>49.4</td>
<td>52.3</td>
</tr>
<tr>
<td>2006</td>
<td>47.7</td>
<td>47.1</td>
<td>53.7</td>
<td>51.3</td>
<td>49.9</td>
<td>53.3</td>
</tr>
<tr>
<td><strong>Numeracy Year 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>54.3</td>
<td>54.3</td>
<td>61.9</td>
<td>58.5</td>
<td>57.5</td>
<td>60.7</td>
</tr>
<tr>
<td>2006</td>
<td>54.7</td>
<td>54.6</td>
<td>63.1</td>
<td>58.8</td>
<td>58.0</td>
<td>61.5</td>
</tr>
<tr>
<td><strong>Numeracy Year 7</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>77.1</td>
<td>79.0</td>
<td>86.6</td>
<td>82.4</td>
<td>80.9</td>
<td>85.1</td>
</tr>
<tr>
<td>2006</td>
<td>76.4</td>
<td>77.7</td>
<td>86.5</td>
<td>81.9</td>
<td>80.5</td>
<td>84.6</td>
</tr>
<tr>
<td><strong>Numeracy Year 8</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>81.9</td>
<td>80.9</td>
<td>88.8</td>
<td>85.6</td>
<td>83.7</td>
<td>87.8</td>
</tr>
<tr>
<td>2006</td>
<td>80.1</td>
<td>79.7</td>
<td>88.6</td>
<td>84.6</td>
<td>83.1</td>
<td>87.2</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and Department of Education and Training and the Department of Education and Training Annual Report (2007b).

Note. NESBT refers to students who speak a language other than English at home or whose parents/caregivers speak a language other than English at home. CAP refers to students from schools in Country Areas Program. PSFP refers to students from schools in Priority schools funding program. All students in the state and Indigenous students in the state mean test scores differ from Table 4.2 and 4.4. The Years 3 and 5 literacy tests in 2004 reported on reading and language skills for children in care, whereas this table reports on tested reading, language and writing skills (overall literacy).
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 Indigenous students whose results were slightly lower than those of all children in care. But, as reported earlier in this chapter, the mean test score for Indigenous children in care was lower, with Indigenous students in care performing significantly more poorly than Indigenous students across every test in year 2006 and in many test areas in 2004. These data indicate that children in care are among the poorest performing group of students in New South Wales.

Mean Test Scores and Length of Time in Care on Current Order
Some children spend only a short time in care, while others spend most or all of their childhood in care. There is considerable interest in understanding whether children who have been in care longer have better educational outcomes than those in care for a shorter duration. Table 4.6 outlines the mean test scores of children who have been in care for short, medium or long periods.
Table 4.6: Mean Test Scores of Children by Length of Time in Care

<table>
<thead>
<tr>
<th></th>
<th>Year 3</th>
<th>Year 5</th>
<th>Year 7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short</td>
<td>Medium</td>
<td>Long</td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>45.1</td>
<td>45.9</td>
<td>47.6</td>
</tr>
<tr>
<td>2006</td>
<td>45.5</td>
<td>46.7</td>
<td>45.9</td>
</tr>
<tr>
<td>Numeracy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>46.9</td>
<td>46.8</td>
<td>47.6</td>
</tr>
<tr>
<td>2006</td>
<td>48.2</td>
<td>48.3</td>
<td>47.2</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training.

Note. The figures with the same superscript short-term care is significantly different from medium or long-term (p<0.05). Short (<2 years), medium (2<5 years) and long-term care (>5 years). Standard deviations are available in Appendix R Table 1 and 2.

There was no clear indication that the length of time in care had any effect on performance.

### 4.1.3 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. For Year 3, the benchmark was Band Two or above; for Year 5, it was Band Three or above and for Year 7 it was the Elementary Band or higher. Table 4.7 shows that fewer children in care met the national benchmarks compared with all children in the state.
An examination of the number of children achieving the lowest skill band for literacy and numeracy (2004 and 2006) shows that children in care were more likely than the general population of children in NSW sitting the test to achieve in the lowest band:

- 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.\(^{50}\)
- 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.

---

\(^{50}\) In the Year 5 tests, there is an additional band, which is included in this calculation.
Figure 4.1 to 4.3 show the proportions of students achieving the literacy and numeracy benchmarks and the extent to which children in care and Indigenous children in care were performing below all children in the state. In literacy only 2006 results are shown, as the results across the two years were similar. In numeracy, the 2006 Year 7 test results were poor for all students and particularly so for children in care, as Figure 4.2 shows. A more realistic representation for numeracy is shown in Figure 4.3.

![Figure 4.1. Proportions of Children Achieving Literacy Benchmarks in 2006](image)

*Note.* The New South Wales Community Services and the Department of Education and Training provided the data for Figures 4.1 to 4.3.
Figure 4.2: Proportions of Children Achieving Numeracy Benchmarks in 2006

Figure 4.3: Proportions of Children Achieving Numeracy Benchmarks in 2004
Indigenous Students in Care Achieving the National Benchmarks

As well as having a mean test score significantly below the Indigenous state average across most tests, Indigenous children in care were also less likely to reach the benchmarks than all Indigenous children who sat the tests, as Table 4.8 shows.

Table 4.8: Proportion of Indigenous Children Achieving Benchmarks by Care Status

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 5</th>
<th>Year 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>71.2</td>
<td>83.6</td>
</tr>
<tr>
<td>2006</td>
<td>60.9</td>
<td>75.3</td>
</tr>
<tr>
<td>Numeracy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>66.7</td>
<td>74.5</td>
</tr>
<tr>
<td>2006</td>
<td>62.5</td>
<td>75.2</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and Department of Education and Training. Comparison data of all Indigenous students in the state was sourced from the Department of Education Annual Report (2007b).

The proportions of Indigenous children in care reaching the benchmarks were 3 to 20 percentage points below the proportions of all Indigenous students in the state doing so. Of particular note was the large disparity in the number of Indigenous children in care meeting the Year 7 numeracy benchmarks in 2006, compared with all Indigenous students across the state (59% compared with 79%). This may be partly attributed to a higher number of all Australian students
not achieving the Year 7 benchmarks in 2006, due to a higher benchmark being set for that year (Ministerial Council on Education, 2006).\textsuperscript{51}

**Year 7 Results for Students 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 (see Appendix R Table 4).

**Comparison of Achievement of National Benchmarks by Living Arrangements**
Children in care participating in the literacy and numeracy tests lived in a variety of arrangements including: with relatives or kin,\textsuperscript{52} with foster carers or non-related carers, in supported accommodation and in residential care. A small number of children lived with one or both of their birth parents.

\textsuperscript{51} As shown in Figure 4.2.
\textsuperscript{52} Referred to as kinship care in the tables.
Table 4.9: Frequency of Living Arrangements for Children in the Study for Whom There was Matched Data in Years 3, 5 and 7 (2004 and 2006)

<table>
<thead>
<tr>
<th></th>
<th>Non</th>
<th>Kinship</th>
<th>Related Foster Care</th>
<th>Professional Foster Care</th>
<th>Supported Accommodation</th>
<th>Residential Care</th>
<th>Unknown/ Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numeracy n</strong></td>
<td>61</td>
<td>900</td>
<td>61</td>
<td>520</td>
<td>12</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td><strong>Literacy n</strong></td>
<td>63</td>
<td>883</td>
<td>60</td>
<td>516</td>
<td>12</td>
<td>4</td>
<td>18</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services.

*Note.* Some children sat for only one of the numeracy or literacy tests. Figures on the living arrangements were not provided for Year 8 students in care.

As the sample sizes for some of the living arrangements were very small, the data on living arrangements have been aggregated into two categories for analysis – kinship care (which includes children living with relatives and Indigenous children living with kin) and foster care. A similar aggregation was undertaken for the 2007 *Educational Outcomes of Children on Guardianship or Custody Orders* pilot study (Australian Institute of Health and Welfare, 2007). The majority of children in this study live in relative or kinship care and the next sizeable group live with (unrelated) foster carers. Compared with all children in care in New South Wales, a higher percentage of children in this study lived with relatives or kin (57% compared with 50%), fewer lived in foster care (33% compared with 43%) and more resided in residential or independent living situations (10% compared with 4%) (Australian Institute of Health and Welfare, 2006a). Table 4.10 outlines the percentage of children in each of the two most common living arrangements (kinship care and non-related foster care) reaching the benchmarks for literacy and numeracy.
Table 4.10: Proportion of Children in Care Achieving Benchmarks by Living Arrangements

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 5</th>
<th>Year 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship Care</td>
<td>Foster Care</td>
<td>Kinship Care</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>80.2</td>
<td>67.1</td>
</tr>
<tr>
<td>2006</td>
<td>75.0</td>
<td>77.5</td>
</tr>
<tr>
<td>Numeracy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>83.5</td>
<td>65.8</td>
</tr>
<tr>
<td>2006</td>
<td>75.9</td>
<td>71.1</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training.

In the numeracy tests in Years 3 and 5, the children in kinship care were more likely to achieve the benchmarks than children in foster care. In the Year 7 numeracy tests, children in foster care outperformed children in kinship care. The results for literacy were more mixed; in 2004 children in kinship care outperformed children in foster care across all tests, however, in 2006 children in foster care were more likely than children in kinship and relative care to achieve the benchmarks across all literacy tests. Additionally, many Indigenous children were likely to live in kinship care, and given their poor performance outlined earlier in this section, this may have lowered the overall results for this living situation.

53 Some of the children in the Years 3 or 5 matched sample in 2004, may be the same children in the Years 5 or 7 matched sample for the 2006 tests.
54 In NSW 68 per cent of all Indigenous children lived in kinship care (Australian Institute of Health and Welfare, 2009).
Students in Care Achieving the Highest Band

Across the state, a proportion of children achieve the highest band for literacy and numeracy. Figure 4.4 shows the proportion of children in care achieving in the top band and Indigenous students in care achieving the top band on average across Years 3, 5 and 7 in 2004 and 2006, compared with all children and all Indigenous children across the state in literacy and numeracy.

Figure 4.4: Average Proportion of Children Achieving the Highest Band in 2004 and 2006

Note. Detailed tables are available in Appendix R, Tables 5 and 6.

In literacy, across the six tests, an average (using both 2004 and 2006 test years) of 7 per cent of children in care achieved the highest band, compared with 23 per cent of all students. Overall, Indigenous students in care were six times less likely to achieve the highest benchmark compared with all students in the state.

In numeracy, across the six tests, the average percentage of children in care achieving the highest band was 5 per cent compared with 23 per cent of all
students. The number of Indigenous students in care achieving the highest band was particularly low at only 1 per cent compared with 6 per cent of all Indigenous students. Indigenous students in care were four times less likely than all Indigenous students to achieve the top band and sixteen times less likely than all students across the state.

4.2 Educational Outcomes for the Case Study Children

This section examines the literacy and numeracy test results where available for the 56 children in the case study example. The academic, social and behavioural issues for this group are also reported.

4.2.1 Mean Test Scores in Literacy and Numeracy

Of the 56 children in the case study, it was possible to obtain the 2004 and 2006 literacy and numeracy test results for only 12 (21%). The performance of these 12 children was very similar to that of all children in care, as shown in Table 4.11. Of the matched children, eight were female and four were male, one was Indigenous and three were part of the interview group.
Table 4.11: Mean Test Scores for All Children in Care and Case Study Children

<table>
<thead>
<tr>
<th></th>
<th>Year 3</th>
<th></th>
<th>Year 5</th>
<th></th>
<th>Year 7</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Literacy 2004</td>
<td></td>
<td>Literacy 2006</td>
<td></td>
<td>Numeracy 2004</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>n</td>
<td>M</td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>All children in care</td>
<td>46.3</td>
<td>223</td>
<td></td>
<td>46.0</td>
<td>317</td>
<td>47.2</td>
</tr>
<tr>
<td>Case study children</td>
<td>46.4</td>
<td>4</td>
<td></td>
<td>-</td>
<td>0</td>
<td>45.0</td>
</tr>
<tr>
<td>Year 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children in care</td>
<td>52.8</td>
<td>244</td>
<td></td>
<td>51.8</td>
<td>329</td>
<td>54.3</td>
</tr>
<tr>
<td>Case study children</td>
<td>49.4</td>
<td>1</td>
<td></td>
<td>52.4</td>
<td>8</td>
<td>54.6</td>
</tr>
<tr>
<td>Year 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children in care</td>
<td>82.9</td>
<td>196</td>
<td></td>
<td>83.6</td>
<td>255</td>
<td>77.1</td>
</tr>
<tr>
<td>Case study children</td>
<td>-</td>
<td>0</td>
<td></td>
<td>88.6</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the Community Services and Department of Education and Training.

Note. All children in the care category included the case study children. The total number of case study children adds up to more than 12, as two years of results were available for four children.

As the matched sample was very small, caution must be exercised in interpreting these results. A quarter of children in the case study sample did not meet the benchmarks for literacy and numeracy, similar to the results for all the children in care. For the four children who have two sets of tests results (that is, for Years 3 and 5), three showed some signs of improvement, with increased mean tests scores and successful attainment of the benchmarks.

4.2.2 Academic, Social and Behavioural Issues at School

This research sought to understand the outcomes for children in care at school, socially, behaviourally and academically. The focus of this section is on the *current* (as at 2008) educational issues that the 56 children in the study were
experiencing. The term *current* covers issues that had been evident in the 12 months prior to the interviews and in the case file review. In determining whether the 56 children had social, academic or behavioural issues, I drew on information from their case files and from the interviews with the children and their carers and/or caseworkers. For a number of children, there had been behavioural or academic issues in the past that had settled as their stability and well-being in care developed.

Academic issues included problems with schoolwork for which students required additional assistance at school and/or outside school, as well as difficulties identified in school reports, meetings or assessments. Social issues were defined as having difficulties making and maintaining friendships, being bullied or bullying. Behavioural issues were defined as having more than one suspension or exclusion in the previous 12 months and/or having a behaviour plan in place at school or as a result of a formal communication between the two departments raising behaviour at school as an issue.

Table 4.12 presents the frequency of current academic, social and behavioural issues among the children in the study, and identifies the number of children with no current issues. One in 4 children (*n* = 14, 25%) had no current issues.
### Table 4.12: Current Issues at School for Case Study Children

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>Missing</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current academic issues</td>
<td>34</td>
<td>60.7</td>
<td>20</td>
<td>35.7</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td>Current behavioural issues</td>
<td>26</td>
<td>46.4</td>
<td>30</td>
<td>53.6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Current social issues</td>
<td>23</td>
<td>41.1</td>
<td>26</td>
<td>46.4</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>Any current issues</td>
<td>42</td>
<td>75.0</td>
<td>14</td>
<td>25.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>All three issues</td>
<td>14</td>
<td>25.0</td>
<td>36</td>
<td>64.3</td>
<td>6</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research.

Note. For the two children who were not currently enrolled at school, information from their last known schools was used for this analysis. For some children there was insufficient information available to determine if there were current academic or social issues.

Academic issues were the most prevalent for children in the study, with 61 percent having some difficulties with their schoolwork. Many of the children with academic or behavioural issues had a diagnosed disability or had not experienced stability in their schooling as shown in Table 4.13. When the two groups of children – those who were interviewed and those who were excluded – were compared, not surprisingly, the excluded children were significantly more likely to have behavioural issues than the children in the interview group.

The results of chi-square analyses indicated that stability in care, gender, Indigenous status or the number of care entries were not associated with the presence or absence of current school issues among these students.
Table 4.13: Significant Associations with Current Issues

<table>
<thead>
<tr>
<th></th>
<th>Diagnosed Mental Health Disorder</th>
<th>Diagnosed Disability</th>
<th>Attended more than 4 schools</th>
<th>Children Excluded from Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Issues</td>
<td>ns</td>
<td>n = 18/25</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p&lt;0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Issues</td>
<td>ns</td>
<td>n = 24/27</td>
<td>n = 19/21</td>
<td>ns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>p&lt;0.001</td>
<td>p&lt;0.002</td>
<td></td>
</tr>
<tr>
<td>Behavioural Issues</td>
<td>n = 18/21</td>
<td>n = 20/28</td>
<td>n = 16/23</td>
<td>n = 17/25</td>
</tr>
<tr>
<td></td>
<td>p&lt;0.000</td>
<td>p&lt;0.000</td>
<td>0.009</td>
<td>p&lt;0.008</td>
</tr>
</tbody>
</table>

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

As outlined in chapter 3, the School Certificate is awarded to school students who have completed a satisfactory program of study in the first four years of high school, Years 7 to 10. The tests assess students’ achievements in English-literacy, Mathematics, Science and Australian History, Geography, Civics and Citizenship, and Computing skills and whether they possess the skills needed to successfully undertake subjects in Years 11 and 12. The Higher School Certificate is awarded to students when they successfully complete secondary education in New South Wales. The Higher School Certificate is a measure of students’ academic and vocational achievement across a range of subjects (NSW Vice-Chancellors’ Committee: Technical Committee on Scaling, 2006). Students achieving above 50 out of 100 are deemed to have reached or exceeded the minimum standard.
4.3.1 Size of Study Population

As at 30 June 2006, there were 1,399 children in care who were aged 15 and 17 years of age. Of these children, the Department of Education and Training was able to match 322 (23%) children who were candidates for the statewide School Certificate or Higher School Certificate tests in 2006. There were several reasons that it was possible to match the data for only 23 per cent of these students, as outlined earlier in chapter 3. The data suggest that of the 1399 young people in care aged 15–17, many were neither undertaking their School Certificate or Higher School Certificate. Some of these young people may be enrolled in Year 9 or 11 or enrolled in a non-government school, and other young people may have left school by the time the data matching was undertaken. There is also likely to be a group of young people who have aged out of care or been discharged from their orders before the data was matched. The educational outcomes and pathways of this group are presented in Figure 4.5, which attempts 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 on the educational status of young people in care (chapter 2), as well as relevant government statistics. For Indigenous students, the pathways appear more likely to be early or late school leaving. This is in line with the findings from other Australian studies (McMillan & Marks, 2003). Indigenous students withdrew from the School Certificate and Higher School Certificate at higher rates than non-Indigenous students, as Figure 4.6 shows. A lower estimate of Indigenous young people’s enrolment in non-government schools is included in this figure, in line with Australian Census data.
Potential and Confirmed Pathways of 1399 young people in care aged 15-17 (30 June 2006)

- **School Certificate Candidate**: 19.2% (268)
  - Obtain School Certificate: 56.6%
  - Obtain Life Skills Award: 17.2%
  - Record of Achievement (no award): 4.9%
  - Withdrew - Early School Leaver: 21.6%
- **Higher School Certificate Candidate**: 3.9% (54)
  - Obtain Higher School Certificate: 40.7%
  - Obtain Life Skills Award: 24.1%
  - Record of Achievement (no award): 13%
  - Withdrew - Left School: 22.2%
- **Other Potential Pathways**: 76.9% (1077)
  - Enrolled in Years 9 or 11: 25%
  - Attendance at Non-Government School: 20%
  - Early School Leavers: 25%
  - Aged Out of Care or Discharged: 30%

Figure 4.5: Pathways of Young People in Care
Potential and Confirmed Pathways of 316 Indigenous young people in care aged 15-17 (30 June 2006)

School Certificate Candidate
19.6% (62)
- Obtain School Certificate 39%
- Obtain Life Skills Award 13%
- Record of Achievement or no Award 18%
- Withdraw - Early School Leaver 30%

Higher School Certificate Candidate
7.6% (24)
- Obtain Higher School Certificate 17%
- Obtain Life Skills Award 4%
- Record of Achievement (no award) 29%
- Withdraw - Left School 50%

Other Potential Pathways
72.8% (230)
- Enrolled in Years 9 or 11 Estimate 25%
- Attendance at Non-Government School Estimate 5%
- Early School Leavers Estimate 40%
- Aged Out of Care or Discharged Estimate 30%

Figure 4.6: Pathways of Indigenous Young People in Care
4.3.2 Participation of Students in Care in the School Certificate

Of the 322 children for whom information on their participation in the School Certificate in 2006 was available, 268 sat for the School Certificate in 2006. Just over half ($n = 151$, 56%) were successful in obtaining their School Certificate. One in 5 withdrew during Year 10 ($n = 58$) and just under 1 in 5 undertook a special program of studies – Life Skills ($n = 46$), as outlined in Appendix R Table 7.

School Certificate Participation and Award by Gender

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. The gender breakdown of the School Certificate candidates in care is slightly different to the gender breakdown for the state population, which was 49 per cent female and 51 per cent male (NSW Department of Education and Training, 2007b). Females in care performed better than males, with more achieving their School Certificate (64% compared with 50%), and fewer withdrawing (18% compared with 25%), as shown in Appendix R Table 8.

School Certificate Participation and Award by Indigenous Status

Of the young people in care sitting for the School Certificate, 23 per cent were Indigenous and 77 per cent were non-Indigenous. Indigenous students in care were less likely to gain their School Certificate than non-Indigenous students in care (39% compared with 62%) and were more likely to withdraw (31% compared with 20%), as outlined in Appendix R Table 9.
4.3.3 Performance of Students in Care in the School Certificate

The following section reports on the results for young people in care in the five individual School Certificate exams. 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). Table 4.14 shows the bands the 151 students in care achieved in their School Certificate. 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) in the 2006 School Certificate.

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 distributions for Indigenous young people in care between the top three and bottom three bands were similar for English Literacy, History and Geography. In Science, however, far fewer Indigenous students were in the top three bands, and in Mathematics slightly fewer were in the top three bands. The disparity between the performance of Indigenous and non-Indigenous young people in care was most evident in the results in the bottom bands. For instance, 1 in 5 Indigenous students failed the English Literacy test, compared with approximately 1 in 10 of all students in care and approximately 1 in 20 of all students in NSW. In the Mathematics test 31 per cent of Indigenous students in care failed, compared with 15 per cent all students in care and 5 per cent of all NSW students. In History, 28 per cent of Indigenous students in care failed, while 13 per cent of all students in care failed and 4 per cent of all students in the state failed.

---

55 In 2006 one student in care was placed in the highest band.
56 The lowest band represents a score of less than 50. The Board of Studies described students in the lowest band as having elementary knowledge and very limited competence in the subject area.
<table>
<thead>
<tr>
<th></th>
<th>Band 6 highest, Band 1 lowest</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>English Literacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
<td>5.3</td>
<td>6.3</td>
<td>4.1</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Band 4</td>
<td>33.6</td>
<td>40.5</td>
<td>26.0</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Band 3</td>
<td>30.9</td>
<td>27.8</td>
<td>34.3</td>
<td>32.0</td>
<td></td>
</tr>
<tr>
<td>Band 2</td>
<td>19.1</td>
<td>18.9</td>
<td>19.2</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>Band 1</td>
<td>11.2</td>
<td>6.3</td>
<td>16.4</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td><strong>Mathematics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
<td>2.7</td>
<td>1.3</td>
<td>4.2</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Band 4</td>
<td>3.9</td>
<td>2.5</td>
<td>5.6</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Band 3</td>
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<td>26.6</td>
<td>38.9</td>
<td>15.4</td>
<td></td>
</tr>
<tr>
<td>Band 2</td>
<td>45.7</td>
<td>54.4</td>
<td>36.1</td>
<td>50.0</td>
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<tr>
<td>Band 1</td>
<td>15.2</td>
<td>15.2</td>
<td>15.3</td>
<td>30.8</td>
<td></td>
</tr>
<tr>
<td><strong>Science</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
<td>3.3</td>
<td>3.8</td>
<td>2.7</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Band 4</td>
<td>20.4</td>
<td>24.1</td>
<td>16.4</td>
<td>4.0</td>
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</tr>
<tr>
<td>Band 3</td>
<td>48.7</td>
<td>46.8</td>
<td>50.7</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Band 2</td>
<td>21.7</td>
<td>18.9</td>
<td>24.7</td>
<td>48.0</td>
<td></td>
</tr>
<tr>
<td>Band 1</td>
<td>5.9</td>
<td>6.3</td>
<td>5.5</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td><strong>Australian History, Civics and Citizenship</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
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<td>3.9</td>
<td>2.7</td>
<td>0.0</td>
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<td>Band 4</td>
<td>12.5</td>
<td>8.9</td>
<td>16.4</td>
<td>16.0</td>
<td></td>
</tr>
<tr>
<td>Band 3</td>
<td>42.7</td>
<td>48.7</td>
<td>36.9</td>
<td>28.0</td>
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<td>25.6</td>
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<tr>
<td>Band 1</td>
<td>12.5</td>
<td>12.8</td>
<td>12.3</td>
<td>28.0</td>
<td></td>
</tr>
<tr>
<td><strong>Australian Geography, Civics and Citizenship</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 6</td>
<td>0.7</td>
<td>0.0</td>
<td>1.4</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
<td>4.6</td>
<td>5.1</td>
<td>4.1</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Band 4</td>
<td>23.8</td>
<td>29.5</td>
<td>17.8</td>
<td>20.0</td>
<td></td>
</tr>
<tr>
<td>Band 3</td>
<td>45.0</td>
<td>43.6</td>
<td>46.6</td>
<td>24.0</td>
<td></td>
</tr>
<tr>
<td>Band 2</td>
<td>20.5</td>
<td>19.2</td>
<td>21.9</td>
<td>44.0</td>
<td></td>
</tr>
<tr>
<td>Band 1</td>
<td>5.3</td>
<td>2.6</td>
<td>8.2</td>
<td>8.0</td>
<td></td>
</tr>
</tbody>
</table>
Figures 4.7 and 4.8 outline the results for young people in care for the English Literacy and Mathematics tests; in neither of these tests did any young person in care attain the top band (Band 6).

Figure 4.7: Proportion of Students in Each Band for English Literacy by Care and Other Status
Figure 4.8: Proportion of Student in Each Band for Mathematics by Care and Other Status

Table 4.15 displays the percentages of students in care and all students in the state in the highest three and lowest three bands. The English Literacy test results were one of the stronger areas for young people in care, followed by Geography and Science. Most young people in care performed particularly poorly in the Mathematics test.
Table 4.15: Proportion of Young People in the Highest and Lowest Bands for the School Certificate

<table>
<thead>
<tr>
<th>Subject</th>
<th>Highest 3 bands</th>
<th>Highest 3 bands</th>
<th>Lowest 3 bands</th>
<th>Lowest 3 bands</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care %</td>
<td>All students %</td>
<td>Care %</td>
<td>All students %</td>
</tr>
<tr>
<td>English Literacy</td>
<td>38.8</td>
<td>64.8</td>
<td>61.2</td>
<td>35.1</td>
</tr>
<tr>
<td>Mathematics</td>
<td>6.6</td>
<td>35.2</td>
<td>93.4</td>
<td>64.8</td>
</tr>
<tr>
<td>Science</td>
<td>23.7</td>
<td>55.9</td>
<td>76.3</td>
<td>44.0</td>
</tr>
<tr>
<td>History, Civics and Citizenship</td>
<td>16.4</td>
<td>45.5</td>
<td>83.6</td>
<td>54.5</td>
</tr>
<tr>
<td>Geography, Civics and Citizenship</td>
<td>29.1</td>
<td>59.0</td>
<td>70.9</td>
<td>41.1</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training derived from Board of Studies data.

Performance of Students in Care in the School Certificate Compared with Other Equity Groups

Young people in care sitting the 2006 School Certificate, based on published data, performed more poorly than 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 where 7 per cent of Priority School Funding Program students were in the lowest band compared with 6 per cent of students in care (see Table 4.16). All Indigenous students generally performed more poorly than students in care but Indigenous children in care overall performed more poorly than all Indigenous students in the state.

57 The New South Wales Department of Education and Training did not provide data for the School Certificate on NESBT students – students who speak a language other than English at home or students whose parents/caregivers speak a language other than English at home.
Table 4.16: School Certificate: Proportion of Government School Students in Bands for Selected Subjects by Equity Group and Young People in Care

<table>
<thead>
<tr>
<th>Subject</th>
<th>Band 6 highest, Band 1 lowest</th>
<th>Band 5</th>
<th>Band 4</th>
<th>Band 3</th>
<th>Band 2</th>
<th>Band 1</th>
<th>All students</th>
<th>Indigenous</th>
<th>Country Area Program</th>
<th>Priority Schools Funding Program</th>
<th>Out-of-home care</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Band 6</td>
<td>4.8</td>
<td>0.5</td>
<td>2.1</td>
<td>1.0</td>
<td>0</td>
<td>21.0</td>
<td>7.7</td>
<td>17.4</td>
<td>11.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Literacy</td>
<td>Band 5</td>
<td>21.0</td>
<td>7.7</td>
<td>17.4</td>
<td>11.2</td>
<td>5.2</td>
<td>39.0</td>
<td>27.9</td>
<td>36.7</td>
<td>34.3</td>
<td>33.6</td>
</tr>
<tr>
<td></td>
<td>Band 4</td>
<td>39.0</td>
<td>27.9</td>
<td>36.7</td>
<td>34.3</td>
<td>33.6</td>
<td>20.7</td>
<td>27.2</td>
<td>24.8</td>
<td>26.9</td>
<td>30.9</td>
</tr>
<tr>
<td></td>
<td>Band 3</td>
<td>20.7</td>
<td>27.2</td>
<td>24.8</td>
<td>26.9</td>
<td>30.9</td>
<td>9.6</td>
<td>19.3</td>
<td>11.1</td>
<td>16.5</td>
<td>19.1</td>
</tr>
<tr>
<td></td>
<td>Band 2</td>
<td>9.6</td>
<td>19.3</td>
<td>11.1</td>
<td>16.5</td>
<td>19.1</td>
<td>4.8</td>
<td>17.4</td>
<td>7.9</td>
<td>10.0</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td>Band 1</td>
<td>4.8</td>
<td>17.4</td>
<td>7.9</td>
<td>10.0</td>
<td>11.2</td>
<td>4.8</td>
<td>0.5</td>
<td>17.4</td>
<td>36.7</td>
<td>24.8</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Band 6</td>
<td>5.7</td>
<td>0.2</td>
<td>0.8</td>
<td>1.6</td>
<td>0</td>
<td>11.4</td>
<td>2.1</td>
<td>7.3</td>
<td>5.8</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td>Band 5</td>
<td>11.4</td>
<td>2.1</td>
<td>7.3</td>
<td>5.8</td>
<td>2.7</td>
<td>18.1</td>
<td>7.7</td>
<td>16.4</td>
<td>13.5</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>Band 4</td>
<td>18.1</td>
<td>7.7</td>
<td>16.4</td>
<td>13.5</td>
<td>4.0</td>
<td>29.8</td>
<td>22.8</td>
<td>32.4</td>
<td>28.3</td>
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<tr>
<td></td>
<td>Band 3</td>
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<td>22.8</td>
<td>32.4</td>
<td>28.3</td>
<td>32.4</td>
<td>29.8</td>
<td>52.5</td>
<td>34.6</td>
<td>42.1</td>
<td>45.7</td>
</tr>
<tr>
<td></td>
<td>Band 2</td>
<td>29.8</td>
<td>52.5</td>
<td>34.6</td>
<td>42.1</td>
<td>45.7</td>
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<td></td>
<td>Band 1</td>
<td>5.2</td>
<td>14.7</td>
<td>8.4</td>
<td>9.6</td>
<td>15.2</td>
<td>11.4</td>
<td>2.1</td>
<td>7.3</td>
<td>5.8</td>
<td>2.7</td>
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<tr>
<td>Science</td>
<td>Band 6</td>
<td>4.2</td>
<td>0.6</td>
<td>1.9</td>
<td>0.8</td>
<td>0</td>
<td>21.2</td>
<td>6.6</td>
<td>18.2</td>
<td>11.4</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Band 5</td>
<td>21.2</td>
<td>6.6</td>
<td>18.2</td>
<td>11.4</td>
<td>3.3</td>
<td>30.5</td>
<td>18.3</td>
<td>29.8</td>
<td>25.2</td>
<td>20.4</td>
</tr>
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<td></td>
<td>Band 4</td>
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<td>25.2</td>
<td>20.4</td>
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<td>6.0</td>
<td>0.5</td>
<td>1.8</td>
<td>1.8</td>
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</tr>
<tr>
<td>Australian History,</td>
<td>Band 6</td>
<td>6.0</td>
<td>0.5</td>
<td>1.8</td>
<td>1.8</td>
<td>0</td>
<td>14.3</td>
<td>4.1</td>
<td>9.6</td>
<td>7.7</td>
<td>3.9</td>
</tr>
<tr>
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<td>14.3</td>
<td>4.1</td>
<td>9.6</td>
<td>7.7</td>
<td>3.9</td>
<td>25.2</td>
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<td>20.3</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>Band 4</td>
<td>25.2</td>
<td>13.0</td>
<td>22.0</td>
<td>20.3</td>
<td>12.5</td>
<td>33.4</td>
<td>35.2</td>
<td>37.1</td>
<td>36.9</td>
<td>42.8</td>
</tr>
<tr>
<td></td>
<td>Band 3</td>
<td>33.4</td>
<td>35.2</td>
<td>37.1</td>
<td>36.9</td>
<td>42.8</td>
<td>17.3</td>
<td>34.5</td>
<td>23.0</td>
<td>26.2</td>
<td>28.3</td>
</tr>
<tr>
<td></td>
<td>Band 2</td>
<td>17.3</td>
<td>34.5</td>
<td>23.0</td>
<td>26.2</td>
<td>28.3</td>
<td>3.8</td>
<td>12.8</td>
<td>6.5</td>
<td>7.1</td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>Band 1</td>
<td>3.8</td>
<td>12.8</td>
<td>6.5</td>
<td>7.1</td>
<td>12.5</td>
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<td>0.7</td>
<td>3.6</td>
<td>1.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Australian Geography,</td>
<td>Band 6</td>
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<td>0.7</td>
<td>3.6</td>
<td>1.9</td>
<td>0.7</td>
<td>18.1</td>
<td>5.6</td>
<td>14.1</td>
<td>10.0</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td>Band 5</td>
<td>18.1</td>
<td>5.6</td>
<td>14.1</td>
<td>10.0</td>
<td>4.7</td>
<td>34.1</td>
<td>22.2</td>
<td>33.9</td>
<td>29.6</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td>Band 4</td>
<td>34.1</td>
<td>22.2</td>
<td>33.9</td>
<td>29.6</td>
<td>23.8</td>
<td>29.1</td>
<td>39.9</td>
<td>33.8</td>
<td>36.3</td>
<td>45.0</td>
</tr>
<tr>
<td></td>
<td>Band 3</td>
<td>29.1</td>
<td>39.9</td>
<td>33.8</td>
<td>36.3</td>
<td>45.0</td>
<td>9.7</td>
<td>23.2</td>
<td>10.8</td>
<td>17.2</td>
<td>20.5</td>
</tr>
<tr>
<td></td>
<td>Band 2</td>
<td>9.7</td>
<td>23.2</td>
<td>10.8</td>
<td>17.2</td>
<td>20.5</td>
<td>2.3</td>
<td>8.3</td>
<td>3.8</td>
<td>5.1</td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td>Band 1</td>
<td>2.3</td>
<td>8.3</td>
<td>3.8</td>
<td>5.1</td>
<td>5.3</td>
<td>2.1</td>
<td>0.5</td>
<td>2.1</td>
<td>0.5</td>
<td>0</td>
</tr>
</tbody>
</table>

Table source: The data for this table were provided by the New South Wales Community Services and the Department of Education and Training. Comparison data drawn from
4.3.4 Participation of Students in Care in the Higher School Certificate

Of the 322 young people aged 15–17 whose care status and educational data were able to be matched, only 54 sat for the Higher School Certificate in 2006. Of this group, 40 per cent \( (n = 22) \) were successful in obtaining their Higher School Certificate. 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 Higher School Certificate qualification as outlined in Figure 4.5 and Appendix R Table 10.

Of the group of young people in care sitting for the Higher School Certificate, 59 per cent were female and 41 per cent were male. This gender difference was slightly greater than the difference for all candidates in 2006 – 52 per cent were female and 48 per cent were male (Board of Studies NSW, 2006). Of the 54 young people in care, more male candidates were successful in obtaining their Higher School Certificate than female candidates (Table 4.17).

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58 A total of 66,185 students sat for the Higher School Certificate exams in New South Wales in 2006 (Board of Studies NSW, 2006, p. 2).
59 The New South Wales Department of Education and Training offer the Life Skills Program for students with special education needs who wish to continue their schooling post compulsory age. There is no examination for this program of study.
Table 4.17: Young People in Care Higher School Certificate Candidature by Award and Gender

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% of male</td>
<td>n</td>
<td>% of female</td>
<td>n</td>
</tr>
<tr>
<td>Higher School Certificate</td>
<td>13</td>
<td>59.1</td>
<td>9</td>
<td>28.1</td>
<td>22</td>
</tr>
<tr>
<td>Special Program of Study –</td>
<td>–</td>
<td>–</td>
<td>7</td>
<td>31.8</td>
<td>13</td>
</tr>
<tr>
<td>Life Skills Program</td>
<td>6</td>
<td>18.8</td>
<td>6</td>
<td>18.8</td>
<td>13</td>
</tr>
<tr>
<td>Record of Achievement or</td>
<td>–</td>
<td>–</td>
<td>7</td>
<td>21.9</td>
<td>7</td>
</tr>
<tr>
<td>No Award</td>
<td>2</td>
<td>9.1</td>
<td>10</td>
<td>31.2</td>
<td>12</td>
</tr>
<tr>
<td>Students Withdrawn</td>
<td>2</td>
<td>9.1</td>
<td>10</td>
<td>31.2</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td>32</td>
<td>100.0</td>
<td>54</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training derived from Board of Studies data.

There were 110 examinations courses offered as well as non-examination courses offered under the Vocational Education and Training framework, so it is difficult to meaningfully compare the results of young people in care with the statewide results. The three most common subjects undertaken by students in care were English Standard \((n = 16)\), Ancient History \((n = 9)\) and General Mathematics \((n = 8)\). The English Standard and General Mathematics courses were the lowest levels that these subjects are offered at this level of schooling. The performance of students in care in these subjects was in the lower range of bands for English (Bands 1–4) and Mathematics (Bands 1–3), and slightly higher in Ancient History (Bands 2–5).

Of the young people in care sitting for the Higher School Certificate, 44 per cent were Indigenous and 56 per cent were non-Indigenous. The percentage of Indigenous
students who achieved their Higher School Certificate (17%) was much lower than the percentage of successful non-Indigenous students (60%) as Table 4.18 shows.

Table 4.18: Young People in Care Higher School Certificate Candidature by Award and Indigenous Status

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% of Indigenous participants</td>
<td>n</td>
</tr>
<tr>
<td>Higher School Certificate</td>
<td>4</td>
<td>16.7</td>
<td>18</td>
</tr>
<tr>
<td>Special program of study – Life Skills program</td>
<td>1</td>
<td>4.1</td>
<td>12</td>
</tr>
<tr>
<td>Record of Achievement</td>
<td>7</td>
<td>29.2</td>
<td>-</td>
</tr>
<tr>
<td>Students withdrawn</td>
<td>12</td>
<td>50.0</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>30</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and the Department of Education and Training derived from Board of Studies data.

In this study, only Indigenous young people withdrew from their Higher School Certificate candidature and of this group of 12 Indigenous young people, 10 were female.

4.4 Discussion of the Findings

The literacy and numeracy tests in Years 3, 5 and 7 (sometimes Year 8), together with the School Certificate and Higher School Certificate tests in Years 10 and 12, provide an insight into how children and young people in care are faring academically throughout their primary and secondary schooling. Despite the limitations in relation to
the percentage of children whose data could be matched and the statistical analyses that could be conducted on these data, the overall results indicate that many students in care were not faring well.

On the basis of the available information, 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 taken as a whole, 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. In particular, children 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. Children’s numeracy performance then appeared to decline to the point where 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 in the final years of high school. These findings, and particularly the challenges of numeracy for many children in care, are consistent with the findings reported in *Educational outcomes of children on guardianship or custody orders: A pilot study* (Australian Institute of Health and Welfare, 2007). Townsend (2007) highlighted this as an urgent issue to be addressed for children in care, particularly Indigenous children, before they enter the high school environment. Daro (2007) argued that there are particular challenges in relation to mathematics for students in the early years of high school, requiring students who are behind either to “spend more hours per week learning mathematics or learn more efficiently than their peers, or both.” (p. 1).

Literacy was also a concern for 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 secondary schooling and could adversely affect their performance in every subject, given that literacy is a fundamental skill

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60 The MARS Program at the Michigan State University offers an interactive site to support improvement in mathematics education for the United States. In their resource *Systematic Catch-up for Middle School Students* they offer a range of strategies to support children’s gains with mathematics (Daro, 2007).
underpinning academic work (Dinham, 2008). Furthermore, English is the one compulsory Higher School Certificate subject that all students must undertake.

From the available data, there is no evidence to suggest that children being in care for a longer period improved in their ability to achieve the minimum literacy and numeracy benchmarks in the Years 3, 5 and 7 tests. Neither does the available data suggest that one placement type was better than any other for achieving the minimum benchmarks. There was some indication that female children were outperforming their male peers in literacy in the later years of primary and in the early years of high school. The findings of this study suggest that, as an equity group, children in care were the poorest performing students in literacy and numeracy, apart from Indigenous students. Notwithstanding this, Indigenous children in care performed significantly more poorly than compared with other children in care and all Indigenous children in the state.

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 across the two test years. In Year 7 literacy, an average of 60 per cent of children in care were in the highest two bands but in numeracy on average only 28 per cent were in the top two bands. So by high school, there is 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.

The School Certificate results indicate that of the 268 young people for whom it was possible to match their data, almost three-quarters achieved the necessary qualifications to continue their school education. Just over a quarter were unsuccessful in candidature. Gender and Indigenous status were related to outcomes, with Indigenous students and male students less likely to be awarded their School Certificate. The performance of young people in care in the School Certificate was poorer than the performance of all young people across the state. Students in care were
more likely to be in the lower three bands. They were also more likely to be placed in the lowest band (mark below 50) in each of the five subject areas compared with all students across the state, being between two to four times more likely to fail. Numeracy continued to be an issue for young people in care, at this level of schooling. The poor performance of Indigenous students in this study, particularly in numeracy, was in line with other research and reinforces the argument that additional support is required for Indigenous children to raise their performance levels (Organisation for Economic Co-operation and Development, 2004). Despite the poor outcomes of many students in care in the 2006 School Certificate, just over a fifth were achieving well academically at the completion of Year 10, although the majority were having some difficulties with Mathematics.

Fifty-four students in care were matched as High School Certificate candidates, and of this group approximately 41 per cent were successful in attaining their Higher School Certificate, and a further quarter obtained the Life Skills Program award. The remaining 19 students withdrew or were unsuccessful in their attempt to obtain their Higher School Certificate. The withdrawal rate for the Higher School Certificate was similar to the withdrawal rate for the School Certificate. In both the School Certificate and Higher School Certificate, just over 1 in 5 students who attempted the course dropped out before completion.

Within this small matched sample, male students in care were twice as likely to complete the Higher School Certificate and three times less likely to withdraw. This contrasts with the School Certificate where female students were more likely to complete and less likely to withdraw. This finding also contrasts with the Australian trend of males being more likely to leave school before completing Year 12 (Penman, 2004). For Indigenous students, half withdrew and only 17 per cent obtained their Higher School Certificate. There was also a group of children with special educational needs who successfully obtained their School Certificates and Higher School Certificates through the Special Program of Studies, Life Skills.
Examining the research on early school leaving for all students in Australia, it was evident that academic ability, student’s perceptions of this ability and attitudes towards school were interlinked. An Australian longitudinal study found that a Year 10 student’s perspectives of their own achievements was a significant attitudinal factor in whether or not they left school early, although test results also played a role (Marks, 1998). In Marks study, of the late school leavers, 21 per cent of males and 27 per cent of females did so because they did not like school or because they felt they were not good enough at schoolwork (Lamb, Dwyer, & Wyn, 2000).61

The potential and known pathways outlined in Figure 4.5 and Figure 4.6 suggest that at the minimum a quarter of young people in care in the 15–17 age group were early or late school leavers. Given that it is not possible to confirm the three other potential pathways, this school leaving figure may be much higher. McMillan and Marks (2003) argued that low achievers were the first group of young people to leave school early (in Year 9 and before completing Year 10) in Australia. Lamb, Walstab, Teese, Vickers and Rumberger (2004) contended that young people who in the senior years of high school were struggling academically and had low motivation were more likely to drop out. The authors argue that these students were challenged not only by the academic and organisational commitments but also the time management requirements and the competitive nature of the assessments and exams.

These quantitative findings are reinforced by the findings of high levels of academic, behavioural and social issues for the 56 children in the study. Only a quarter of these children did not have any current issues at school, academically, socially or behaviourally with the rest facing one or more of these issues. Changing schools and a diagnosed disability were clearly related to behavioural and academic issues. Children in care with behavioural issues at school were more likely to have a diagnosed disability or to have attended more than four schools, and children in care with academic issues

61 Early school leavers are those young people who leave on or before completing Year 10 (School Certificate). Late school leavers are those young people who leave school after commencing Year 11 and before completing Year 12 (McMillan & Marks, 2003).
were more likely to have attended more than four schools or to have a diagnosed disability.

Children in this study were generally performing more poorly than most Department of Education and Training equity groups, yet are not viewed as an equity group whose progress is monitored. This makes the case for the establishment of children in care as a stand-alone equity group by the Department of Education and Training. There is a high concentration of low socio-economic background children in care – these include children from families with no parents working, children from single-parent families, and children whose parents who had low education levels, as well as a large proportion of Aboriginal children (see chapter 1). This suggests that some of the children may be in different equity groupings, for instance Indigenous students or students attending a Priority Funded School, although this does not appear sufficient to address their educational difficulties. Making children in care an equity group will not be a panacea for all their educational barriers. Certainly, for Aboriginal children this has not been the experience, but targeting children in care in this way would offer an increased focus at a policy and practice level – a focus that has been missing.

4.5 Chapter Summary

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 to the end of Year 12. 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 were barriers to children and young people continuing on a strong academic pathway. This suggests that being in out-of-home care may not result in an improvement in educational performance for many of the children, or the educational achievement and retention of young people in the senior years of schooling.
The next three chapters investigate the factors which, from children’s and adults’ perspectives, are likely to prevent children who under-perform in their early years from catching up. These chapters also present the analyses of the factors that may prevent children who are achieving well from continuing to do so throughout their schooling. The factors that support children’s educational progress are also explored.
Chapter 5
Transitions in the Lives of Children in Care

This chapter reports the findings regarding the perceived impact of transitions on the educational engagement and achievement of children in care. These findings provide an insight into the challenges and complexities for both the children and those seeking to support them. As outlined in chapter 2, transition periods potentially pose a threat to children’s educational experience. The out-of-home care transitions that children may undergo include entry to care, restoration to birth parents, placement changes and change in caseworker. Children also experience a variety of normative educational transitions: starting school, making the transition to high school, and leaving school, as well as possibly entering further education. Depending on children’s circumstances, they may experience additional transitions through changing schools, suspension, exclusion and repeating a grade.

The findings in this chapter are drawn from children’s interviews and case files and from interviews and focus groups with carers, caseworkers and education staff. The chapter commences with three case studies of children who participated in the study. These three case studies were selected as they identify many of the issues that are explored in this and subsequent chapters. Yet they each highlight the individual pathways that children experience in the out-of-home care system and the effect that transitions and turning points have on children’s journeys. Two further case studies are included in chapter 6. The second section reports on the impact of out-of-home care transitions on children’s education, based on the children’s feedback and then on feedback from adults. The third section examines educational transitions, including the transition to high school. It commences with the experiences and perspectives of children, followed by those of the adult research participants.

62 From here on, when the term ‘adults’ is used, it indicates that all adult stakeholder groups - carers, caseworkers and education staff - identified the issue or concern. Otherwise, the particular stakeholder group/s will be specifically named.
5.1 Case Study: Georgia

Entered care aged eight. Seven placements in care, currently living in foster care.

Georgia experienced a disadvantaged early childhood, with concerns being reported to the relevant department interstate. Living with her birth father while her birth mother was in rehabilitation, she was removed following the first notification in New South Wales regarding high risk of sexual abuse.

There were almost no notes on her first placement in her case file, yet this appears to be one of the only settled times for Georgia in care. In the first year school attendance was good and improvements were noted, but educational difficulties had been identified. There were no school reports for the second year of this placement. The psychologist reports during the first placement were normal, but by the end of the second placement there were suggestions of post-traumatic stress disorder, attachment disorder and emotional disturbance. Following the breakdown of first long-term placement, she has continued to move placements and has had six placements in 3.5 years. A constant issue throughout Georgia’s time in care is attachment. She feels insecure in her birth family and does not understand why she is not living with her siblings.

It is evident that Georgia is bright, which is supported by academic assessment; however, she struggles with concentration and motivation and votes with her feet if she is not interested in a subject. Homework has been reported as an issue throughout her time in care. Peer relationships are also problematic and a range of strategies has been put in place to respond to this, but they have not been particularly successful. She has been bullied in primary and high school.

The caseworker reported in Year 7 that Georgia was doing well and that she hadn’t had much professional involvement with her education as she was one of the ‘less demanding’ high needs children. Twelve months later the situation was very different. High school had provided a range of challenges for Georgia, who also experienced a placement breakdown and reconnecting with her birth mother. There is still the question of whether she was sexually abused by her birth father and whether that is playing a role in her difficulties.
The Department of Education and Training Out-of-Home Care teacher has recently become involved and the high school is very supportive. There is a collaborative partnership between Community Services, a non-government agency, the school, and Georgia’s carer, working actively together to engage Georgia and keep her at school. It is hoped that Georgia can be persuaded to see a psychiatrist as medication may be required to address her mental health needs.

This case highlights some of the issues many children in care experience: abuse, removal, lack of contact and placement instability. It also highlights how these issues merge to produce peer issues, low motivation to continue at school and low motivation to attend school. On review, the key point of intervention should have been in first placement, with extensive education support as it had already been identified as an issue, as well as support for the placement, which may have prevented it breaking down and Georgia’s ongoing instability in care.

5.2 Case Study: Beth

Entered care aged 3. Three placements in care, currently living in long-term foster care.

Beth entered care due to her parents’ continued drug and alcohol abuse. In one of two short-term foster placements following her entry to care, Beth was physically abused. Beth then returned briefly home to her birth parents before being placed in the current placement. Along with her three siblings, Beth has lived long-term with her current foster carers whom she calls Mum and Dad. Beth’s older sister has remained in the foster home, after leaving care. Since this placement commenced, Beth has been stable in schooling and home. Beth is described by her caseworker as ‘very resilient’ compared to her siblings and a happy-go-lucky child who has been able to ‘shrug her shoulders’ about some of her earlier experiences.

Contact has been problematic over the years, with the birth mother not showing up or being uninterested during contact. The caseworker suggests the carer does not fully support this contact and that the children may have picked up on this. The birth mother appears to have difficulties in understanding why the children were removed and frequently returns to this topic. The birth parents do not show any interest in the children’s education.
Beth does not recognise that she has a Community Services caseworker and this may be in part due to the limited involvement her caseworker has had in her life. The caseworker described the carers as extremely competent and capable and is therefore able to leave the children’s health and education needs to be addressed by the carers. The carers are very strong advocates, ensuring all of the children in their care get what assistance and support they need.

Attending the local Catholic primary and then a Catholic high school, Beth has been making good progress despite a cognitive delay and a speech articulation disorder. Earlier on in her schooling there were some experiences of being bullied. In Beth’s interview she indicated that she enjoys going to school, has several close friends and has not been bullied in high school. Beth’s school reports continued to improve throughout primary school and the last report described her as a positive, happy, helpful, considerate child who gets on well with others. Beth now uses her carers’ name at school, with Community Services support, although her name has not been legally changed.

Community Services has previously supported her schooling by paying school fees and contributing towards the costs of teacher’s aide. Beth continues to have a teacher’s aide in high school, now at the schools expense. At the time of the last interview, Community Services was reviewing whether Beth should be continuing to attend a Catholic school, as the Community Services is funding the school fees. The carers were frustrated that the department would consider moving the children who have been stable in the same school for years, and had attended a Catholic primary and then went on to the feeder high school. The caseworker reports that the lack of information on health and education on file makes it harder to justify the education expenses.

A new caseworker is about to be allocated, as the current caseworker is moving to a new role. The outgoing caseworker, as part of transition planning, has developed a case plan that highlights the need for the new caseworker to follow up with the school and see how the children are going, undertake any assessment and look to their future progression and needs. This original caseworker had hoped to achieve this at the time of the first interview, but it had not occurred by the time of the second interview, so this responsibility is being left to the new caseworker.
The carers have positive and realistic expectations of Beth and have already supported one of her siblings in obtaining their Higher School Certificate (HSC). Beth would also like to complete her HSC and become a hairdresser. The only concern identified by the caseworker is that the foster family may be socially isolated. It appears from the files and the interviews that Beth is not involved in any extra-curricular activities due to physical health issues, however, Beth identified she would like to do gymnastics.

This case highlights that a limited focus can be placed on education by Community Services caseworkers when a child is perceived as stable and with competent carers. Tasks that the caseworker identified should be undertaken, including talking to the child’s high school, remained uncompleted 12 months later. Of further concern was that Community Services were considering moving a child in high school, who was very stable in placement and schooling, to the local high school to save money.

5.3 Case Study: Amelia

Entered care aged one month. Twenty-eight placements in care, currently living in long-term foster care.

Amelia was removed from her mother with no expectation of restoration as restoration attempts with her older siblings had failed. As an Aboriginal child, Amelia’s first placement with non-Indigenous foster carers was determined as unsuitable despite the carer’s interest in caring for Amelia long-term. Ironically, the non-Indigenous foster carer is now her placement, the same position she started, unfortunately experiencing 27 other placements on her care journey. Her placement appears to be strong and has lasted for six years, yet the primary carer is experiencing some struggles particularly with homework, peer relationships and anxiety and insecure attachments. It does appear that much of Amelia’s earlier negative behaviours at school and at home have settled down in this placement, where Amelia calls the carers Mum and Dad and feels part of the family. Amelia appears to have come to terms with her numerous placements, finding it helpful to consider that people’s lives change and sometimes they can no longer care for you, yet they still care about you. Amelia states she is not sad about being in care, but chooses not to tell many people as they feel sad for you and ‘there is little they can
do’. Contact with both of her birth parents is minimal, however, around the time of starting high school both of her birth parents separately got back in contact. It was arranged that Amelia make the decisions about how often contact occurs.

Having attended at least seven schools and having spent four months away from school while in a residential care placement, Amelia struggles academically and socially. Socially there are a number of difficulties, with bullying regularly reported throughout her schooling. In both interviews, Amelia gave recent examples of how she was teased about her appearance and name. Both the carer and caseworker also report this issue and her and her sister were bullied about their birth mother during their primary schooling. Amelia talks about the different strategies she has implemented, yet states they have not been particularly successful. She continues to report that once a week or more that she does not want to attend school but the carer reports that she is happy to go off to school each morning.

Academically, Amelia has been supported by a teacher's aide for large sections of her schooling. Yet over her years in care, her schooling has had a limited focus by Community Services except for times when there were behaviour issues. At these times Community Services was clearly involved and funded a support worker so she could continue at the same preschool. Her transition to school was thoroughly planned, as her behaviour at this time was quite challenging and numerous placement changes had occurred in the previous year. The Department of Education out-of-home care teachers supported some periods of her early schooling. Yet now that her issues are predominately academic and social, there is less support. Amelia does feel well supported with her education and was appreciative of the previous tutor she had. Community Services have offered to provide a tutor again, however, the carer does not feel this is helpful.

The foster carer does not have high expectations educationally of Amelia and feels placement in a special school or class would be more appropriate. Amelia herself talks about ‘getting smarter’ in Year 8, however, she reports not feeling smart enough to go onto the Higher School Certificate or university. The carer feels frustrated that she has not received help from either the school or Community Services for Amelia academically. Both the carer and caseworker suggest that because Amelia is mostly well behaved she sits in the background ‘forgotten’. There is a borderline intellectual disability diagnosis, and it appears that Amelia is in the lowest classes at her school, and she is very aware of this. The carer feels Amelia has unrealistic expectations of
what she is going to be able to do as a career, but currently it appears they are sharing a career goal of Amelia being a Community Services caseworker.

Amelia has had the same caseworker for much of her schooling, although the caseworker notes that most of her time was taken with her older sibling, who has recently moved away following a placement breakdown. The case was transferred to a geographically closer Community Service centre with a good transition plan; however, on intake the case was unallocated. Thus, no tangible handover occurred and there is now no allocated caseworker.

This case highlights the effects of instability on children in care and the added complexity of birth parents returning into a child’s life as they reach adolescence. Of concern is that the placement is no longer supervised since the transfer between offices. There may have been an expectation that given the stability of this placement, it does not need this level of support. But given that the foster carer was unable to cope with Amelia’s sibling two years older than Amelia, resulting in that placement breaking down, and that Amelia has experienced 28 placements and has been extremely anxious and challenging at times, this is a placement that requires support.

5.4 Children’s Views and Experiences of Care Transitions

In the interviews with the 31 children, they were asked about some of the changes in their lives in relation to out-of-home care, including placement and caseworker changes. Their views on entry to care and restoration were not sought due to ethical concerns; however, children did provide some feedback on this and other care transitions and this data is also reported in this chapter.

5.4.1 Entry to Care

Of the 56 children in the study, just under half (43%) entered care before starting school, while the remainder (n = 32) commenced school prior to entering care for the first time. Of the children already at school, a third (n = 11) remained at the same school on entry to care and 1 in 5 (n = 6) changed schools. For half the children (n = 15) there
was no information on their file to indicate whether they changed or remained at the same school. The children who were interviewed were not directly asked about their experiences of entering care; however a small number indicated that their well-being and schooling was affected by this experience. One child felt the transition into care would be easier for children if they could maintain their connection with their parents by being able to contact them and have photos of them their new room. Another child suggested that children feel scared, especially if they enter care alone, without their siblings. Another child described how he did not understand why he was in care:

I really didn’t understand. I was younger than I am now. I thought they had taken us away because they didn’t like our Mum or something, so I got really angry and I started causing more trouble. [Jayden]

Children’s case files showed that when they entered care, there was often a lengthy court process. This could take months or even years, causing instability for the children who did not know what the outcome might be, or whether they would return to their birth parents or remain in care.

5.4.2 Placement Changes

Children in care change placements for a range of reasons. These reasons have been discussed earlier but it is useful to re-iterate that these changes may be because:

• The move from crisis or short-term placement to long-term placement;
• To a preferred placement i.e. kinship care from foster care;
• Because the child or the carer wants to withdraw from the relationship; or
• Because of abuse in care.

Of the 56 children in the study, across care entries (see chapter 3), the number of different placements they had experienced ranged from 1 to 23, with a mean of 5.5 (SD = 3.9) and a median of 4. Only three children had experienced one placement. The key issues children identified were anxiety regarding these changes and the time needed to adjust. Children felt their involvement in the decision about the new placement helped
them to accept it and gave advice about how positive thinking assisted them through this time.

For children changing placements, the move often created feelings of anxiety and concern, particularly if they were moving to unknown foster carers or to a residential living arrangement with other children. They required time to become accustomed to the new environment and to trust their new caregiver.

  Just getting used to the change took a while. It took a while to get used to it and not be afraid. [Ashley]

The strongest articulated acceptance of the placement change was when the children were asked if they wanted to live with their new carers. Jayden, when asked how many placement changes he had had, responded:

  About six, this has been the longest. We came here because they asked us if we wanted to stay here.

Another child felt that the older they were, the more important it was for children to have more of a say in where they lived:

  I am not sure they would have any choice if they were younger. I don't think I did. But I am in a good home now... If you had to move, you should have more choice. [Brooke]

Taking a positive approach helped a number of children when a placement change was required. One child who had experienced a large number of placement changes, articulated how a conversation with a caseworker allowed her to shift her feelings regarding a change of placement from rejection to understanding:

  'It's all right - you are probably going to a nice place, with nice kids and everything. I know you really like this place, but sometimes people [carers] just move on. Yes, like they have things and they can't look after you any more'. That's what I got told and it really actually helped. Just they have problems and they can't look after you and they don't want you to be hurt or anything. [Amelia]

Similarly, another child who had changed placements multiple times before settling into her current placement, where it is expected she will remain until adulthood, offered this advice:
Just thinking of it as a positive thing, like at least you’re going somewhere that you’ll meet someone nice; hopefully they’ll take care of you, like a family figure. [Chelsea]

For their most recent placement change, children were just as likely to change schools as not ($n = 21$ in both situations). Three children had not started school at the time their current placement commenced, and for a further 11 children (20%) there was not sufficient information on file to determine whether or not they changed school.

### 5.4.3 Caseworker Changes

Caseworker change was common among this group of children, as it is for many children in care (CREATE Foundation, 2004c; Department of Human Services, 2003). The majority of the children in the study had experienced a change in caseworker and some have had periods where no caseworker was allocated. For 41 of the 56 children, some information from their case files was used to inform estimates of how many caseworkers they had. These 41 children had each had between one and seven documented caseworkers, with a mean of 3.4 (SD = 1.4). Of this group 44 per cent had four or more caseworkers. As at June 30 2008, nearly three-quarters of the children in this study ($n = 41$) had an allocated caseworker, while 23 per cent ($n = 13$) were not allocated a caseworker and were overseen by the out-of-home care manager (these children were known as resubmits) and two were unallocated, as their restoration had been completed. New South Wales statewide data indicates that 41 per cent of non-high needs children in care do not have an allocated caseworker (NSW Department of Community Services, 2008b).

A change in caseworker represents a further point of change for children in care and for some children there was a sense of disconnection from their caseworkers following multiple changes. Several children spoke of having their current caseworker for only a

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63 There was no consistent recording in the case files of the number of caseworkers children had been allocated.

64 The other two children being restored were still allocated. See Appendix A for description of resubmits.
short period or not having a strong relationship with them. A few children also compared the characteristics of the different caseworkers they had experienced.

Q: Do you have a caseworker at DoCS?
A: Yes, but I can’t remember his name, he is a new one. We have been getting all these new ones. I think in six months we had three new ones so we were really confused.

[Jordan]

In his first interview, one child described how he had a new caseworker he liked; then at the second interview he had another he did not like:

Interview 1:
Q How often do you get to see your caseworker?
A: Whenever I want to see him. He is taking me to my Mum this Tuesday coming up.
Q: What sorts of things do you talk about when you see him?
A: He asks me how’s everything and I say great. He asks me about my music and my dancing, and everything.
Q: Do you talk about school?
A: Yeah, but I just say great, everything is going great now. I have only been with him for one month. But if anything goes wrong, I would tell him.

Interview 2:
Q: So do you have a caseworker at DoCS at the moment, the same caseworker as before?
A: No different one, somebody.
Q: You had [X] before didn’t you?
A: I have [Y], she is horrible. [Dylan]

The findings suggest that a change of caseworker may have a more indirect impact on education than other transitions, yet it remains important. Caseworkers are usually the adults who arrange the support and interventions that children require, as well as potentially being an education advocate and liaison person. When caseworkers change, it inevitably takes time for the new caseworker to competently fulfil these roles. For some children there was no caseworker allocated, which posed a challenge as to who took on these roles. Almost all of the children emphasised continuity and regular contact as important; having a caseworker, knowing who they are and having time to build a trusting relationship with them was fundamental.
5.4.4 Returning Home

Of the 56 children in the study, 30 had entered the care system more than once (see chapter 3). For half of this group \( n = 15/30 \), a formal attempt at restoration with their parents was made during their time in care, but only four of the 15 were living with their birth parent/s at the time of the final interview. There are no national or New South Wales data published on restoration rates, however, Victorian data showed that reunification is unsuccessful in many cases.\(^65\) The tracking over five years of a large cohort of Victorian children, initially placed in care in 1997, found at least one reunification attempt was made for close to half (48%); however only 30 per cent of that group were successfully restored to their parents with no return to care in the subsequent five-year period (Department of Human Services, 2003, p. 54, 57).

Of the four children restored home during the course of this research, three were planned restorations and one child self-restored.\(^66\) All of these restorations required a change in high school and a move of between 30 and 180 minutes from their existing school. For two of the children, there was some difficulty getting them enrolled at a new school, resulting in one child spending half a year away from school. Two of the children also experienced a move from a regional area back to the city. Children returning home are likely to face similar issues to children changing school and placement, and they also face the further issue of re-adjusting to living with their parents and regaining their position within the family.

\(^{65}\) The Special Commission of Inquiry into Child Protection Services in NSW noted the lack of data on the frequency, number and reasons for restoration failure (Wood, 2008b)

\(^{66}\) Self-restoration is when a child chooses to return home and live with their birth parent/s, often when a placement breaks down.
5.5 Adults’ Views of Care Transitions

5.5.1 Entry to Care

Adults report that the transition into care can have both positive and negative effects on children’s education. Three key points about this transition were highlighted: firstly, that children’s experiences of entering care were traumatic and required considerable adjustment on their part; secondly, that this entry resulted in disruptions in schooling, community and relationships; and thirdly, being safe and secure provided positive educational effects by providing a fresh start and the opportunity to intervene educationally.

The most frequently raised issue by caseworkers was that children entering care are traumatised by their removal from, or relinquishment by, their birth parents. Caseworkers perceive that the trauma children experience at this time affects their ability to adjust to their schooling and new placement. Similarly, carers and education staff reported that adjustment to their new circumstances was a significant challenge for children entering care:

Not only are they suddenly removed from their family, but they’re away from their friends. So they’re going into a new situation with a new family and they’ve got to adjust to that, they’ve got to adjust to a new school, to interacting with new people and everything.
[Carer]

Children also often seem to be pre-occupied with what was happening in their emotional lives, which made it hard for them to learn:

I think that our kids coming to care have got so much to deal with. You know school is the last thing on their mind…it’s purely because there’s so much they’re going through that grief and loss of being separated. They’re going through trying to understand the court process, they’re trying to understand why Mum can’t get her life together or Dad can’t get, you know, stop his violence or for whatever reason. [Caseworker]

The second point made particularly by caseworkers was that entry itself often led to significant disruptions in children’s schooling, social relationships and location, and that these disruptions affected children’s attachments:
When children first enter care, friendships are cut off or disrupted if they move out of the area. [Caseworker]

Many children were moved away from their local community, predominantly due to a lack of placement options, but also sometimes due to safety concerns, or to provide children with a fresh start. The move away from children’s local community generally resulted in a school change (see Section 5.7.1).

Not all changes associated with the transition into care were negative. Adults indicated that for some children, entry to care provided a genuine turning point in their lives, as shown in Joe’s case study.

Case study Joe, male, foster care

Joe and his sibling was the subject of 35 reports to Community Services, before he was abandoned by his mother at the age of 11. Concerns of drug and alcohol abuse, domestic violence, inadequate supervision, neglect surround the sibling’s childhood. There had been no school attendance in the six months before Joe’s entry to care and little of his school history before that time was recorded. Despite the out-of-home care system not intervening earlier and removing Joe, he offers a good case study of how the care system can act to make a vast improvement to a child’s life trajectory. By moving Joe to a new community, removing him from negative peer influences, and an emerging pattern of crime, gangs and non-school attendance. Joe is now in stable foster care and has successfully re-integrated to school, following a three-week transition period supported by a teacher’s aide. Over the past 18 months Joe has an exemplary history of attendance, behaviour and attitude towards schools. Joe is involved in a range of extra-curricular activities and was voted by his peers onto the School Representative Council.

Caseworkers and education staff cited numerous examples when entry to care resulted in improvements in the child’s behaviour and engagement with school. One school principal described how a young boy’s entry to care had a positive influence on his schooling:

He was placed in care by himself with a lady here and the enormous difference in that boy is extraordinary and what we’ve been able to achieve with him is extraordinary.
because when you compare that to the history of the school that he was previously it's like having a totally different child. That's because it's consistency, there's rules, he's in a setting where he feels safe but he understands the barriers and rules and things which is a big difference.

Caseworkers and carers suggested the transition into care was a positive move for children’s education, when the transition was regarded as an opportunity to assess and intervene educationally, given the increased risk of children falling behind their peers at school.

5.5.2 Placement Changes

The key themes related to the effects of placement change on the education of children in care concerned the negative impact of multiple and often unplanned changes in home and often school environments. These changes may require children to cope with unstable situations. The reasons for the changes and the ways that they were handled were reported to affect children’s ability to adjust. Quick changes were viewed as more unsettling. The ‘double change’ of home and school was presented as particularly problematic, with high levels of adjustment required. The interviewed caseworkers, however, indicated that children were likely to experience school changes whenever their placements changed.

For children experiencing a change in both placement and school, caseworkers proposed that this particularly affected children’s psychosocial development and educational achievement. Caseworkers reported that the often-unplanned nature of these school and home changes required children to leave a school and placement quickly and often with little opportunity to say goodbye, and sometimes children had difficulties understanding why the placement ended. Caseworkers suggested these abrupt changes may result in feelings of insecurity for children and could contribute to behavioural changes.
Adults reported that entry to care made it difficult for children to focus on their education, and they highlighted the same issue for children experiencing simultaneous changes of placement and school. Not surprisingly, multiple changes were perceived as generating feelings of instability that had a marked effect on children’s capacity to learn and engage educationally. Of concern for some caseworkers was that this could result in, or be caused by, a cycle of suspension, placement stress, placement breakdown, and drift in care. Several caseworkers also indicated that simultaneous changes in placement and school were a critical point where adolescents and high-needs children disengaged or dropped out of school:

For adolescents, care takes priority over education when they are changing placement every year or 18 months – learning becomes secondary. [Caseworker]

### 5.5.3 Caseworker Changes

Caseworkers and carers focused particularly on the impact that a change in caseworker had on children in care. Like the children themselves, caseworkers and carers believed a consistent caseworker to be an important support and advocate for the child. Change in caseworkers could result in necessary interventions and services being delayed for children in care. Carers, in particular, suggested that children become disillusioned by the changes and hence reluctant to form relationships with new caseworkers. Caseworkers’ preferences for consistency were tempered by explanations about why caseworker changes occurred.

Caseworkers consistently pointed out the benefits of continuity in caseworkers for children in care. They articulated the need to develop a strong, trusting relationship with individual children and the need to have an ongoing role in their lives:

I think it’s much better if you don’t have a change of caseworker for the kids in care because it takes a long time to get to know a kid, I mean develop some kind of relationship with them where they trust you and will call you if they need or if they need help. [Caseworker]
Yet despite these benefits, there was considerable diversity of opinion among caseworkers. Some felt this continuity should be for the whole time the child was in care, while others felt continuity should be for periods of between 24 and 36 months, or particularly over the time when a child entered care. Despite the value placed on continuity, caseworkers readily indicated a number of reasons why children experience frequent changes in caseworker. These include; firstly, children moving from child protection to out-of-home care or moving areas due to placement change or moving with carers; secondly, staff changing role within Community Services, or staff leaving due to burnout or as they were employed on temporary contracts; and finally, that caseworker consistency is not prioritised by the department and there are insufficient caseworkers for the numbers of children in care.

Some caseworkers suggested an outcome of caseworker turnover was that children’s educational needs were not always clearly identified and timely services were not sought. One caseworker described how, for one child in this study, the process of developing a funding submission to access an educational support service was hampered by a change in caseworker:

So many different caseworkers – the new caseworkers have to go meet her, go through her file and then write the submission. [Caseworker]

Another caseworker explained that the incoming caseworkers had to familiarise themselves with the child’s situation and this disadvantaged the child. Indeed, one caseworker was so disheartened by the number of caseworker changes that children experienced he argued that it was so “disruptive for the child” that they were “better off without one.”

Carers identified similar concerns about the effect caseworker change had on children in care; however, they indicated that changing caseworkers was preferable to not having an allocated caseworker.

A bad caseworker all the time better than a brilliant one some of the time. [Carer]
Several carers reported that the children they cared for were frustrated by caseworker changes. For example:

The kids really liked her – that’s the first time they’ve liked a caseworker, and they actually said it. She took the time – she actually sat down and spoke to them like people. And then she just got taken off the case and now we’ve got this new one, so they’re back to the opinion of ‘Sick of caseworkers – we’ve had that many, I don’t want to even meet her’ – and I was just like I’ve got to try and keep their enthusiasm up, and I don’t even feel like it either. [Carer]

5.5.4 Returning Home

Uncertainty about the process of restoration or about the outcomes of the process were key themes identified by caseworkers and carers. They made three key points. Firstly, restoration may be the goal and it may be planned for, but it may occur in a non-specified time period, it may not occur at all, or it may occur unplanned. Secondly, for the children who have returned home, caseworkers were concerned that birth parents may be unable to focus on the child’s education during this time as their energies are focused on re-building their relationship with their child. Furthermore birth parents may not have the background required to support their child educationally. Finally, the most pressing concern for carers and caseworkers was restoration failure, resulting in further trauma and attachment issues for children.

As those responsible for managing restoration, caseworkers provided the most feedback on restoration, identifying this as a critical transition, but also one that was difficult to plan effectively for, given the uncertainty in its timing. Returning home was often planned for over a long period, subject to various conditions being met by the birth parent/s. Caseworkers and carers reported that the lack of definite timelines and lack of certainty made the process difficult for children. One caseworker articulated this for a child in the study and her sibling:

So the girls are sort of up in the air, are we meant to be, oh even the carers up in the air, ‘Are we meant to be enrolling the girls in netball this term or are they going back to Mum?’ ... I heard from the carer that the girls really thought they were going to go back at the end of last year so they broke it off with the boyfriend...And they were really willing to leave the school because [the child] was appointed prefect or school captain or vice captain and
then she said 'Do I accept it or do I not if I'm not going to be at the school?' and I'm like 'No, no, no, there's not plan for you to leave just yet'. [Caseworker]

Once children had been restored, a common concern was that many birth parents did not have capacity to support their child's education (see chapter 7 for more on this topic). At the time of restoration, birth parents were perceived to be focused on their relationship with their child, rather than on their child’s education. Several caseworkers said the birth parents had to be supported or there would be a risk that the gains children had made educationally while in care would be lost when they returned home.

The parent was more focused on the relationship with the child and their capacity to learn new skills around the child than they were about the child’s education. [Caseworker]

Both carers and caseworkers reported that adolescents who were restored or who self-restored were more likely to drop out of school, particularly if the home environment was not conducive to educational engagement. Indeed, two carers (n = 2/19) identified that an older sibling of children in the study left school after self-restoring. School attendance was likewise identified as an issue for older restored children, especially if the children had self-restored and the reasons contributing their entry to care had not been resolved. Yet caseworkers suggested that for many older children who returned in situations where there were few other options, there was little they could do other than monitor their situation.

Caseworkers argued that when children are home, their schooling should be monitored and supported. Schools were viewed as a useful monitoring mechanism for restored children, just as it was for children before they entered care and on entry to care. Some caseworkers suggested that when parents do not have the necessary educational skills or experience, caseworkers should look for support elsewhere. An example was cited of a child restored home who was attending tutoring to complete their homework and to address any areas of difficulty. Yet in practice this type of support may not be available at all or it may not be available on the long-term basis that is required. For instance, one caseworker described how a child who had been funded by the department to attend a non-government school was required to change schools in a critical year as the birth
parent could not afford the fees and the department was unwilling to pay the fees after the child’s return home.

For caseworkers, their most significant concern was when restoration attempts failed, particularly if multiple attempts all failed, and children were further traumatised. The view of some caseworkers was that children who shifted between home and care missed developing significant attachments that were necessary for them to feel safe and able to engage at school.

Often the restorations, they’re just tokenistic and the kids go back into the same environment and then return into care. By the time the kids come into care twice, they’re really damaged kids. It doesn’t matter what you say or do, there’s few resilient enough kids without being traumatised, really traumatised. [Caseworker]

Based on the findings from this study, these movements between care and home often result in further school changes for children.

### 5.6 Possible Transitions for Children in Care

On reviewing the case files of the children in this study, it became evident that in addition to the changes experienced, as 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, three events related to birth parent/s were explored in this study: parent incarceration or release from jail, death of a birth parent, or birth parents re-entering children’s lives. Two other critical or crisis events related to the child’s placement were also examined. The first was the death of carers and the second was children being abused in care, resulting in an investigation, but not necessarily in children being removed from that placement. Of the children in the study nearly two-thirds ($n = 36/56$) experienced one of these critical events, and a quarter ($n = 15$) experienced at least two. With the exception of parental incarceration, which for some children their parent was incarcerated before and during their time in care, each of these critical events happened while the child was in care.
Critical Parent-related Events

The first critical event examined was the incarceration, or release from jail of a birth parent, which the case file reviews showed had an effect on the child. At the time of the reviews, seven per cent of the children’s birth mothers and 14 per cent of their birth fathers were incarcerated. The release of an incarcerated parent can be highly concerning for children if this parent was the perpetrator of abuse. One caseworker described the effects of a birth mother’s incarceration on one child in the study:

   The birth mother has been incarcerated all year. So [the child] has had a confused period whether to visit her or not. He has been out once or twice. We will have to go back and revisit the contact orders. … Twice he has been ready for access and changed his mind. [Caseworker]

One child described how she had no contact with her birth father for a year, as he was incarcerated, and she was about to have the day off school to discuss his release with the department.

The second critical event was the death of a birth parent. In this study there were four children whose fathers had died and two whose mothers had died while the child was in care.

   His Dad died last year, it was a big loss for him...He has a grandfather that connected with him following his Dad’s death, but he is elderly and sick. In the not too distant future, he is facing another loss. [Caseworker]

   When he came to [name of school] he was quite settled for a little while but then when he had the loss of his Dad and his Nan and all of that, that’s when the behaviour started. [Carer]

Several children had elected to have no contact with their parents. Other children had little or no contact with their birth parents, sometimes because their parents’ whereabouts were unknown: 11 per cent of mothers’ whereabouts were unknown and 13 per cent of fathers’ whereabouts were unknown. For some of these children, their parents could suddenly re-enter in their lives.

   Big changes with the birth family. The birth mother [name] is back in the picture, with two visits so far, which may be disruptive. The birth father is in contact with DoCS and may come back in their lives. [Caseworker]
One child talked about not seeing her father, and how he arrived unexpectedly at her school:

People teased me when Dad came to school and he wasn’t allowed to see me. I went two years without seeing him. [Madison]

Birth parents showing up unexpectedly at their child’s school was an issue that was identified by education staff, and was also reported in children’s case files.

**Critical Carer-related Events**

The second set of critical events was related to children’s placements. A small number of children experienced the death of a foster carer, but far more experienced abuse in care that required investigation and action by the department. Many of the children changed placements because of these investigations.

Two other ‘events’ emerged from the interviews with caseworkers and carers and from the case files. 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. It was evident that many birth parents took the matter back to the Children’s Court to seek further access or restoration and a small number of parents repeatedly took the matter back to court over the years their child was in care. In addition, one child was abducted by her birth parents during a contact visit.

The second point, which concerned some carers in the study, was what happens when young people’s care orders expire while they were still at school. One of the carers of a child in this study described her concerns:

She turns 18 at the end of Year 11 and I have an issue, where I want to start planning now. Well there’ll be an issue about [the child] returning to her birth family, probably, because they will expect that now she’s turned 18 to come back, because they’ve been trying to get her back since day one. I have spoken to her already and said ‘I want you to continue to Year 12 at a minimum before you think about that…” [Her family] are in [interstate capital], which would be a terrible disruption to her schooling. [Carer]
This situation is likely to occur for a number of children in the study (potentially 34), if they continue on to Year 12, as only one child was on an order to the age of 16, the remainder were to the age of 18. The child whose ordered ended at 16 would definitely be affected.

In summary, critical or crisis events were experienced by a substantial number of children in this study and a number of these events foreshadowed a transition occurring for the child, particularly when children were abused in care. Despite children not being directly questioned about these events, it is clear from some of the comments of their carers and caseworkers that these events had some effect on children’s education. Many expressed the view that these events could be alleviated by better planning and support.

5.7 Children’s Views and Experiences of Education Transitions

The following discussion reviews the educational transitions of the children in the study. Data were collected on children’s age at school commencement and their participation in early childhood education programs. For the 46 children for whom information was recorded, their files show they commenced school at between four and seven years of age (10 at four years, 34 at five years, and two at six years). One child was four years and one month old when she started school as she commenced interstate; all the other children were aged between four years and five months and six years 10 months, with a mean of four years eight months and median of five years (SD = 0.49). In terms of preparation for school, at least 41 per cent of the children \((n = 23)\) attended an early childhood program when they were either in care or with their birth parents. There was no information on file for the remaining children \((n = 33)\), to indicate whether they attended an early childhood program or not.
5.7.1 School Change

This section examines the number of school changes, the reasons for these changes and the types of schooling that the 56 children in the study experienced both with their birth parents and while they are in care. Most children experienced at least one change of school that was related to being in care. Children’s views of these changes and their experiences of settling into their new schools are examined here. Children’s key concerns at this time were the loss of friends and the challenges in settling into a new school.

Children in care change school for a number of reasons related to decisions made by caseworkers, carers, schools and sometimes children:

- Entry to care requiring placement in a different residential area or a change in school to protect the safety of the child;
- Ongoing placement changes to different residential areas;
- Carers moving house;
- Change to the school preferred by the carer;
- Changing to schools better suited to the needs of the child and/or to provide them with a fresh start at the preference of the child, caseworker or Department of Education staff;
- Inability of carers to afford school fees or the unwillingness of Community Services to pay non-government school fees; and
- Children’s academic performance or behaviour.
Number of Schools Attended Before and During Care

There were some challenges in determining how many primary schools children attended when they were with their birth parents. Their file often included only information from the last school they attended before entering care and little was recorded about their schooling during their return/s home. For the 28 children (50%) for whom there was some information about their schooling when living with their birth parents, they attended on average two schools ($SD = 2.5$). The range of primary schools attended was one to 14, with most ($n = 23$) attending one or two schools during that time. For a few children their pre-care experiences of home and school involved frequent changes. One child described how she changed schools numerous times:

My real Mum kept moving because she couldn't keep affording houses. [Brooke]

The number of primary schools children attended while in care ranged between one and six, (Figure 5.1) with a mean of 2.4 ($SD = 1.3$) and a median of 2. For high school students, the number of school changes was known for 54 of the children. Between them, they attended a mean of 1.2 schools ($SD = 0.6$) and a median of one school. Given the age of the children and the fact that most were in the first two years of high school, school changes in high school were fewer (Figure 5.1).

![Figure 5.1: Number of Primary Schools and High Schools Attended While in Care](image)

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67 All of the children had entered care before commencing at high school.

68 This information was triangulated from the case file reviews and the interviews with children.
Thirty-three children (59%) attended only one or two primary schools while in care; however, the remaining 23 children (41%) all attended three or more primary schools while in care. An Australian survey of 270 children and young people in care found that 56 per cent had attended three or more primary schools (CREATE Foundation, 2004f, p.8).

One child had not yet started high school due to their disabilities, while two could not be enrolled in high school at the time their file was reviewed. Of the ten children ($n = 5$ interviewed group, $n = 5$ excluded group) who changed high schools, six moved once and four moved twice. Of the first high school moves, five were associated with changes of carer for the reasons outlined earlier and five were due to placement changes. Of the children who attended three different high schools, all were from the excluded group of children and the reasons included expulsion, transition to a special-purpose school, entry to Juvenile Justice and one child being restored home. A further two children did not move high schools, despite their placement changing after they made the transition to high school.

The mean number of schools attended by children in this study was 4.6 (SD = 2.7) and the median number was 4 schools. Figure 5.2 includes both primary and high schools and it includes the schools attended before and during care, and sometimes it includes the schools attended after restoration.

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69 In the case where children were enrolled in a central school, the move between Year 6 and Year 7 has been classed as a school change. Six children attended a central school for this transition. Central schools offer education for children from Kindergarten to Year 12 in one location, in rural and isolated communities. Moves into home schooling were also counted as a school change.
This data is based on an estimate, as noted earlier for the children who entered care after starting school, or for those children for whom there is very little educational information on file, the actual number is likely to have been higher. Only nine (16%) of the 56 children have attended only one primary and one high school. Six of these nine children have been in the same placement for more than five years. For the excluded group of children, the mean number of schools was slightly higher with a mean of 5.3 compared with a mean of 4.1 although this difference was not statistically significant.

In the New South Wales state education system, there is a range of schools for specific purposes that offer programs to students who require intensive levels of support with their education. In 2008, two children were attending a school for specific purposes. At least nine children (16%) have attended a school for specific purposes while in care, so a sizeable number of children have experienced a transition between a mainstream and a school for specific purposes.

Some children moved from the state education system into the non-government education system while in care. In 2008, 20 per cent of the children were attending a non-government school, 73 per cent were attending a state school, two were not attending school, and for two there was insufficient information on their file to determine what school they attended (see Table 5.1).
Table 5.1: Children Attending Government or Non-Government Schools in 2008

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government school</td>
<td>39</td>
<td>69.6</td>
</tr>
<tr>
<td>School for specific purposes</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td>Total Government</td>
<td>41</td>
<td>73.2</td>
</tr>
<tr>
<td>Catholic school</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>Alternative school</td>
<td>1</td>
<td>1.8</td>
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<tr>
<td>Non government school non religious</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Non government school religious</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>Total non government</td>
<td>11</td>
<td>19.6</td>
</tr>
<tr>
<td>Not attending school or not on file</td>
<td>4</td>
<td>7.2</td>
</tr>
</tbody>
</table>

It is significant that all eleven children attending non-government schools, were in the interviewed group rather than the excluded group. Of the children attending non-government schools, four had been doing so for all of their schooling (n = 3 Catholic schools, n = 1 alternative school), while seven moved from the state education system to non-government schools. The children who moved did so between Year 3 and the middle of Year 7 and all seven moved at the request of their carers. The primary reason for four children, was to give them a fresh start away from past behaviours or because the first school community knew too much about their history. Two children moved into the non-government system when their carers moved homes and one child moved as the services were perceived to better suit the child’s learning needs.

Seven children (13%) in the study were home-schooled at some time during their education, either through the Department of Education distance learning system or through another system. Some children were home-schooled by their carers while moving schools, others were home-schooled as a strategy to catch up with their peers academically and, for some, home-schooling was the only way they were able to participate in the education system. This was because attending a school was no longer
possible due to their previous history and adverse assessments regarding their risk in the school environment.

**Children’s Experiences of School Change**

The children who were interviewed provided considerable feedback on changing schools, the reasons for the changes, what helped and what was hard about that time. For many children, the most difficult aspect of changing schools was leaving friends. Before starting at their new school, children reported feeling nervous or anxious about fitting in and finding new friends. For some children, this anxiety resulted in them having difficulties in separating from their caregivers. Although many children viewed changing schools as positive, some felt it had a negative impact on their academic progress.

Children change schools for a range of reasons (as outlined previously) and the interview group mostly reported moving schools due to placement changes or transfers to a non-government school. A few children provided different reasons, including changing school due to their performance:

I wasn’t doing as well as I could at the school I was at. [Jordan]

Another child who had moved schools five times while in the same kinship placement (not including the transition to high school) explained:

We moved away from [town 1], needed to. Went to be in [another state] to get to know family. In [another state] we didn’t like it. We stayed there for a year and we didn’t like it. So we moved down the coast and we moved with Uncle til we could get a house. We had to move from there to [town 3], from [town 2] we moved up here. We were renting a house and they needed the house so we moved here [new house same town]. [Keziah]

The significant challenge most frequently highlighted by the children was leaving their friends at their previous school. The children described poignantly the difficulties in leaving friends:

You get attached to friends, it’s sort of painful to leave them. [Keziah]

Friends, leaving friends. [Laura]
This loss can last for years. Several children mentioned missing friends that they had had at previous schools years earlier.

The school before that from Kindergarten to Year 2, I had some friends there but I was only in Year 2 so I wasn't able to, I didn't really think to get phone numbers. I have been trying to track down an old friend of mine that I haven't seen or heard from but he moved schools and I never got his phone number. [Jacob]

Many children in care reported feeling nervous, anxious and embarrassed about the prospect of changing schools. ‘Will the other kids like me?’, Will I make a fool of myself?’, and ‘Will I find some good friends?’ were common concerns. The period leading up to the school change and the first few days following the change were particularly challenging, regardless of whether the child was younger or older:

It was so scary. Especially the first couple of days. [Ashley]

A little hard, because you didn’t know anyone and you were afraid if they don’t like me. [Amelia]

For younger children, this anxiety can manifest fears about being separated from their carers when they are at the new school. When Evan was asked about changing schools in Year 3, he said: “When [carer] left I usually tried to stay with her.” Another child described how difficult she found being left by her carer at school:

When I was in Kindergarten and Year 1, she [carer] used to come in to school now and again to see how I was doing. When she left I was always crying and everything. The teachers didn’t know what to do, well they did, they cared for me but I always cried when she left and everything…Did you cry because? I didn’t want her to leave most of the time. [Sophia]

The children described three aspects that helped them in the process of adapting to their new school: active involvement in the decision, honest reflection on the current situation and, most importantly, finding new friends. The children reported that as they grew older, they wanted to participate more in the decisions about what school they attended and where they lived (see chapter 6 for children’s views on the importance of their participation). One child, when asked what helped in terms of moving schools, responded:
I got to choose that I wanted to move as well. [Jordan]

Brooke, a child in a long-term placement, was active in the decision not to continue at a non-government school due to the costs her carers were incurring. Brooke suggested the move initially and recommended her new school. Brooke accepted the change to the state system and felt that her carers were overly concerned: "I was thinking just get over it I’m okay with change and stuff."

Children’s ability to accept the new school was also affected by their own reflections on their current situation. There was a sense that while many children felt their current situation was not what they would ideally have wanted, they accepted this and could make the best of the situation. Ashley, who moved with her carer to a home four hours away from their previous home stated: “At first I didn’t like it, but I figure we weren’t going to move back.”

The most significant aspects of positive engagement with a new school were making new friends. Knowing other children in some capacity at the new school, whether through church, sports, extra-curricular activities, or having an older sibling attending that school, helped children to feel more comfortable and confident. As Kelsey stated: “You have to kinda like, know some people that go to that school and then you will fit in better.”

A number of children also found that changing schools gave them the opportunity to reconnect with friends they had previously gone to school with, either when they were living with their birth parent/s or when they were in a different placement.

Some of my friends now, they used to be my friends when I went to [public school]. I used to go to 10 schools. [Georgia]

For many children, the overall experience of changing schools was positive. Children reported that while their experience of changing schools was very difficult at the time, once settled their school life had improved. For some children, changing schools was perceived as an opportunity to gain nicer friends, better teachers, and new opportunities. Another child described how she was relieved to change schools to leave
behind a situation where she was bullied. Two children, when asked about changing schools, responded:

I was thinking in my head, what if I could turn back time and go back to the same moment, But then I’m like I don’t want to because then I would get all teary and cry again. It is better now than ever.
Q: Is it?
A: Yes, I will see them all again my friends. [Amelia]

Because I moved schools, I started to make better things and started to concentrate more. [Michael]

Changing school, however, had some negative outcomes for several children, who reported falling behind in their schooling, due to the combination of school changes and time away from school. A change in school can compound academic deficits, particularly if the school was offering the curriculum differently or if the child spent time away from school during the placement changes.

I was really behind on stuff, still am. I was at a Year 2 or 3 level in maths in Year 5 or something.
Q: Was that just because you changed schools or were you out of school for a period of time as well?
A: There was one time out of school, we had to help, it was like a monthly placement, where you just went there for like a month or something.
Q: So, you didn’t go to school?
A: Nope. [Chelsea]

This school teaches a bit different to [X school].
Q: Okay, in what way?
A: In what they learn, because they learn different things. As in maths, at [X school], they would teach one thing first and here they teach it at the end of the year. [Laura]

The timing of school changes was also an important factor. For some children their placement change and/or school change was timed to occur in the Christmas school holidays, allowing them time to settle into their new home before starting at school at the beginning of a new school year. These children were able to say goodbye to their friends and teachers. Other children moved mid-term and more abruptly, sometimes spending time away from school before commencing a new school. Starting mid-term presented additional hurdles for children in adjusting to a new school curriculum and catching up to the class.
In summary, the often-inevitable changes in school on entry to care or accompanying placement changes were a particularly salient issue for children in care. The children in this study experienced on average 4.6 school changes throughout their schooling until the first two years of high school. For many, the greatest challenge was leaving behind close friends and making new friends. Some children felt their academic progress deteriorated due to curriculum differences and time away from study while they were between schools. In the lead-up to changing school, and in the initial period at the new school, anxiety and nervousness were common feelings for children. Yet many children were able to accept the change as a result of participating in the decision or through reflecting on the situation and making new friends. For a number of children, despite some difficulty with the initial transition, the change was positive for them socially, academically, and in providing further opportunities.

5.7.2 The Transition to High School

Children were asked how they felt before and during their transition to high school, what helped support them in this transition and what the key differences were between primary and high school. Many children reported that before the transition to high school they felt nervous or excited or both. For most, while the initial transition was stressful, they reported settling into high school well. Children gave details of their participation in a range of orientation programs, which for some were lengthier than others. The key differences they found in high school were the ways the school operated through timetables and changing teachers, and classrooms, regularly throughout the day. Children also identified the increase in school and homework expectations, and the increased responsibility. A further significant change was in the shift from being the oldest to the youngest in a larger school setting. Leaving primary school friends was sad for some children; however, many discussed the opportunity for making new friends in high school. Further benefits included new subjects and opportunities.
When the children were asked how they felt before the transition to high school, 17 (55%) responded that they felt worried and nine (29%) described feeling excited. Several children described how over the transition period they experienced a range of feelings:

I was basically all of them, I had butterflies in my tummy and I was excited as well and worried at times and when I got to school I was really worried and really excited when we started and then I was a little worried when we started doing the work. [Sophia]

A number of factors supported children. Having an older sibling can help support this transition, and several of children identified this.

Really nerve wracking but to know I had an older sister there and she can look after me. [Courtney]

Children moving to a different high school from their peers also identified that knowing other people at the school helped make the transition easier. For most children, even if their transition to high school was stressful, once they settled in, they reported enjoying it.

The children had a range of orientation experiences and most identified attending an orientation program in Year 6. Some children only went once to the high school to meet the teachers and to have a tour of the school, while other children went to the high school on a number of occasions to help prepare them for high school life. One child with high needs participated in an extensive orientation program over the last two terms of primary school. In contrast, another child, who had not moved placements, reported having no contact with the high school until their first day. A number of children attended the orientation program of the school they were intending to attend, but due to placement changes they then attended a different high school, missing this school’s orientation session. A child in this situation described their feelings over the holiday period before commencing high school:

I was sort of embarrassed, I didn’t know why, sort of nervous. I didn’t know if I would know anyone. [Georgia]
Once at high school, the children identified a number of key differences in the way high school operated compared with their primary school. At the time of the first interview, some of the children were in term one of Year 7 and their key focus regarding high school was on working out timetables and moving around the school, without getting lost. Just over a third of the children (n = 11/31) identified this as a significant issue in their transition to high school. As one child described:

Because the first two terms are really hard, just with the swapping classrooms, the lagging books, getting to know the teachers. [Ashley]

Many children discussed how they did get lost initially but once they were confident in finding their way around the school and accustomed to the timetable, they felt more settled and enjoyed changing classes.

Children also noted that the schoolwork at high school was more challenging and that the expectations teachers had of their schoolwork and homework was higher than in primary school. Ten of the children (32%) identified this was an issue for them. For some children, it was the homework and assignment expectations that they found hard. For other children, it was the schoolwork itself, and some reported being required to stay in at recess and lunch to complete their schoolwork. Children also discussed the increased expectations placed on them, taking more responsibility for themselves and being organised for school. Some children were struggling with the ‘things you have to remember’. As Jayden described:

Some work is hard and the teachers are strict and I feel like I am in jail sort of thing. I am imprisoned in a house full of rules, heaps and heaps of rules. If I don’t have my music book, the next time I go to music I will be on detention. And if I don’t wear a yellow t-shirt to school for sport, I will be on detention.

But for others, the extra responsibility and expectations were seen as positive:

You sort of learn how to be a teenager – adult person. It helps you mature. [Lauren]

Another child, who was in Year 8 at the time of the second interview said he felt he was performing better academically as he knew what was expected of him and found he was enjoying school more:
Last year just getting used to high school and because of that it was pretty hard. Because I am used to it, it has gotten much easier. [Jacob]

The other areas children nominated as significant about the transition to high school were the size of their school and how they were now the youngest at school.

When asked about the positive aspects of high school, the two most nominated areas by children were making new friends and learning new things. The subjects offered in high school provided children with a range of opportunities to do novel things and explore areas they were interested in. As Courtney described: “You get to cook, and make chairs and stuff.” When asked about their subjects in high school, several children described them as fun and exciting. Another highlighted playing new sports as a positive for them on moving to high school.

In terms of peer relations, high school opened up a much broader group of people as potential friends; indeed, some children had more fellow students in Year 7 than they had in their whole primary school. Yet for other children, continuing primary school friendships and making new friendships was a concern. As some primary schools are feeders to multiple high schools, children did not always move to the same high school as their friends. Several children identified the challenge in having their primary school friends attend different high schools. One child described how he was finding it difficult to make new friends in the early weeks of high school:

Right today I have only one friend, I usually go and hang around with my sister and her friends. [Jayden]

Other children who went to a different high school from their Year 6 peers did not report any issues making new friends.

Children were asked what advice they would offer children in care on the transition to high school. Their suggestions focused on two areas; firstly for other children in care not to feel scared or nervous about this change; secondly, for children to view the transition to high school as a fresh start and the chance for new friends. Two children advised:
Just think of it as an achievement because you’ve got that far. Like you learnt more and stuff. [Chelsea]

It’s a time to start over. If you have had pretty bad primary school, you can try and have good high school and be happy. [Sophia]

Several children suggested using high school as an opportunity to make new friends while other children recommended remaining with the same group of friends from primary school:

Instead of staying with one group of friends, try a new group. [Courtney]

Try and stick with your friends from primary school. [Dylan]

Two other factors, one positive and one negative, affected the transition to high school. The first was attending a central school during the transition to high school. Six children (11%) from the study attended a central school where the high school was on the same site, travel arrangements to school continued unchanged and they had a consistent school principal. The second factor was instability. A number of children were required to change placement while making the transition to high school. From case file reviews it was evident that of the 56 children, at least six changed placements during the Christmas school holiday period, while another child moved home with their carers (13%). All of these children appeared not to have participated in the orientation program at their new high school and were required to make new friends. Laura described how she felt nervous and scared when making the transition to a high school closer to her new placement, describing it as “changing everything.”

Overall, most of the children reported their transition to high school had been positive, with new friends, broader learning opportunities and greater responsibility for themselves as the benefits. Some of the challenges they experienced were relatively short-lived, including finding their way around, negotiating school buses and understanding timetables and teacher expectations. For a small group of children, however, issues related to being connected with a peer group and being able to

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70 This figure may be higher, however there is insufficient education information on file for some children to determine when they commenced high school.
confidently undertake the schoolwork continued over a longer period. Some children had also not experienced stability during this transition and had been required to adjust to a new high school and/or placements during this period.

5.7.3 Other School Transitions

This section explores a number of areas that may act as educational transition points for children in care, including suspension, exclusion and repeating a grade. Suspension, particularly if it is long (20 days), is an enforced transition for children and young people. A substantial number of children in the study (57%), experienced at least one suspension while in care (n = 32/56). The case file review, indicated that three children were excluded from school (5%) and another child stated in his interview that he had been excluded, but was unwilling to discuss the details. For this child, there was limited educational information on file. Of the three children excluded from school for whom there was education data, all had between 5 and 10 suspensions before being excluded. Two were excluded in primary school and one in high school. In 2008, two of the three children were back at school, one in a special-purpose school, the other in a high support unit in a mainstream government school. One child has not attended school for a number of years.

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. At least 22 children did not repeat a grade. None of the children discussed repeating a year of schooling, so there may have been a strategy to combine repeating a year with a school change. Grade repetition can

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71 Adults views on these are explored in chapter 7
72 Children can be excluded from a school in New South Wales for ‘serious circumstances of misbehaviour’. For young people post compulsory school aged they can be excluded for unsatisfactory participation (NSW Department of Education and Training, 2007c). See Appendix T for more information regarding children’s suspensions.
be used as a strategy to tackle poor academic performance in primary school and many carers and some caseworkers were advocates for this approach.

5.7.4 Children’s Intentions for Future Transitions

The children were asked about several future educational transitions. Enrolment beyond the compulsory school age is a key transition point for young people in care and is likely to be informed by their educational experiences until that point, as well as their experiences in care. At the time of the first interview, approximately two-thirds of the children \((n = 21/31)\) intended to continue at school and complete their Higher School Certificate (HSC). At the time of the second interview, 81 per cent of children \((n = 21/26)\) were intending to continue at school and complete their HSC. The majority of children remained steadfast in their intention but six children (23%) shifted their intentions one way or the other over the 12 months. Of the five children not re-interviewed, three were intending to undertake their HSC at the time of the first interview. For the five children not expecting to complete their HSC, at the time of the second interview, three intended to undertake further education and training and two were unsure what they would do after leaving school. In the CREATE Foundation’s (2004f) survey, 73 per cent of children and young people who were still attending school intended to continue their schooling until the end of Year 12 (p. 21). Across both interviews, almost half of the children considered attending university (interview 1 45%; interview 2 48%). The remaining children were unsure or did not expect to attend university.

5.8 Adults’ Views of Education Transitions

5.8.1 School Change

All adults suggested that stability in school was of great benefit to children, however, they acknowledged that many children in care were required to change schools,
particularly when their placements changed. A change in school was identified as having a negative effect on children’s academic progress, social adjustment and peer support. Adult’s reported that some children had difficulties in forming new attachments and friendships, particularly children with self-esteem issues. Age and the timing of the transition were proposed as factors affecting how well children made the transition to a new school. Carers also reported that the uncertainty of how long the child would be with them affected their ability to support their education effectively.

When caseworkers were asked whether school change was required when placements changed or when placements broke down, the language most commonly used was ‘often’ or ‘usually’. Caseworkers described how finding a suitable placement took precedence over school stability, despite caseworkers acknowledging the importance of continuity.

We try very hard to be aware of but can't always solve because for us placement is the bigger issue. They've got to have a bed. [Caseworker]

Yet it was also evident that many caseworkers view school change as inevitable:

Although we talk about how that will impact on their school we really do accept that changing school is okay. [Caseworker]

Just about all the kids that I can think of that I was a case worker for have probably had to move schools at least one time when they were moving placements. [Caseworker]

The stability of children in care was also a factor. Carers identified that sometimes they did not know how long children would be placed with them, which could make it difficult to make decisions on schooling:

Sometimes we don’t know how long children will stay with us when they come ….to know whether you’re going to have them for 12 weeks or 12 years, to look at what is the best option for them for school. [Carer]

A number of adults felt the age of the child was a factor in how well they made the transition to a new school, with younger children finding this easier than adolescents. Several adults noted that for pre-adolescents and adolescents, a consistent and stable
peer group was a critical component to their developing identity. A change of school at this time was seen as particularly problematic. Carers and caseworkers suggested that for some young people their school changes took place during pivotal educational periods including the School Certificate assessment periods throughout Year 10 or the HSC (Years 11 and 12). The academic effects of school change in these periods were seen as particularly negative. The timing of school changes when children changed placements or were restored was also identified as an issue, with adults acknowledging that children were required to move mid-year or mid-term. For some children, the move was interstate, further complicating the transition between schools, as children were required to move into different school years.

Similar to the point children made, adults suggested that a significant challenge of changing schools was curriculum continuity. A number of care and education staff identified that as children changed schools, they missed some subject areas. As one described:

The school gets into a lock step. The classic case is maths, there is a lot of content in maths, so week one additions, week two multiplication, week three space, week four tests, week five 2D space, week 6 algebra, week 7 something, week 8 test and you just march on. That’s why they get left behind. [Out-of-Home Care Program teacher]

Other adults identified how this contributed to children falling behind or losing confidence in their academic ability:

One school you may be good in maths, when you go to another school, you haven’t done what they are teaching. [Carer]

Frequent changes which simply keep assuming you learnt that at the last school. [Out-of-Home Care Program teacher]

A further school change that some children experienced was the transition between a mainstream school and specific purpose school. As noted previously, nine children in the study undertook this transition. The education staff had a firm understanding of this transition, describing how some specific purpose schools had a strong focus on moving children back into mainstream schools following shorter-term participation in that setting, while others had ‘termination programs’ where children remained there until
they moved onto employment, work preparation programs or further education and training. Some caseworkers, however, felt there was considerable movement of some children in care between the special purpose school and the mainstream school system. Caseworkers also indicated some uncertainty about how children access the special purpose school system and the goals of that system. Education staff suggested the success of a child’s transition back to a mainstream school appeared to be linked not only to the child’s willingness and motivation, but also to the school’s capacity and willingness to accept the child back into the school community.

Adults were most concerned about the negative effects school changes have on the academic and social progression of children, particularly when change was required mid-term or during important academic periods during the later years of high school or in adolescence. Like children, adults identified that children’s loss of peer support and the need to form new relationships could cause difficulties.

5.8.2 The Transition to High School

This discussion focuses on the views of caseworkers, carers and education staff about the factors they believe assist and hinder children in care during their transition to high school. The key areas they identified as helping children’s transition were: orientation programs, transition planning meetings, mentor and buddy systems, children’s satisfaction with the school selected, making the transition with friends, knowing older children at the school or attending a central school. The challenges for children in care in the transition to high school that were highlighted by adults included: the need to adapt to a new environment, increased academic demands, and the need for stability of placement during the transition. Some adults felt that children face extra difficulties at this time if they are unstable in their placement, and this instability may result in children missing orientation programs as well as preoccupations with the changes they are experiencing. This problem was evident in some children’s experiences. All
stakeholders working together effectively was also identified as a support at this time (see chapter 7).

The interviews with the education staff provided considerable information on the orientation programs that schools offered, which adults agreed were an important means of supporting the transition. What was evident from the interviews was the marked variation in orientation programs offered across schools. Some were extensive programs that involved student visits to the high school, parent information sessions, ex-students returning to their primary school and regular days spent at the high school over the final term of Year 6. But in other high schools, the orientation programs were much briefer, with one or two days at the High School. One school principal reported that their school also offered a small-group extended transition program for children having issues “in their behaviour, their anxiousness, their whatever.”

For many of the higher-needs children in the study, considerable preparation work was undertaken by schools to support children’s transition to high school. Caseworkers and carers reported some children attended their future high school once a week for a few weeks, or longer, in the final term of primary school. Several carers in the study with higher needs children discussed further strategies that had been put in place in addition to the special transition program at their local high school. These included stakeholder meetings and support from school counsellors. Another carer discussed how the Department of Ageing, Disability and Home Care supported the successful transition of a child with a disability by developing a photo album of the high school and working closely with the child, school and carers at this time.

In addition to orientation programs, education staff and caseworkers reported that a meeting between the key stakeholders was an important component in ensuring a successful transition to the best high school for the child.

So what I tend to do is organise the meeting, bring everyone and then set up an agenda, which I ask the principal if they’re happy about the agenda, the home school principal, and then they suggest who they’d like invited, you know, like the high school principals,
people like that and then we sit there and discuss what’s the best [school] placement for that child. [Out-of-Home Care Program teacher]

There were different perspectives among education staff as to whether a broader group of stakeholders should participate in these meetings, or whether only education staff should be present. Caseworkers and carers also highlighted the importance of these meetings as a strategy in supporting the transition, with several describing successful examples. The transition plans developed as an outcome of these meetings were also identified as valuable by several caseworkers. As one caseworker reported:

It has been a good transition period due to the effort made by the school to provide a transition plan. It has made a huge difference.

Another point that emerged in relation to transition meetings was whether they should be held for all children in care or just the children perceived to be requiring additional support. Currently, additional planning processes are undertaken only for children with special needs (disabilities, behavioural, or distinctive circumstances), sometimes in consultation with regional education staff and other stakeholders. For ‘students at risk, students of concern’, risk assessments and risk management were planned and implemented through these processes. Education staff expressed different views on whether or not children in care fell into special needs or special situation categories requiring extra support. One Out-of-Home Care Program teacher suggested children in care might require additional support:

I’ve helped schools fund programmes for extra transition to high school and that’s transition periods, that’s a period of change, that’s a period of crisis, so within our programme they qualify for that and if a good transition programme works, hey, you don’t hear of them again.

Other education staff described how children in care follow the 'normal transition program'.

In addition to orientation and planning processes, some of the other key areas adults nominated as supporting the transition to high school were the same as those mentioned by children: the continuation of friendships or knowing other children or having siblings at the high school. Other approaches that were commonly nominated by
Caseworkers and education staff as strategies which supported the transition included formal buddying with older students and mentoring support from identified school staff:

I think it’s the same for all kids, they need to be going with a cohort of kids who they know and are friends with. Even better if they’ve got some friends in the years above them in the school that they’re going to so they’ve got some built in mentors. [School principal]

Another factor several education staff highlighted as supporting the transition was children’s acceptance of the choice of school:

They’ve got to be happy where they’re going as well, they’ve got to perceive that that school is going to be a good school. [School principal]

Educational staff viewed children’s capacity to adapt to change as key to a successful transition to high school. They held two perceptions related to the capacity of children in care; firstly, that they face more challenges in this adaptation due to their life history, particularly if it has been unstable; and secondly, that the children do not like change.

It’s learning a new system and it’s their ability to handle that, you know, all the kids from out-of-home care don’t like change, yet they live change, they’re changing placements...you replicate that in a school situation when you transition them to Year 7, you’ve got to compound the problems, whereas if you can take a kid in primary school with all those changes happening in their care place, put them in a nice calm classroom, stable teacher who has a bit of knowledge of them and is willing to support them, then that can really help, but because of the nature of high school, bang, bang, bang and change all the time. [Out-of-Home Care teacher]

The experiences of change as children make the transition to high school were perceived to make some children particularly anxious and possibly experience separation anxiety. Another of the challenges associated with high school transition which adults identified was related to children’s changing relationships with school staff. Two issues were highlighted – firstly, leaving behind supportive relationships and secondly, the different philosophical approach to relationships between teachers and students in primary schools and high schools. Several education staff also described the more nurturing and caring approach primary schools took in terms of responding to children’s emotional needs and behaviours, which was attributed to the smaller size and structure of primary schools. For some children in the study, leaving behind the security
of primary school, especially relationships with teachers, teacher’s aides, and principals, was difficult.

Well I think he was ready but he didn’t want to leave behind what he knew. He wanted to go but he didn’t want to leave Mr [x] and his friends and just that security there. [Carer]

Another carer discussed how the transition to a new aide teacher was very challenging for the child, resulting in him refusing to attend the new school:

He had an aide teacher from kindergarten through to Year 6; 7 years, and the transition from [name] who was his aide teacher to his new teacher was bigger than what we ever anticipated. It was horrendous. [Carer]

A further element for children making the transition to high school was that they were now required to develop relationships with numerous teachers instead of one or two. A number of adults suggested that multiple teachers made the continuity of support of children at high school difficult:

The kids will have seven teachers, they have seven different teachers across seven different subjects and it’s really difficult to get, and especially when they’re only in their classroom for maybe an hour a week, it’s really hard to get that individual attention or get them to even notice what’s going on with that kid. They fly under the radar, they come in, they do the work, they go. [Caseworker]

The academic capacity of children in care was identified as an important factor as they made the transition to high school. Caseworkers and carers were particularly concerned the children’s experiences of high school were generally more difficult for children who were behind academically, than children who were achieving in line with their peers. Out-of-home care stakeholders also felt that academic support in the high school setting was harder to obtain and children were vulnerable to academic failure if they were in this situation:

It’s extremely difficult to pick up remedial support for the basic stuff. Department of Education are very reluctant to admit they can’t read or write or put in structured programs. Unless the caseworker picks it up and advocates endlessly, it’s very rarely picked up. By high school many kids are operating at the level of an 8 year old. [Caseworker]
Education staff likewise highlighted that children’s high school readiness and academic capacity were important when making the transition to high school. If they lacked these qualities, children found it difficult to integrate. Like the children themselves, adults acknowledged that the learning expectations were different in high school, with children expected to manage themselves more. Several carers discussed how the children they cared for were struggling with the higher level of self-management and organisation required at high school.

Care and education stakeholders suggested that the success of children’s transition to high school was particularly affected by their placement stability. Adults identified that children who changed placements as they made this transition faced additional pressures in adjusting. As discussed earlier in this chapter, placement instability affects the transition process children experience, as an Out-of-Home Care teacher described:

> It is impossible to predict who is going to be coming, and what's going to happen over the holidays, because kids get removed at that time as well...Then you will have other kids who are in, who might be, you know, have siblings with them, and the carer might be asking for a bigger Housing Commission house, and so you might plan for one school, but then in fact, they will move out of the area into another school over the holidays.

Several education staff suggested planning for the transition to high school could also be further complicated by the numbers of potential high schools in the area, which reduces the effective orientation programs offered to children.

For those directly involved in the transition experience – children and education staff – the primary focus was the differences between primary and high school environments and the capacity to adapt to these changes. Children and education staff similarly highlighted the anxiety children experienced during this transition, the number of teachers children were required to relate to, the change from being the oldest students to being the youngest and the higher expectations of the child academically, organisationally and behaviourally. Carers focused more on the child leaving behind the security of primary school and losing the significant relationships with principals, teachers and aides. The caseworkers’ focus was on the difficulties children can experience if they have trouble fitting in socially or are behind academically. Likewise,
education staff indicated academic difficulties were potentially a negative impact for children entering high school. Caseworkers and carers identified concerns that children in care could be lost in the larger system and that remedial support was more difficult to secure in the high school setting.

Across all the research participants, children, carers, caseworkers and education staff, a comprehensive high school orientation program was seen as the most effective strategy to support children in care as they make the transition to high school. Adults further suggested that preparation meetings incorporating transition planning for children in care were beneficial. A key challenge, however, for a number of children in care, was that their placement instability or the location of their placement in relation to high schools, could result in them missing orientation programs for the school they ultimately attended or meant that they had to participate in alternative, briefer programs. Making the transition to high school with a group of friends was another important strategy, reported by children, carers and education staff. They also agreed that having a sibling or knowing older children at the high school was useful and could provide them with an informal mentor.

5.9 Chapter Summary

The findings in this chapter indicate that transitions are at the centre of children’s care experiences and are intertwined with their educational experiences. 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, restoration and leaving care – 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, leaving school. However, as outlined in this chapter and in chapter 4, children in care were likely to experience more school changes and to transition out of school earlier. There were also suggestions that children’s educational transitions, particularly the transition to high
school, could be made more difficult for children due to the cumulative effects that change has on all aspects of children’s social, emotional and educational 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, however, acknowledge that their anxiety and their capacity to adjust were paramount across all of the transitions. 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. Having examined the role of education and care transitions on children’s educational progress, the next chapter focuses on the views of the 31 children involved in this study regarding further factors that support and detract from their education.
Chapter 6
Children’s Views on Education and Care

This study includes a central interest in hearing from children themselves about their experiences of their educational progress. In the previous chapter, some of the views of children were included in relation to educational and out-of-home care transitions. This chapter focuses particularly on the reflections of the interview group of children (n = 31), which expands considerably on the factors that support or hinder their educational progress. Two semi-structured interviews were conducted with each child over two school years to explore their perspectives on their education and learning and the perceived effect of their care experiences on their education.

This chapter first explores how children felt their education was progressing and what aspects of their school life they found engaging. It then reports on children’s views of how their home and school environments, and the adults in their lives, have helped them with their education. The chapter concludes by examining these children’s experiences of participation in relation to care planning and educational decisions.

6.1 The Effect of Care on Children’s Education

The children were asked in the first and second interviews whether they thought being in care had affected their educational performance. The majority of children indicated that being in care had helped, while a smaller proportion felt that it had no impact (Table 6.1). No child indicated that it had had a negative impact on his or her educational performance.
Table 6.1: The Effect of Care on Educational Performance

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<th>Improved</th>
<th>No impact</th>
<th>Don't know</th>
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<tr>
<td>Interview 1</td>
<td>20</td>
<td>64.5</td>
<td>9</td>
<td>29.0</td>
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<td>N = 31</td>
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<td>Interview 2</td>
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<td>61.5</td>
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<td>23.1</td>
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<td>N = 26</td>
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Whether children had started school when they entered care was likely to inform their perception of the influence of care on their education. For the nine children who reported at the first interview that care had no impact, the majority stated that they had started school after entering care. Stability in schooling may also contribute to children’s perceptions. At the time of the second interview, all six children who felt their educational progress was not affected by being in care had been stable in their schooling.

The majority of children held a strong perception that their education had improved. Indeed, many children described this improvement as ‘a lot’ or ‘a hell of a lot’. When the children were asked why being in care had a positive impact on their education, the central themes were the help and assistance they received in their placement and at school, having a fresh start at a new school and that being in care made them happier and improved their behaviour and their respect for others.

Ten children reported that their carers provided significant support that had helped them improve educationally:

Well [Carer’s] kind of looked out for me and my brother … because when I first went to her I couldn’t read, write, spell or anything, so yeah it’s really helped. [Chelsea]

Six children reported that changing schools or changing teachers had made a positive difference to their education:

Changing schools and getting better at things and having help to do it. [Jordan]
Five children indicated that they were happier where they were living and this had a positive flow-on effect on their schooling, with improvements academically and behaviourally:

I want to do everything better. Because the place I was living they weren't good people and stuff. Yeah. And here everything is good, so I will be good too. [Dylan]

When I wasn't in care, I was bullying everyone, swearing at teachers. I don't do any of that stuff anymore. [Michael]

Sophia articulated how she felt they had more opportunities to learn and think about things differently in care:

Well I know a lot of things now that I wouldn't have known if I had stayed living with my Mum. [Sophia]

Overall, many children perceived that being in care had a positive impact on their education. They perceived that it had provided them with more assistance and support at home and at school than they had received when living with their birth parents, or than they believed they would have received if they had remained living with their birth parents.

6.2 Children's Views on Their Educational Progress

In both interviews, children were asked to reflect on and rate their educational progress. Across the two interviews an average of 69 per cent of the children reported they were doing well or very well at school, as outlined in Table 6.2. Six children rated their performance lower at the time of the second interview, while three children rated their performance higher at this time. There was also a smaller group of children who were less confident in their ability to keep up with their peers and were experiencing some difficulties academically, although none of the children judged that they were doing poorly at school. Instead, the lowest rating they gave themselves was average.
Table 6.2: Children’s Self-performance Ratings

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th></th>
<th>Well</th>
<th></th>
<th>Average</th>
<th></th>
<th>Not asked</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Interview 1</td>
<td>9</td>
<td>29.0</td>
<td>12</td>
<td>38.7</td>
<td>9</td>
<td>29.0</td>
<td>1</td>
<td>3.2</td>
</tr>
<tr>
<td>N = 31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview 2</td>
<td>6</td>
<td>23.1</td>
<td>12</td>
<td>46.2</td>
<td>8</td>
<td>30.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>N = 26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When asked the reasons for their rating, children offered three main explanations: firstly, that they were finding the work easy and/or achieving good results; secondly, that they were performing well in some subjects, although not necessarily all; and thirdly, that they were improving in some or all subjects (see Appendix S Table 11). For the children who rated themselves as average in their educational progression (‘3’ on a scale of 1 to 5), their reasons for this rating included mixed performance across their subjects, difficulties with their teachers, and struggling with some subjects.

Eight children (26%) indicated that they were currently behind, or had previously been behind, in their schooling. Some attributed this to missing periods of school, while other children spoke of 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. For one child a computer program he had been provided with allowed him to catch up in maths.

The children were asked whether they received enough assistance with their education at home and school. Sixty-eight per cent felt they did (n = 21), 10 per cent (n = 3) felt they didn’t and the remainder were unsure (n = 7). Three children (10%) were currently tutored, and nine (29%) had a tutor at some point. Children were mixed in their opinions on the value of tutoring; some thought it was highly beneficial, although others said they would be unwilling to participate. There was a consensus that the decision about whether to be tutored should be up to the individual child, especially once they reached
high school. Several of the children who had previously been tutored wanted this assistance again and one child who had never had a tutor indicated she felt she needed one.

6.3 Factors That Engaged and Disengaged Children in School Life

A key interest area of this study is identifying what engages children in care in their education. The children were asked a series of questions about what motivated them to want, or not want, to go to school. They were asked about school friendships and bullying, how well they perceived they were going at school, how often they wanted to stay home from school, whether they participated in school activities and educational decisions and what their future intentions were for their schooling. Their responses were combined to create an additive scale termed 'school engagement'. Utilising Cashmore and Paxman's approach, these were categorised as 'positive', 'moderate' or 'negative,' according to the prevalence of positive or negative responses to these questions (Cashmore & Paxman, 2006). Of the 31 children who were interviewed, nine (29%) gave positive responses to all or nearly all of the questions, indicative of positive school engagement. Twelve children (39%) had a mix of positive and negative responses, indicating moderate school engagement. Ten children (32%) gave negative responses to most of the questions asked, suggesting negative school engagement. Stability in schooling, stability in placement, and attending a non-government school were not associated with their level of school engagement.

The majority of the children ($n = 21$) said that being with friends was the main reason they wanted to go to school. Thirteen children spoke of enjoying learning or their subjects as a key reason (see Appendix S Table 12). Other aspects of school engagement explored in the interviews were children's participation in school activities, including sporting teams or cultural activities. Of the 31 children, 20 (65%) participated in school activities at the time of the first interview and 26 (84%) participated in school excursions. The reasons children provided for not participating in school activities included their recent transition to high school or to a new school and two spoke of
recently stopping their participation. For the five children who only sometimes attended school excursions, the reasons offered were the cost, their behaviour or not wanting to attend, particularly on overnight excursions.

The children were also asked how often they did not want to attend school and the reasons why. For most of the children \((n = 22, 71\%)\), there were days that they did not want to go to school. Table 6.3 shows how often this occurred.

Table 6.3: Frequency of not Wanting to Attend School

<table>
<thead>
<tr>
<th>Frequency</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than once a week</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Once a week</td>
<td>7</td>
<td>22.6</td>
</tr>
<tr>
<td>At least once a month</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Once a term or less</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
<td>25.8</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>31</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The reasons children gave for not wanting to attend school were: being tired, having subjects or activities they didn’t like that day or weren’t prepared for, having no motivation to attend school and peer issues (as outlined in Table 6.4).
Table 6.4: Main Reasons Children did not Want to go to School

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>Sample Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tired</td>
<td>10</td>
<td>Mostly because it is very tiring and you have to wake really really early to go to school. [Jacob]</td>
</tr>
<tr>
<td>Subjects/activities disliked on that day or haven’t completed homework</td>
<td>8</td>
<td>I didn’t go to school on last Monday or before because I couldn’t do my homework for maths. [Georgia]</td>
</tr>
<tr>
<td>Lacking in motivation to attend school</td>
<td>6</td>
<td>Cos I wake up and just don’t feel like doing anything. Like you’re tired and all you want to do is sleep. Crawl up into your little ball and sit there and talk to yourself. Be by yourself in other words. [Keziah]</td>
</tr>
<tr>
<td>Peer Issues</td>
<td>6</td>
<td>It’s just because I haven’t got very nice friends. [Matthew]</td>
</tr>
</tbody>
</table>

In general, the interviews suggested that two-thirds of the interviewed 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. Having examined children’s views of their school engagement and performance, the remainder of this chapter examines what children said supported or impeded their education and what they thought adults in the care and education environments could and should do to help children with their education.
6.4 Factors that Help and Hinder Children With Their Education

There is little known about what children in care expect in terms of educational support and who they think can help them with their education. A focus of this study was to address this.

6.4.1 School Environment: Relationships and Roles

This section commences by exploring children’s relationships with their peers and teachers, and how they felt about informing them that they were in care. Experiences of suspension from the school environment are then examined from children’s perspectives. The section concludes by exploring what children think education staff can do to help children in care with their education.

Making and Maintaining Friendships

Children provided a range of views about their experiences of making and maintaining friendships. The stability of their friendships from the past and into the future was a primary issue highlighted in their interviews, with some children expressing caution about the prospect of maintaining their current friendships and others acknowledging the loss of previous friendships. Fitting in socially or having difficulties with their peers was an issue for some children.

The examination of transitions in chapter 5 revealed that 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. Several children held different views on whether, as they grew older it became more or less difficult to make friends. Some felt that friendship groups were long established in the high school setting and did not extend beyond year groupings. In contrast, Chelsea felt it was easier now she was older to make friends:

When I was little, I didn’t have that many friends. I never would go out and say ‘can I hang out with you or something?’ I never used to do that but now I like to do that. And if someone is sitting by themselves I go and ask if they would like to join us. It can be
Children’s perspectives on the longevity of their current friendships were also explored. When asked whether they expected to stay friends with their current group in the future, 14 children at the first interview and nine in the second expressed some caution, noting that life could be unpredictable and that they could be required to change school again. For a few children, their confidence in the longevity of their friendships was lower at the time of the second interview, once they had made the transition to high school.

Amelia’s quote highlights a perception of a number of children that their friends from primary school stopped liking them:

Yeah, now that my best friends have become my worst friends...Cos, when they had a lot of friends then their friends started not liking me. [Matthew]

For a number of 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. One child, when interviewed in Year 6, reported his closest friend in school was in Year 3. Noah, when asked if he had a group of friends at school said:

No. No. I don’t. No, just some. Like I hang out with the little kids.

Madison, when asked the same question (interview 2), responded as follows:

Some of my friends haven’t gone off to high school yet; they were in Year 5, now Year 6.

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73 This may be normative of the transition to high school and is discussed further in chapter 8.
The findings indicate the centrality of friendships for children and the challenges in making and maintaining these friendships. Positive peer relationships are not only likely to offer children natural supports when they face challenges in their lives, but they may also support their academic engagement and outcomes.

**Bullying**

Being bullied at school has been linked to a range of poor outcomes and makes it difficult for children to feel comfortable and engaged in learning at school (see chapter 2). Many of the children in the study had experienced bullying while in care. Over half the children reported being bullied in primary school \( (n = 17, 55\%) \) and a third \( (n = 11) \) in high school. Some of the bullying behaviour reported by children was related to being in care and their birth parents. Personal attacks in such a sensitive area are likely to add a further damaging dimension to the experience of being bullied. There was also group of children in the study who reported bullying other children. The following case study highlights how for some children being bullied, and being a bully themselves, were intertwined.

**Case Study: Samuel**

Samuel described two different bullying incidents over the two interviews; one in primary school and one in high school, where he felt he was being bullied and his response to this resulted in harm to the other student, for which he was disciplined. At the first interview Samuel said:

> About 3 years ago. I got bullied - umm because I didn't like him and he didn't like me and I don't know, I think I did something or said something and that made him come after me. I hid in the toilets and he put his hand out and I slammed it on his fingers but I got in trouble for that.

The second incident happened in high school and resulted in his suspension. Samuel reported being concerned about his well-being, when the other children who had received longer suspensions were to return to school:
Yep, he was bullying me and he bashed me and he cornered me in the music classroom and I had a Maraca in my hand so I hit him over the head with it, because I had to defend myself.

Q. You’re back at school now?
A. Yeah.

Q. Is he back at school?
A. He will be back on Thursday.

Q. Do you feel ok about that?
A. Umm, not really. I am a bit worried and he seemed like he is after me, so I am a bit scared.

Q. Have you told the school, are the school aware?
A. Yeah we made a deal that we will be in opposite ends of the school. The only thing is, I have to walk through his area to get to mine, so I have to keep my eyes out. I didn’t know he was coming back on Thursday, so like today I am looking out where is he.

Samuel’s caseworker was also aware of this incident and stated:

The recent stuff upset him. Because he retaliated they were both suspended. It was a tricky situation for the school; there was lots of damage control. As [Samuel] sees it, he was just protecting himself. He was in music and lashed out with an instrument. He is very concerned and fearful for when the other child comes back for his own safety.

Samuel’s foster carer was also concerned about how these incidents and other fights at high school were detracting from his academic progress.

Seven children (23%) stated that they had bullied other children, and several other children indirectly described bullying their peers. In the interviews, the children gave a sense of distancing themselves from bullying: ‘it happened in the past, not now,’ and a few were unwilling to discuss the matter. The children who were uncomfortable about discussing bullying other children generally passed on the question, although three acknowledged bullying other children but did not wish to discuss the details. 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.

I think it was mostly in year 6, 5, 4 and I bullied today once at school.
Q: And what sorts of things were happening in primary school?
A: It was mostly like they were littler than me; I just pick on them for some reason. Or if they bullied me, I go back and bully them. [Gavin]
I've done it though a couple of times when I was in like Year 4 or something. I used to bully these kids for their food, because my [carer] never gave me anything I really wanted and I would always be hungry. So I have actually bullied people. And I am actually going to say I have actually bullied kids before. [Ethan]

Several children noted they had been very tempted to bully another child but didn’t do so, while others later regretted participating with their peer group in bullying another child.

The children bullied by others in primary school ($n = 17$) and high school ($n = 11$) discussed the reasons they thought they were bullied, the form of bullying, and what effect this had on them. There were four main reasons why they believed they were bullied: their appearance, their name, their care status, and their birth parents.

When I was in Year 3 or something, that’s when I started getting teased about Mum and stuff. Because one of the girls basically told all my year. Also the older you get, the easier it is not to take it so much to heart. [Pause] Its always hard if people are teasing you about your Mum. [Sophia]

Some of the bullying was physical, much of it was verbal, and some involved actions aimed at embarrassing the child. One child described being humiliated by another child’s actions in high school when her pants were pulled down in front of the class, causing her to run away. Much of the physical bullying in high school was from older children, although in one case it came from a younger student:

Yeah, someone came up to me this morning and hit me in the head; they banged their head on mine.

Q: An older student or someone in your year?
A: An older student, yeah. [Evan]

Like today I did get punched in the face by some little kid. He was being rude to the teacher and pretending to kick the teacher and I was standing there and he came up and like it’s [Jayden] and bang punched me right there. [Jayden]

Like Evan and Jayden who described recent experiences of bullying, two other children also reported bullying incidents that had happened to them on the day of the interview. Some of the incidents were quite serious in their potential for harm, with one child describing an incident where another student attempted to stab him with a knife at school. The bullying was continued from school to one child’s home:

Last term at [high school] people in the bus were saying I had AIDS and all that and then they came and put our lawn on fire and stuff because…. it was really rude and mean. [Lauren]
Children’s views of the effect of bullying differed markedly. A small group of children described their experiences of being bullied as brief and insignificant, suggesting it happens to all students. Yet for other children, there had been a long history of bullying and they outlined the significant effect this had on them, including that it was the aspect of school they would most like to change:

Since from Kinder to Year 5.
Q: How come it doesn’t happen anymore?
A: Well because all the main people get suspended from school for a long, long, long time and some of them are never, never allowed to come back.
Q: What sort of things would they do?
A: They would push me around and teasing. I am really glad it has stopped. [Matthew]

In primary school I was bullied quite a lot. Like in Year 5, 4 and 3 people were teasing me about my friends, cos I had a friend who was in Year 3 when I was in Year 4 and in Year 6 I had a friend in Year 5. They used to tease me about having a younger friend and how like she shouldn’t be your friend… I talked to teachers and that helped a little bit but they kept on doing it because I used to cry and everything and they used to think they could make fun of me because I was crying and stuff. [Sophia]

When children were asked about the strategies they used in response to being bullied, informing an adult was the most common response, which children reported generally worked well:

I supposedly called a girl something that I didn’t and her friends come and harassed me.
Q: How did it get resolved?
A: I spoke to the Deputy Principal and that stopped it. [Samantha]

I talk to the School Chaplain and health nurse a lot. Not a lot, but just about when anything going on at school that is really bad I talk to them about it. They help me if like I have argument with friends and stuff like that and friends talk to them about it and we get together and they help us become one again. [Keziah]

Children were then asked who they thought children in care should tell if they were being bullied, and most suggested children’s teachers or carers (as outlined in Table 6.5).
Table 6.5: Who Children Should Tell if They Were Being Bullied

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Carer</th>
<th>Principal / Deputy</th>
<th>‘Trusted Adult’</th>
<th>‘DoCS’ Caseworker</th>
<th>Counsellor</th>
<th>Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>16</td>
<td>15</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

One of the children who advised talking to ‘DoCS’ if children were being bullied, suggested the perceived status of the caseworker would produce action:\textsuperscript{74}

DoCS probably because they will go into the school and talk to the Principal and that. Then the Principal will probably do something about it coming from a Government person. [Jayden]

A few children described other strategies – particularly when being teased or experiencing name-calling – such as not reacting or being with a peer group at school.

In summary, for a small proportion of the children interviewed, bullying had a significant impact and had continued over a long period, contributing to them feeling less engaged with school life. For other children who were bullied, their experiences reduced or stopped in high school or had been much briefer and without lasting impact. The children implemented a range of strategies to assist them to cope with the experience of being bullied and telling an adult was their foremost response. For those children who indicated that they had bullied other children, it was unclear to what extent the bullying behaviours were one-off or ongoing, due to the guarded responses many children gave. Some children suggested they resorted to bullying other children in response to their own experiences of being bullied.

Relationships with Teachers

To gain an understanding of their relationships with their teachers, children were asked what they liked and didn’t like about their teachers. The most common positive attributes described by children ($n = 16$, interview 1) were their teacher being ‘nice’, ‘kind’ and ‘funny’. A further six children said the teacher being helpful towards them

\textsuperscript{74} ‘DoCS’ is a commonly used acronym for the Department of Community Services, now known as Community Services.
was important for their relationship. A smaller number of children (n = 5) said it was important for teachers to be engaging with their teaching, to listen to student’s’ perspectives, and to convey that they liked them.

Like our science teacher, he’s funny sometimes and explains how to do stuff well. Same with maths teacher. [James]

You can actually talk to them and they listen to you. [Jordan]

Jayden described how a teacher had really made a difference for him by encouraging his areas of strength and understanding his particular situation:

[The teacher] inspired me to draw and she knows I have a real good art talent inside me and so she’s, I’m her most trustworthy student and she can understand me and all the stuff I’m going through.

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’. Nine children spoke of their teachers being angry and shouting during class, as something they strongly disliked. A further three children spoke of their teachers being grumpy and difficult to get along with. 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:

Now I am in year 7, the French teachers made us stand up and shake other people’s hands and say hello to them in French and I wasn’t very comfortable with that. I was getting humiliated, so she yelled at me. [Jayden]

They’re strict, like shouting a lot and one maybe doesn’t like me. [Samuel]

Samuel’s response highlighted the perception, held by a couple of children, that their teacher disliked them:

Well there is one that actually hates me. [Laura]

Unfairness in treatment was a further theme of the negative relationships between teachers and children. Seven of the children said that some of their teachers were unfair in their disciplinary actions and another seven felt some teachers were unhelpful when they asked for assistance with their schoolwork. Detention was a punishment many disliked and several children argued how unfair they thought it was to give all children in the class detention for the misdemeanours of some
members. Other children felt frustrated that their teachers were not helpful in assisting them with their schoolwork or in judging their academic capacity negatively:

When I ask for help she says ‘do it yourself’, or ‘try and do it yourself’ and I have already tried and she doesn’t come over and check it. [Bradley]

There is one teacher I don’t like. He always marks me down for not completing my work. I am sort of slow at doing my work and yeah he doesn’t really like that. [Ashley]

Children’s own moods and motivations were also an important factor in the relationship they had with teachers. Two children reflected on how their mood and motivations changed regularly and this affected their behaviour in the school setting and was a factor in how teachers responded to them:

I have my good days, which means I am really good and get along with them. And I have days when I am tired and cranky and everything and just be a bit naughty. And they get a bit frustrated with me. [Keziah]

Depends if I am feeling good, I behave for them. If I am just not in the mood then I don’t care, I do whatever. [Dylan]

Overall, some of the children’s relationships with their teachers were positive and nurturing, supporting their engagement in their learning and school life. Other relationships were less engaging, with children reporting their teachers disliked them, treated them unfairly, did not assist them with their work or used behaviour management techniques including yelling that children found objectionable.

Suspension from School

While the focus of this chapter is on children’s perspectives, data from children’s case files on suspension and exclusion is also provided to contextualise the discussion about the impact of this issue. When the interview and case file data were triangulated for the 31 children who were interviewed, it showed 15 of the 31 children (48%) had been suspended. A small number of those who had been suspended had only one suspension or had a fresh start in high school, while the larger group had been suspended across their primary and high schooling, and two children had been suspended only in high school. Of the 13 children who were suspended in primary school, nine children had also been suspended in high school. The common reasons reported by the children for their suspensions included:

• Persistent disobedience;
• Back chatting or swearing at teachers; and
• Hurting other students.

The other reasons included fighting, stealing, running away and damage to property.

The children in this study who had been suspended reported that their own motivations, a change of school or the transition to high school were the mechanisms for preventing future suspensions. For example, Dylan reported how in Year 8 he had two long suspensions (20 days each) and was placed on an expulsion warning; he then made a significant effort to behave and work harder at school:

I became on an expulsion warning and I didn’t get suspended till now, two terms, I’m going good… Next year I am planning on not getting suspended once, because it is Year 9. I want to start trying. Like I haven’t been trying until now. School has just been a bludge for me. But now I am going to put my head down. [Dylan]

**Non-Government Schools**

Almost all of the children who currently or recently 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. Two children also discussed the benefits of the school facilities. Several children felt they had improved academically in this setting:

It might be dearer to go to a Catholic school, but it’s better, you get better educated than a public school. [Bradley]

Because we used to go to a public school at [X town] but now we have moved to private I have learnt lots of stuff. I went from C’s and D’s to A’s and B’s. [Courtney]

In the second interview, Courtney highlighted an underlying theme for many children: it was beneficial to place children in care into a school environment of positive peers, an environment where other children were ‘good’, well behaved, did not bully other children and were engaged in their schooling:

Everyone is nicer at private schools than public.

Q: Nicer, the kids and teachers?

A: The kids and the teachers, they are friends with you and you don’t have to be popular and wear makeup and fashions and stuff. [Lauren]
Send them to a posh school...In the public school there is less range of people, and poorer families like Aboriginal families who don’t want to learn. In the private schools most people are good, it’s good to go to private school. [Michael]

One further child, Brooke, who had attended a non-government school previously, did not agree that non-government schools were better than public schools:

Public is better, private uptight you can’t relax or anything. Public they care, but don’t care in a way as well.

Q: Can you explain why you say that?
A: They care about your grades, but you’re still doing work, but you’re talking. They won’t really care as long as you are doing your work. Private schools they expect you to do work and talk at recess and lunch. [Brooke]

Overall, the children suggested that an affirmative peer environment, one where children want to learn and are engaged in their schooling, was important.

**How Schools and Teachers Can Help**

At the time of the first interview, children were asked a number of open-ended questions about what schools, teachers, carers and caseworkers could and should do to help children in care ‘get a good education’. For the second interview, children were asked to review a compiled list of their responses and rate the importance of each item on a scale from one to five, ‘low importance’ and five being ‘high importance’. Children were also asked to nominate, in order, their own top three priorities from this list of 10 items. Additionally, in the second interview, children rated from this list the three most important things that schools and teachers could do. These 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 6.6.
Table 6.6: What Schools and Teachers can do to Help Children in Care With Their Education

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Sum of Children’s Rating</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide positive encouragement</td>
<td>114</td>
<td>4.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Help kids in care understand value of education for their future</td>
<td>112</td>
<td>4.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Understand what it is like for kids in care</td>
<td>102</td>
<td>3.9</td>
<td>1.5</td>
</tr>
<tr>
<td>Listen to kids in care</td>
<td>98</td>
<td>3.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Give kids in care a good teacher</td>
<td>97</td>
<td>3.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Provide a teachers aide</td>
<td>95</td>
<td>3.7</td>
<td>1.4</td>
</tr>
<tr>
<td>Take kids aside when they have done something wrong or need help</td>
<td>95</td>
<td>3.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Provide tutors at recess and lunch</td>
<td>88</td>
<td>3.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Shouldn't do activities on family or the past</td>
<td>78</td>
<td>3.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Shouldn't know you are in care</td>
<td>55</td>
<td>2.1</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Note. Highest possible score was 130, lowest possible score was 26. N = 26.

School staff providing positive encouragement was rated the most important, as Amelia succinctly stated:

Because that tells kids you are on their side and you know they can do it. [Amelia]

When asked an open-ended question to nominate their own three priorities of what schools and teachers should do, there was a high degree of agreement among the children. The top four priorities as shown in Table 6.6 were repeated, although ‘providing positive encouragement’ was given a lower priority than ‘listening to children in care’ (see Appendix S Table 13).
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.

Every school, whether it’s at the beginning or the end of the year, they get you to write about the past and that gets them thinking about your parents and stuff. Of course I know that from experience… I had to do a family tree in Italian last year, like I don’t know my grandfathers or anything or my grandmother on my dad’s side and it’s embarrassing asking Nan what’s my grandfather’s name. Nan doesn’t know it. Then you have to ask Dad or Mum and it’s embarrassing going up to them. [Keziah]

At the second interview, children were also asked an open-ended question about what they saw as the role of their teachers and school principals. For teachers, over half of the children (n = 15) emphasised that their role was to teach and help children with their education and, in particular, to make sure children understood the work and were able to catch up on previous work they had missed. Other children focused on teachers listening to and respecting children in care, understanding their circumstances and taking children aside if they were in trouble or having difficulties. One child felt that teachers should support children’s acceptance of their past, while other children felt strongly that teachers should not get children to talk about their past. This contrast was similar to the diversity in views about children sharing their care status with their peers and schools, discussed further in the next section.

Nine children agreed that the school principal’s role was important in supporting the education of children in care, primarily through monitoring their academic progress and attendance, helping them, being an alternative source of support for children in care and understanding the out-of-home care system.75

To monitor or look at kids’ test results and school reports and see how they are doing at school. They have to take older document from caseworkers to see and find out different information. They have to talk to caseworker about my current situation and stuff like that. [Jacob]

Ask them if they need any extensions or anything with work, because there might be bad stuff happening at home or they should ask if they are okay. [Lauren]

75 The remaining children offered personal reflections about their school principals.
Children generally agreed that the role of schools, teachers and principals was to teach children, support, encourage and help them, and to listen to and respect children in care, which is likely to be similar to all students. The children, however, also identified a need for schools and school staff to be sensitive to the particular circumstances of children in care.

**Others’ Knowledge of Care Status**

In the first interviews, two children argued strongly that schools should not be informed that children were in care, and so for the second interview, children were asked a question about this: How do you feel about telling your teachers and friends that you are in care? There was considerable variation in children’s views about how teachers and peers knowing they were in care. One group of children \( (n = 6) \) was not concerned about any of their school peers knowing they were in care. Another group \( (n = 7) \) only wanted their close, trusted friends to know. Six children were happy for their teachers to know they were in care, while two did not want their teachers informed. A further three children said that they definitely did not want it disclosed to either their peers or teachers that they were in care.\(^{76}\)

The children who did not mind whether their peers or teachers knew they were in care were unconcerned about how the information could be used. When discussing telling other children, several stated they did not care what other children thought about their care status. With regard to their teachers knowing they were in care, children suggested that often the teachers were already aware of it when they started at a school, having been informed by their caseworkers, and some said it was to their benefit because it meant they received extra assistance and understanding:

> But it's kind of good in a way, because you get an advantage.

Q: *In what way?*

A: If you muck up they feel sorry for you and you won’t get as hard a consequence. [Samuel]

When we had our suspension thing, he treated us differently because we were in care, because he said he knew what we were going through and stuff. [Erin]

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\(^{76}\) Not all children answered this question.
The group of children who actively informed their friends that they were in care reported being selective about who they shared this information with, in order to avoid the information becoming common knowledge among the school population and being teased about it.

It depends, what type of person they are. Whether they are going to make a big thing or just mind their own business and say all right I am here for you and stuff when you tell them. If it is someone like a troublemaker, don't tell them. [Dylan]

Some friends I do, but other friends I don't. There are certain friends, they are not bad people, I don't hang around any bad crowds, but the people who they use other people's information…So I just don't tell them. [Ashley]

Two children reported sharing minimal details with other children, as Amelia described:

They ask me 'why do I have a different name to my Dad?' I can't tell them I am adopted, so I just tell them I am fostered and if they ask me why I tell them don't worry, it's alright.

Other children reported that they had become more accustomed, over time, to telling their peers that they were in care:

It's not really a nice feeling, I haven't really told anyone at [new school]. But you get used to it after a while. [Courtney]

I found it difficult at first in my earlier years of primary school. I've gotten, I don't mind as much now. [Jacob]

For the three children who did not want their peers or teachers to know, the key reasons were that they wanted to protect their privacy and to avoid the rumours, teasing and bullying discussed earlier. The children stated they would not raise the topic, but two said that if they were asked, they would acknowledge being in care.

I don't just go around and tell people, but if they ask I'll say yes, the truth. I am not ashamed of it. [James]

Of the two children who said they would not tell their teachers, one stated he never spoke to his teachers and the other suggested she did not want pity from her teachers. Another child said that she only identified being in care to her teachers when she could be bothered to correct the assumption that her carer was her mother.
When children were asked whether schools should be informed that a child was in care, many suggested the school should know as this would facilitate help and support for the child. Laura argued that schools could be more sensitive to children’s situations if they have this knowledge:

I reckon they should tell the school they in care.

Q: Why do you think they should tell the schools you are in care?
A: Because it is better. Some people say we are going to ring your parents or something like that or what would you Mum have to say about this or something. And I would hate someone to say that to me if I was in care.

A small group of children felt the decision about whether the school should be informed is best made on an individual basis, with the child’s involvement. Brooke, who felt schools did not need to know, stated:

I think the best thing is not to tell the schools, because sometimes they get too involved. Other kids find out and they start teasing you.

The children were also asked at the second interview what kind of information they felt their school needed to know about them being in care. Only 11 responded, with most children ‘passing’ on this question or stating they did not know. One child suggested schools and teachers should know they were in care but not be given any further details. Other suggestions about what information the school should be given included:

- Allergies;
- Community Services or other contacts if they were any problems;
- Who the child lived with;
- How the child was progressing academically, including NAPLAN test results;
- Awareness of care status confidentiality requirements for school promotions;
- Care history – why children are in care and what has happened before starting at this school;
- How children behave:
  Probably if they had a bad background or something just to help them. Like if you needed extra help… If it is important, like if they got into fights often they [the school] would need to know. Like if they punched someone very hard. But they wouldn’t need to know the reason why the child went into care. It depends on the person or child and like how bad it was and if they want the teachers to know. [Sophia]

Overall, children had varied opinions about whether schools should be informed about their case status. 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.

6.4.2 Care Environment: Resources, Support and Activities

This section explores children’s experiences of support and the resources in the care environment for their schooling, homework, reading and participation in extra-curricular activities. Children’s views on what carers should do to help them and other children in care with their education are then reported on.

Support and Resources

As outlined earlier in this chapter, 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 supports previously identified in the literature as important for the educational progress of children in care (see chapter 2). These included someone interested in their educational progress, access to space to study, access to computer and the Internet, having the required books for school and having access to reading material (books, magazines and newspapers). The majority of children in the study had these resources and support, but this was not universal (Table 6.7)

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77 These items were used with permission from the authors of the Taking Care of Education Project authors. For further information on this project, see (Harker, Dobel-Ober, Akhurst, Berridge, & Sinclair, 2004; Harker et al., 2005; Harker et al., 2003).
Table 6.7: Support and Resources in Children’s Care Environment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone interested in your schooling</td>
<td>29</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Access to quiet space for homework</td>
<td>28</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Access to computer at home for homework</td>
<td>28</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Access to internet at home</td>
<td>24</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Required books for schoolwork</td>
<td>28</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Access to reading material at home</td>
<td>30</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Reading**

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, were unable to name a favourite book, stating they did not like reading and disliked books. Half of the group \( n = 15/31 \) were members of the local library and most of the children felt that, if asked, their carer would buy a book for them that they wanted to read \( n = 25/31 \).

**Extra-curricular Activities**

The participation of children in care in extra-curricular activities has been identified as a factor supporting educational outcomes (see chapter 2). Of the interviewed children, 61 per cent \( n = 19/31 \) reported that they participated in sporting and/or cultural after-school activities (interview 1). This is lower than the 2009 figure for a representative sample of Australian children: 74 per cent of five to 14 year olds participated in a sporting or cultural activity in the last 12 months (Australian Bureau of Statistics, 2009a, p. 3). An earlier New South Wales study with children in foster care found that 59 per cent were participating in sports, although far fewer children (6%) were participating in activities other than sport that incurred a cost (Community Services Commission, 2000, p. 110). Similarly, the majority of children in this study were participating in sporting activities \( n = 17/19 \), and one child was involved in Scouts and one was in a church youth group.
There were no significant gender differences in the participation rates in extra-curricular activities. Of the 12 children not participating in any (39%), the reasons they gave included the cost of the activity, 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. Madison described how she had wanted to learn karate, but was not allowed to:

I have wanted to do karate as long as I can remember. I am not allowed to do karate as they think I might use it to hurt people when they annoy me.

The 1 in 3 children not participating in an extra-curricular activity may have been missing out on the benefits, including the flow-on effects for their education. This finding underlines the importance of new state and draft national standards for out-of-home care that have specific standards that emphasise the value of extra-curricular activities for children’s education (Department of Families, 2010b; NSW Office of the Children's Guardian, 2010).

**Homework**

When asked for their views about homework, children presented a range of responses from enjoyment to dislike, the most common being ‘I don’t like homework’. Half of the children across both interviews said they found their homework acceptable, as they either liked it or felt they did not receive much homework, or in some cases, any homework. At the time of the first interview, children said they undertook an average of 2.8 hours (median 2 hours) homework and study each week, which increased to 3.3 hours (median 2.5) at the second interview. Some children who did not like homework increasingly placed importance on it as they progressed through their schooling:

Boring but now I’m older means more, because homework is your grades. If you don’t do your homework, you get bad grades, but if you do it you get good grades and it is participation, not just how well you do it. [Sophia]

Some of the reasons they provided for not liking homework were that it prevented them from doing other activities, it was too difficult, they found it boring or there was
too much of it. Most children acknowledged an increased level of homework at high school. Several children indicated they regularly forgot to do their homework.

**How Carers Can Help Children**
The children were given a list of options of how carers could help with their education and were asked which they thought was the most useful. The options, in order of popularity, were: helping with homework, assisting in learning to read, providing study space, computer and school supplies and finally, helping children understand the value of education, as outlined in Table 6.8.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Sum of Children’s Rating</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help them with homework</td>
<td>123</td>
<td>4.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Help kids learn how to read</td>
<td>120</td>
<td>4.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Provide study space, computer and school supplies</td>
<td>118</td>
<td>4.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Help kids in care understand the value of education</td>
<td>118</td>
<td>4.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Treat kids in care like their own children</td>
<td>117</td>
<td>4.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Arrange for extra curricular activities</td>
<td>108</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Send kids in care to a good school</td>
<td>107</td>
<td>4.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Get involved at school</td>
<td>103</td>
<td>4.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Get kids in care a tutor</td>
<td>88</td>
<td>3.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Call them Mum and Dad so other kids don’t know</td>
<td>63</td>
<td>2.4</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Note.* Highest possible score was 130, lowest possible score was 26. N = 26.

When children were asked to rate in order of priority the three areas for carers to assist children with their education, helping them with their homework became less
of a priority, while treating children in care like their own children increased in importance (see Appendix S Table 14). For some of the children in care, being treated like the carer’s own children was a particularly salient issue. 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. As Jacob described:

> Definitely very important otherwise I would never have read so many books over my life.

For many of the children, a number of the suggestions – including calling carers ‘Mum’ and ‘Dad’ and arranging a tutor – were a personal decision and the child and carer had to decide for themselves whether it was suitable for them. Some children felt they would not like to call their carers ‘Mum’ and ‘Dad’. Laura, for example, stated she did not want to do this but she also recognised that another child who had been in long-term care with no contact with their birth parents may choose to refer to their carers as ‘Mum’ and ‘Dad’. This decision was also related to children’s ongoing relationship with their birth parents and, as Sophia described, how the carers’ own children may have felt about this:

> Especially if they don’t have good parents. But then again their own children might think that you have taken over or something.

Chelsea, who felt that it was good for children to call their carers ‘Mum and Dad’, saw this as a benefit and suggested this meant that other children were less likely to know she was in care.

At the second interview, children were further asked what they felt the key role of carers was in relation to their education of children in care. The majority of children felt the carer’s role was to help children with their schoolwork, homework and reading ($n = 17/31$ 55%). Some of the other roles children referred to were sending children in care to a good school, being involved with school and attending events, talking to teachers, providing educational resources and offering encouragement.

> Help with homework, go up to school, yeah education day and interviewing day. [Matthew]
A few children in the study also indicated that their carer’s educational backgrounds and ability to advocate for them had helped them with their education. One child described how his carer helped him with his schoolwork and then arranged a tutor for the areas he was not confident in. Another child’s carer was able to help them because she had a degree in a key subject area he was interested in. Another child, however, described their carer’s teaching background as both a positive and a negative, saying that the carer was helpful with her schoolwork, but not always patient.

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. For some 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 and linked to their educational progress.

6.4.3 Caseworker and Departmental Support

This section commences by exploring children’s perceptions of their relationships with their caseworkers including support for their education. Children’s time away from the school environment is then investigated and the section concludes by exploring what children think caseworkers should do to help them and other children in care with their education.

Caseworker Relationship

As outlined in chapter 5, 41 of the 56 children (73%) in the study had an allocated caseworker. Of the group of children who were interviewed, 65 per cent (n = 20/31) had an allocated caseworker according to departmental data. Children’s reports indicated that a further three (n = 23/31, 74%) had an allocated caseworker. In the interviews, children were asked whether they had a caseworker, how often they saw

78 Caseworkers for this question could be from Community Services or from a designated agency.
him/her, whether they discussed their schooling with the caseworker and what their relationship was like with them. Of the 23 children who reported having a caseworker, just over half ($n = 13/23$) knew the name of their caseworker. When asked how often they saw the, this ranged from ‘at least monthly’ to ‘annually’, with the most common being ‘monthly or more frequently’ ($n = 9/23$, 39%). Half ($n = 12/23$) stated they regularly talked about their education with their caseworker, while five children said they did so occasionally. Another five children said they did not discuss education at all with their caseworker, and one child did not know whether he discussed education with his caseworker.

From the data 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.

**Time Away from School**

One of the frequently proposed explanations for the poor educational outcomes of many children in care is time spent away from school (see chapter 2). During the first interview, children were asked whether they ever had time away from school because they were in care. Children were almost evenly split between those who said they spent time away from school ($n = 14$) and those who did not ($n = 15$). The reasons included having contact with their birth parents, a change of placement and scheduled appointments, meetings and attendance at Children’s Court. Several children noted that spending time away from school, for meetings and court, had been more frequent when they were first in care.

Six children identified they had time off school to have contact with their birth parents and all of the children stated this occurred only a few times a year (maximum four days). The children often described it as a special occasion when they were seeing their birth parent for the first time after a long absence. Several children indicated other reasons for time away from school were for medical and related health appointments and to attend case planning or other meetings with Community Services (n = 13). One child was unsure and another child did not identify as being in care.

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79 One child was unsure and another child did not identify as being in care.
Services. Two of the children spoke of having time away from school when changing placements, with one having a day away, and the other child being absent from school for a month.

From children’s reports it appeared that half had spent some time away from school for care-related matters, while the other half had not. There was no consistent evidence of children spending significant time away from school for care-related reasons. The following section reports children’s views on what caseworkers should do to help all children with their education.

**How Caseworkers Can Help**

The children were asked to rate the four most important things caseworkers should do to help children in care with their education. In descending order of popularity, their responses were: to find children a nice and safe family, to listen to children in care, to help children understand the value of education and to be involved in their education. These results are outlined in Table 6.9.
### Table 6.9: What Caseworkers can do to Support Children With Their Education

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Sum of Children's Rating</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find kids in care a nice and safe family</td>
<td>120</td>
<td>4.6</td>
<td>1.4</td>
</tr>
<tr>
<td>Listen to kids views about their life</td>
<td>110</td>
<td>4.2</td>
<td>1.4</td>
</tr>
<tr>
<td>Help kids understand value of education</td>
<td>106</td>
<td>4.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Be involved with kids in care education</td>
<td>104</td>
<td>4.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Examine school report and get help if needed</td>
<td>101</td>
<td>3.9</td>
<td>1.4</td>
</tr>
<tr>
<td>Help buy school supplies</td>
<td>99</td>
<td>3.8</td>
<td>1.6</td>
</tr>
<tr>
<td>Visit more often</td>
<td>98</td>
<td>3.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Get them a laptop</td>
<td>97</td>
<td>3.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Enrol in good school</td>
<td>93</td>
<td>3.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Get kids into tutoring</td>
<td>82</td>
<td>3.2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Note.* Highest possible score was 130, lowest possible score was 26. N = 26.

In the second interview, the children were again asked to nominate their three priorities for how caseworkers can help with their education. Finding children in care a nice, safe family remained the highest priority, while purchasing a laptop for children increased in importance, as did help in purchasing school supplies (see Appendix S Table 15). When asked an open-ended question about caseworker roles in relation to education, children emphasised the need for caseworkers to provide educational resources ($n = 9$), spend more time with them ($n = 6$), listen to the voices of children in care ($n = 6$), monitor their education progress ($n = 4$), find them a good family ($n = 2$) and liaise with the school ($n = 2$).  

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*80 Children could give more than one response.*
The responsibility of caseworkers to find children in care a nice and safe family was critically important for all the children who were interviewed. As Ashley argued: “That’s what they are meant to do.” Participation and regular contact were also important for the children. The decision to place children in care had ramifications for children every day, and therefore having a caseworker who listened and supported their participation was crucial:

Let them choose what they want to do in their life. Let them sort of choose if they want to you live with your parents or not. Because if you live with your parents you do better at school. Because if you get taken away from them, you are not sad you are not with them, so you are sad for the rest of your life. [Keziah]

They should listen; take their voice and opinion. [Ethan]

For the children who highlighted the need for caseworkers to visit more often (at their placement), this was to ensure children’s care needs were being met and for caseworkers to have an appreciation of what was happening in that environment:

They should always do that because they need to know. [Amelia]

Given the number of children who experienced abuse while in care, this is a particularly salient point. Several children indicated they were disappointed that their caseworker had never visited them where they lived. A small number, however, wanted less contact as they felt that they no longer needed the support of caseworkers and viewed their carers as more appropriate to talk with.

In relation to school resources, a number of children argued it was important for caseworkers to help buy textbooks, school books and uniforms if their carers could not afford it. As noted previously, arranging tutoring was perceived to be a matter of individual choice, and the children believed the caseworker or carer should arrange it if the child wanted and needed it. As previously signalled, some of the children said they would really like a laptop and placed a high rating on this, although most also stated that they did not really need one. Instead, they said they required access to a computer at home. Monitoring of school reports by caseworkers was also emphasised:

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81 Many of this group of children will have now received a laptop as part of the Digital Education Revolution rollout of laptop computers to all secondary government school students in Australia.
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 the voices of children in care. The next section further examines the participation of children in their care in planning and educational decisions. The discussion pertains to both the school and care contexts as participation and decision-making was recognised as important in either setting.

6.4.4 Participation of Children in Case Planning and Education

The importance and benefits of children’s participation have been previously highlighted (see chapters 3 and 5). The reasons for this include the view that children’s participation in decisions about their lives empowers them, improves the decision-making outcomes and increases children’s acceptance of decisions. This section commences by reviewing the participation of children in case planning and then examines their participation in educational decisions. To help understand this aspect of children in care more fully, case file data on participation for both the interviewed and the excluded children are also presented.

Case Planning Participation
Based on a review of the case files, it can be concluded that, overall, children’s participation in case planning \((n = 56)\) was low. There was evidence of children’s participation for only a third of the children \((n = 19)\). For nearly two-thirds of the children \((n = 34, 61\%)\), there was no evidence of participation, and three children definitely did not participate in any decisions. Of the 19 children who had participated in the case planning process, seven attended a meeting, seven met with their caseworkers before a meeting to discuss their views, and five discussed their views with the carer before the meeting. During the second interview in this study, the 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 who had attended a meeting generally described them as ‘good’ or ‘okay’ or ‘really boring’ or ‘uncomfortable’. The four children who felt the meetings were good, highlighted how the meeting focused on the things they needed and on their progress:

They just talk about things that need to be done with you and you tell them what’s bugging you and they fix it. It’s like having a genie, everything you say you want like could I go to camp and they just do it straight away – it is really cool. [Amelia]

Well they are good can talk about what you need and how well you are going at school. [Sophia]

One child reported she did not like her birth mother attending the meetings, as her presence meant she was unable to speak honestly about their care situation and contact. Kelsey indicated that she found the meetings uncomfortable with so many people present: ‘They [the meetings] just put you in a really awkward position’. Of the children who had not attended a meeting, one stated how he participated by talking to people before the meeting:

I have never actually been to one before. I have talked to people prior to the conference so they can put some input into what I have actually said. [Jacob]

**Presence of Education Stakeholders in Case Planning Meetings**

The children were 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. Several children said that this would only be acceptable if it were a staff member they liked and had a good relationship with, and particularly if they were only present for the school aspects of the meeting.

For the children who were happy for school staff to attend the meeting, they either had a previous positive experience of this or were indifferent, stating they didn’t care. Individually, children suggested a range of different staff members including
teachers, deputies or principals, and being able to select whomever they had a better relationship with:

If it was the Principal, I would be a bit nervous. A few teachers I wouldn’t care. [Madison]

I wouldn’t mind the Deputy Principal or Principal but not the teacher. [Samuel]

Ethan, who had someone attend a meeting from his school, whom he did not like, stated:

The Deputy Principal attended one and I hate her guts so I didn’t like it. I didn’t want her and I didn’t like her.

The level of comfort and trust in the relationship was important for children, as the discussion in the meetings concerned sensitive issues. Some children described how they would feel ‘uncomfortable’ or ‘weird’ if someone from the school was present at a case-planning meeting, and some felt it was inappropriate for school staff to be aware of some of the information being discussed:

Well it would be embarrassing.

Q: Why would that be embarrassing?
A: Because they would hear everything that is private, like if you have a problem with your sisters they would hear that. Just if it was just about behaviour that would be all right fine… but not about my life story, because you don’t want everybody to know. [Amelia]

Education Decisions

During the first interview, children were asked about their participation in education decisions. Of the 31 children, almost two-thirds reported participating, as outlined in Table 6.10.

Table 6.10: Participation of Children in Education Decisions

<table>
<thead>
<tr>
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<th>%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>64.6</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Don't know</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Not asked</td>
<td>1</td>
<td>3.2</td>
</tr>
</tbody>
</table>
It is significant that most of the children who reported they did participate in educational decisions were unsure what decisions they had participated in. Those who did know said this mostly related to having a choice of schools when changing school or having a say about which high school they attended:

Changing schools. I had a say in that. [Jordan]

High school – Oh yeah. I actually wrote a letter to [designated agency] asking them to let me go to [X High school], because I thought that was the better one of the two. [Jacob]

For both of these children the decision about which school they attended was in accord with their views.

At the time of the second interview, the 26 children were asked directly whether they had a say in what high school they attended. Over half reported not having any input into this decision \( (n = 14) \), while 35 per cent did \( (n = 9) \). A further two felt they ‘sort of’ had an input, and one child was not asked. Of the children without input, four stated this was due to their geographical location, where there was only one public school available. Two children said Community Services made the decision about what school they would attend, as Dylan described:

DoCS, it was the local and nearest school.

Laura said she felt it was “because of care, being in care” that she did not get to select her high school. Yet not all children were concerned about not having input. Amelia said:

It’s all right with me, because I wouldn’t know what high school to go to.

Overall, it was evident from the interviews and case file reviews that children’s participation in decision-making was not firmly entrenched. Children often reported being given a say in educational decisions; however, for one of the key decisions – which high school they would attend - over half did not have any input. Even when the four children for whom there were no other high school options, other than where they attended, were removed from this calculation, ten children \((39\%)\) did not have a say in this decision. Children reported that their participation in case planning was lower than their participation in educational decisions. This could be because it
would have been difficult to involve children in case planning. 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%) of this group were not formally participating in case planning or case review meetings. Of the group that were participating in case planning or review meetings, some of the children described their participation as a positive thing, while others found the meeting format boring or uncomfortable. Many children indicated they were generally happy for school staff to attend the case planning meetings, but said that the person attending should be someone the child liked and trusted and that the material discussed should be handled sensitively. They said that consideration should also be given to school staff attending only part of the meetings.

6.5 Chapter Summary

The findings from the interviews outlined in this chapter 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 and many children reported being bullied. 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 played a role in peer and teacher relationships, as well as their academic progress. 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.

The data from the interviews with children points to the important roles that adults play by providing support and assistance, positive expectations and compassion and by encouraging children to value education. As Dylan 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.

The findings in this chapter provide a rich insight into what children perceive to be important in supporting their education, as well signalling a number of areas that remain problematic for them. These views are critically important in discussing the overall findings of the study in chapter 8, particularly in light of some key theoretical interests concerning childhood and children's social ecologies. The next chapter examines adults' perspectives on what supported or hindered children's educational engagement and progress.
Chapter 7
Adults’ Views on Education and Children in Care

This chapter summarises the key findings from interviews and focus groups with 187 caseworkers, carers, education staff, policy makers and managers who were asked their views about the factors that affect the education of children in care. The data in this chapter is presented as participant narrative, privileging their 'voice' as a way of providing a richer portrayal of their experiences and perspectives. The intention of chapter 8 is to triangulate children’s and adults’ views with the wider literature and theoretical perspectives.

This chapter also reports data from children’s case file reviews, for the 56 children involved in the study in relation to the factors identified by the adults. Each of the factors discussed in this chapter was identified by 20 per cent or more of the adult participants (n > 37). The factors that emerged as supporting children’s educational engagement and outcomes are highlighted in Figure 7.1.

Figure 7.1: Factors Related to the Educational Engagement and Outcomes of Children in Care

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82 These factors emerged from analysis of the data in NVIVO as outlined in chapter 3.
The chapter commences by reviewing the views of the participants, across all groups, on the educational outcomes for children in care. It then reviews in detail the factors identified and concludes by reporting the key strategies proposed by the adult participants for addressing these factors and improving the educational experiences and attainment of children in care.

7.1 Educational Outcomes of Children in Care

The general assessment by nearly two thirds of the care and education participants \((n = 119, 64\%)\) was that most children in care were not doing well educationally. Their main concerns were that children in care were behind academically, were 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 their early care and learning experiences had left them lagging behind their peers, and they had been unable to catch up and meet academic benchmarks.

Literacy was identified as integral to academic success and consequently many adults from both sectors discussed the association between poor literacy skills and poor academic performance. Several carers gave examples of how they recognised children were unable to read when they entered their care, while a few caseworkers expressed concern that sometimes illiteracy was not identified until the later, even final years of high school.

While some children were seen to be very bright and capable, they were still underachieving academically due to their earlier and their own motivations (discussed later in this chapter). Several carers and education staff described this problem.

> You do get some very, quite bright kids – but universally underachieving. So you do get a sense that they’re never going to really reach their potential. [Out-of-Home Care teacher]

Participants 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.\textsuperscript{83}

When they fall behind, then they’re shown, shown out amongst the others that they can’t do it or they can’t do it as well and then that adds extra pressure and then they avoid, that they want to run from it. [Caseworker]

The commonly held perception was that many, if not most children and young people in care were lagging behind and disengaged from their education, and that this was associated with their early school leaving on or before the completion of Year 10.

7.2 Individual Factors: Child Characteristics

This section examines the three characteristics of children in care which were most frequently highlighted by adults: their emotional well-being, their sense of identity and belonging, and their motivation and self-esteem.\textsuperscript{84}

7.2.1 Emotional Well-being

Just under half of the participants from both sectors ($n = 84$, 45\%) suggested that the emotional well-being of children in care was intricately linked with, behaviour and their relationships with peers and teachers in the school setting. Participants 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 as a result of being removed from their families did not just affect them at the time of entry to care but could resurface as they grew older particularly in adolescence. Adult participants believed that 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. Many adults in the

\textsuperscript{83} Orchestrating suspensions refers to children who knowingly behave in a way that will get them suspended.

\textsuperscript{84} Other factors proposed by between 10 and 20 per cent of the adult participants are outlined in Appendix U.
care and education fields 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.

A lot of my kids have anxiety disorders and the school doesn’t recognise that as anxiety, they recognise that as bad. I have a kid who when he is stressed out hides under tables. There is a volume of things that are stressful in the classroom. The teacher just sees that as defiance and punishes him rather than comforts him. [Non-government caseworker]

One school principal succinctly stated the issues for school staff, recognising the difficulties:

The hardest thing during all of this is that we’re teachers, we are not DoCS workers, we don’t understand really the significant trauma that these kids have suffered, and being teachers you want them to follow rules, follow regulations, be involved in their education. We do what we can to support them, but when we are talking to kids who have had severe traumatic experiences, like, that’s way out of our league.

7.2.2 Identity and Belonging

Fifty-three adults (28%), mostly from the care sector, highlighted themes related to children’s identity and sense of belonging. 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. Many expressed the view that a child’s sense of identity developed through cultural, community, birth family and placement connections and relationships. Adults reported poorer educational outcomes for children who were disconnected. Children were seen to be distracted by not having family connections (see Section 7.3.4) and not understanding why they were not with their family.

Participants suggested that children in care 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. Because these children felt different to other children, they were perceived as finding it difficult to relate to their peers and to engage in school when activities in the curriculum focused on family identity and belonging. Carers and children identified two points in schooling – kindergarten and starting high school –
where family trees, stories and photos were often included in the curriculum. Several carers also said the sexual health curriculum in high school could cause children who had been sexually abused to ‘switch-off’. Adults identified the importance of schools being sensitive to these issues.

Like the children in this study, out-of-home care stakeholders felt it was important for children to understand why they were in care, as this allows them to accept the situation and assists in their identity formation. There was also a perception that children required support to view being in care as a positive experience and not something they should try to hide. Participants said children should also be supported to share their circumstances in an appropriate way within their school and peer environments if they choose to do so.

One of the things that happens when kids hit high school, and sometimes it happens in primary school too, is, especially with older children, is they tell their story, but they make it, they make it even bigger and more fantastical, and so the kids go home and tell their parents and the parents are absolutely shocked by what these kids are saying. Then somehow it comes back or kids are shocked by what they hear, and it comes back on the kid, it comes back to bite them on the bum…I think kids get isolated, it attracts people who are interested and then after you have said it they, the kids, dismiss them. It’s too much for them. [Out-of-Home Care teacher]

Notwithstanding this, adults reported that some children did not want their peers and school staff to know they were in care.

7.2.3 Non-cognitive Competencies: Motivation and Self-Esteem

Two non-cognitive competencies - motivation and self-esteem - were suggested by 56 education and care sector participants (30%), as being linked to children’s 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. Adults in both sectors agreed that positive self-esteem was important, and suggested that without this, children would find it difficult to be confident in their learning. Indeed many adults viewed the low self-esteem and confidence of children in care as a significant factor affecting their academic achievement. Adult participants also acknowledged that being behind academically also affected children’s self-esteem, suggesting there was a cyclical
process at work. One Out-of-Home Care program teacher suggested these feelings increase exponentially, as children grew older:

A seven or eight year old who hasn't been successful has only got two or three years of poor education and not many outcomes, and their self-esteem is usually still reasonably intact. That same person as a 14 year old, of six or seven years of failure – it's not just a linear growth – a downward slide…in self-esteem, it's exponential, compounded upon.

Children’s own motivation to be engaged in school life and to be educated was identified as a further important non-cognitive factor influencing children’s educational engagement and outcomes. Caseworkers and carers suggested 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.

I think [child] just wants to keep doing better because of the situation that he’s come from. He doesn’t want to be like that. Him and [sibling] are seeing a different side to things now and [child] wants to better himself. [Carer]

As previously noted, several carers and caseworkers cited examples of children who were intelligent and had the potential for good academic results, but were not motivated.

**Summary of Individual Factors**

The individual factors that participants suggested were the most important were in essence concerned with ‘who I am,’ ‘how I feel’ and ‘how I act’, and these were seen to be intertwined. Participants reported that the behaviour, motivation, and self-esteem of children in care were adversely affected when their emotional, identity and belonging needs were not met. Within the school environment, this affected children’s ability to feel confident, safe and motivated, to engage with and concentrate on their learning, to develop relationships with their peers and teachers and to respond appropriately when facing challenges in any of these areas. Schools can struggle to understand and respond effectively to these needs. Stability, academic and emotional support and connectedness to significant others were seen as important aspects of any response to these problems. Participants also said it was important that schools understand the children’s problems and respond appropriately.
7.3 Birth Family Factors

This section explores the potential impact of children’s early life experiences and the influence of the characteristics of their birth family. The focus is on the factors in Figure 7.2.

[Diagram showing the relationship between Parental characteristics, Pre-placement experiences of children, Birth Parents, Parental prioritisation of education pre and in care, and Ongoing relationship once in care]

Figure 7.2: Birth Family Factors Related to Education and Children in Care

7.3.1 Pre-placement Experiences of Children in Care

Eight-four adults (45%), primarily from the care system, pointed to the pre-placement experiences of children in care as a factor influencing their education. They were particularly concerned about the effects that social disadvantage, abuse, neglect and disrupted attachments had on children’s socio-emotional, cognitive and language development. Some adults felt it was very difficult for children to overcome their early experiences, particularly if they remained at home well into their childhood. Others felt the problems caused by these experiences could be addressed and improved. They reported that children who were abused and neglected 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. Participants suggested that where this was particularly evident was in children’s limited exposure to language and reading resources, which had an effect on children’s vocabulary and their ability to follow instructions.

The age at which children entered care was perceived to be closely linked to their future educational progress. Many carers and caseworkers suggested that the birth parents’ environment had an enduring effect on children’s brain development and learning capacity. The older children were when they came into the system, and the longer they had been exposed to it, the more difficult it was to intervene successfully. Several caseworkers, however, argued that it is important not to give up on children who entered the care system when they were older and had additional needs.

7.3.2 Parental Characteristics

For most of the 56 children in the study, little is known or recorded of their birth parents’ educational level. For 46 (82%) birth fathers and 38 (68%) birth mothers, there was no relevant information on file. Of the 18 birth mothers whose information was on file, ten left before completing Year 10 and eight completed Year 10 or higher. Of the ten birth fathers for whom information was on file, four left before completing Year 10 and six completed Year 10 or higher (see Appendix Y Table 16).

There was also often very little information on file about the current or previous occupations and employment status of birth mothers and fathers. Where there was information, it indicated that a minority of mothers and fathers were employed or working outside the home. Of the 31 birth mothers for whom there was information on file, 20 were unemployed, seven were engaged with home duties, two were employed part-time or casually in service work or labouring, one was a student and one was a disability support pensioner. Of the 21 birth fathers for whom there was information, nine were unemployed, seven were engaged in full-time work and three were in casual work casually (all were tradesmen, transport workers or labourers
with the exception of one manager) and one was a student and one was a disability support pensioner.

7.3.3 Birth Parents Attitude to Education

Thirty-nine out-of-home care caseworkers and carers (21%) argued that the low priority that birth parents placed on their child’s education before, and on entry to care had a negative effect on their children’s educational engagement and outcomes. For the children in the case study, there was little evidence in the case files that their birth parents supported their education. Several caseworkers said that if birth parents placed a priority on education and were involved before the children went into care, they tended to continue this interest after they entered care. Caseworkers reported that, for some birth parents, education was an area where they could still be involved in their child’s life, through reviewing school reports, participating in education decisions and school activities and encouraging their child educationally.

The predominant view was, however, that most birth parents attached little importance to their children’s education. As one carer said: “The mother’s always telling me she doesn’t need one [an education]!” A number of carers and caseworkers believed that for many birth parents, their own education had been problematic and this resulted in a limited commitment to the education of their own children. Caseworkers reported that some children had sporadic attendance when they lived with their birth parents, while other children were reported as not being enrolled in school despite attendance being compulsory for them. Carers, in particular, emphasised that some children entering care had missed significant periods of schooling and had a history of non-attendance.

7.3.4 Children’s Relationships with Their Family While in Care

Another factor that adults believed had an impact on the education of children in care was their relationship with their birth parents and siblings once they entered
care. Whether birth parents and siblings were active or absent is likely to be an important influence.

**Contact and Children in the Case Study**

At the time of the case file review, the majority of children were having contact with one or both of their birth parents (Table 7.1).

Table 7.1: Children’s Contact with Birth Parents

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<tbody>
<tr>
<td>Mother only</td>
<td>23</td>
<td>41.1</td>
</tr>
<tr>
<td>Father only</td>
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<td>32.1</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Not found on file</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0</td>
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The children in this study had varied amounts of contact with their birth parents which often changed over time. Among the children for whom there was information on file, contact had become less frequent for 21, more frequent for seven, (four of whom had been restored) and it had remained constant for five. For those children not having current contact with their birth mother, the key reasons were her whereabouts were unknown or she cancelled the contacts. For birth fathers, the key reasons why children were not in contact currently were the father’s imprisonment or because his whereabouts were unknown.

Based on information in the files, an assessment was made whether children in the study had a positive relationship with at least one of their birth parents. For most children this was difficult to determine, but it is worthwhile noting at least eight children (14%) did not have a positive relationship with either birth parent.

According to 59 participants (32%), mostly from the care sector, birth parent contact or the absence of birth parent contact was a significant aspect of the lives of children in care. The first key issue for children in contact with their parents was that children could experience anxiety and distress about the contact, which affected their attention and behaviour at school. The second key aspect was to do with the timing
of contacts. Some contacts required time away from school for travel and for the contact itself. The timing of contacts could limit children’s participation in extracurricular and social activities. The third issue was the lack of predictability in children’s relationships with their birth parents, as these relationships could change over time, affecting the child both negatively and positively. Despite their concerns, most adults in the care system felt the benefits of contact outweighed the negatives. For children not in contact, the key points reported were related to the children holding of unrealistic views of their birth parents and being concerned about their well-being. The education stakeholders were primarily concerned about the role of the birth parents in the child’s education and what access they had to the child within the school setting, so this could be managed appropriately.

**Siblings and the Case Study Children**

The siblings of children in care could be removed from their birth parents at the same, or at an earlier or later time. Efforts are often made to place siblings together and half ($n = 28/56$) of the children in the study lived with one or more of their siblings. For five children, an older sibling moved out of their shared placement due to placement breakdown or self-restoration. This change to their and their siblings living situation was not canvassed in the interviews; however, it is likely that this had some effect on the children in the study.

There were three key points that adults, mostly care system stakeholders, made about siblings. Firstly, they reported that sibling relationships were particularly important to children in care, with older siblings often very protective of younger siblings (though not always in a positive way), with many older siblings assuming a parenting role. Many siblings in care rely on each other as the one familiar presence in their lives. Therefore, children’s concerns about siblings who are in a different placement, or who are with their birth parents, can create issues at school and home. Secondly, siblings’ relationships can be strengthened if children are placed in the same school, even when they are not living together. Many examples were provided of this. One caseworker discussed how a child who was vandalising his

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85 For this study, siblings included step siblings.
86 Three were living in a placement without any siblings, and two were living with at least one other sibling.
previous high school settled down and began to achieve well once he moved to the same school as his siblings. One school principal told of a sibling group of four, three of whom attended the local non-government school, while the other child with behavioural issues was in the local state school. The principal suggested the children should be placed at the same school:

This kid resents the fact that half of his family is over there or all of his family is over there and he’s here.

Thirdly, adults suggested the educational achievements of older siblings are likely to have a positive influence. For instance, carers reported how two children in the study with older siblings studying at university level held similar aspirations.

**Summary of Birth Family Factors**

Adult reports and the case file data indicated that the majority of birth parents experienced educational and financial disadvantage. Birth parents' low educational qualifications, their unemployment, and possibly their unsatisfactory experiences of school, reportedly limited their ability to foster positive early learning environments, and prevented them from making education a priority for their children. Parents' circumstances may also have contributed to delays in their children’s socio-emotional and cognitive development. Being abused and neglected by their birth parents, and experiencing disrupted attachments in their early years, were also reported to have long-lasting effects on children’s education. According to most participants, the earlier the intervention, the more opportunity there was for positive results, yet there was an acknowledgement that older children should not be “given up on.”

There was a perception from many participants that the relationships that children in care have with their birth parents and their siblings continue to impact children across all aspects of their lives including their schooling. Ongoing disrupted relationships with birth parents and siblings can generate considerable concern, anxiety and unrealistic expectations about their birth parents for children. Some continuing relationships can also be unhealthy and destabilising for children. Contact can create behavioural and engagement issues at school for children, and for some, time away from school was required. The unpredictability of relationships with birth
parents was identified as a particular challenge, with children’s contact levels frequently changing over their time in care and some birth parents withdrawing from their children’s lives. Positive relationships with members of their birth family were seen to be clearly beneficial for children. This was particularly true of positive sibling relationships in the school or placement.

7.4 Care Environment Factors

Several factors related to the care environment were reported by adults to have an impact on the education of children in care, including the quality of the placement, carer’s commitment to children’s education and carer’s ability to facilitate homework and extra curricular activities.

7.4.1 The Effect of Placement on Education

Forty-two adults (23%), predominately caseworkers, discussed how a child’s placement could influence their education. Issues of fit and quality were prominent. The key point participants 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.

In this study, seven per cent of children were currently living in residential care, compared with two per cent of children across the state (Australian Institute of Health and Welfare, 2010). The views of adults on residential care and education for children in care varied. Some felt residential care can successfully support education, while others felt that children in residential care were faring more poorly in terms of their educational engagement and outcomes. Adults offered four main reasons why residential care did not support the education of children in care: firstly, the lack of normality in the living environment, secondly, the low importance given to education by the staff, thirdly, the higher concentration of high-needs children in residential care and finally, the lack of continuity of residential care staff liaising with schools. Notwithstanding this, other adults described examples of residential care
programs that strongly emphasised education through the employment of education workers, regular communication between education staff and workers and support for children suspended or excluded from school.

Adults across all groups suggested that, regardless of what placement type children were living in, having appropriate resources and a physical environment that was conducive to education within the care environment was important. Like the children in this study, the adults said that it is important for children to have space and resources required for study in the care environment, including books, computers and access to the internet. Several caseworkers suggested children in care might have less access than other children to computers and the internet.

7.4.2 Carers’ Commitment to Education

Forty-five carers and caseworkers (24%) argued that a key factor in children’s educational progress was whether carers made this a priority. They suggested that the priority carers placed on education was influenced by their socio-economic background and their educational experiences. According to participants, the qualities that carers need to assist children’s education include: confidence and the ability to advocate with schools, an interest and commitment to education, and a capacity to assist with homework and reading. A carer’s commitment to education was perceived as empowering them to advocate with schools for the child and support them with their education at home. Furthermore, a carer’s advocacy for the child in the school setting demonstrated to the child the carer’s interest and support for their education.

Carers who are committed to doing the after hours stuff. It's the reading at night, the homework, the routine, the structure, the liaising and communicating with the school and really giving a message to the child that education is to be valued and you’ve got my full support. [Caseworker]

Several carers and caseworkers noted the professional or educational background of some carers can be of great benefit to the children. It was evident that many of the carers of children in the study valued education and held university aspirations for
the children they cared for. Caseworkers described the commitment to education of some of the carers of children in the study:

Her carer is on top of her education. And has [child's] best interest at heart at all time and whatever she can do to support [child's] education she will do. [Caseworker]

One carer involved in the study, however, was less involved in their child’s schooling:

She goes to school every day, she comes home every afternoon. What she does at school I don’t know. [Carer]

The three key barriers to carers giving a high priority to education were that some carers do not value education, have limited educational qualifications themselves and do not have the confidence to deal with schools. Stakeholders suggested that many of these factors were intertwined: carers with limited educational abilities lack confidence in engaging with schools which may adversely influence their ability to support the education of children in care.

Lots of our carers, a huge percentage, do not have the ability to recognise the difficulties and work with them at home or advocate at school. Our children don’t have that level of advocacy. [Caseworker]

Several adult stakeholders linked the socio-economic background of carers to the value they placed on education for children in care. There was, however, some difference in opinions about whether carers needed to be well educated:

I am not sure how important it is to have well educated foster carers, I think it's more important to have caregivers who are willing to go into bat for you. [Manager/Policy maker]

You know, a working class, good working class family will give a child something pretty special, acceptance, and you can’t knock that. If you had to say ”would you have acceptance or education?”, most kids and I would say for most kids, go with acceptance. [Caseworker]

7.4.3 Homework and the Care Environment

Forty-one predominately carers and caseworkers and several education staff (22%), 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. Some
carers and caseworkers felt there was too much homework and that children in care could find it difficult to manage when other things were happening in their lives. 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.

Many participants viewed homework as an important part of children’s routines. Caseworkers argued that it was very important for carers to support children’s homework and reading, but also reported that many carers were not proactive in this area. One caseworker stated that in her experience carers held three different perspectives about homework: there were those who saw it as their role to remind children, those who were involved with the child’s homework but who got frustrated, and others who were involved and supported the child’s individual needs. Other caseworkers noted that some carers placed additional homework expectations on children or adopted a ‘task-master approach’ that could cause difficulties in the placement.

A number of carers reported that as the children progressed through their schooling, especially in high school, they gained more faith that the children were taking responsibility and felt their role in facilitating homework had lessened. Carers also indicated that their involvement in homework could cause difficulties in the child-carer relationship. Numerous carers reported being frustrated, with the children either claiming to never have homework or not wanting to do their homework. Some identified homework as a significant issue:

One of mine is struggling with schoolwork, and we get at loggerheads, so I just don’t do it anymore. It’s just too hard. [Carer]

The key comments made by education staff in relation to homework for children in care was that there is some flexibility in whether homework is completed, particularly when the child is younger and that the school can play a role in supporting homework for students when there are difficulties in this area.
7.4.4 Extra-curricular Activities

Out-of-home care stakeholders \((n = 35, 19\%)\) in this study suggested extra-curricular activities benefit children in care by offering opportunities for normality, for developing existing talents and social skills, for gaining new skills and friends, for establishing new areas of interest and building confidence. All of these benefits could have a flow-on effect in the children’s education, yet the underlying benefit, according to most adults, was in building children’s self-esteem. Caseworkers reported how they supported children’s participation in extra-curricular activities by encouraging carers, and including them in case planning and in the provision of funding.

Despite the identified importance of extra-curricular activities, caseworkers noted a range of barriers to the participation of children in care; without the support of carers and caseworkers, children risked missing out. The four barriers nominated as limiting participation in extra-curricular activities were: clashes with times scheduled for contact with birth parents, lack of resources, low carer and child motivation, and difficulties in engaging children as they grew older.

**Summary of Care Environment**

In the care environment, adults identified that children required carers who could respond to their needs, keep them safe, and be committed to caring for them. 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 in care had carers who had the capacity to support their education, many did not have the confidence, or educational or socio-economic backgrounds to do so. Carers’ support of homework and extra-curricular activities were also seen as benefiting children in care, together with the provision of physical space and resources to study at home. 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.

7.5 School Factors

This section examines the key issues raised by participants in relation to six characteristics of schools that adults suggested have an impact on the education of children in care, as shown in Figure 7.3.

![Image of School Factors diagram]

Figure 7.3: School Factors Related to the Educational Engagement and Outcomes of Children in Care

7.5.1 School Community

Participants (n = 40, 21%) from both the care and education sectors 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. Some schools were reported to offer an environment that facilitated school connectedness for children in care, while others did not. 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 also perceived as being essential ingredients of a good school community. Several stakeholders described examples where schools had made efforts to ensure that children were included in the school community. One carer explained how the child they cared for had responsibility for hoisting and lowering the flag every day. Other examples included principals who did their best to keep the child at school rather than suspend or expel them for their behaviour. One carer reported:

I think you’ve got half the battle won if you’ve got a really supportive principal there...when I had [child] he would hop the fence and take off. And the principal said to him – ‘Where are you going, mate?’ – ‘he said I’m getting out of here’. And he goes – ‘Well, if you go out there, I can’t look after you’. ‘What am I going to tell your aunty when she comes to pick you up? I don’t know what I’m going to do!’ And so if you stay here you can see your friends and you can come and sit in my room for a while if you want to. And he was really friendly with him. And when he went ‘what do you want to do?’ If you want to go home, I’ll get your aunty to come and pick you up and or stay at school for the day and ‘We’ll see how it goes’. And the principal rang me later and told me all about it and he then said that he wasn’t real happy, but he stayed at school and he spent the time with him and then he went off playing at lunchtime and he was right. And he came home and said that – ‘I’m friends with the principal – he’s a great bloke’. And he has helped him settle into school so much. I don’t have a problem getting that boy to school. [Carer]

In contrast, participants provided other examples of children who were not connected to the school community and outlined the negative effects on the child’s engagement. The examples they provided focused on adults’ perceptions of the child being labelled as the ‘naughty child’ and being treated unfairly due to this labelling.

He wanted to change schools as everyone was set in their ways and ideas about him. Everyone at his primary school knew how to push his buttons. Once when he ran away from school, he said they pick on me no matter how hard I try. All along, he wished they changed his school. He wanted a new start, as he felt no one cared about him. [Carer]

There were also reports of less commitment from schools to the children who had not attended the same school long-term or who had behaviour issues:

The schools don’t have the same sort of ownership on kids who come in and out of schools that they would for kids who live in the area, and who have a nice mummy standing at the gates making sure that they are picked up and dropped off. They are not seen as members of the community. [Out-of-Home Care teacher]
7.5.2 Selection of School

Forty-four stakeholders from both sectors (24%) identified the importance of a school that best met children’s needs. Many carers and some caseworkers indicated their criteria for deciding which was the best school to enrol a child. These included: smaller schools with positive social environments and supportive school staff and schools that offered particular supports including academic, disability or pastoral care. Only one caseworker and one Out-of-Home Care teacher spoke of the importance of the child having a choice:

It should be common sense – ask the child where they want to go to school and that should be enough. [Caseworker]

Many stakeholders recommended a small school which could closely care for and monitor the child socially, academically and emotionally. 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. This decision could also assist the carers logistically in terms of transport and their involvement with the school. Yet carers and caseworkers also reported 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, more structured environments with strong pastoral and academic support. Socially, non-government schools were perceived as safer in terms of bullying and because it was easier for children to navigate the social culture of these schools.

The state schools around here they’re so big and [Child] … she doesn’t act out, she internalises everything so she needs that extra support that [Catholic school] can give her if things are a bit worrisome or scary or something like that. The teachers notice whereas I don’t think in a big state school they would. [Carer]

Sitting in on this interview, the child then added:

Because [Catholic school] tries to get to know us. [Sophia]
Non-government schools were reported as offering good educational support to children who were lagging academically. Nevertheless, not all adults supported this position. Several caseworkers said they felt children in care had more access to support services in the public system, and that there was more Integration Funding Support in state schools for children with diagnosable disabilities.\textsuperscript{87} Several caseworkers also suggested that children in care could stand out in terms of social skills and behaviour in non-government schools.

Despite the support from many carers and some caseworkers for children in care to attend non-government schools, there was a strong perception, both within and outside the department, that Community Services was not supportive of children attending schools other than government schools.

\begin{quote}
There is a big demand for them to attend private schools, due to the pastoral care, but this is not accepted by the department at all. \cite{Caseworker}
\end{quote}

Departmental caseworkers indicated that the Community Services policy was that attendance at non-government schools was considered only in ‘exceptional circumstances’. According to out-of-home care stakeholders, the key objections by Community Services to children attending non-government schools were: the financial cost, the perception that children were more supported and fitted in better within the public system, and that school changes were to be avoided where possible. There were some reports of Community Services not being supportive even when the carers funded the school fees. There were also a number of reports of inconsistencies in practices within and across department offices and regions. For instance, one caseworker said the department was spending significant amounts annually (approximately $25,000) to send one child in care to an exclusive school, while other caseworkers reported the difficulties they faced in obtaining approval for school fees of a few thousand dollars annually (funding is covered in more detail in Section 7.8.2). Another reported many children being approved and financially supported to attend non-government schools in their area. Carers also reported the

\textsuperscript{87} The Integration Funding Support Program is available for students with confirmed disabilities enrolled in regular classes to support their full participation in school life (NSW Department of Education and Training, 2003a). Integration funding can only be used to provide additional staffing support.
different experiences they had of children being financially supported to attend a non-government school:

It’s about $18,000 [annually] for the three [children], so for this area that’s very high and that’s the most expensive [school]. [Carer]

They said to me we don’t think we can pay their fees next year. [Carer]

Some caseworkers argued strongly that education was critically important for children in care and children should be supported to attend whichever was the best school for them. Several also suggested that getting the school right was a protective mechanism which could mitigate future placement and school instability and prevent the escalation of children’s needs.

It will mean her life will be good, and a chance of success if we invest a bit more money. We put the money in when it gets to crisis point but not to give kids the same chance that other kids might be able to get. [Caseworker]

7.5.3 Time Away from School

Sixty-eight adults (36%) from the education and care sectors argued that time away from school was a factor in the poor educational engagement and outcomes for children in care. Participants suggested that children in care spend time away from school for a variety of reasons, as shown in Table 7.2.

Table 7.2: Reasons Children Spend Time Away From School

<table>
<thead>
<tr>
<th>School Reasons</th>
<th>Out-of-home care Reasons</th>
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</thead>
<tbody>
<tr>
<td>While enrolment is being assessed</td>
<td>Entry to care</td>
</tr>
<tr>
<td>Suspension and exclusion</td>
<td>Placement change</td>
</tr>
<tr>
<td>Partial attendance</td>
<td>Attending Children’s Court for care related matters</td>
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<tr>
<td></td>
<td>Attending counselling or other support services</td>
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<td></td>
<td>Contact with birth parents</td>
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<td></td>
<td>Health and other assessments</td>
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<td></td>
<td>Case planning meetings</td>
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Note. Partial attendance, when children attend school a few hours each day or a few hours a week.
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. Participants reported some children in care were out of school for weeks at a time while they were being enrolled in a new school, particularly if the school required additional information and/or wanted a risk assessment to be undertaken. A further delay could occur if the child was enrolled, but was unable to commence until funding support and support teachers were in place. Suspension and expulsion also resulted in time away from school, sometimes for lengthy periods, as discussed in more detail in Section 7.5.6. Partial attendance was reportedly used as a behaviour management strategy or to address insufficient aide support hours being made available or as a strategy to support entry or re-entry to a school.

The majority of care-related reasons suggested by participants from both sectors for children in care spending time away from school related to changes in living situations or children being required for various activities. As outlined in chapter 5, entry to care and placement changes often necessitated a school change, which could be unplanned and could result in delays to school recommencement. Assessment, counselling and medical health appointments were all given as reasons for children’s absence from school. Participants held different opinions as to whether these reasons warranted time away from school. Some felt any time away from school was disruptive to children’s education, while a number of carers and caseworkers felt the reasons why children needed to be away from school were sufficiently important:

I think that counselling is a vital part of what they need to do. So schooling is very, very important but they’re there five days a week and if they’re missing half a day it’s no big deal and they can always catch it up or something like that.” [Carer]

Carers reported their perceptions that caseworkers schedule meetings, assessments and contact to suit their working hours rather than to ensure the child stayed at school.
7.5.4 Schools Being Aware a Child is in Care

Forty-six adults (25%) highlighted the importance of schools being aware that students were in care. Adults identified the advantages and risks of schools having this knowledge and how individual children felt about their school having this information. The benefits stakeholders 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, an awareness that helped professionals to work together. The risks stakeholders were concerned about were that this awareness could result in children being stigmatised and that this information may not always be kept confidential. The updated Department of Education and Training school enrolment form now requires the person enrolling the child to identify whether the child is in care. Carers and caseworkers indicated how some children were happy for their schools to be aware that they were in care, while other children did not want them to know. A number of out-of-home care stakeholders proposed that the child’s wishes should guide whether or not a school is informed about the child’s care status:

Don’t make assumptions that every child and young person that goes to school doesn’t want the school to know their in out-of-home care, because you know, some young people you ask don’t want anyone to know, or just want one teacher or don’t care if the whole school knows. [Manager/policy maker]

7.5.5 Labelling of Children in Care

Forty adult participants (21%) identified the issue of labelling of children in care by school staff as a barrier to their successful educational engagement. The majority of adults highlighting this issue were out-of-home care stakeholders, but a small number of education staff also suggested this was an issue. Caseworkers and carers reported that children were ‘labelled’ or ‘tagged’ by their care status in the school system. Many made reference to children being known in the school system as ‘DoCS kids’, ‘state wards’ or ‘agency kids’ as well as foster kids. As one non-government caseworker reported: “They talk about the kids as ‘your kids.’” Despite these criticisms, a number of caseworkers also referred to children in care as ‘our kids’.
The connotations of these labels were invariably negative. Some caseworkers felt negative views about children in care sometimes influenced schools’ decisions not to accept enrolments. There were numerous examples reported of principals or teachers failing to show compassion or understanding for the circumstances of these children. There were also a few examples in which teachers or principals felt the child’s actions resulted in them entering care:

Since Mr [X]’s taken it over, he’s got this thing, and I’m sure he just does not like children in care... ‘Well, they must have done something wrong’ – and it’s – ‘Hello? The parents did something!’ [Carer]

They [teachers] need [to show] more understanding. Some make comments like ‘I am not surprised you are in care, you are a shit’. [Caseworker]

Many participants suggested that the negative views that some school staff held produced a school community where children in care were ‘discriminated’ against, ‘scapegoated’ and treated with less tolerance or punished more harshly to other children. These concerns created a dilemma for a number of adults: whether children in care should be identified as needing extra support and monitoring when this identification could result in negative labelling.

7.5.6 How Schools Manage the Behaviour of Children in Care

A significant number of care sector participants, and all of the education sector participants, highlighted behavioural issues as a factor affecting educational performance ($n = 78, 42\%$). 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 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.
Stakeholders from both sectors argued that if schools were made aware and were more understanding of the children’s backgrounds and individual needs, this would facilitate more appropriate responses to their behaviour.

We know the students misbehave because certain needs aren’t being met and those needs vary from student to student even though the behaviours don’t necessarily vary. Right if a student swears at a teacher he could be doing it or she could be doing it to fulfil a number of needs. But we tend to think it’s the same, because it’s the same behaviour. [School principal]

There were suggestions that school behaviour management systems did not fit the needs of children in care, particularly children who have not had “boundaries established as a child” [Caseworker]. There was also a view among education stakeholders that a focus on education and getting children engaged or ‘hooked’ into their learning promotes better student behaviour and that there should be more attention to learning than on behaviour. Education staff also discussed the flexibility that special-purpose schools can offer in terms dealing with behaviour issues and the consideration that can be given to the individual needs of the child:

They do blow up and it’s not their fault it’s their state of mind… the special purpose school; they are small, more caring environments, they do allow them a bit of space but you then redirect their behaviours, it’s not an excuse. You don’t give them that excuse but you are aware of it ‘yeah okay I can understand why you’re doing this but there’s a better way’. [School principal]

Suspension and exclusion
The behaviour management strategies that most out-of-home care stakeholders were opposed to were ‘at home suspension’ and exclusion. The reasons offered by carers and caseworkers were: firstly, that schools were too inflexible; secondly, that children orchestrated suspensions to have time off school; thirdly, that suspension and exclusion threatened placement stability; and finally, that it took a lot of ‘care’ resources to support children when they were suspended or excluded. Carers and caseworkers reported difficulties in obtaining schoolwork for children on suspension and were concerned that children’s learning was disrupted by 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. 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. Caseworkers and carers were also concerned that some children were suspended without the school having an understanding of their circumstances. A number of participants suggested suspension policies differed from school to school, citing how some schools offered ‘in house’ suspension but others did not. It was also reported that children who were moved to special purpose schools, behavioural units or suspension centres could also be suspended from these locations.

Half \((n = 7/14)\) of the education participants interviewed said they worked to avoid suspension unless children’s actions called for immediate suspension. This applied particularly to violence and property damage.

\[\text{So we handle all those minefields but when it comes down to property damage, when it comes down to a child being hurt there will always be immediate suspension.} \]

[School principal]

A number of carers and caseworkers 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. There were some reports that if children in care wanted to stay at home or were unable to cope with the work, they would deliberately get suspended by swearing at teachers or upending chairs.

Many caseworkers and carers cited the lack of options for children in care who were suspended frequently or for long periods. Caseworkers reported that a child’s suspensions often came without warning and it required considerable effort to make immediate arrangements for the child’s care during school hours, often at great expense and usually by hiring of mentors to care and support the child during school hours.

There were also concerns that carers, mentors and youth workers who were supporting children with their schoolwork at this time were not qualified to do so. Many of the larger non-government organisations have developed their own

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88 Children can be suspended based on the severity of the incident, as well as repeated minor misbehaviours which escalated children’s movement through the school discipline system.

89 There are 22 suspension centres operating across New South Wales which offer a structured program to assist children’s successful return to schooling as soon as possible. Students referred to a suspension centre must be on a long suspension (up to 20 days) from school (Parliament of New South Wales, 2008).

90 Some estimates of the cost were up to $20,000 for long suspensions (20 days).
programs for children who have been suspended or expelled. These programs focus on re-engaging children with their learning. Several adults, however, were concerned that the mentors and programs put in place were more interesting for children than school and so acted as a disincentive for children to return to school and engage in that setting.

A central issue for caseworkers concerned placement strain or breakdown related to school suspensions, especially if the carers work. Carers reinforced this point. One of the carers summed up the views of a number of carers this way:

   We’re expected to supervise the school work then. So you’ve then got them for 24 hours a day. And they wonder why the placement starts to break down. [Carer]

One education stakeholder described this as ‘double jeopardy’ where children can lose both their school and home placement. Another education stakeholder, however, pointed out the role of schools was not child minding.

   It’s very important that we’re not a childminding service – once the kids enters the school, they’ve entered a school life, to be educated. Schools were not created to allow people to go to work. [School principal]

A critical issue identified by stakeholders from both sectors was the inherent difficulty in balancing the needs of one child against the needs of a classroom of children. Participants recognised this tension and the pressures that could be placed on schools not to disrupt the learning of other children or have their safety threatened. Yet in acknowledging this tension, many caseworkers felt that the education system could do more than merely suspend or permanently exclude children, actions that absolved them of their responsibilities to educate the child.

   They [Department of Education] need to be a lot more flexible and I understand they have policies and their thing about violence and zero tolerance. But we work with these kids, we can’t walk away and they’re not violent with us. [Caseworker]

A major challenge then is how to enable children with significant behaviour issues to obtain an education if they can no longer participate in the school setting. As discussed previously it was apparent, from the reports of carers and caseworkers, that some children in care were not obtaining an education.
Summary of School Factors

Stakeholders in this study identified that the key school factors for encouraging educational engagement included: safe and inclusive environments with school staff who are aware, understanding and caring and who respond appropriately to children’s behaviours. To achieve this, the dominant view was that schools require a thorough understanding of what it means for children to be in out-of-home care and some information about the circumstances of individual children including their current needs and background. The schools also need to keep this information confidential from other students, parents and school staff not in direct contact with the child. Furthermore, some out-of-home care stakeholders felt the decision about whether to inform the school should take account of the child’s views. Children in care were said to spend more time away from school than other children for both care and school reasons. Participants varied in opinion on whether some activities warranted time away from school and there was a perception that some activities were undertaken in school time to meet the needs of the professionals, rather than to meet children's needs. The suspension of children in care was a significant issue for the out-of-home care sector and greatly challenged the capacity of the carers and caseworkers to support the children’s education. There was also a group of children in care who were of compulsory school age but were no longer participating in formal education due to their exclusion from the system.

Selecting the right school for the child’s needs was identified as important in addressing many of these factors. However, there could be significant barriers from Community Services if the chosen school is in the non-government sector. Participants suggested that attending the right school for the needs of the individual child not only meets their educational needs, but may also offer a long-term support mechanism enhancing their well-being.

7.6 Peer Factors

This section examines adult’s perceptions about the role of children’s relationships that children in care have with their peers. The social skills that children in care have, is an important factor in their ability to make and maintain friendships, and fit in with the school community.
7.6.1 Social Skills and Friendships

Carers, caseworkers and education staff \(n = 85, 46\%\), raised a number of issues in relation to the friendships of children in care. 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 their social development were linked to their pre-placement experiences of abuse and neglect and instability in care, which compromised their ability to form attachments. Some children were also perceived as coming from family environments that did not model appropriate behaviours or friendships. As a result, children were perceived as having associated difficulties in establishing and maintaining friendships and understanding what behaviours are appropriate when relating with their peers. Difficulties in peer relationships in the school setting were suggested as impacting on children’s ability to settle and learn in the classroom.

I think, because of their early care giving experiences, a lot of our kids show delays in social and emotional development...So these are the kids who are hyper sensitive to rejection from peers, or bullying, or both, or they are incredibly needy and possessive and have difficulty-sharing friends, who kind of show emotional regulation far less that you would expect for their age. [Caseworker]

So often kids in out-of-home care haven’t had time to play properly, so they don’t know how to play, so they’ll resort to the behaviour that they’ve learnt, and if they’ve come from a situation where you’re a bully, you react, you’re aggressive, you yell, you scream, you swear, that’s what you’ll do and quite often it will get you control or get you just to play. [School principal]

Instability in the care and school system was seen as a major reason why children in care had difficulties with making and maintaining friendships. Some children, particularly those with multiple placements and school changes, were reported as displaying wariness about making new friends or having difficulties in forming friendships. 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. There was a suggestion that instability in the lives of children in care throughout their childhood resulted in
their having a smaller groups of friends, and not being as firmly entrenched in the community as children who have experienced stability.

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, particularly when starting at a new school.

Kids, when they are in foster care, feel different to other kids. They all comment, well as they get older, they say I don't like being a foster kid, labelled a foster kid I think they find that label harder to make friends as they think they are different to everyone else. [Caseworker]

Difficulties in making and maintaining friendships could result in some children being seen to seek acceptance with children younger, or older, or with unsatisfactory or 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 fit in with the mainstream school community. The desire for children in care to be accepted sometimes resulted in inequitable situations with their peers. Some adults described how children might accept any type of behaviour from their peers, just to be part of the group, or to try to ‘buy’ friendships. Adults reported that many of these peer groups did not value attending school or obtaining an education.

The people that she’s hanging around with, they’re partying all the time and she’s going, ‘well, I’m accepted, I’m part of and it’s much more exciting than school…’ The craving for that connection with the peer group is so strong for some of the kids. [Caseworker]

Several carers reported being unhappy with the children’s friends because they perceived them as having a negative influence on the child and their interest in education.

Adults, particularly caseworkers, reported that children in care were not supported to maintain existing friendships or establish new friendships. While they felt this was an important area, they also indicated that they gave it little attention.

We’re not able to support any kind of ongoing friendships, or kinda of a bridging phase or anything like that. We have no concept of maintaining any kind of friends at all. We just don’t do it. [Caseworker]
7.6.2 Bullying

A number of the adults \((n = 58, 31\%)\) generally from the care sector, 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. Very few education staff discussed bullying. The two key aspects that out-of-home care stakeholders identified were firstly, that children in care were more likely to experience bullying due to their circumstances and lack of social skills, and secondly, there was insufficient monitoring and appreciation at some schools that some children in care were at risk of being bullied. Far fewer adults than children acknowledged that some children in care could also be bullies, rather than the victims of bullying.

The primary reason reported by participants for children being bullied was that other children perceived them as different, sometimes due to their care status.

Kids that are in care may get picked on because they're known to be a child in care and they're not living with their birth parents, or kids pick on them or they're isolated in their social group. They don't have friends or they're seen as different. [Non-government caseworker]

One caseworker described how a young man who was taunted about not knowing who his father was responded by taking a knife to school to threaten that student. One of the carers reported that two siblings in her care had been bullied based on information the children had provided:

I think they have verbalised to their friends, their supposed friends, and then it's come back to bite them in the bum because they've been bullied about ‘Oh so your Mum’s going to sell you and your Mum’s going to do this and your Mum made you eat that’. [Carer]

Summary of Peer Factors

Adult participants, mostly in the care sector, suggested that when engaging with their peers children in care could face a range of difficulties related to their limited social skills, low self-esteem and the perceptions that they are different. These difficulties could be exacerbated by instability in care, which made it harder for children to maintain existing friendships and made them potentially wary about making new ones. Out-of-home care stakeholders argued that these circumstances could make
children in care more vulnerable to bullying and to having friends who matched their social functioning but not necessarily their age. They are also reported as having unsuitable friends and difficulty in relating to children who were not in a similar situation. Adults’ views on the prevalence of bullying at school corresponded with children’s reports. Since bullying appears to focus on their care status, this reinforces the calls made by caseworkers and carers for children to be supported in sharing their ‘story’. Care system stakeholders suggested the need for more monitoring of children in care by schools in relation to bullying. Peer issues or having friends who did not value schooling were reported to affect classroom and academic engagement. Despite articulating this range of concerns, adults across the two sectors gave little priority to peer relationships in their work with children in care.

**Social Issues for Children in the Case Study**

Despite the considerable concerns raised by adults about the social issues that children in care face, a sizeable number of children in the case study group ($n = 26$, 46%) had no current social difficulties (as outlined in chapter 4). This group of children who were doing well socially at school were identified by their carers or caseworkers as having either always been socially confident or as having made more friends as other aspects in their lives improved. Other children in the case study were not always able to get along with the peers, with some children having more difficulties:

My story is everyone hates her, everyone teases her, she has no friends and she goes to the teachers and tells and they don’t do anything... She does get terribly bullied, but she is a bully herself. [Carer]

[Child] really has got no socialisation skills, he doesn’t make friends...he might see a group of boys playing, and instead of going over to ask if he can play, he’ll just run in and maybe push a couple of boys over, so then a brawl will start. Although people have tried to talk him through it, he really hasn’t learned those skills. [Caseworker]

Two carers of children with disabilities also indicated their concerns about the social development of these children. One had tried a specially designed development program, but had not found it effective. Another carer was concerned that children attending special education units were not having broader social interactions across the student population:
There is 1000 kids out there, there might be one that will befriend him. And he is not going to find that friend while he is sitting in the special needs unit. [Carer]

The interviews with carers and caseworkers of children in the case study confirmed some of the concerns other adults had made about the social competencies and friendships of children in care and suggested that for children with disabilities these difficulties may be compounded. Carers and caseworkers, however, also highlighted that some children in care had always had strong social skills or over time had made more friends as other aspects of their lives stabilised or improved.

7.7 Professional Factors

This section examines the issues related to professionals that have an influence on the education of children in care, as reported by the adult participants. The four factors related to the role professionals play in the lives of children were reported to be: commitment to education by caseworkers, lowered expectations by carers and professionals, roles and responsibilities in relation to education and working together.\(^{91}\)

7.7.1 Commitment to Education by Caseworkers

Seventy-nine adults (42%), mostly from the care sector, suggested the low priority of education by professionals in the community services sector was a factor in the generally poor educational outcomes of children in care.\(^ {92}\) 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. These children were frequently described as the ‘squeaky wheel’. There was concern that children who were not coming to the attention of professionals due to their behaviour at school or because their placement was unstable were ‘neglected’ or ‘left to it’ educationally. In one example, both the carer and the

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\(^{91}\) One further factor proposed by ten per cent of the adults \( (n = 19) \) was the participation of children care in decision-making about their life.

\(^{92}\) Carers’ commitment to education is explored in Section 7.4.2 and birth parents’ commitment to education is explored in Section 7.3.3.
caseworker commented in separate interviews how one child was given little attention, possibly as she was overshadowed by her sibling who had higher needs than her.

We used to get phone call after phone call about [sibling], but [child] is the type of little girl that would just slip through the system... Because she just doesn't shine. Not shine as in shine, as in show up as a problem. Someone who sits at the back of the class – what she is doing god only knows – but doesn't cause any trouble. [Carer]

[Child’s] sort of in the background and that's a shame because I think she’s getting forgotten. And that’s why we don't really pay attention as to how she’s going at school or whatever because she’s not acting up. She’s not getting herself into trouble. [Caseworker]

The agency's commitment to education was also suggested as informing the priority that caseworkers placed on children’s education. Several 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:

We tend to lose education as a priority in case plans. We think education can look after that bucket. [Caseworker]

One cause for concern was that a small number of participants indicated there may be some underlying views among some adults in the care system that children in care did not deserve opportunities beyond what they would have received with their birth parents.

There’s sort of like that consensus about what most children would receive, then there’s also a feeling that actually within their own families they wouldn’t necessarily have received these opportunities. [Manager/policy maker]
Closely aligned with their commitment to education, both education and care stakeholders \( (n = 43, 23\%) \) emphasised the value of all adults having high expectations of children in care and supporting children also to hold high expectations. For some caseworkers and carers, this was a counter to the low expectations of birth parents. 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 reasons offered for their low expectations included their views about the educational capacity of children in care and their previous experiences of education and children in care.

I’m really, really impressed when my 15 years olds are still at school, that’s how bad it’s become. If my 15 year olds go to school nine to three every day and doing extra-curricular activities, I think that’s a fucking success, I really do. [Caseworker]

The following discussion between two non-government caseworkers highlights the value of caseworkers having high educational expectations:

Participant 1: HSC should be an aspiration for all and university or TAFE or post-secondary should be an aspiration for all.

Participant 2: It’s a nice idea, but you’ve got to be realistic…if I come across as negative about it because of the past and people can’t catch up, and I know it must be difficult.

Participant 1: And that’s what it comes back to what I said about encouragement and that we need to be encouraging when we’re talking to them.

Some adults acknowledged that children’s disabilities informed their expectations and there was a small group of caseworkers who suggested that genetic factors limit children’s educational ability:

Lot of the kids in care carry genetic loads – affecting their potential and achievements – inherited from their parents. [Caseworker]

Same gene pool. Same experience just at an older or earlier age. Older one may come into care, then younger ones are placed with the same carers. Sometimes whether they come in as babies, it makes no difference – wiring is so strong. [Caseworker]
The expectations of school staff were also identified as a factor, with carers and caseworkers reporting lowered expectations for children in care, allowing some children to leave work unfinished or to perform poorly.

Letting them get away with it and thinking that children are not worth the discipline or dismissing it and through that the neglect, and letting them away with things. [Non-government caseworker]

Caseworkers rated carers’ educational expectations as central to children’s success at school, and while this was not the case for all the children (see Section 7.4.2), the interviews with many of the children in the study and with their carers, established that both groups held high expectations.

7.7.3 Roles and Responsibilities

Thirty-seven care and education stakeholders (20%) suggested that it was important that those involved with children in care are clear about their respective roles and take responsibility for supporting children’s education. The two key issues adults discussed were related to their uncertainty about their own and others’ roles, and the view that some individual stakeholders, agencies and departments, were unwilling to take responsibility for supporting the education of children in care.

Many adults suggested that their uncertainty about their own roles and others roles’ in relation to education and children in care affected their working relationships and ultimately, the services that were provided to children.

Miscommunication there between the agency, the school and Department of Community Services as to whose role is what. It can be clarified but it takes a lot of work when the kid should just be getting what they need. [Non-government organisation caseworker]

Caseworkers also expressed considerable frustration at the perceived unwillingness of the Department of Education and Training 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 (see section 7.8.2).
Education is not coming to the party and taking responsibility. Always falling back on Department of Community Services, resources and money. [Caseworker]

These two issues of role clarity and who has responsibility were identified by participants at a local and system level.93

I have seen examples in my career where it becomes absolutely a disaster because everybody’s working against one another... the kid who’s the victim of that systems abuse really. [Out-of-Home Care teacher]

Similarly, the first phase of this research, identified that the roles and responsibilities of the different stakeholders in relation to education can be unclear and unproductive. The data gathered from adults about each of the stakeholder’s roles suggested there was broad agreement about the roles of caseworkers, school principals and teachers, although not unexpectedly for the various participants, different roles carried differing priorities (see Appendix W). There was, however, less consensus about the roles of birth parents and carers. The views about the role of birth parents in children’s education fell into two categories: first, that they should have no ongoing role in relation to education once their child was in care; the second was that their role is to encourage children, demonstrate interest and review school reports. In relation to carers, there were suggestions that they are given mixed messages about their role in children’s education and the extent to which they are partners in the process. The prime area of difference concerned their role in liaising between the school and the caseworker. There appeared to be an expectation that carers should be the daily liaison person with schools and that they should report issues and progress to caseworkers. Although caseworkers had concerns that they did not always receive information from carers or that the information was impartial. Schools also did not always recognise the role of carers.

93 One of the strategies implemented by the government in 2006 to clarify roles and responsibilities between the New South Wales Department of Education and Training and Community Services was a Memorandum of Understanding (NSW Department of Community Services & NSW Department of Education and Training, 2006). The findings suggest that this strategy has not achieved this goal yet, with few stakeholders from either sector referring to it, or any stakeholders identifying a change in practice because of the Memorandum.
Thirty-seven adults coming from both sectors (20%) reported that the effectiveness of the working relationships between the various stakeholders affected children’s educational provision and support. The four key issues reported regarding interdisciplinary working were information exchange, difficulties in working across professional boundaries, unclear roles and responsibilities, and the interpretation of responsibility (discussed in the previous section). The vast majority of feedback related to the working relationships between the care and education sector professionals, which is the focus of this section.

Professionals from both sectors identified significant professional differences and misunderstandings. Such perceptions are a barrier to working together effectively. Caseworkers and education staff reported their lack of awareness of the different organisations:

> I really never understand how DoCS works. [School principal]

> It’s pretty complex working with the Education Department; you have the local schools, regional office. We need someone to mediate between them and us. [Caseworker]

There were also suggestions from a number of adults that effective collaboration is fundamentally based on personal relationships and good communication between stakeholders. When these were effective, adults reported positive outcomes for children; when they were ineffectual or absent, children’s educational needs were less likely to be met.

Caseworkers and school staff identified that while information exchange supported service provision to children, sharing information was often problematic. Uncertainty as to who needed to know what and ineffective or delayed information exchange were widely reported. Professionals in the school environment reported that the foremost issues included what information schools required, whether they received that information and whether they kept that information confidential. 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. Several school principals provided examples of where they were not provided information they needed regarding a child in care. The majority of these examples related to sexually abused children where schools had not been informed:

> We had a young boy here who came to us in out-of-home care and arrived with us and we didn’t get told the full details, it was a sexual assault… the very first thing he did was front other boys in the toilets and things like that and it was like, hello, that would have been nice to know so we had some sort of plan available. [School principal]

Confidentiality concerns were cited as the primary reason why information was withheld by the care sector. Some caseworkers and carers reported on cases where confidentiality had been breached, particularly by teachers in the classroom setting. Some education stakeholders also acknowledged these concerns and argued that information should be shared in the education system in a confidential manner that is respectful of people’s privacy.

The issues concerning information exchange were two-directional. Government caseworkers suggested that some schools were not communicating effectively, or were not communicating in a timely way. Non-government caseworkers complained about schools not recognising the roles of agencies or carers, and communicating only with Community Services who had no casework role. From the reports of participants in the care sector, it was evident that each school was different; some schools were described as being unwilling to communicate with carers, while others preferred to communicate exclusively with the carers and not with the caseworkers. In general, caseworkers perceived that schools did not see the need for caseworkers to be involved, viewing carers in the same way that they viewed the parents of other children. Several caseworkers suggested that schools were reluctant to report information to Community Services because they were unsure what was relevant to report or were concerned that a report would increase their workload. Instead, Community Services was informed only when a crisis occurred.

Many caseworkers also expressed concern that schools did not provide timely feedback about a child’s academic progress or did not provide them with school reports or statewide test results. This finding was supported by the small number of
school reports found on the case files of children in the study (see chapter 9) and the number of caseworkers who reported being unaware of issues that may have resulted in suspension until after the suspension had occurred. Education stakeholders likewise expressed frustrations that at times their counterparts in the out-of-home care sector did not communicate effectively or deliver on commitments, which then had a negative effect on the child:

Someone had to ring DoCS straight away because he was just huddled up there and hurting people and himself and others and the equipment and on the phone the DoCS person was very sort of, oh well, I won’t be able to get there for another couple of hours. I just sort of lost it on the phone and well this is what you promised, this is what you said was going to happen and this was like three months ago… I’m really quite angry and disappointed, you made promises in front of the child, in front of me, in front of the foster carers, in front of other support staff and those things haven’t happened yet. [School principal]

Summary of Professional Factors
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. Positive educational expectations on the part of carers and professionals were nominated as a significant factor in determining children’s own expectations and success. While many carers of interview children in the interview group held high expectations, many caseworkers believed that the out-of-home care sector needs to raise their expectations of children in care. A number of factors were seen as contributing to the low prioritisation and expectations, including previous experiences with children in care, competing demands on staff, organisational culture, the educational background of the carer and, for a small number of adults, a perception that children’s genetic and birth family influences could not be addressed or did not deserve to be addressed. 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.

How professionals communicated and worked together in supporting the education of children in care was unsatisfactory for many stakeholders. Issues regarding unclear roles and responsibilities highlight the need for a broader understanding from all stakeholders, departments, and agencies. This would also support more effective and confidential information exchange between the relevant stakeholders. The value
of individual relationships and effective and timely communication was emphasised as key in supporting the education of children in care.

7.8 Education and Out-of-Home Care System Factors

This section examines a number of overarching systemic factors that stakeholders said affected the educational engagement and outcomes of children in care. These factors are: instability in placement and schooling, funding support, and case planning.94

7.8.1 Instability in Placement and Schooling

There was considerable agreement from participants in both sectors (n = 87, 47%) that the lack of stability in children’s school and home environments had a significant effect on children’s education. In chapter 5, the reasons for placement and school changes and the relationships between these changes were canvassed. The outcomes of this instability were seen by participants in both sectors to be negative and cumulative across all domains of children’s development. Conversely, stability was associated with stronger educational outcomes and increased well-being. This section focuses on the systemic factors that impact on children’s stability in care.

Two common reasons were proposed for the instability of placements and schooling for children in care: placement availability and suitability, and the lack of support provided to children and carers. A key issue that was identified is the lack of available placements because of the shortage of carers. This means that children may be required to move to different geographical areas and to a new school at each change of placement. It also limits the capacity to match children and carers.

There’s often a requirement to change schools because whilst we try as hard as we can to place children in an area where they can maintain their same school it’s very often that we can’t. At the moment we’ve got a lot of carers available in [w town] so we move a kid to [x town]. They can’t keep going to [w school] or [z school] [which is 65 kilometres away]. [Caseworker]

94 Additionally there were several system-wide issues that less than 20 per cent of stakeholders reported, see Appendix U.
Many carers and caseworkers called for more support and resources for placements to promote stability for the child. Their key issues were firstly, the importance of supporting all placements, not just the high needs placements or placements in crisis and, secondly, the need for some acknowledgement that children in stable placements can have unmet needs. Many participants argued that children in placements perceived to be stable were often presumed to be doing satisfactorily educationally, but that this was not always the case and could change quickly so support was required for all placements.

Stable placements still need support and services; unstable placements need a lot more support and services. [Manager/Policy maker]

7.8.2 Funding Support

The consistent message from 96 stakeholders from both sectors (51%) was that there were insufficient resources 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 process. Within the Department of Education and Training, 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. Out-of-home care participants argued that the lack of resources in education meant that education stakeholders often expected Community Services to fund aspects of the school's support mechanisms to ensure the continued school participation of children in care. Other central issues about funding related to the costs of children's education and the lack of clarity as to what carers were to fund from their carers’ allowances.

Education and out-of-home care stakeholders 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. Education staff spoke of not having the time or resources to attend to the needs of children in care. Several school principals

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[95] This situation may be different within the non-government school sector, however, for this research only public education staff were interviewed.
argued that additional funding was required for effective support of children in care within the school.

It’s difficult, there’s no additional funding, substantial funding that you would need to catch up two years of a child’s education therefore the problem or the challenge belongs to the school and what the school has within it’s own system. [School principal]

I think the resourcing issue and the staffing issue… there ought to be some inbuilt formula that allows schools to have additional teaching hours or relief to case-manage, even if it’s teacher’s aides to do a lot of the supporting. A lot of clerical time is taken up with these kids too, in terms of ringing, communicating, and this takes time and resources. [School principal]

One aspect of the resources issue was that funding assistance was short-term or required a diagnosis to be longer-term. The Department of Education and Training Out-of-Home Care Program was viewed as a valuable service to coordinate the support for children in care in the school setting. However, the funding support attached to this program was reported to be time limited and only available for critical points in children’s lives.

The school sub care program is excellent… My only concern is the resources are time limited and we exhaust the resources before the need has gone away. [Caseworker]

Other education system programs aimed at supporting children to catch up were also often short-term in nature. As one carer described:

[Child] is quite behind in learning. She goes to reading recovery and she is only entitled to ten weeks. You do ten weeks and she does great, but what do you do for the rest of the year. There is nothing there. To my way of thinking, if you grab these children early enough and give them 12 months, half of them would manage, would get there. [Carer]

Access to longer-term funding for children in care requires a diagnosed disability that fits the Department of Education and Training criteria. These children are then entitled to Integration Funding Support, which is generally ongoing. Many out-of-home care stakeholders argued that while children in care required additional support, they did not always fit these criteria. Trauma, in particular, was a category that many participants from both sectors felt should receive Department of Education and Training Integration Funding Support. Yet the requirement for children to obtain a diagnosis to access additional and longer-term support from the education system was also viewed with some concern in relation to the required labelling of children.

A central argument from the out-of-home care sector, and from a few education stakeholders, was that the Department of Education and Training funding provision treats the children in care within the public school system differently from other children.

The education system sees a Department of Community Services child as different from other children, and the education department would, with a child that needed an aide, just put in the application for funding and either get that or not. I spend a lot of energy arguing with Department of Community Services about why aren’t Department of Community Services paying. [Out-of-Home Care teacher]

Cases were widely reported where the Department of Education and Training staff had sought funding support from Community Services. In some examples, without funding from Community Services, children would have been unable to participate in school activities or attend school full-time. Despite expectations by education staff of this support being available from Community Services, it appears to vary across regions:

If education says ‘he could come back if we had a teachers aide’ we are very consistent and firm that this is an education responsibility. [Caseworker]

Up here they expect DoCS to pay… they will do things like they won’t let kids go to school excursions if we don’t pay for an additional worker. [Caseworker]

Several caseworkers described the Department of Education and Training withholding educational provision as ‘blackmail’:

Department of Education blackmail us – if you do not fund this, we will not take the child. There is no way of forcing them to take the child. Education is your responsibility, keeping them safe is ours. You would not go to a parent and ask them for $10,000 salary to keep a child at school. I have raised this issue 20 times in the last ten years. We have the MOU, but when it comes to cold hard cash, it comes back to us. [Caseworker]

The key funding issues identified within Community Services related to insufficient resources, lengthy funding processes and inequities in the amounts allocated to children in care. As one caseworker said: Honestly, sometimes you feel like just passing around the hat in the office. There were numerous specific examples provided where caseworkers felt that tutoring, computer purchases and non-government school fees would have been in a child’s best interest but were not funded.
Seems to be a lot of emphasis on saving money and of course just having them move schools was a cheaper option, I guess. [Caseworker]

When kids come into care and you can get a bit of money for them, I make sure they’ve got a desk. I fought a battle to try and get computers for all kids in care and I went as far as central office but it came back with a ‘no’. And I think all kids ought to have access to a computer at home. [Caseworker]

Indeed these three aspects – non-government school fees, computer purchases and tutoring – were what the majority of caseworkers felt Community Services should be funding to support children’s educational needs.

A particularly vexed funding issue is non-government school fees. Applications to Community Services for children to attend non-government schools require two steps: firstly, the department’s approval of the school and, secondly, the department’s approval to pay the school fees. Several Community Services caseworkers described the submission and approval process in detail, outlining how they had to present the case for the benefits to the child from attending this school. They also described the lengthy approval process through the different levels of management at the department. Two caseworkers gave examples of children in the study for whom they had made a submission for non-government school fees, which were not initially supported. The first caseworker spoke of how the carers went to the school after the first submission was rejected and were successful in obtaining a reduction in the school fees. The second submission was then accepted. The second caseworker spoke of her frustration in preparing a submission for enrolment at a Catholic high school, which was the preference of the child, the birth parents and carers; it was also the school the child had been attending throughout her primary schooling:

Four submissions. First couple said “didn’t meet criteria” – she’d been going there and all her friends were. Doing well in care and we kept getting rejects for $3,000 a year. Carers would offer to pay more and more and Dad paid some. None of us would give up on it. We wrote that in our submission – this kid can make it. It was just awful – everyone is getting ready for high school and we are still waiting on the approval. We weren’t going to take ‘no’ for an answer. It was stressful for the child. In the end we told her is was approved, although we were still waiting. ... Can’t stand it if you are riding on the back of abused children. Why remove them if you are not going to support them fully? More than four staff worked on it [the submission], put our wages together and that’s $3,000. None of us would write a submission if it’s not needed. Ridiculous that the amount of wages spent on it equalled the amount we were asking for. [Caseworker]
Furthermore, many care sector stakeholders expressed their frustration that once a child was in a non-government school, approval for the fees had to be sought on an annual basis, resulting in a lack of certainty for children and their carers, as well as making it a time-consuming process for caseworkers. One carer described how each time they had a new caseworker, they had to advocate once again for the child’s attendance at a non-government school. A number of caseworkers called for streamlining the financial submission process and removing the requirement for doing annual submissions for non-government school fees for children in long-term care. This suggestion was also made by a number of carers.

Another issue for caseworkers was that the financial decision-making within Community Services was described as emphasising budget considerations rather than the needs of the child. Caseworkers were concerned that professionals who do not know the child end up making decisions about what is in the child’s best interests.

They know it costs $250,000 to raise a child. I would make life and death decisions but couldn’t sign for over $500. We are their parents as their parents we should be purchasing for them, doing those things parents do for their kids. [Caseworker]

Just about everything we want has to go by way of submission… Ends up being a Director that decides whether a kid gets something or not. [Caseworker]

There was a perception that children in care were not treated equally, with some children receiving more educational funding than others. Some of the reasons suggested for this were variations in the supportiveness of management across offices and in the ability of some caseworkers to navigate successfully through the funding submission process. Having a carer who advocated on the child’s behalf was also identified as a reason. Whether a child was allocated a caseworker was also a factor, as caseworkers reported that funds could not be assigned if they were not outlined within the child’s case plan.

A number of caseworkers and carers argued that the resources provided to carers were insufficient to fund educational and extra-curricular activities. Most carers indicated that they were required to pay the first $1000 annually for educational costs and then the department paid additional costs, but only if these costs were
included in the case plan. Yet there was some confusion between carers as to what they were expected to fund themselves. The primary areas of concern were: costs to establish child at a new school, school sport, excursions and camps, and extra-curricular activities. The following discussion highlights the confusion among carers about the funding available for children’s education:

As far as I am aware they are supposed to pay for that [school uniforms and extra curricular activities]. [Carer 1]

And as far as I was told, we had to pay for everything. [Carer 2]

Yes, it’s weird – it depends on the caseworker as to what you get told. [Carer 3]

7.8.3 Case Planning

Fifty-four stakeholders (29%), mostly in the care sector, argued that case planning plays a crucial role in supporting education for children in care. 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 caseworkers, Community Services offices and non-government agencies. Some non-government agencies have implemented the Looking After Children guided case planning processes (The LAC project, 2006), while others have developed their own tools. Within Community Services, there was a guide available for case planning.

Children with higher needs and children in crisis were more likely to have plans, while unallocated children were less likely to have them. The existence of a case plan was essential for children to be eligible for additional funding, as outlined previously.

If you don’t have a caseworker to head a case plan, how can you apply for tutoring and that, because it has to be in case plan to have the tutoring, for the extra support for the kids. And if you don’t ever get case plans or have reviews, how do you get to get any extra support with the school or the kids at home? [Carer]

The second point that stakeholders identified in relation to case planning was the variation in the extent to which education was focused upon. A number of community
service stakeholders discussed how they felt education was just a ‘tick a box’ – ‘yes the child is at school’ without further exploration. As discussed earlier, some caseworkers reported how the focus on education was lost in the competing priorities of placement and family, and due to an expectation that this area was the responsibility of the education system. Yet other caseworkers identified having a detailed focus on education in the case planning process.

Every case is reviewed every 12 months… We definitely explored how they were going academically … were there any behavioural issues. The social side of going to school, you know in terms of do they have friends, how they’re getting on, you know, is there any bullying. [Caseworker]

One education stakeholder contended that there was little longer-term planning needed for children’s education:

That translates into the sorts of purchases they make, the sorts of things they put the kid into, how they react when school reports come home…There’s no-one doing the long-term planning with these kids. [School principal]

The final point many participants made was the importance of having all the relevant stakeholders, including the child and educational representatives, involved in the case planning process. This was seen as important in holistic support for child and for stakeholders to work together towards the same goals.

Annual case conference meeting where teachers, carers, department, birth parent and other related people come together. It is very good at addressing other needs and what has been done for the child and what we need to do in the coming year. [Caseworker]

There were, however, reports that this did not always occur. From the interviews with children and the case file reviews (see chapter 6), it was evident that children’s participation in case planning was limited and this was also reported by adults. Caseworkers indicated that the broader group of stakeholders, including education staff, was also not consistently involved in case planning, either because they were not invited or because they were unable to attend. When these stakeholders were not involved, the opportunity to use their valuable inputs was lost.

Ninety per cent of the time an education representative is not involved in the annual review purely because they can’t attend because of the times we hold it. Occasionally we’ll actually hold the annual review at the school so that the teacher can attend, but that’s not often. So most of the time you’ll have the teacher or whoever it is saying, look I’d love to come but I really can’t make it at that time or whatever and you say, look, is there anything you can provide in writing, just a brief update, oh yep, yep, and
it never turns up. So the only feedback you’re getting is from the carer and if the carer says, yep, yep, doing fine, it’s all ok, you go ok...We do rely too much on the proactive carer to go, this is an issue and, but the thing is too, they might not even realise what’s an issue or they might not even know what’s going on in the schoolroom. [Caseworker]

**Summary of Education and Out-of-Home Care System Factors**

The systemic factors in the out-of-home care and education identified by adults were interconnected by themes of capacity and resources. Adults were very concerned about the adverse effects of instability on children’s lives. Children’s stability in placements is influenced by the quality of the placement and the amount of support for the placement. Schooling stability is generally dependent on placement stability. Case planning processes are often the forum for planning for children’s stability in education and home. Case planning also has a role in addressing children’s educational needs, however not all children were supported through regular and inclusive case planning mechanisms or by having an allocated caseworker. There is also a need for education to be emphasised in case planning to ensure it is not lost in competing priorities.

The participation of education stakeholders in case planning was also seen as a strategy for ensuring a substantive focus on education. Any case plan requires financial resources to support the achievement of the aims, however, the overall financial resources to support the education of children in care were insufficient and the responsibility of what various departments and carers should have been funding was unclear.

In general, out-of-home care stakeholders argued that the Community Services submission process needed to be more efficient and equitable, and fund educational resources that meet children’s needs. The items suggested that needed funding included tutoring and computers and, for some children, non-government school fees. There were also calls for Department of Education and Training funding assistance through the Out-of-Home Care Program to be more flexible, of longer duration and to include trauma as a funding criterion for the Integration Funding Support Program. The next section provides an overview of the strategies that adults proposed to respond to these factors.
7.9 Improving Children’s Educational Engagement and Outcomes

The strategies outlined in this section came from the interviews and focus groups. Each of these proposals was supported by at least 15 per cent \((n > 28)\) of the participants. The adults in the study identified 16 strategies, as shown in Table 7.3.

**Table 7.3: Strategies to Improve Children’s Educational Engagement and Outcomes**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased funding and services for education and well-being</td>
<td>75</td>
</tr>
<tr>
<td>Stability in placement and school</td>
<td>71</td>
</tr>
<tr>
<td>Access to tutoring</td>
<td>57</td>
</tr>
<tr>
<td>Educational assessment</td>
<td>52</td>
</tr>
<tr>
<td>Access to alternative learning environments</td>
<td>49</td>
</tr>
<tr>
<td>Access to the Department of Education and Training Out-of-Home Care Program</td>
<td>46</td>
</tr>
<tr>
<td>Access to holistic support services</td>
<td>43</td>
</tr>
<tr>
<td>Support to catch up academically within schools</td>
<td>39</td>
</tr>
<tr>
<td>Teachers aide support</td>
<td>39</td>
</tr>
<tr>
<td>Access to mentoring</td>
<td>37</td>
</tr>
<tr>
<td>A significant adult supporting each child's education</td>
<td>34</td>
</tr>
<tr>
<td>Carer advocacy in the school environment</td>
<td>33</td>
</tr>
<tr>
<td>Educational monitoring of children by professionals</td>
<td>29</td>
</tr>
<tr>
<td>Professional development for stakeholders</td>
<td>29</td>
</tr>
<tr>
<td>Improving communication between stakeholders</td>
<td>28</td>
</tr>
<tr>
<td>Supporting children to attend the best school for their needs</td>
<td>28</td>
</tr>
</tbody>
</table>

Many of the strategies that stakeholders identified address the issues that have been outlined earlier in this chapter. 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 from interviews and focus groups, 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 stakeholders said they were unable to fulfil this role.

The 16 strategies that adults proposed to assist in addressing these factors are broadly grouped into three categories in Figure 7.4.

Figure 7.4: Supporting the Education of Children in Care

7.10 Chapter Summary

The 187 carers, caseworkers, education staff, policy makers and managers participating in this study identified a range of factors which they believed support or impede the educational engagement and outcomes of children in care. These adult participants argued 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. Adults emphasised the salience of children's emotional, identity and belonging needs, arguing that when these needs remained unmet, children were less confident and were less motivated
to engage in their schooling life, concentrate on their learning, develop relationships with their peers and teachers, and respond appropriately to challenges in this setting.

Participants suggested that the relationships of children in care were often interrupted. Children’s relationships with their birth parents and siblings could be the most enduring, and influence how they formed other attachments, their behaviour and how they value education. Despite their importance, however, these relationships were frequently disrupted. Relationships with peers were difficult for some children, and problems in these relationships were compounded by instability, children’s lack of social competencies and feelings of being different. Yet peer acceptance and having friends provided children in care with a gateway to school engagement. Relationships with carers also supported children’s well-being when the carers provided a safe, accepting and committed approach to caring for children.

In the care environment, adults stressed the importance of having carers who advocated for and valued education, supported children with homework and their extra-curricular activities, and who provided the physical space and resources for study. Yet they acknowledged for some children, the care environment did not offer these things. In the school environment, participants said that children’s needs were met when schools offered an inclusive community, understood the needs and experiences of children in care, and responded appropriately to their behaviours. Adults argued that some schools struggled to respond effectively to the learning and behaviour needs of children in care, and that some school staff held negative perceptions of children in care and labelled them.

The extent to which professionals, carers and birth parents held positive expectations and prioritised education for children in care was put forward as a factor that influenced children’s own educational motivation and expectations. According to professionals, the importance that adults place on children’s education was influenced by their capacity to focus on and take responsibility for this issue, and for some, by opinions of what children deserved. As professionals are required to work together in meeting the educational needs of children, their ability to be clear about their own and others’ roles, responsibilities and their ability to work collaboratively and share information can affect how well children’s educational needs are met.
Perceptions that other professionals should take more responsibility for education resulted in a situation where the carriage of responsibility for the education and children in care was diminished.

This chapter has examined the factors that adult participants suggested act as barriers to the educational engagement and outcomes of children in care, as well as the various strategies they proposed. The next chapter discusses these findings, together with the findings from the different phases of the study and examines their theoretical implications.
Chapter 8
Supporting Children's Educational Engagement and Achievement

This chapter integrates the research findings and provides an interpretative framework to understand these findings. I came to this research informed and motivated by the core principles of Childhood Studies. Childhood Studies sheds light on children’s experiences by bringing together insights from different disciplines to gain an understanding of children and childhood (Woodhead, 2009). Within the broad interests of Childhood Studies, various theories and paradigms can be applied. In the context of this research, Ecological Systems Theory has been used as a framework to understand the systemic factors which affect children’s lives in care. These two fields of inquiry, while conceptually separate, share several common themes including child-centredness, a focus on intergenerational relationships and an acknowledgement that children are influenced by factors within and beyond their immediate environments.

The first section of this chapter brings together the research findings on the educational engagement and performance of children in care, including the views and experiences of children, carers and professionals involved in their lives. This sets the scene for the following section, which considers some of the key themes from the research and utilises Childhood Studies and Ecological Systems Theory in interpreting the significance of these findings.

8.1 Children’s Educational Engagement and Performance

Carers, caseworkers, education staff, policy makers and managers reported poor educational engagement and outcomes for many children and young people in care, reinforcing the findings of the statewide test results. Children, however, were considerably more positive in their reflections on their own educational engagement,
performances and progress than their results, case files and the perspectives of adults in their lives would appear to warrant. Most children indicated that they were progressing well with their schooling and were engaged in their school life and had friends and interests. Many of the children reported having access to increased supports and opportunities while in care, and over half said they found their schoolwork easy and that they were achieving good marks in their subjects. Even among the students who were struggling across a number of subjects or having difficulties with their peers or teachers, none rated themselves as doing badly or very badly at school. Instead, their lowest rating was average. For some of the children, their carers and caseworkers offered similarly positive accounts but for the most part, children were more favourable in their assessments, suggesting that children’s views of success at school may differ from the views of the adults involved.

There was, however, a group of children who reported being less engaged and less positive and this was reinforced by the adults in their lives. A combination of peer issues, not fitting in with the school social environment, perceptions of unfair or angry teachers, academic difficulties, as well as tiredness and lack of motivation, contributed to this group of children feeling disengaged from their school life. A number of children in the case study experienced a decrease in peer group size based on the perception that some children did not like them any more, although this in line with studies that shown a slight decrease in children’s networks after the transition to high school (Cantin & Boivin, 2004).

The findings from this research suggest some additional factors, beyond just time away from school and gaps in children’s education that account for their academic underachievement. These factors appear to gain prominence in adolescence. The statewide test results suggest that the middle school years (Years 5 to 9) are a period where academic performance and retention may be particularly vulnerable. There was also a slight lowering in the rating of how well some children thought they were progressing at school from the first to the second interview, which, as found in other studies, indicates a drop in perceived performance after the transition to high school for children not in care (Akos, 2002; Barber, 1999).
The findings suggest that many young people in care become less engaged in their schooling during adolescence, which may lead to them leaving school early. The numbers of young people in care participating in the School Certificate and Higher School Certificate, for example, were lower than anticipated, indicative of young people taking pathways outside the education system. The findings from this study suggest that this decline in school engagement may be in part associated with the normative experiences of the move to high school, but predominantly associated with children’s academic and social difficulties, the cumulative effects of school and placement changes, a lowered sense of belonging, self-esteem and motivation, and unresolved trauma, grief, loss and attachment issues. All of these problems affect young people’s social and emotional well-being. Other studies also identify adolescence as a period where children in care may face increased difficulties in the education setting. Fernandez’s (2009) longitudinal study of 59 children in care found that children over the age of 12, even those who had been in care long-term and were stable in care, had poorer outcomes, more difficulties, and were less well adjusted in their placement and school environments than younger children in care. Seal (2007) suggests that social difficulties are particularly prominent for children in care over the middle school period.

The adults from both the education and out-of-home care sectors who participated in this research were particularly concerned about early school leaving for young people in care. It appears that the positive perceptions children had about their educational performance and the benefits they perceived of being in care may not be sustained into their later years of high school.
8.2 Interpreative Framework

The central tenet of Childhood Studies is that children are social actors, active in the construction of their own lives (James, 2009; Qvortrup et al., 2009). A further principle is that childhood should be understood within the context of intergenerational relationships (Woodhead, 2009). Childhood Studies recognises individual differences in the experiences of children and rejects the universality of childhood (Woodhead, 2009). Childhood Studies allows an exploration of the complex interplay of factors such as agency/vulnerability, dependence/autonomy, protection/participation, continuity/stability, rights/responsibilities and voice/choice – tensions that are present in the lives of children in care. Furthermore, an acknowledgment of children’s agency and rights is central to Childhood Studies and this recognition is an important starting place for research, policy and practice (Graham, 2010).

The key tenets of Bronfenbrenner’s Ecological System Model (outlined in chapter 3) are: firstly, that the child is at the centre of the model; secondly, that children are active agents who affect and are affected by the environments they spend the most time in; thirdly, that development is informed by both environmental forces and children’s biological characteristics (Boemmel & Briscoe, 2001), and finally, that child development takes place within the context of relationships that are affected by the interrelationships between multiple levels of systems.

Ecological Systems Theory emphasises the importance of linkages between environments. A promising aspect of these interrelationships is that protective factors implemented in one environment may also favourably support children’s progress in other environments (Waller, 2001). This suggests that to understand and improve the educational engagement and outcomes of children in care, it is important to examine more than one setting and to explore the factors and opportunities for change within the various environments. Generally in the field of social work and education, there has been a view that the poor educational engagement and outcomes of children in care can best be addressed through a multi-level approach
(Burley & Halpern, 2001; Francis, 2000; Stone, D'Andrade, & Austin, 2007), and such an approach is offered by Ecological Systems Theory. The next section commences by discussing the significant findings, starting with children’s immediate environments, in light of these philosophical foundations.

8.3 Key Themes From the Findings

This section explores five key themes that emerged from this study when the data is examined in light of the core tenets of Childhood Studies and Ecological Systems Theory. The first theme is the children’s immediate environments and their role in supporting children’s education. The second theme is the importance of personal and professional relationships for children in care. The third theme concerns children’s transitions and stability. The fourth theme relates to the participation of children in care, and the final theme considered is the role of the system in responding to children’s needs.

8.3.1 Children’s Immediate Environments

The findings of this study suggest that for children to be able to focus on, engage with their schooling and to achieve educationally, they need to feel a sense of belonging in their home and school environments. This is in accord with a respected research review on belonging by Baumeister and Leary (1995) who argued that the need to belong is a powerful driver of human motivation. The authors contended that there were significant links between “the need to belong and cognitive processes, emotional patterns, behavioural responses, and health and well-being” (Baumeister & Leary, 1995, p. 522). Ecological Systems Theory emphasises the interactions between children’s different microsystem environments; that is, the experiences of a child in one environment may influence their behaviour and development in another (Bronfenbrenner, 1977; Henggeler & Cunningham, 2005), with problems or difficulties in one likely to be visible in the other (Cooper & Johnson, 2007; Mills, 2004). This suggests that when children in care feel accepted and included in the home or school setting, a range of positive emotions (Baumeister & Leary, 1995) are
likely to reverberate across other settings. On the other hand, potent negative feelings of rejection or exclusion (Baumeister & Leary, 1995) may also affect other settings. The next section examines children’s experiences of belonging in their immediate environments.

**The Care Environment**

Although the major concern of this research was with the education of children in care, across the interviews with children and adults, the focus was on a core challenge faced by children in care: the struggle to feel that they belong and are not different from other children even though they are living away from their birth families. The children indicated that it is important that they and other children in care do not feel different, and that they are not treated differently from other children in their care environment. This is consistent with the findings from other studies that have reviewed children’s perceptions of how they were treated by foster carers (Fox & Berrick, 2007). Schofield (2002) argued that a sense of belonging within the foster family is very important for children, and that this sense of belonging continued beyond their time in care. In this study, children highlighted that having carers who cared about them supported all aspects of their well-being. As one child suggested, the most important thing that could be done for children in care to help them do well in their education was ‘to love them’. For some children, calling their carers ‘Mum’ and ‘Dad’ was an important aspect of belonging. Other children, who had been in long-term kinship care, however, did not place the same emphasis on belonging or even being in care. As one young woman stated, ‘I just live with my Nan’.

Likewise, many of the adult participants from both sectors argued that change and disruption in children’s environments and relationships generated feelings of being different and not belonging. Other Australian studies have found that 1 in 5 children in care feel most or all of the time that they are different to children not in care (Child Guardian, 2006, 2008, 2010). Adults linked these feelings to children's low motivation and self-esteem, and their limited interest in learning. There was considerable consensus that supporting children in a quality placement, with caring, encouraging and understanding caregivers will support children’s education. This is consistent with Cameron and Maginn's (2008) proposal that emotional well-being, social adjustment and educational attainment are ‘inextricably linked’ and that
children in care require consistent good quality parenting and support that allows them to integrate their early life experiences. Similarly, Mosek (2004) suggested that the central issues for children in relation to a sense of belonging are: “identity, loyalty, separation, attachment and reunification” and that these should be discussed openly and regularly with children, carers, birth parents and caseworkers (Mosek, 2004, p. 340).

**The School Environment**

The findings of this study point to the powerful role schools have in determining whether children in care have positive education outcomes. Notwithstanding the schools’ important task of engaging children in learning and teaching, the acceptance or rejection of children in care by the school community remains a critical aspect of their engagement and achievement. This research suggests, in line with the literature, that there are some key features that need to be present in the educational environment for all children to feel that they belong at school. The children contended that having a group of friends and getting along with them was vitally important for them to feel engaged in their life at school (Fredricks, Blumenfeld, & Paris, 2004).

This research suggests that children in care face a number of challenges in feeling a sense of belonging in the school community due to their care status and how staff respond to this knowledge if they are aware of it. Stereotyping, lowered expectations and stigmatisation were reported by adults and children, as occurring within some schools. There were also concerns that unnecessary risk assessments were undertaken because of this labelling of children in care as problematic. The perceived lack of understanding by school staff of the circumstances of children in care was a significant enough barrier for some children and adults to make them decide not to inform the school that a child was in care. Some adults in the care system also supported the view that the decision about whether to inform the school should take account of the child’s wishes.

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97 See Appendix A for more on risk assessments in the school context.
An important aspect for both children and adults was trust in the ability of school staff to keep the child’s care status confidential. Some children wanted their teachers to know and to be sensitive to their care status and not involve them in activities that made them feel uncomfortable (Emerson & Lovitt, 2003; Seal, 2007). Some children also reported that being treated differently by school staff in the school setting was not necessarily negative if it entailed extra support or understanding.

Children’s sense of belonging in the school community was also influenced by the extent to which their care status complicated their relationships with their peers. The children in the study particularly emphasised they did not want to be made to feel different from their peers at school because they were known to be in care. Children acknowledged they were often required to share particulars about their care status in the school social environment. For some children, their previous experiences in this regard had been negative, with their peers using this knowledge in a harmful way. They were therefore reluctant to share this information unless there were high levels of trust or need. Having to withhold or even actively hide a key aspect of children’s lives was likely to limit children’s feeling of belonging at school.

The findings from this study support the notion that school belonging is not solely about the student and their academic or social situation, but is also about the interrelationships within this setting. This is not unique to children in care. Atweh, Bland, Carrington and Cavanagh (2008) argued that the relationships between students, teachers and the schools are important, and that a focus on enhancing positive interactions could produce better outcomes. Osterman (2000) reviewed the research on student belonging and argued that when students perceive that they belong, this is associated with increased motivation, engagement and commitment to school. The features identified as important in supporting school belonging in another study included students believing their school had quality teachers, effective discipline, high levels of learning and a positive school community (Fullarton, 2002).

Similarly, in this study, a number of children who had changed schools spoke of how the other students in their new school were interested in learning and better behaved, and that this had had a positive influence on their school experience. Generally, what the children highlighted regarding a good school environment was
little different from what was important to New South Wales children in general; wanting a nice school, with positive relationships with kind, caring, interesting and funny teachers, and good friends (Foster, 2005; NSW Commission for Children and Young People, 2005). A key point exclusive to children in care was that they wanted school staff to understand what it meant to be in care and to be sensitive to the particular circumstances of individual children. Children in this study also emphasised needing school staff to listen to them and inspire and encourage them with their education.

A quality school experience where students feel that they belong can be further facilitated in a number of ways. Finn (1989) argued that a focus on student involvement in schools offered more opportunities for children to have a successful and complete school career. Active participation in the classroom and in school activities, and participating in decisions regarding the school, supported a sense of identification with the school – that of belonging and being valued (Finn, 1989). For children with academic difficulties, school participation through social, extra-curricular and sporting activities can be a primary source of engagement (Finn, 1989; Williams et al., 2006). Catterall (1998) also found that students’ recovery from low academic performance was predicted by student involvement in school activities, and schools’ responsiveness and caring for students.

The findings from this study also point to the importance of continuity of attendance in the school setting. Being absent or away from school through truancy, suspension, school changes or meetings and appointments, may contribute to poor student learning and belonging. A number of Australian researchers have argued that non-attendance predicts or demonstrates disengagement (Cavanagh & Reynolds, n.d.; Lamb et al., 2004). Hibbert (2001), for example, proposed that school absence could have a negative effect on the way children were perceived by others in the school community, particularly teachers. Students who are regularly away from school, over time, can become socially excluded (Lamb et al., 2004).

There are opportunities to take a stronger position on ensuring children attend school regularly by reducing suspensions and working towards all meetings and appointments in relation to children’s care status being conducted outside of school.
hours. In a number of jurisdictions, strategies have been successfully implemented to reduce the number of children in care being suspended or excluded and there is a need for similar approaches in New South Wales.\textsuperscript{98} Although this approach would require support from both policy makers and school principals, as Borland, Pearson, Hill, Tisdall and Bloomfield (1998) argued, public concerns about safety and discipline in schools may affect school principals’ willingness to tolerate children’s behaviour.

A key aspect in cultivating the development of a sense of belonging at school for children in care is to support children to attend schools that offer the most “appropriate, safe and educationally beneficial environment” (Cicchetti et al., 1993, p. 17). This could be an important way of enriching children's ecological environments (Diamond & Ash, 2000). The findings from this study suggest that for each child, careful consideration, with the child’s input, should be given to what school would provide the best environment for that child to thrive in. Safety and protection from bullying in the school environment, while important for all children, is a fundamental need for children in care, given their increased vulnerability to being bullied (Mills, 2004), and their greater propensity to bully other children. Research in the United Kingdom has shown that children in care were more likely to be in lower-performing schools, yet children in care who attended schools in the top quartile made more progress than children placed in other schools (Department for Education and Skills, 2006). DeCesare (2004) argued that non-government schools can offer children in care an important alternative to their local high school if it is a low-performing school or a school with social difficulties. The views of the children in this study who moved from their local state school into non-government schools echoed these themes.

The carers, caseworkers and education staff in this study argued for the need to increase the educational options available for high school aged young people in care. As the Canadian National Youth in Care Network (2001) asserted, for some young people in care, traditional high schools are not suitable and non-mainstream educational programs may be more effective. There is limited research on the

\textsuperscript{98} See in the United Kingdom Care Matters: Transforming the Lives of Children and Young People in Care for a number of examples (Department for Education and Skills, 2006) and in South Australia (White & Lindstrom, 2007).
effectiveness of non-mainstream educational settings for children in care, but there are a number of promising approaches (see Appendix E) though some may be more suitable than others. Special purpose schools and segregated classes have recently been reviewed in New South Wales and this found that there was an over-representation of boys already at risk of educational and social exclusion (Graham, Sweller, & Van Bergen, 2010). The study also found that their placement in these settings may “concentrate and compound” the risks they face rather than offer an alternative and effective educational program (Graham et al., 2010, p. 17).

In summary, to facilitate the positive educational engagement and outcomes of children in care, the microsystem environments of schools and care placements need to be safe, quality environments, where children feel that they belong. Consistent with Ecological Systems Theory, having a school environment where a child feels connected, happy and successful is also likely to have a favourable influence on the care placement (Cooper & Johnson, 2007). Likewise, there have been reports from this and other research (White & Lindstrom, 2007) that suspension or exclusion from school could have a negative effect on children’s placement, and in some cases resulted in placements breaking down. The findings from this research suggest that if children felt that they attended a good school where they fitted in and belonged, had a good group of friends, and received encouragement from teachers who demonstrated understanding, then all aspects of their educational engagement and outcomes were likely to improve. In the care environment, feeling that they belonged, were cared for and were understood by their carers similarly supported their well-being and education. The findings suggest that adults in these settings need to be empathetic to children’s circumstances and needs, treating them individually, fairly and supportively. Adults in the immediate environments also need to support children’s education by providing practical assistance, resources, positive encouragement, ‘second chances’, and opportunities for children to participate (Gilligan, 2010). Friendships and supportive adults are a vital aspect of these environments for children in care and this is the focus of the next section.
8.3.2 Personal and Professional Relationships

The second key theme from this research, children’s relationships, is central to both Childhood Studies and Ecological Systems Theory. Both bodies of work suggest, in line with the findings from this research, that high quality, consistent and meaningful relationships are important facilitators of children’s development and well-being. Childhood Studies acknowledges that all of children’s relationships are important and worthy of study in their own right (Graham, 2010). This includes child-to-child and child-to-adult relationships in “private, informal or institutional areas” (Lange & Mierendorff, 2009, p. 79). Childhood Studies suggests that relationships offer children opportunities to view themselves as competent agents (Graham, 2010). Furthermore, children in care who felt they had some choice and control over relationships in their lives were more likely to feel that their emotional needs were being met (Mason, 2008). The findings from this study in line with Ecological Systems Theory suggest that the quality of relationships between adults, for instance between carers and teachers or caseworkers and carers, is also an important determinant of children’s well-being (Boemmel & Briscoe, 2001). Seyfried, Percora, Downs, Levine and Emerson (2000) argued that the quality of relationships affected not only the young person’s perception of their environments but also the extent to which a young person connected with others in that environment. The relationships that emerged from this study as important for children included their child-to-child relationships and their personal and professional relationships with adults. These relationships are explored in the next section, together with adult-to-adult relationships that can support the education of children in care.

Peer Relationships

Children acknowledged both the centrality and the fragility of friendships in their lives. Friends were the main reason they wanted to go to school each day; as Farrell, Tayler and Tennent (2002) pointed out, the school setting is a ‘catalyst for socialisation’. Fernandez (2006) and Mason (2008) emphasised the primacy of friendships for children in care as a domain of their lives where they had some

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99 Farrell et al. used this term in the early childhood setting, but it also has currency for the school setting.
choice and control. The extent to which children found security in their friendships, as well as trust and the opportunity for choice in their friendships, might also contribute to their short- and longer-term outcomes. Children who feel secure in their peer relationships may be more likely to be engaged in their learning and have a stronger sense of school community belonging if their peers are interested and involved in learning.

Yet for many children in this study, even those with a good group of friends, their past experiences left them cautious about their expectations about maintaining these friendships in the long-term. It is likely that the combination of instability, as well as the difficulties some children have had socially, contributed to this lack of trust in the continuity and longevity of their peer relationships. Children’s descriptions of past friendships were often characterised by disconnection and loss. Indeed, there was little sense of agency and control expressed by many children regarding their friendships.

The findings from this study suggest that one of the biggest threats to child-child relationships for children in care is instability in their school or home placements. Changing schools and often neighbourhoods and communities not only disrupts friendships, but also presents the challenge of making new friends. Not only were children cautious in their expectations about the longevity of their friendships, adults across both sectors described the wariness that some children bring to making new friendships. The extent to which children who are in care and change schools regularly will be able to fit in with a positive peer group is uncertain. Longitudinal research has suggested that children who are mobile in their schooling had smaller peer networks, are less central within these networks and that their friends have lower academic performances (South et al., 2007).

Adult participants in this study suggested that older children and adolescents changing schools often found themselves with reduced friendship options and chose friends who did not prioritise education. Similarly, Andersson (2005) argued that children’s mobility – school, placement and community – as well as their exclusion from school – decreased the choice of peers for children and young people in care. Other studies have indicated that students struggling academically were more likely
to form friendships with students who were not engaged academically (Galton, Gray, & Ruddock, 1999).

Yet instability is not necessarily negative. For some of the children, a favourable school change offered improved social opportunities and connection with a strong peer group. This theme of having 'nicer friends' after settling into a new school is in line with similar studies (Johnson et al., 1995). This does not mean that a change of school was without stress. Consistent with the findings from other studies (Johnson et al., 1995; Tilbury et al., 2009), this research found that the initial periods prior to and after the school changes were the most stressful and difficult, particularly in relation to making new friends.

Adults from the care and education sector, while identifying friendships as important for children, did not see it as their role to support children's friendships and many placed little emphasis on the notion of peers as supporters. They tended to focus on their perceptions of children’s limited social competencies. There was little or no agreement about who was responsible for supporting children socially or what actions were effective. Similarly, in relation to making and maintaining friendships, many caseworkers reported that children were left mostly on their own in dealing with this issue, even when changing schools.

Given the number of children who continue to have social difficulties in the early years of high school, this suggests that an increased emphasis on supporting the development of social competencies by carers and teachers for children in care would be beneficial. This would not only assist children in making and maintaining friendships, it would also offer a key bullying prevention strategy (Lodge, 2008). This is an important issue given that both children and adults identified being bullied as a common problem for children in care, consistent with the findings of other studies (CREATE Foundation, 2004f; Fernandez, 2006; Goddard, 2000; White & Lindstrom, 2007). If bullying continues for long periods, children are likely to feel unsafe and unhappy at school and want to leave school early (Frederick & Goddard, 2010). This underscores the need for children in care to attend inclusive educational environments that take a strong stance against bullying and monitor and discuss this issue with children.
Sibling relationships also emerged as important for children in care, in line with longitudinal research findings about the support provided by positive sibling relationships for children who have experienced significant adversity (Gass, Jenkins, & Dunn, 2007). An ongoing connection with siblings was important for many of the children in the study, whether that connection was in the home or school context. Living with at least one sibling was an important contributor to child well-being (Daly & Gilligan, 2005; Gass et al., 2007). Likewise, positive sibling relationships could support children’s schooling if children attend the same school, despite not living together. Older siblings who are progressing well with their schooling or further education can, for example, act as positive role models.

In summary, child-to-child relationships are very important for children in care. There are, however, a number of obvious barriers to children in care being able to make and maintain friendships. Instability, limited social skills, a sense of difference, and for some children, a lack of trust in the likely continuity of peer relationships made it difficult for some children to make and maintain relationships. Therefore, while Childhood Studies suggests that peer choice is an important area that children can have control over in their lives, for children in care this may have some limits. The weak emphasis given by adults to child-to-child relationships also contrasts with the strong emphasis that children attach to these relationships (Mason, 2008). Mason suggested this was due to the focus in the care sector on adult-child relationships, a focus which marginalises child-to-child relationships. This current research suggests a need for increased attention by the adults in the lives of children in care in supporting their social skills and the development and maintenance of their friendships and sibling relationships, given the positive outcomes that can arise from them.
Child–Adult Relationships

The focus of this section is on the way children’s personal and professional relationships with adults were perceived to support their education. Children were clear about the roles they wanted the various adults to take in assisting them with their education, whereas adults were less certain about their roles, or were not confident in fulfilling them. One of the recurrent themes highlighted by this study was the extent to which there was a lack of continuity of adults in the lives of most children in care. Adult participants particularly emphasised this lack of significant and consistent adult support for children.

For children in care, the key personal child–adult relationships were often with their carers and birth family. When the children in the study considered what role carers should have in supporting children in care with their education, they felt carers should offer them a home where they were supported and cared for. The children also regarded the carer’s role as providing resources and practical assistance with homework, reading, and being involved with schools. Furthermore, it was important for children that carers made them feel part of the family by treating them in the same manner as their own children. Most of the children who were interviewed felt they had at least one person in their care environment who was supportive of their educational progress.

For the children in care who live away from their family of origin and sometimes from siblings, this separation can have a significant impact on their lives. The case studies identified that some birth parents withdrew from their children’s lives once they were in care. This was particularly so for fathers (Cashmore & Paxman, 1996). For a number of children, one parent had died. For other children, there was an absence of a positive relationship with either parent. Whether relationships with birth parents continued or were disrupted, adults in this study argued that children must able to integrate their relationships with their birth family, particularly as they reach adolescence and focus on their own identity. Caseworkers indicated that while children’s continued relationships with their birth parents were not necessarily beneficial to their education, the other benefits for children often outweighed the disadvantages.
Yet it may also be the case that birth parents can be overlooked as supports for children’s education. Several researchers have argued that birth parents could be engaged in motivating and encouraging children in care with their education (Goddard, 2000; Martin & Jackson, 2002). Furthermore since many children return to their birth parents, the ongoing involvement of birth parents is likely to be important for these children. Certainly it would appear from the interviews with caseworkers that some birth parents have a level of interest in their children’s educational progress. Although there may be difficulties in their involvement, the findings also indicated that a proportion of caseworkers and carers felt that birth parents should have no role in their child’s education once they entered care.

Professional relationships with caseworkers were also identified by both children and carers as important for children’s education. Children identified caseworkers as supporting their education by ensuring their safety, by finding them a good home, and by arranging the educational resources they required to participate in school. Other studies have also emphasised the importance of a good relationship with their caseworker in supporting children’s education (CREATE Foundation, 2004b; Johnson, 1995; Martin & Jackson, 2002). The interviews with children and carers suggested that caseworkers could be important educational advocates. A small number of children in the study had had the same caseworkers for five or more years. These caseworkers were well placed through a longstanding relationship with the child to focus on all aspects of children’s well-being and their education.

Despite this acknowledgement of the important roles of carers and caseworkers, there was concern about the lack of a consistent significant adult in children’s lives. This was seen by adults from both sectors as a barrier to children’s educational engagement. The concern was particularly evident in the number of strategies adults suggested which were concerned with bringing more adults into children’s lives. Gilligan (2010) suggests that there are often adults in the lives of these children, but that sometimes little is done to involve or support them in this role. Several other studies upheld the importance of a significant adult relationship for children’s education, described by Martin and Jackson (2002) as the ‘guardian angel’ inside or outside the care system. The numerous changes of caregivers, schools and caseworkers meant that for many children there was no consistent champion to
monitor and advocate for their educational needs (Emerson & Lovitt, 2003). McIntosh (1999) articulated children's position: “Despite the hordes of protective and foster care workers and carers who moved in and out of their lives, the journey from the child’s perspective was essentially a solitary one.” (p. 14). Even for children in stable placements, their carer could not always fulfil the role of significant adult within the education context. Many foster and kinship carers were not in a position, due to their own educational experiences and lack of confidence, to support the children in their care to undertake their homework, assist them to catch up or act as the child’s educational advocate.

**Adult to Adult Relationships**

The findings from this study, in line with Ecological Systems Theory, also suggest that the quality of the relationships between the adults in children’s immediate settings – that is, in their home and school environments – are important (Boemmel & Briscoe, 2001). As well as the caregiver-teacher relationship, this study highlights a number of additional adult-to-adult relationships that may affect children’s education (see Figure 8.1).

![Figure 8.1: Primary Working Relationships of Adults](image)

Some adults operate within the microsystem of home and school, whereas caseworkers and some educational staff operate within the exosystem, where they are more distant from the child, yet their influence can be significant. The importance of the ability of these various adults across the different systems to work collaboratively was a key theme emerging from this study. Three key barriers were
identified: a lack of role clarity, lack of responsibility, and problems in the use of confidential information. The findings suggest that these all contribute to the low priority that is placed on education for children in care, affecting these working relationships and the appropriate provision of educational services.

Despite some general agreement regarding the roles of each of the stakeholders, adults’ views on the importance of the various aspects of these roles differed and this played out in their expectations of the other adults who have some responsibility for these children. Children, however, were quite clear in their views of the roles and responsibilities of carers, caseworkers and school and teachers. As Borland et al. (1998) argued, the structural separation of out-of-home care and education is at odds with children’s experiences: “Being taught and being cared for, whether at home or elsewhere, are closely interlinked aspects of children’s lives” (p. 31).

A key aspect to the lack of role clarity among adults was the abdication of responsibility by many individuals, agencies and departments, with ‘someone else’ or ‘another department’ reported as being responsible for the education of children in care. Ayasse (1995) described this as being based on false assumptions. It appeared that there were clearer roles and responsibilities with high-needs children with whom both departments were extensively involved. But this was only to the point of suspension or exclusion, after which out-of-home care agencies were expected to assume responsibility. A general opinion that the education of children in care was the exclusive responsibility of education professionals prevailed among child welfare professionals. On the other hand, there was a perception that the education sector viewed children in care, and particularly the funding some children required, as the responsibility of the care sector. The perception on the part of child welfare stakeholders that the education system was unwilling to take responsibility for educating children in care was informed by their experiences of policies and practices in relation to suspension, exclusion, partial attendance and risk assessment. These practices, in essence, diminished or stopped individual schools (both mainstream and special purposes) from taking responsibility for educating children. Education stakeholders reported that the needs of some children in care

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100 This may also have been an outcome of the Memorandum of Understanding between the education and community services which originally had a primary focus on high needs children.
could not be met within the school system and that the requirements of one child should not impinge upon the larger group of students. This meant that some schools were unwilling to provide an educational placement. These interpretations of responsibility meant that no one agency was taking responsibility for ensuring legally school aged children were obtaining an education at all times during school hours.

For the adults, the key elements to working collaboratively were a shared understanding of the needs and goals of individual children, as well as a shared understanding of each of the involved agencies’ roles, responsibilities and limitations. Information was critical to that common understanding. Caseworkers had strong perceptions regarding what information schools should be provided with and that this should remain confidential. The majority suggested schools did not require details of the abuse and neglect but that the schools needed know that the child was in care, the details of this arrangement and who to contact; this was similar to many children’s views. Caseworkers identified situations where schools had breached the trust they had assumed when they provided information about children. School staff likewise argued that schools required information to support the child in care in the school setting, and reported that this information was not always given to them. Many of the school staff sought an understanding of the abuse and neglect the child had experienced and the family background of child. They saw this information as critical in supporting the child but also in safeguarding the child, other students and staff. There is a further tension, beyond the unmatched expectations of information by schools staff and caseworkers. That the children do not want to feel different from other children not in care but they do want school staff to treat them more sensitively in terms of their care status and to have an understanding of their situation.

A further complicating factor, identified elsewhere in this thesis, was that some children were adamant that schools were not to know that they were in care, because they were concerned about confidentiality. This suggests there does need to be some mechanism where a decision can be taken, informed by the views of the child, their carers and caseworker, that an individual school should not be informed. Nevertheless, at a statewide level the Department of Education and Training needs to be informed that the child is in care so it can monitor the educational performance of all children in care.
The lack of mutual understanding of roles and responsibilities, perceptions of professional differences, and low levels of trust compromises the ability of adults to work together effectively (Stone, D'Andrade, & Austin, 2007). Developing stronger working relationships between stakeholders or, as Gilligan (1998) described, ‘effective coalitions’, is expected to be central in improving the educational support for children in care. Grace et al. (2009) argued that effective multi-agency and multi-disciplinary collaboration requires firstly, a shared knowledge base on pertinent issues; secondly, an appreciation of the different theoretical, practice and policy approaches across agencies; and thirdly, advanced skills in communication and information sharing. The ability of adults across these two sectors to work together effectively could be supported by training within stakeholder groups and cross-sectoral training. Effective working relationships also need to be supported through clear guidelines, procedures and principles concerning confidentiality (Bullock, Courtney, Parker, Sinclair, & Thoburn, 2006; Grace et al., 2009) and information exchange that is understood by all stakeholders including children. Effective partnerships are likely to be based on children and adults being able to trust the process.

In summary, children were clear about the relationships - personal and professional - that have supported them with their education and what adults should do to assist them and other children in care. Yet children also acknowledged that many of their significant relationships with other children and adult had not been consistent throughout their time in care. Adults from both sectors were especially concerned about the effect of this discontinuity of adult relationships and placed a stronger emphasis on the importance of a significant adult than on significant peer or sibling relationships. They did not all agree, however, on who should take on the role of educational champion in the lives of these children. The children identified their friendships as a critical component of their school engagement. Given the barriers that children in care faced with their friendships, the development of social competencies and the maintenance of their friendships should assume a more

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101 The rollout of individual education planning as part of the Keep Them Safe reforms in New South Wales will impose closer working relationships, and this will require strategies to develop common understandings and trust.
significant focus in planning and supporting children’s lives by adults (Gilligan, 1997). Children’s transitions and stability are explored further in the next section.

8.3.3 Stability and Change

Despite a large body of literature on the importance of stability and the detrimental effects of instability, transitions remain a common feature of being in care. Bronfenbrenner acknowledged the impact of transitions on children’s lives in his re-development of the Ecological Systems Model, arguing that stability and consistency in environmental contexts are required for effective functioning (Bronfenbrenner, 1999). The three central findings that emerged from this research regarding transitions for children in care were firstly, that children and adults placed different emphases on aspects of stability; secondly, that some changes were beneficial for children’s education; and thirdly that transitions represent periods when children need additional support and interventions.

Stability was associated, for adults, with stronger educational engagement and outcomes, and improved well-being for children in care, while instability was portrayed as harmful and cumulative across all areas of children’s development. Despite adults placing a high emphasis on the need for stability in children’s placements, schooling, and relationships, they acknowledged that change across these areas was common. Ongoing instability in children’s environments, home and school, was suggested as isolating and destabilising children. In other studies, ‘disruption’ and ‘dislocation’ are frequently used terms to describe placement change (Delfabbro, Barber, & Cooper, 2000) with the simultaneous change of school and placement described as ‘total dislocation’ (Downey, 2007). McIntosh (1999) proposed that transitions were the most vulnerable point of children’s care experience. In her study, she reports how children experienced placement changes:

Children lose a sense of themselves as being wanted, connected, lose all sense of familiarity, self-agency, capacity to be soothed, and any sense of being in control. Even moving into very supportive permanent placements, dominant feelings during transition are of feeling isolated, confused, frightened, disoriented and persecuted. (p. 30).
Among the caseworkers and education staff, there were strong perspectives that children’s educational transitions, particularly the transition to high school, can be more difficult for some children due to the cumulative effects of multiple changes in all aspects of their social, emotional and educational functioning. A number of adults in the care system argued that the more transitions children experienced, the more difficult they would find future transitions. In contrast, some children reported that the significant number of school changes they had experienced in care made change easier and prepared them for further changes. Daly (2005) also acknowledged that change was central to the experiences of children in care, and suggested this was something they were often more comfortable with than adults. It is also possible to interpret this as children making themselves immune to hurt and dislocation by not making friendships and relationships that might be broken.

Generally in this study, the children were more positive in their representations of the changes they had experienced than adults were. Children said that transitions brought positive benefits if they moved into better environments and did not lose connections with the significant people in their lives (birth family, peers and carers) even if they no longer saw them on a daily basis. Children also focused on different aspects of stability than adults did. Rather than emphasising the stability of home and school, children emphasised their need for continuity in their relationships, particularly with siblings and friends. The coping skills of the individual child and the capacity of the adults around them to support them through these transitions were critical aspects in how well children were able to adapt (Newman & Blackburn, 2002a). When children had to undergo a transition in the care and/or education setting, their anxiety and capacity to adjust were the key challenges they identified. Some children, and adults, acknowledged that transitions affected children’s coping, concentration and learning capacities. Children identified that it was important for them to understand the reasons for placement and school changes, and to participate in decisions about them. They said that if they were able to understand and be involved, this facilitated their successful adjustment to their new circumstances. Children also reported that their own acceptance of the decision and

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102 Children were not asked directly about their birth parents, so their lack of feedback on their relationships with them cannot be taken as evidence that those relationships were not important.
positive approach to it made it easier to adjust. As Newman and Blackburn (2002b) argued, approaching stressful change with optimism allows children to actively influence their environment and regulate their emotional responses.

Many children believed being in care had had a positive influence on their education, offering them a fresh start, and increased opportunities and assistance beyond what they believed would have been available to them if they were with their birth families. Each transitional period brought new challenges, as well as the chance for constructive change and a reversal of poor trajectories (Bronfenbrenner, 1995). The children’s stories also highlighted the turning points in their educational experiences: a new school, placement or teacher. There was also support from the children and carers in this study for the suggestion that a school change could offer them a fresh start away from unsatisfactory social environments, peer difficulties, and former labelling. Similarly Schiller (1999) found that children who were struggling academically appeared to benefit from being enrolled in a different high school from their peers, suggesting that children might then be freed from their peers’ low expectations and labels.

Changing schools may provide a valuable opportunity to provide children with additional academic support inside or outside the school setting if required. Harter, Whitesell and Kowalski (1992) argued that when children change schools they re-evaluate their academic competence and this process of re-evaluation creates anxiety as children are not sure how they will perform in the new school setting. They found this reassessment occurred in both normative and other school changes. The findings in this study also suggest that a focus on academic issues during school changes, combined with a focus on engaging the child in all aspects of the new school environment would support their transition to a new school. There was also an identified need to specifically focus on the year before the transition to high school (Year 6). This is because the qualitative and quantitative data suggest that children who are behind at the start of high school face poor prospects of being able to catch up with their peers.

103 For a comprehensive guide on how schools can support children who move see (Hotton, Karen Monk, & Susan Pitman, 2004).
Regardless of how positively children in this study felt about school changes, these transitions were likely to have an academic impact, at least in the short-term. It is also uncertain whether this group of children will hold the same perspective on school change when they become young adults. A recent Australian study found a number of young people aged over 15 felt the school changes they experienced in care were detrimental to their outcomes (Tilbury et al., 2009). Other studies with care-leavers have reported their regrets at the lost educational opportunities, the low motivation that resulted from school changes, and the lack of support from adults for their education while they were in care (Allen, 2003; Chapman et al., 2004; Jackson, 1987). Some of the care-leavers in Cashmore and Paxman’s study, for example, said that there had been carers and other adults in their lives who had urged them to continue with their schooling, but they had not heeded their advice.

Increasingly, the out-of-home care and educational sectors recognise that transitions between different placements and schools are significant periods of influence for children, and represent important potential intervention points (Department of Child Safety, 2006; NSW Department of Education and Training, 2006). Adults in this study particularly focused on the need to support children at three transitions: restoration, start of school and entry to high school. Restoration was viewed by adults in this study as being particularly problematic for children’s education, with an associated school change likely and a possible reduction in support for the child in both the home and school settings. Barnardos (2002) argued the withdrawal of educational support may adversely affect restoration. Adults also emphasised the need for actively monitoring children on entry to school and during the transition to high school, because they were concerned about the risk of children getting ‘lost in the system’. Likewise the out-of-home care research has identified the need for extra services and supports on entry into and on leaving care, during school transitions and during changes of placement (Department of Child Safety, 2006; Stone, 2007).

In summary, the findings from this study do not resolve the tension between children’s need for stability and the numerous changes in environments experienced by many children in care. The findings do, however, offer an appreciation of what children want and need – stability in their relationships with children and adults that are important to them. Children emphasised that their transitional experiences can
be supported by their participation in, and reflection on, the process. This finding is reinforced by Childhood Studies notions of children’s agency and participation.

8.3.4 Participation of Children in Care

The third theme that emerges clearly from the findings is the perceived value of participation of children in care. In chapter 2, the benefits of children's participation in decisions that are made about their lives were outlined. Chapters 5 and 6 offered evidence that children’s participation in such decisions can empower them and can improve children’s acceptance of the decisions and the outcomes, particularly in relation to significant decisions concerning placement and school change. Chapter 6 highlighted that children have much to say about being seen as having competence and agency and the impact on their educational engagement and achievement.

The children in this study highlighted the importance of their participation in supporting their general well-being and educational engagement and outcomes. The adults in this study, however, placed far less importance on participation. Only 1 in 10 adults discussed children’s participation in relation to any aspect of their lives. The small group of adults who suggested that participation was valuable also perceived that children were not engaged in decision-making to the extent that they could be.

Children’s Experiences of Participation

Despite the eagerness of the children in this study to be part of the planning and decision-making process about their present and future circumstances, there was limited evidence in case files that had happened. For some children, both the case files and interviews identified that participation was facilitated through conversations between the children and their carer or caseworkers, in line with children’s preference for participation to be with people who were familiar to them (Daly, 2005; Mason & Gibson, 2004). As Schofield and Thoburn (1996) argued:

Developing the capacity to communicate wishes and feeling and to participate fully is only likely to take place in the context of a dependable relationship between the child and a skilled and sensitive worker (p. 62).
Yet for only a third of the children was there any evidence of children’s participation in their case planning. Since all the children were aged between 12 and 14 at this point, higher participation levels could reasonably be expected, particularly since section 10 of the Children and Young Persons (Care and Protection) Act 1998 includes clear requirements in relation to the principle of children’s participation.

Children’s experiences before they enter care have generally already disempowered them, and so often does the administrative and court processes of entering care (Daly, 2005). Once in care, too, children are often not empowered in a way that resolves their feelings of lack of control or even helplessness (Leeson, 2007; McIntosh, 1999). Transition points, including school and placement changes, were identified by this research as critical junctures for children to participate in the decision-making process. Yet, possibly with the exception of self-restoration, all of children’s care transitions were subject to adult decision-making that children were not privy to. That is not meant to suggest that children’s own motivations and behaviour do not play a role in facilitating or forcing care transitions such as placement changes. Often they have few other ways of controlling their situation. The stark reality remains, however, that the lives of children in care were often unpredictable and that children had little control over them (Whiting, 2000).

The findings suggest that for certain decisions, particularly related to school and placement changes, children felt the decisions were made either without their input or without regard to their wishes. At times they did not understand the reasons for the decision. After reviewing children’s views, Fox and Berrick (2007) suggested that children were inadequately involved in case planning and did not understand, or felt confused about, the reasons for their entry to care and subsequent decisions, including placement changes. Failure to gain children’s views can contribute to their feelings of powerlessness and can undermine positive outcomes (Fox & Berrick, 2007). Thomas and O’Kane (1998b) argued that school and placement changes were key areas where children’s and adult’s views of their best interests differ. These differences in views related to school choice and the child’s desire to change schools (Thomas & O’ Kane, 1998b). Similarly, in another Australian study, young people in care reported being disempowered by decisions they disagreed with, including not
being able to attend their preferred school or having to move from one region to another (Tilbury et al., 2009).

Nevertheless, the children were also clear that the current processes were not effective in facilitating their participation. As discussed in chapter 6, case conferences and meetings were often the formal forum for children’s participation and children generally did not like these processes. This made it hard for them to contribute meaningfully (Mason & Gibson, 2004). As Cashmore (2002) argued, regardless of the study or jurisdiction, children’s views on case conferences were consistent; they found them to be intimidating, boring and disempowering. Furthermore, the ideal of having the child and all relevant stakeholders involved in the process was not always congruent with the wishes of the child. Many children could see the value in a school representative being present, for example, but they did not necessarily want them in attendance throughout the entire meeting. Many did not want them hearing about certain aspects of their lives and in some cases they did not have a positive relationship with the school representative.

Increasingly there has been an appreciation that individual children’s participation occurs within the context of relationships where there is the presence of strong and supportive relationships between children and adults (McLeod, 2007; Schofield & Thoburn, 1996). As Cashmore (2002) emphasised, children who have been abused and neglected require time to build trust in adults and to be open with them about their needs and wishes. For some children their trust in adults has been further harmed in care by a having a succession of adults, including carers and caseworkers, in their lives (Cashmore, 2002). Children’s participation requires a commitment to an ongoing process, rather than a one-off process, where children are given explanation and reassurances (Thomas & O’ Kane, 1998b) and opportunities to explore their feelings, concerns and possibilities.

Children suggested that caseworkers were the key facilitators of their involvement in planning and decision-making processes. Therein lies the difficulty. If caseworkers are the key facilitators of children’s participation, what happens when this relationship is disrupted through changes of caseworker or the child has no allocated caseworker? In this study, children either had an active caseworker in regular
contact, a caseworker but not a strong relationship with them or they had no caseworker at all. The children were frank in identifying the lack of connection and trust they had with many of their caseworkers – past and present – yet emphasised that having a caseworker (that is, being allocated one), knowing who they were, and having time to build a trusting relationship with them through continuity and regular contact, was important. This is supported by other studies (Winter, 2009). For most children, the presence of strong, trusted and ongoing relationships with their caseworkers was seen as vital for their meaningful and ongoing participation in decisions that affected them. The emphasis that children place on caseworkers may be based on their view that caseworkers represent a ‘higher authority’ than other adults in their lives. Children are aware that caseworkers are the adults making many of the decisions that determine where they live and where they go to school, among other things.

The Positioning of Children

The positioning of children within the macrosystem – reflected in societal norms and attitudes - is likely to be influential on the way that child welfare and educators position children in care. There were three key points that emerged from this study that also resonate with concerns emerging from Childhood Studies. Firstly, there was a lack of emphasis on children’s daily lived experiences; secondly, children were often positioned by the care system as ‘vulnerable’ and by the education system as ‘different’ from other children; and thirdly, neither sector meaningfully recognised children as bearers of rights.

This research suggests that the adults in the care and education sectors may give little attention to the quality and meaning in children’s daily lives (Hogan, 2005). As McIntosh (1999) argued, systemic factors ‘seduce’ child welfare stakeholders to focus more on carers’ and professionals’ needs rather than on children’s needs in the here and now. In contrast, several studies have suggested, in line with the findings from this study, that children in care tend to be more focused on the present, and view their needs as changing over time in response to their everyday interactions (Mason, 2008; Mason & Gibson, 2004). In their study, Mason and

104 These include time lines, polices, legislation, limits of adults training and unspoken psychological agendas (McIntosh, 1999).
Gibson (2004) found that education was one area in which children and young people gave some thought to their future with a focus on being able to meet their future employment and financial needs. Yet this focus also corresponded with their current need for school to be a meaningful experience (Mason, 2008). The children in this study likewise considered the value of education for their future in terms of being able to get the career and lifestyle they wanted and they emphasised the importance of adults supporting that; yet they also underscored the importance of their day-to-day experiences at school.

Childhood Studies suggests that adults may be more concerned with children’s futures, with a view to normalising or compensating them for past deficits and socialising them for participation in society as adults (Christensen & Prout, 2005; Mason, 2008). As Greene and Hill (2005) pointed out, children in most societies are valued for their potential and for what they will grow up to be but they are devalued in terms of their perspectives and experiences. This study, however, found little evidence from the adults and case file reviews, apart from a small number of cases, to support the notion that adults had a strong focus on children’s futures. Indeed the gap for many children was that there was no-one taking on the role of thoroughly considering and investing in children’s futures in the same way that many families do with their own children.

Across the education and community services sectors, there are inherent contrasts in the way children in care are positioned. For the community services sector, the focus on children’s vulnerability as a result of abuse, neglect and trauma, was prominent. For the education sector, however, there was more of an emphasis on children’s ‘fit’ with the school environment and on their behaviour. On their website, the Department of Education and Training placed services for children and young people in care within the Behaviour Programs area until July 2009. The representation of children in care in the interviews with education staff also acknowledged that behavioural issues and ‘fitting in’ were key concerns. An appreciation of what lies beneath children’s behaviour and their capacity to fit in the school setting was missing for some school staff.
A further aspect in the way all children are positioned within the education sector is characterised by the reluctance to accept children as bearers of rights. Beside the right to an education (New South Wales Government, 1990), and the right to feel safe at school as established in the National Safe Schools Framework (Student Learning and Support Services Taskforce of the Ministerial Council on Education, 2003), few other rights for students have been established. In the mainstream school system, the lack of student participation has been well documented (Armstrong, 2006). For the children in this study, this environment often did little to challenge their lack of agency. As Cairns and Brannen (2005) argued:

Little consideration is given to the possibility that the poor educational outcomes of children in care, along with poor educational outcomes for other groups, might be a manifestation of a wider problem – the general failure to acknowledge and respect the rights of all children. If, as has been argued already, the education system is broadly indifferent to the concept of children’s rights (Jeffs, 1995; Alderson, 2000; Prout, 2000), it is not surprising that those children who are most resilient and best resourced gain greatest benefit, and those who are most vulnerable struggle to survive (pp. 80-81).

In creating the shift to a situation in which schools acknowledge children’s rights, Armstrong (2006) argued, the education framework needs to be re-conceptualised as a “process of critical democratic participation” where an empowering pedagogy is offered to all students (p. 2). A fundamental aspect of this re-development is through recognising that students’ perspectives provide essential knowledge for adult educators and policy makers (Cook-Sather, 2002). Such a conceptual shift in the education system, which ensures learners’ perspectives are sought and heard, will greatly benefit the educational experience of children in care (Dent & Cameron, 2003), and children who are disengaged (Atweh et al., 2008).

The care and protection legislation in New South Wales (section 10, Principle of Participation) states that children in care should have the opportunity to be informed about decisions that affect their lives, that they should have the opportunity to participate in the decision-making process, that they should have their contribution taken seriously, and that they should receive some explanation of the decision and have the opportunity to complain if they are unsatisfied with the outcome. Despite this mandate, children’s experiences of participation remained minimal in most
cases, suggesting a disparity between participation rights and the policy and practice. Sultmann and Testro (2001) described this as the ‘paradox of participation’. Adults’ views on children’s participation were likely to contribute to this discrepancy. In addition to their views regarding competency and capacity, part of the issue may be that participation is positioned as something non-essential and difficult to implement. Graham and Fitzgerald (2010) offered a different perspective: that participation of children is fundamentally based on the recognition of children, and that participation takes place through dialogue that emphasises “mutual understanding, respect and change” (p. 10). The findings from this study suggest little evidence of recognition or dialogue for this group of children.

**Promoting Participation**

This research suggests that the combination of abuse and neglect, and placement in care, particular to children in care, deprives children of something fundamental – their sense of control. One way forward in advancing the well-being and outcomes of children in care is likely to be through positioning children as active agents who are empowered to have control over the direction of their lives. This would require a change in attitudes by adults, based on an awareness that children are often disempowered across various environments and transitions. This awareness is likely to assist adults to support children to obtain or regain some agency over their lives.

This research identified a number of areas where children’s agency can be supported. The first is a reconsideration of caseworkers’ roles, a shift from being the overseers of the journey of children in care, to also being the facilitators of children’s participation in decisions about their own lives. The second area is related to school change and decision-making. At times a preoccupation with stability by adults can obscure the benefits that can come from moving to a school with a positive environment and the fresh start that such a move can provide. To participate in decisions about changing schools appears to strengthen children’s agency and sense of control over their lives. Any school changes and choice of school for high school should be guided by children’s views. Thirdly, a focus on opportunities for children to exert agency, obtain new experiences, skills and friendships beyond the school and the care setting is vital (Newman & Blackburn, 2002b). The further benefits that extra-curricular activities or spare-time activities, part-time work or
voluntary work offer include a positive influence on children’s educational motivation and progress (Gilligan, 2007).

In summary, participation was valued by children as a way of supporting their situation and any changes they need to adjust to. A re-conceptualisation of children as citizens, who have the right to participate and a need for their agency to be supported, is likely to facilitate their sense of control, positive expectations and predictability of their future. All of which have the potential to improve not only their daily lived experiences but also to offer positive long-term outcomes for children in care.

8.3.5 The Role of the State

Ecological Systems Theory places an emphasis on the importance of the state taking responsibility to ensure that children in care have immediate environments that can meet their needs (Diamond & Ash, 2000). The findings from this research suggest that there are three primary areas where the state can improve the education of children in care: firstly, through the availability of resources and programs to address children’s educational needs; and secondly, timely intervention; and thirdly, the monitoring of the education of children in care by both sectors. Education and out-of-home care stakeholders both reported that inadequate staffing and funding had a significant effect on their ability to support the education of children in care. The gaps in children’s schooling and the difficulties in remediating these were issues have not been adequately addressed by the education or care systems.

Resource Provision
In terms of the first area of resource provision, several inquiries, as well as the research in this study, have demonstrated that Community Services has been unable to ensure that all children in care have an allocated caseworker or a caseworker who is able to coordinate and monitor their educational progress, develop a case plan or support their carers. Children in care without a case plan are
doubly disadvantaged – firstly, by the lack of planning and participation in their lives and, secondly, by the inability to access extra funds to support their education and well-being. Furthermore, both the budgetary constraints and philosophical arguments of Community Services prevent some children from attending the school best suited to their individual circumstances, or from being provided with the tangible resources required to meet their educational needs – including computers and tutoring.

Resource provision was also an issue for the Department of Education and Training. Education stakeholders reported being unable to implement the staffing and programs needed to support children in care at school and to assist them to catch up and progress with their peers. Education skill remediation programs can be an important aspect of responding to children’s educational needs (Pecora et al., 2006). Education staff argued that the existing programs within the school system did not always meet the needs of children in care. Many of the primary school based programs available for children who were behind with their schooling progression such as Count Me In Too, Reading Recovery, and MULTILIT were not always available to children in care, as they changed schools, because the programs were run only for certain year groups or in certain terms or in certain schools. This research highlighted the need to increase the access of children in care to these types of catch-up programs.

A significant focus on ‘academic high school readiness’ in the year prior to high school to ensure children are able to cope with the academic requirements of high school is important. Adults from both sectors indicated that in the high school setting, there were fewer programs available to support young people who were behind academically. Dinham (2008) reported that children who were mobile during their primary schooling could enter high school up to five years behind their peers, and for some children these gaps increased over the first few years of high school. Carers and caseworkers reported that many young people in care were placed in non-mainstream classes and in the Special Program of Study Life Skills for the School

Certificate. They suggested that placement in classes designed for students with a disability was the only option for students who were significantly behind academically. A quarter of the children in this study were not in a mainstream class. \footnote{Nine were in a Intellectual Moderate class, two were in a School for Specific Purposes, one was in a High Support Unit, one in Juvenile Justice and one was not at school.} Scherr’s meta-analysis (2007) concluded that the higher rate at which children in care qualified for special education services could be attributed either to more appropriate identification of need or to these services being used, possibly inappropriately, for remedial work.

A further aspect of resource provision in the school system is related to the availability of funding support in the school system. A number of children in this study with an identified disability received Integration Funding Support; however, adults from both systems suggested that many children who required additional assistance to catch up or to be supported in the mainstream school setting were excluded from accessing funding support, as trauma was not used as a criterion in school funding decisions. There was support for this inclusion by professionals from both sectors.

**Early and Timely Intervention**

The second theme was the timeliness of educational intervention by the two sectors. All groups of adults emphasised that identifying and responding early to educational issues was paramount, a finding confirmed by other research (Cicchetti et al., 1993; Community Services Commission, 2000; Wise et al., 2010). Snow (2009) argued that education should be a focus for the child protection system from the point of children’s first contact with the system. Adult participants from both sectors suggested that the longer educational needs were left unmet, the more difficult it becomes to respond effectively to them. The current practice of waiting until a crisis occurs before providing support was viewed as ineffective and counterproductive. Educational assessment as children enter care was widely supported by the adults in the study as the first step in addressing the poor academic outcomes of children in care. This was supported by the New South Wales Children’s Guardian (2002), who also argued for standardised assessment on entry and then annually. This is not, however, current policy in New South Wales. As part of the Keep Them Safe initiatives, it is now a requirement that all children entering care receive within 30
days a comprehensive multi-disciplinary health and developmental assessment.\textsuperscript{107} This initiative, while widely welcomed, does not include a comprehensive educational assessment, although the need has been identified in the literature (Evans et al., 2004).

**Monitoring**

The final theme at the macrosystem level concerns the monitoring of the educational results of children in care as a group and as individuals. In recent years, there has been a commitment from the state government to the educational monitoring of all children in care through the *Keep Them Safe* evaluation and nationally, through the *National Framework for Protecting Australia’s Children* (Council of Australian Governments, 2009; Social Policy Research Centre & Australian Institute of Family Studies, 2010). Both of these frameworks promote the aim of increasing the proportion of children meeting the minimum benchmarks in literacy and numeracy as a goal, but fall short of identifying targets. Jackson (2007) argued the importance of using educational performance data to set targets and drive strategies to improve outcomes. As a starting point for children in care, the *New South Wales State Plan* targets could be adopted. The use of targets aims to reduce the number of children whose results put them in the lowest band in literacy and numeracy tests by 30 per cent by 2016 (NSW Government, 2006). The *State Plan* also has a target to increase the numbers meeting the minimum standards for literacy and numeracy by 10 per cent in 2012 and a further five per cent by 2016 (NSW Government, 2006). *The National Framework for Protecting Australia’s Children* also indicated that school retention rates (at Years 10 and 12) of young people in care will be reported upon, although the format for doing this is yet to be determined (Council of Australian Governments, 2009). Targets should assist in ensuring that the relevant departments and agencies not only monitor children’s educational progress, but also actively seek to improve the outcomes of children in care. There is also a need to identify children in care as a special needs group (Coleman, 2004) by the Department of Education and Training to ensure that they receive adequate monitoring as an equity group within this sector.

\textsuperscript{107} For children under five this assessment is repeated six monthly and for older children annually (NSW Government, 2009).
The monitoring of the educational progress of individual children appears to be more problematic. Instability and poor record keeping have complicated the monitoring of the educational results of individual children in this study. For many children there were considerable gaps in the educational data held within their case files:

- For 27 per cent there was no educational information on their file;
- For 75 per cent there were no statewide literacy and numeracy test results on file; and
- For 55 per cent there was no school report from the last 12 months on file.

Caseworkers suggested that one reason for these gaps in information was that schools provided the school reports and statewide tests results to carers who did not always pass on that information. Yet this explanation does not wholly account for the children who had no educational information on their case files. This suggests that collecting educational information on entry into care, and for the duration of children’s time in care was not always given a high priority by caseworkers, a conclusion supported by other studies (Zetlin, Weinberg, & Luderer, 2004). It is important that caseworkers routinely collect and receive educational information but some specific strategies may be required to achieve this. In the United States, a number of initiatives have been implemented including educational passports (Coleman, 2004; Zetlin et al., 2004), as well as a shared education and community service database to monitor children’s educational progress (Zetlin et al., 2004).

In summary, to improve the educational outcomes of children in care, there is a need for an increase in resources by the state to ensure that the education and care sectors have the necessary staff and programs to respond to the educational needs of children in care. This research highlighted that for the community services sector, the key strategies were to ensure the availability of resources for all children to attend the right school, to have access to a computer at home and to tutoring if required, and a caseworker who could support, advocate and monitor children’s education. In the education sector, widening the funding support available for children in care, possibly through the inclusion of trauma as a criterion for receiving support, and enhancing the access of children in care to remedial programs, were critical. Timely educational intervention on entry to care, informed by an educational assessment were also key policy changes sought by research participants.
8.3.6 Research Process and Ethics

Children’s participation in research is valued by many researchers, but in child welfare departments and funded agencies, there continue to be significant “administrative, political, legal, and pragmatic barriers” to their participation (Berrick et al., 2000, p. 119). One of the most challenging aspects for researchers is the perception by adults that children in care are particularly vulnerable and in need of protection due to earlier adverse experiences (Heptinstall, 2000; Leeson, 2007). A number of researchers have identified that positioning children as needing adults to safeguard their best interests subsumes the rights of children to be involved in deciding whether or not they would like to participate in research (Heptinstall, 2000; Thomas & O’Kane, 1998a). In this study, a sizeable proportion (29%) of children were not offered the opportunity to decide. Nevertheless, the children who did participate, and the findings from other studies, suggested that when given the opportunity, children in care were often eager to participate in research and want to contribute to changing the system (CREATE Foundation, 2000, 2004b; Gilbertson & Barber, 2002; Martin & Jackson, 2002). This also highlights an ethical issue: that participation in research does not necessarily result in system change.

It is important for researchers to challenge the ethical constraints that are placed on research with children, otherwise children’s voices, especially those of children in care, will not be heard. There are anecdotal reports of researchers being unwilling to undertake research with this group of children due to the perceived ethical difficulties. Ethical committees are often the first hurdle and, as Danby and Farrell (2004) argued, the increasing focus on managing and minimising risk for research with children has corresponded with an increase in governance of research undertakings. At the next step, adults’ roles as gate-keepers can either facilitate or prevent children’s participation in research (Wise, 2009). In research with children in care, carers and caseworkers generally control access to children. These adults, in addition to their concerns about children’s vulnerability, are also likely to have practical concerns about making children available for interviews, as well as concerns about the scrutiny this involvement may bring. An Australian review of
research on out-of-home care found that the exclusion of many children from participating in research was due to adults not cooperating with the study or vetoing their participation (Bromfield & Osborn, 2007).

The tension between children’s participation in research and their protection and vulnerability is one that requires careful consideration. It is important, however, to avoid the situation where the presence of any risks precludes children’s participation (Bessell, 2006). This makes it essential that researchers and supervisors actively engage with ethics committees in a way that emphasises ongoing dialogue, learning and evaluation by all parties (Wise, 2009). Research with children can be undertaken in a way that supports their right to decide whether they want to participate. One solution could be for researchers to develop, in cooperation with workers and carers, more inclusive practices that work together with the child or young person in making these decisions. As Powell and Smith (2009) argue, professionals who act as gatekeepers: “should become more aware of children’s competencies and their rights to participate” (p. 139). As a first step there could be a presumption, based on legal rights, that all children should be offered the opportunity of participation in any research that accords with the National Health and Medical Research Council Principles and Values for Ethical Conduct of Research (National Health and Medical Research Council (NHMRC), Australian Research Council, & Australian Vice-Chancellors' Committee, 2007). A meeting could take place between the researcher and the primary gatekeepers; that is, the caseworkers, to discuss the circumstances of any children that may require additional consideration – for example those with a visual disability or who have suffered from bullying. The particular circumstances of these children could then be taken into account when sending them information about the research. In this scenario, very few children would be excluded from being offered the opportunity to participate. Following this process, the material provided to children to support their informed consent would be personalised to respect their particular circumstances. Carers would be informed about the research and the expectation that children would be able to make their own decisions about whether or not they participated in the research, although it would need to be acknowledged that children might wish to consult their carers or other significant adults in making this decision. After the children and carers had been sent the information regarding the research and the researcher would then make direct contact with the child to ask
if they would like to participate. These steps would support children in care to make their own informed choices about their participation in research.

A key step in improving the ability of the out-of-home care system to meet the immediate and long-term needs of all children in care is to ensure that the views of some children are not silenced and unacknowledged. To achieve this, researchers need to work collaboratively with ethics committees and adult gatekeepers to challenge the processes that prevent children in care from being given the opportunity to decide for themselves whether or not they would like to participate in research.

8.4 Chapter Summary

This chapter has reviewed the key themes emerging from this study from the standpoint of Childhood Studies and using an Ecological Systems Theory approach. The home and school environments of children in care need to be safe, quality environments where children feel that they belong. Much of what can be done to facilitate enriching environments for children in care is determined by the efforts of individual adults and the resources available in the education and out-of-home care system. Where deficiencies in these environments are identified, professionals are responsible for redressing these taking account of the needs and views of the individual child. The research offers the hope that holding a focus on individual children and meeting their short- and long-term needs and rights will enhance all of their outcomes including their educational outcomes. The findings also indicated that a parallel focus was required at a whole of government level to increase prioritisation and the resources available - professionals and programs across both sectors - to assist children in care with their education and well-being.

The research found considerable instability for this group of children; however, it was the stability of relationships that mattered to children. Significant relationships with peers and siblings were an important, but underemphasised source of support for children in care. The children were overall more accepting of the instability and the changes they experienced than adults were. School and placement changes were reported by children as offering a range of benefits if they meant they moved to a
more supportive and beneficial environment, although school change generally had some impact on their academic progress. In children’s accounts, their participation in these changes and being able to understand why changes were required can help them to adjust to their new circumstances. Children’s empowerment and participation in planning and decision-making about their own lives, was key to promoting positive outcomes and a focus on their present and future lives. Since this group of children experience more changes than most Australian children, and are expected to be independent at an earlier age than other young people, their participation in decisions about their lives is essential. Having examined the key themes from this research, the final chapter proposes the policy, practice and research implications that arise from these.
Chapter 9
Are We Making the Grade?

This research is concerned with identifying the factors that affect the educational engagement and outcomes of children and young people in care, together with children’s views on these issues. As an exploratory study, it provides important insights within an Australian (New South Wales) context, in an area that has been little researched previously. This closing chapter proffers a synopsis of the findings in relation to the research aim and questions. A conceptual model is offered to exemplify the key factors in children’s educational engagement and outcomes. A central question emerging from chapter 2 concerned what governments, organisations, practitioners, carers and children themselves can do to redress educational disadvantage and to ensure that all children in care are given every opportunity to be engaged and successful in their education; a significant section of this chapter is dedicated to the practice, policy and research implications that arise from these findings.

9.1 What are the Educational Outcomes for Children in Care?

This study found that the educational outcomes for New South Wales children and young people in care were significantly poorer than those of their peers. 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 were participating in non-matriculation courses and withdrawing in high numbers. A further key finding was that, when compared with all other student equity groups, students in care underachieved relative to all groups of children other than Indigenous children whose performance closely matched that of children in care. Indigenous students in care, however, had markedly poor outcomes; in most tests their results were significantly lower than their Indigenous peers who were not in care. They were also lower than those of all children in care. The findings highlighted that poor performance in numeracy was a serious issue for many students in care throughout their schooling. In line with a number of studies examined in chapter 2, there was no evidence to indicate that any one placement type 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 of these children were achieving strong academic success. From the early schooling data (Years 3 and 5), at least a third of students in care were identified as performing well in literacy and numeracy tests. The qualitative data revealed a similar size group progressing well with their education.

The findings from the quantitative data available from the later years of high school, and the qualitative data, do not offer support for this continued trajectory of positive achievement and completion of the highest level of schooling. In the first four years of high school, there appears 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 attempting the School Certificate and one in five students in care attempting the Higher School Certificate left school before completion. These figures indicate that at least a quarter of young people in care aged 15-17 were early school leavers. This is a conservative estimate; the figure is likely to be considerably higher, based on the feedback from adult research participants and the number of young people who could not be matched against school performance data.

9.1.1 What are the Environmental Factors that Affect the Educational Engagement of Children in Care?

The environmental issues identified by the adults (carers, caseworkers and school staff) that affected the education of children in care were multi-factorial and ecosystemic. A key factor for many adults was linked to children’s early years with their birth family. This included their experiences of abuse, neglect, trauma, problematic attachment and disadvantage which, along with their care experiences, were seen as having a continued effect on their ongoing social, cognitive and
emotional development. Gaps in children’s schooling and time spent away from school were also reported as factors that negatively affected children’s engagement and outcomes. At a school level, adults argued each school’s ability to understand the needs of children in care, and respond appropriately to these needs and behaviours, were the paramount factors. In the care placement, adults contended that a high quality placement, with carers committed to education and facilitating homework and reading, was key. Likewise, for the professionals in the care and education sectors, commitment to, and prioritisation of, education for children in care were identified as crucial. At a systemic level, stability in placement and schooling and funding to support children’s educational and other needs were the major factors proposed by adults as influential on the educational engagement and outcomes of children in care.

The environmental factors that children identified as prominent all related to their immediate relationships and environments, of school and home. For children to do well with their education, they 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. In the school environment, attending a safe, caring and inclusive school, potentially non-government, with engaging learning and supportive teachers was important in their eyes. They indicated having good friends and being safe in the school environment, not being bullied or yelled at by teachers, facilitated their educational engagement. Children who were behind academically reported that being supported within, and outside, of school contexts was important, although tutoring should be arranged subject to their consent. Children were clear that they wanted to be active agents in their own lives and to participate in all decisions related to any changes in their school or placement. Children identified caseworkers as the primary adult to facilitate this participation.
9.1.2 What are the Experiences of Children in Care in their Transition to High School and how can this Transition Best be Supported?

This study found that for most of the children 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. The significant challenge that children and adults identified was their capacity to adjust to the different environment of high school from the primary school setting. Demonstrably, leaving behind the security of primary school and significant relationships with principals, teachers and aides was difficult for some children.

The study found, however, that not all children successfully made this transition and adjusted to a more complex high school environment. A key finding from adults was that many children in care faced additional impediments in negotiating the transition due to the cumulative affects of instability and attachment difficulties, which may contribute to lowered school engagement. The case study findings also suggest that in addition to past instability, instability in placement and/or school during the high school transition period posed significant adjustment challenges for children. This suggests there may be some limits on children's capacity to successfully adjust when multiple transitions, normative and/or non-normative, are taking place, Certainly there is evidence from the literature that multiple school transitions are detrimental to school engagement (Malaspina & Rimm-Kaufman, 2008; Mehana & Reynolds, 2004). The context of the high school setting was also found by adults to be less well structured than the primary school in meeting children's social, emotional and academic needs. This was also reported by adults to have an effect on student engagement. For the third of the children in the interview group who reported low school engagement, peer and academic issues were problematic for them in the high school context. The findings from adults also supported that the academic difficulties many children in care experienced in primary school negatively impacted their transition to high school as children were unable to meet the
increased scholastic demands, and that academic support was more difficult to secure in the high school setting to address difficulties.

The strategies highlighted by this study to support children in their transition to high school included selecting the best school for the child and collaborative planning by care and education stakeholders for a comprehensive and supportive orientation program. Adults and children argued that the selection of the best high school for individual children must take into account the child’s preference, and a consideration of what the schools can offer to support the child as well as the social environment of the school. Children and adults also concurred that non-government schools should not be ruled out because of cost. Based on their own experience, 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 on the benefits that a comprehensive orientation program that immerses children in the high school environment offers, building student familiarity and confidence, and allaying concerns.

9.1.3 How do the Various Transitions Children may Experience in Care Affect their Education and how can these Transitions Best be Supported?

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. This was widely reported by adults and evident in the case studies. Adults argued that substantial adjustment was required on the part of children in this situation, as well as the challenge of coping with ongoing instability or uncertainty and the loss of important relationships.
The findings from this study suggest that multiple transitions over time or concurrently can be more difficult for children in care due to the cumulative effects of change across children’s functioning and coping mechanisms, increasing their vulnerability. The case studies with children found that that multiple school transitions (attending more than 4 schools) was significantly associated with negative effects on academic and behavioural functioning. There was, however, less evidence of placement changes negatively affecting children’s social, academic or behavioural functioning at school. Most placement changes, however, also required a school change, so the combination of these two factors, and the reasons behind the placement changes, potentially contribute to the decline in functioning at school. A further transition, going home to live with birth parent/s, was perceived by adults as having a negative effect on children’s education. Apprehension that birth parents struggled to prioritise and meet the educational needs of their children and the detrimental effects of failed restoration attempts were prominent themes.

Importantly, a key issue that children highlighted was that not all transitions they underwent were negative; many offered them safety and a fresh start, and represented a better environment for them to live in and learn. Likewise, adults indicated that for some children, entry to care provided a genuine turning point in their lives, where many of the issues they faced while they were living with their birth parents diminished as their well-being improved. Many adults viewed transitions as an opportunity to access educational and other required interventions to support children.

In supporting transitions, children identified 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. This is in line with other studies (Bessell, 2011). Another factor identified by children that supported them at this time was their own positive expectations of the new placement. The key person they identified to support them through these, and other care transitions, was their caseworker. More broadly, adults also recognised the need for all adults to pro-actively support children with the grief, loss and discontinuity they experienced as they undergo non-normative transitions.
9.1.4 How can the Immediate Environments of Children in Care Facilitate Positive Educational Engagement and Outcomes?

An important finding of this study is the level of consensus between children and adults about the salient factors within the school and home environments that support children’s educational engagement and outcomes. These are represented in Figure 9-1.

Figure 9-1. How the Immediate Environments can Support Children in Care with their Education

Note. Only adults made the point about minimising time away from school. Some adults also felt that some residential care and some home-based care placements were unable to provide these environments to support the education of children in care.

9.2 Where to From Here?

This study found that the educational outcomes for New South Wales children and young people in care are significantly poorer than those of their peers, in line with other Australian research (Australian Institute of Health and Welfare, 2007, 2011; Cavanagh, 1995; de Lemos, 1997) as well as international findings (Burley & Halpern, 2001; Coleman, 2004; Finkelstein, Wamsley, & Miranda, 2002; Harker,
Dobel-Ober, Lawrence, Berridge, & Sinclair, 2003; Wolanin, 2005). While the children in the interview group hold positive perceptions about their education, statewide tests confirm that most children in care are underperforming, particularly Indigenous children. There remains, however, a small group who demonstrate positive outcomes in these tests. Data for children in the case studies reinforced these findings, with equal numbers strongly, moderately or poorly engaged in their education and the majority of children having some problems in keeping up with their non-care peers. The findings also suggest that children who lag behind academically when they enter high school are unlikely to catch up. Consistent with international findings, this study established that the factors associated with children’s poor educational engagement and outcomes in the New South Wales 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.

Children reported overall that being in care has had a positive impact on their education, in contrast to caseworkers’ reports of a negative or, at best, negligible effect of being in care. The findings suggest that being in care is a differential factor in the education of children, with some aspects of being in care diminishing children’s engagement and performance and other aspects enhancing them. Children were clear that to be actively engaged and learning they need to be in a stable environment, living in a nice, safe home with people who care about them and who support their education. Children also indicated that they need to attend a good school with teachers that engage with them and treat them respectfully; and they need to have a supportive peer group. Because they experience many changes, children’s participation in decisions about change is very important to them. The children recognised that they need the assistance and advocacy of adults in their lives to support them to progress with their schooling and, for some, to catch up with their peers, and to help them understand the value of education for their future. They also need adults to understand them, listen to them, encourage them and treat them fairly.

Adults are in agreement with many of the factors that children identified. They place less priority, however, on the centrality of friendships in children’s lives and on the importance of children’s participation in planning and decision-making about their
lives. There are a number of further prominent factors which adults felt supported or detracted from children’s educational engagement and outcomes. Firstly, children’s early experiences: adults emphasised that addressing children’s trauma, attachment difficulties, and physical and emotional health needs is critically important in creating a base from which children can participate and learn. Adults also argued that the ongoing relational links between children and their birth families have important positive and negative impacts. Children focused particularly on their relationships with siblings as important contributors to their educational progress. The case studies suggest that being in the same placement or attending the same school as a sibling is an important factor in children’s well-being. Adults also stressed that clearly defined roles and responsibilities of professionals, the ability to work collaboratively and having the necessary resources available are important factors that influenced whether children’s educational needs are met.

Across all contexts of children’s lives, adults particularly emphasised the importance of stability in placements, schooling and relationships in supporting children’s education. Yet for many children, transitions are an inherent aspect of their care experience. The case studies show that 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, had 5.5 placements and 3.4 caseworkers. Thus, transition was a significant part of their lives and these frequent changes provided adjustment challenges for them. Children identified the negative effects of school change as the loss of friendships and significant relationships, but suggested that most of their school changes, once they adjusted to them and made friends, have been positive. Children also recognised that moving from some placements had been in their best interests. Adults said that transitions offered important periods of focus where interventions and support mechanisms could be implemented.

What this research has identified is that, despite some differences between what children and adults felt made a difference in children’s education, there are some key areas of agreement, particularly in what works within the school and home environments. 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, 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. 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.

9.3 Implications for Theory

The educational underachievement of children in care is a complex problem that many jurisdictions are attempting to address. This research has established that using the paradigm of Childhood Studies and Ecological Systems Theory offers a comprehensive approach to examine, understand and address the factors involved in the educational engagement and achievement of children in care. Childhood Studies places children at the centre of the research endeavor. Given that the child protection and out-of-home care systems exist exclusively for children, using a Childhood Studies standpoint in undertaking an examination of this field provides one approach to address the lack of voice historically given to children involved in these systems. Childhood Studies emphasises that the experiences of children in care should not be generalised or universalised, and that understanding children’s individual views and experiences is important (Aldgate, 2006). The application of an ecological perspective further facilitates a child-centred focus, which understands children as social actors developing across multiple environments. This encourages a focus on supporting the individual child, while increasing the responsiveness of their immediate environments (Barber, 2006), and being conscious of, and even challenging some of the wider social and cultural elements that shape children’s development.

This research identified many areas in the care and education environments where the positioning of children as vulnerable and dependent on adults to protect their interests can be challenged. The findings indicate that children want to be treated
with respect and appreciation of their individuality, competence and agency. A key theoretical implication supported by Childhood Studies and Ecological Systems Theory is that the positioning of children across the various systems determines the way that the holistic needs of children in care, including participation, are prioritised and supported. A continuing theoretical task is in transforming the way that children are positioned in society, to inform more effective research, policy and practice developments to enhance the positive development of children across all of their environments.

The third theoretical interest is the emerging mid-range theory of transitions (Meleis et al., 2000). As transitions are sensitive to a range of contextual factors, Ecological Systems Theory offers a useful framework in examining transitions (Dunlop & Fabian, 2007; Gil-Kashiwabara et al., 2007). Bronfenbrenner’s chronosystem, is concerned with how biological and social transitions influence a child’s development (Bronfenbrenner, 1995). Normative and non-normative transitions are particularly sensitive periods, characterised by disruption, dislocation, disorientation and uncertainty (Kralik et al., 2006; Selder, 1989). The findings from this study suggest that numerous transitions over time, or at the same time, challenge the adaptive skills of many children in care, increasing their vulnerability. Yet, children are not passive participants in this process. All of the theoretical approaches acknowledge the role of children’s agency on their transitional process (Bronfenbrenner, 1995, 1999; Dunlop & Fabian, 2007; Lam & Pollard, 2006) Children bring to the process their own strategic actions, adaptation skills (Lam & Pollard, 2006), coping skills and personal strengths (Unrau et al., 2008) that result in a reconstruction of their self-identity as they make the transition (Kralik et al., 2006).

The theoretical approaches highlight the importance of high quality, meaningful relationships within, and between, environments as important facilitators of children’s development and well-being. The relationships that emerged from this study as important for children included their child-to-child relationships with their siblings and peers and their personal and professional relationships with carers, teachers and caseworkers. Positive and consistent relationships are important for child development in stable contexts, and more so in transitions. This research similarly identified, in line with many other studies (Farruggia, Greenberger, Chen,
Heckhausen, 2006; Fernandez, 2008; Mason, 2008; Rimm-Kaufman & Pianta; Tilbury, Buys, & Creed, 2009; Winter, 2009), that relationships are key to children's positive experiences in their environments and offer important support as they experience transitions. This suggests that increasing the focus on supporting significant relationships for children in care within their family, peers, professionals and community is likely to bring short- and long-term benefits (National Scientific Council on the Developing Child, 2004b).

In applying the findings of the study in light of the theoretical approaches, the following conceptual model (Figure 9-3) identifies the most important elements that influence the educational engagement and outcomes of children and young people in care.
Figure 9-3 Key Influences on Educational Engagement and Outcomes of Children in Care
9.4 Implications for 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. These three points will not be discussed in this section, other than to identify their importance, as they are being dealt with as part of the reforms. A number of the recommendations that are made in this section support the current Keep Them Safe reforms in New South Wales regarding the quality of care and restoration. Some of the recommendations require a change in approach rather than an increase in resources. Other recommendations are more resource-intensive, but the long-term savings are likely to be substantial. In the United Kingdom, with four times the care population of New South Wales, it was estimated that improving the education, employment and training of care-leavers would save an estimated 300 million pounds (over A$515 million) over three years (Office of the Deputy Prime Minister & Social Exclusion Unit, 2003, p. 5). These policy and practice implications are set out as recommendations using an ecological framework, starting with the individual child’s context and expanding to broader contexts.

Individual children

Context of recommendations 1 to 2

Children in this study highlighted the importance of children’s views being sought and listened to in both the care and education environments. Opportunities for children’s agency have often been minimal, before and after entering care. Although there are many areas where children can make their own decisions, redressing their lack of agency does not mean giving children the decision-making responsibility; instead there needs to be an emphasis on children being informed, their views sought, heard and responded to in line with legislation and out-of-home care standards.
Friendships are very important to children in this study. As a result of their life experiences, many children require the support of adults in developing their social skills and self-esteem, and in making and maintaining friendships. Outside the school environment, extra-curricular activities offer the potential for this development to continue in different settings.

Recommendation 1
That a priority be placed on promoting children’s participation, as outlined in Section 10 of the *Children and Young Persons (Care and Protection) Act* 1998, within the out-of-home care and education sector; firstly in defining their own needs, and secondly, in decision-making about their lives.

Recommendation 2
That the critical importance of children’s self-esteem, social skills and friendships be understood and prioritised by adults in the school and care sectors. Children should be supported in understanding the reasons that they went into care and what to consider when sharing their stories with their peers if they choose to do so.

**Birth family**

*Context of recommendations 3 to 4*
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.

Recommendation 3
That restoration planning takes children’s educational needs into account and considers the need for school stability where possible and the timing of school change if it is required. Support by Community Services is required to ensure that children are successfully enrolled and settled into a new school after restoration.
Recommendation 4
That all school-aged children who are restored to their birth parent/s be linked into relevant support programs such as the Smith Family Learning for Life Program.

Care Placement

Context of recommendations 5 to 6
Building the understanding of carers’ roles and responsibilities in relation to education and children in care is important in ensuring that children receive assistance and positive encouragement in their home environment. Carers need to be aware of the importance of their roles in children’s education and the need to receive training and assistance to fulfill these roles; where this is not possible, alternative arrangements need to be made.

Recommendation 5
That the roles and responsibilities of carers in relation to the education of children in care be emphasised in prospective carer information packs and information sessions, in the initial carer training, and in ongoing professional development training sessions for foster and kinship carers.

Recommendation 6
Where it is recognised that the carer is not in a position to support the child’s education, that an alternative educational advocate be sought outside the school system and that the advocate be funded by Community Services or the designated agency.

School

Context of recommendations 7 to 13
These recommendations seek to support schools and teachers in building their awareness of, and capacity to meet 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.
Recommendation 7
That a training package be developed and implemented to support school staff in understanding
the experiences, needs and behaviours of children in care, particularly with regard to trauma
and attachment, and to acquaint school staff with the support available to them when they assist
children in care.

Recommendation 8
That all schools with one or more students in care designate a senior staff member who is the
key contact for all matters related to students in care.\textsuperscript{108}

Recommendation 9
That all family-related activities in the school curriculum or calendar be handled sensitively for
children in care and that meaningful alternative activities are offered to them.

Recommendation 10
That for each child in care, a meeting be held in Year 6 between all relevant care and education
stakeholders, including the child, to plan for the child’s successful transition to high school.

Recommendation 11
That young people in Year 10 who are interested in going on to university be provided with an
education mentor within the school who supports the young person in subject selection, choice
of university, university applications and ensuring the student is given the opportunity to attend
information evenings and open days. This education mentor could also advocate for and
facilitate the young person’s access to education support within the school system.

Recommendation 12
That the individual educational planning meetings held in Years 10 to 12 include the school
careers guidance counsellor to support the career aspirations of young people in care.

\textsuperscript{108} The enrolment forms now require that school be made aware than a child is in out-of-home care.
Recommendation 13
That schools routinely send copies of school reports and statewide test results to the child’s designated caseworker or to the out-of-home care manager if the child has no allocated caseworker.

Professionals

Context of recommendations 14 to 15
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.

Recommendation 14
That education and out-of-home care staff undergo cross-sectoral professional development to improve collaboration and understanding of services available to meet the educational needs of children in care.

Recommendation 15
That the experiences, needs and behaviours of children in care, particularly with regard to trauma and attachment, are included in undergraduate social work and teaching degrees in all New South Wales universities.

New South Wales Department of Education and Training

Context of recommendations 16 to 22
The recommendations for the Department of Education and Training focus on clarifying and increasing the support for children in care within the school setting, as well as monitoring the performances of children in care. New initiatives proposed in this research and in reports such as *Keep Them Safe* need to be evaluated to see if they produce improved educational outcomes for children and young people in care.

Recommendation 16
That ‘catch up’ or remedial education programs be made available to children once their need for them has been identified. These programs would be available within, and funded by, the
education system. A significant focus on ‘academic high school readiness’ in the year before children’s transition to high school, with extra programs and supports to achieve this readiness, is important.

Recommendation 17
That all funding of teacher’s aides and other support services within New South Wales government schools for children and young people in care be solely the responsibility of the Department of Education and Training.

Recommendation 18
That where appropriate, children in care be assessed to see if they are suffering from complex trauma, and that complex trauma becomes a criterion for the receipt of Integration Funding Support within New South Wales government schools.

Recommendation 19
That the individual education plans be reported on annually to monitor compliance and that the program is reviewed externally three years after implementation to determine the effectiveness of the plans, the timeliness of their implementation, the participation of the child or young person, their carer and the caseworker and stakeholder satisfaction.

Recommendation 20
That the Department of Education and Training provide to Community Services, on an annual basis, individual case data on the educational attainments of children and young people in care in the statewide tests. The data could also track and report on the progress of children who have remained in care over multiple test periods.

Recommendation 21
That children in care be included as a Department of Education and Training equity group that is tracked and that their results are included in the department’s annual reports.

Recommendation 22
That the state education system reviews their protocols for suspension and expulsion for children in care.
The recommendations for Community Services 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 interest and academic progress are 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.

Recommendation 23
That on entry to care, the caseworker and birth parents complete a form that records the child’s current educational details and school history, including any educational assessments. This information should be provided to the Children’s Court Magistrate as an appendix to the child’s care plan.

Recommendation 24
That the Community Services Information System (KiDS) be updated to require the following educational data to be recorded:
- Current year of school;
- Postcode and name of current school;
- Attendance levels;
- If the young person has left school, the year they left and the qualification gained;
- Number, date, reason and length of all suspensions;
- Number, date and reason for all exclusions;
- Number of schools attended and reasons for changes;
- Type of school attended – for example, non-government, school for specific purposes;
- Results from NAPLAN tests for Years 3, 5, 7 and 9 (provided by the Department of Education);
• Results from the School Certificate and Higher School Certificate; and
• Education support provided.

This data would be reported upon annually in the Community Services annual report, for children in care as a group and by gender and Indigenous status.

Recommendation 25
That a case review be carried out for each child in care in the 12 months prior to their transition to high school. To ensure that their education, identity and allied health needs are met and that necessary interventions are implemented. The NSW Children’s Guardian, as part of its monitoring program, could monitor this review.

Recommendation 26
That no young person be required to change school in the final years of schooling – Years 11 and 12 – due to placement change, unless at the young person’s request.

Recommendation 27
That any young person due to be discharged from care in their final two years of schooling be supported to remain in their placement, through continued carer allowance and case planning.

Recommendation 28
That all school-aged children be allocated an annual budget of $500 to be spent by caseworkers on the educational costs of children in care, without requiring a funding submission process.\(^\text{109}\)
The costs of tutoring would not come from this fund.

Recommendation 29
That tutoring be funded by Community Services for all children who: (a) are three months or more behind their peers in one or more subject areas, (b) fail to achieve the NAPLAN benchmarks or (c) are in need of assistance to strengthen their performance in Years 10 to 12. In each case, the child or young person, would, subject to their consent, be entitled to access tutoring in particular subject/s or skill areas for a minimum of one term.

\(^{109}\) This recommendation is loosely based on the United Kingdom Care Matters support (Department for Education and Skills, 2006). For example, a caseworker may spend $180 on a school camp, $120 on educational software, $50 on hire of guitar for school-based lessons, $20 on a gift for the child for improvements in mathematics, $100 to attend a course on study skills for high school and $30 on art supplies to nurture a budding talent.
Recommendation 30
That decisions about which school children in care attend are based exclusively on their individual needs and preferences, and that children in care are supported to attend high achieving and inclusive schools.

Recommendation 31
That once non-government school attendance and fees have been accepted by Community Services, unless the child leaves care or the school, this approval is automatically renewed annually. The non-government school would be required to provide Community Services with all school reports and NAPLAN, School Certificate and Higher School Certificate results.

Recommendation 32
That out-of-home care caseworkers be offered training on supporting and prioritising education for children in care, as part of their initial training and ongoing professional development.

Recommendation 33
That two-year demonstration projects be established in eight Community Services centres (one in each region) across New South Wales, with the aim of improving the educational engagement and outcomes of children and young people in care.\(^\text{110}\)

Collaboration Between Education and Community Services Departments

Context of recommendations 34 to 37
There is considerable opportunity for the two departments 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.

\(^{110}\) This recommendation is based on the Taking Care of Education project undertaken in the United Kingdom (Harker et al., 2005). The projects were developed in the local community, with the involvement of all relevant stakeholders, to respond to the educational needs of children and young people in care in that area. A position was developed in each of the regions to coordinate the project over the two years. The projects were thoroughly evaluated.
Recommendation 34
That protocols be developed that outline information exchange and confidentiality between the education and community services sectors. Children in care should input into the development of this. These protocols would be publicly available.

Recommendation 35
That children’s educational progress be assessed, in a standardised way, on entry to care, at school commencement and annually thereafter until Year 10. This educational assessment would then guide the development and review of individual education plans within schools and the provision of educational supports required in the school and care environments. In the short-term, children at key education transitions, particularly entry to school and transition to high school, would be targeted until all children in care are assessed annually.

Recommendation 36
That before a young person in care leaves school prior to the completion of the Higher School Certificate, a meeting be conducted between the child, their carer, the school and the caseworker. When a child or young person is excluded from school, the school must make contact with the caseworker to discuss further educational options for the child or young person.

Recommendation 37
That the two departments continue their work to identify all children in care in the education department’s statewide census system in order to improve data matching results.

Children’s Court

Context of recommendation 38
Addressing the educational underachievement of children in care will require all parties to view education as part of their responsibilities. Having the Children’s Court Magistrates prioritise education from the outset for children and young people could help to increase the focus on education in all aspects of care planning and restoration.
Recommendation 38
That the President of the New South Wales Children's Court give strong consideration to implementing a *Judicial Checklist on Education* for presiding Children's Court Magistrates to support the prioritising of education in all decision-making for children and young people in all care proceedings.  

9.5 Implications for Further Research

In this section, I argue there are four important implications arising from this study. Firstly, further research is required to expand the findings of the present study, particularly in relation to the engagement of children across high school and for children whose voices have often not been heard in research. Secondly, there is a need for rigorous evaluation of existing and new initiatives, which aim to improve the educational engagement and outcomes of children in care. Thirdly, consideration needs to be given to the use of common approaches to collecting educational data on children in care to expand the Australian knowledge base on this issue. The final area for future research is on facilitating children in care to determine what they consider are the key research areas related to their education.

To expand the present study’s findings, there is a need for participatory research on this topic with children who are excluded from research, yet appear more likely to be disengaged from their education. This study identified that it is important to challenge existing gate-keeping protocols and empower children to make their own decisions about their participation; this should help to ensure that adults’ assumptions about the capacity and competence of children do not limit children’s participation opportunities (see chapter 8). There is also a requirement for research with young people aged 12 to 18 about how education and care factors interact during adolescence, as it appears that in high school young people’s educational performance, motivation and intentions may decrease. Examining to what extent this is a result of factors occurring during

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111 This recommendation is based on the successful United States model (Weiss, Staub, Campbell, Gatowski, & Litchfield, 2006). The checklist can be downloaded from The National Council of Juvenile and Family Court Judges [http://www.ncjfcj.org/content/blogcategory/359/428/](http://www.ncjfcj.org/content/blogcategory/359/428/)
adolescence, and to what extent it is due to longer standing factors, particularly transitional aspects, related to their pre-care and in care experiences would provide valuable understanding in how to respond to this issue. A crucial aspect is hearing the perspectives of young people about the factors that contribute to early and late school leaving in order to understand why 1 in 5 young people withdraw from the School Certificate and a further 1 in 5 withdraw from the Higher School Certificate. Research with birth parents on this topic would also be beneficial. Since birth parents’ relationships with children in care appear to have some influence on children’s education, their perspectives on their children’s education before they enter care, during care, and after their child has left care would be helpful. Additionally, since many children return to live with their birth parents, an appreciation of how birth parents can support their children’s education after restoration is critical.

The second aspect for future research concerns activities that address the educational underachievement and disengagement of children in care. There have been no systematic reviews of the effectiveness of the various interventions in addressing this issue (Brodie et al., 2009) in the short, medium or long-term (Seyfried et al., 2000). There are valuable new initiatives in the Keep Them Safe reforms that focus on education, but these initiatives are unlikely to be sufficient to bring the educational outcomes of the majority of children in care in line with their peers who are not in care. A similar large-scale, systemic reform in the United Kingdom, Quality Protects, demonstrated that comparable initiatives were beneficial but further strategies were required to ensure education of children in care remained a high priority, not peripheral to a range of other issues (Harker et al., 2005). A recently released Victorian study on education and children in care came to similar conclusions that strategies beyond memorandums of understanding and individual education planning were required (Wise et al., 2010). Since the findings from this study were consistent with Australian and international studies which have reported poorer outcomes for children in care, there is an imperative to continue to develop initiatives and evaluate what makes a difference. Therefore it is important that evaluative studies of new projects (see Recommendation
and other existing services (see Appendix E) and approaches that seek to improve the educational engagement and outcomes of children in care are undertaken.

The third aspect for future research is ensuring that any Australian research that examines the educational outcomes of children in care collects data using common measures. A common set of variables will enable the comparison of findings between studies and may indicate markers that predict educational success or failure (Trout et al., 2008). Suggestions for this common data set include:

- Reporting on suspension and exclusion rates individually and itemising the reasons for these suspensions and exclusions;\(^{112}\)
- Reporting on school changes – number of primary schools attended by children while they are in care, the number of high schools attended while in care and the number of school changes in the last three years;\(^{113}\)
- Reporting on special education provision type and grade repetition - school year implemented
- That NAPLAN tests and other standardised tests are used to report academic performance; and
- School attendance – days absent over 12 months period due to a) illness, b) legitimate reasons other than illness, c) unauthorised absences (i.e. truancy) and d), absence due to suspension.

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\(^{112}\) This recommendation has previously been called for by Graeme Withers of the Australian Council for Research Education for all students in Australian schools (Withers, 2004).

\(^{113}\) The Commonwealth Government definition of a mobile student is a student who moves school more than twice in a three-year period (Hotton et al., 2004).
Finally, children and young people themselves can contribute to the research agenda by identifying research areas important to them in education and more broadly in their lives (Mason, 2009). Numerous studies, including this one, have demonstrated that when children are given the opportunity to voice their needs and wants, they are not only willing to do so but very capable. This study, alongside many others, confirms that children are also eager to help improve the circumstances of other children in care (Gilbertson & Barber, 2002; Martin & Jackson, 2002). This is evident in the work of consumer organisations, such as CREATE Foundation.

9.6 Final Remarks

This exploratory study makes three distinctive contributions by offering evidence from children, and the adults in their lives, about what can and must be done to facilitate children and young people’s participation in an engaging and successful education. Firstly, the conceptual framework (see Figure 9.2) highlights the factors that facilitate and impede educational engagement and achievement by children in care. In this conceptual framework, the research findings are presented in light of the theoretical approaches. Increasing knowledge on the impact of transitions on children’s educational progress is a further important outcome of this study. The second substantive contribution of this study is in expanding understandings of how the immediate environments of children, home, school, family and social, and the interactions between them, as well as the systems of care and education, can enhance children’s educational engagement and outcomes. A series of recommendations have been made to assist policy-makers, practitioners, and carers in improving policy and practice responses to advance and apply the key findings from this study. Thirdly, there has been limited research that included the perspectives of children currently in care on their experiences of education (Winter, 2006). The inclusion of children’s perspectives on their schooling, and their transition to high school and what they find most valuable in assisting them with their education is a further contribution to the literature.
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 out-of-home 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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APPENDIX A

Definition of Key Terms

**Aboriginal and Indigenous** – The Australian Bureau of Statistics uses the term ‘indigenous’ to refer to Australian Aboriginal and Torres Strait Islander people. An Aboriginal or Torres Strait Islander is:

- a person of Aboriginal or Torres Strait Islander descent,
- who identifies as being of Aboriginal or Torres Strait Islander origin and
- who is accepted as such by the community with which the person associates


This thesis uses the same definition.

**Children** – used throughout this thesis to indicate children and young people aged 0 to 17. Where the term young people is used, it is to indicate those 15 years and older or where other research has directly reported on young people.

**Care-leavers** – refers to young people who have left or aged out of out-of-home care.

**Care orders** – the Children’s Court can make care orders if it is satisfied that a child is in need of care and protection. These care orders can include orders allocating parental responsibility, orders for supervision, orders accepting undertakings, orders for the provision of support services or orders to attend a therapeutic or treatment program (New South Wales Government, 1998, pp. 43-50).

**Caseworker** – a New South Wales term for an out-of-home care case manager.
Central schools – offer education for children from Kindergarten to Year 12 in one location, in rural and isolated communities.

Child protection substantiations – when reports have been made to Community Services that result in an investigation, the outcome of this is classified as substantiated when there is “reasonable cause to believe that the child has been, is being or is likely to be abused or neglected or otherwise harmed” (Australian Institute of Health and Welfare, 2010, p. 107).

High needs children – the term used by Community Services to refer to children and young people in care who have challenging or risk taking behaviours that place themselves or others at serious risk of harm. They may have a mental health issue or a disability that impedes their normal life, that is life threatening or that requires constant monitoring or intervention (NSW Department of Community Services, 2008).

Middle school years – the New South Wales Department of Education and Training defines the middle year period as being Years 5 to 9, spanning primary and secondary schooling. Generally the children are aged between 9 and 14 years (NSW Department of Education and Training, 2006).

NAPLAN – the literacy and numeracy tests that have been expanded to become national tests that students in Years 3, 5, 7 and 9 sit for. NAPLAN is an acronym for National Assessment Program Literacy and Numeracy.

Non-government agencies – in New South Wales, case management responsibility can be shared between a government department (Community Services) and a non-government organisation, or this responsibility can be held exclusively by Community Services.

Out-of-Home Care Program teachers – the New South Wales Department of Education and Training employs teachers across the state to support compulsory school aged children and young people in care in government
primary and secondary schools. The out-of-home care teachers can access supplementary, short-term support for students in care.

**Risk assessments in the education context** – risk assessments are made at the time of children’s enrolment based on the information provided in the enrolment form (NSW Department of Education and Training, n.d.). Questions are asked in the enrolment form about children’s history and circumstances that might pose a risk to the student or other students or staff in the school setting.

**Resubmits** – when children and young people in care are not allocated a caseworker by Community Services and are overseen by the out-of-home care manager in a Community Service centre, they are referred to as resubmits.
APPENDIX B

Outcomes for Care Leavers in Australia

The Australian literature highlights that the poor outcomes for those in care continue when they leave care and are generally poorer than those of young people who have not been in care (Cashmore & Paxman, 1996, 2007; Owen et al., 2000). Care leavers could risk losing what support they receive from the system, being without the care of a family and having limited social support (Owen et al., 2000). Many have low self esteem (Owen et al., 2000), inadequate social skills and experience social isolation (Cashmore & Paxman, 2007; Mendes & Goddard, 2000). Some face mental health issues (Mendes & Goddard, 2000; Owen et al., 2000). Care leavers face the challenge of lower educational attainment and reduced chances of employment (Cashmore & Paxman, 1996, 2007; Maunders, Liddell, Liddell, & Green, 1999; Mendes & Goddard, 2000; Owen et al., 2000). After leaving care, young people are more likely to live in poverty (Mendes & Goddard, 2000; Owen et al., 2000), to struggle to manage financially (Cashmore & Paxman, 1996; Maunders et al., 1999) and to receive social security benefits (Cashmore & Paxman, 1996; Maunders et al., 1999). Their living situations may also be less secure, they may move home more frequently (Cashmore & Paxman, 1996; Maunders et al., 1999), and may experience homelessness (Maunders et al., 1999; Mendes & Goddard, 2000; Owen et al., 2000), often without a family base to return to. Some young people seek to create their own ‘happy family’, by having children at an earlier age than their peers (Cashmore & Paxman, 1996, 2007; Mendes & Goddard, 2000), while others form relationships that replicate earlier abusive environments. Encounters with the justice system have also been found to be more likely among care-leavers (Maunders et al., 1999; Mendes & Goddard, 2000).
APPENDIX C

**Australian Educational Agreements and Policies**

Agreements which outline the roles and responsibilities of education and child welfare departments in relation to the education of children in care have been developed in five jurisdictions:

- Victoria – *Partnering Agreement School Attendance and Engagement of Children and Young People in Care*
- Tasmania – *Protocol Working Together*
- Queensland – *Memorandum of Understanding Educating Children and Young People in Care of the State*
- Australian Capital Territory - *Memorandum of Understanding*

New South Wales policies, service models and guidelines for the education of children in care include:

- *New South Wales Standards for Statutory Out-of-Home Care*
- *New South Wales Interagency Guidelines*
- *Out-of-home care Service models – general foster care*
- *Out-of-home care service models – intensive care*
## APPENDIX D

### Literacy and Numeracy Results for Queensland Children in Care

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of students and data coverage</th>
<th>Key findings</th>
</tr>
</thead>
</table>
| 1999 | 155 students Data includes students in care for two years or more attending state schools. Data for Years 5 and 7 only. (CREATE Foundation, 2001) | • 52% of students in care were in lower quartile of the state  
• 3% of students in care were in the upper quartile of the state |
| 2001 | 281 students Data includes students in care for two years or more attending state schools. Data for Years 3, 5 and 7. (Kids in Care Education Committee Working Group, 2003) | • In all test areas and years, results for students in care was below their school and state average  
• The results for Indigenous children in care were below the non-Indigenous results across all areas and years  
• 26% of non-Indigenous students and 49% of Indigenous students required extra support with literacy  
• 30% of non-Indigenous students and 57% of Indigenous students required extra support with numeracy  
• A comparison was made between the 1999 Year 5 students in care results and their 2001 Year 7 results. Across all test areas their average test results were below the average for their school and the state and no significant difference in the performance of students in care between 1999 and 2001 was found. |
<table>
<thead>
<tr>
<th>Year</th>
<th>Students</th>
<th>Data Description</th>
</tr>
</thead>
</table>
| 2002 | 215      | - Data from the numeracy tests found, students in care performed below their non care peers, and that this gap increased with age  
|      |          | - Data from the literacy tests found, while students in care performed below their peers, this gap was fairly consistent across the three testing years.  
|      |          | - The difference in achievement between students in care and their general population peers was generally greater for non-Indigenous students  
|      |          | - In literacy the average result for females was significantly higher than males, while in numeracy the male result was often above females, but not across all year levels  |
| 2003 | 449      | - Students in care achieved below students across all literacy and numeracy tests  
|      |          | - Students in care were considerably behind their peers in numeracy and this gap grows dramatically between Year 3 and 7. At Year 3, 52% of students in care were achieving the benchmark, while by Year 7 only 21% were  
|      |          | - Reading results – in Year 3, 77% of students in care were achieving the benchmark, in Year 5, 51% were achieving the benchmark and in Year 7 56% were achieving the benchmark  
<p>|      |          | - Writing results – in Year 3, 56% of students in care were achieving the benchmark, which increased in Year 5 to 85% and slightly decreased in Year 7 to 72%  |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Students</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>379</td>
<td>Students in care achieved at a level below all students across all literacy and numeracy areas. Students in care achieved at a level below all students across all literacy and numeracy areas. Reading results – in Year 3, 83% per cent of students in care reached the benchmark, in Year 5 only half (50%), in Year 7 reading 73% reached the benchmark. Writing results - in Year 3, 68% of students in care reached the benchmark, in Year 5 72%, in Year 7 70%. Numeracy results - in Year 3, 56% of students in care reached the benchmark, while in Year 5 51%, in Year 7 46%. Significant improvements from 2003 results were noted in Year 7 reading and numeracy results and Year 5 numeracy results. 14 to 18% of students in care were exempted compared with 2% of the general student population. A slightly higher proportion of students in care were absent for the tests compared with all students.</td>
</tr>
</tbody>
</table>

Data includes students in government and non-government schools who had been in care for more than two years. (Department of Child Safety, 2005)
### Australian Initiatives to Support the Education of Children in Care

<table>
<thead>
<tr>
<th>Name of initiative</th>
<th>Details of the initiative</th>
<th>Geographical area</th>
<th>Target group</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy and Numeracy Training Program and Support Materials for Foster Carers (Beam)</td>
<td>The Beam pilot program aims to improve the literacy and numeracy skills of students in foster care. It provides workshops for foster carers (12 hours) that include learning materials and resources to assist carers in supporting the children they care for. It is expected the training will also assist carers to work with schools to support numeracy and literacy learning.</td>
<td>Ipswich, Logan, Brisbane West and Western Child Safety Zone QLD</td>
<td>Primary school students</td>
<td><a href="http://education.qld.gov.au/community/beam/index.html">http://education.qld.gov.au/community/beam/index.html</a></td>
</tr>
<tr>
<td>Building Futures</td>
<td>The program aims to support children in foster care and intensive family services with their homework and educational goals. Volunteers are recruited, trained (30 hours), matched with children and supervised. A coordinator oversees the project. Children are visited weekly by the Building Future Volunteer.</td>
<td>Caboolture, Queensland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisation</td>
<td>Description</td>
<td>Location</td>
<td>Age Range</td>
<td>Website</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>----------</td>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>Evolution Anglicare South Australia</td>
<td>Evolution is a program for young people in care who have been suspended, excluded or refuse to attend school. The program aims to support young people to re-enter school, or other educational pathways. The program offers individual education plans, accredited learning, responds to the needs of the individual learner through a participation and acceptance.</td>
<td>Kilkenny and Morphet Vale, South Australia</td>
<td>12-17</td>
<td><a href="http://www.anglicare-sa.org.au/evolution/">http://www.anglicare-sa.org.au/evolution/</a></td>
</tr>
<tr>
<td>Evolve</td>
<td>Evolve is an interagency approach of therapeutic and/or behavioural support for children and young people in care with challenging behaviours or significant emotional needs. Partners include the child welfare, heath and education departments. The program has a focus on increasing</td>
<td>Statewide QLD</td>
<td>0-18</td>
<td><a href="http://www.childsafety.qld.gov.au/partners/government/evolve.html">http://www.childsafety.qld.gov.au/partners/government/evolve.html</a></td>
</tr>
</tbody>
</table>

| children's participation in education. | A toolkit was developed by Centacare Broken Bay for out-of-home care service providers across Australia to support a focus being placed on education and learning opportunities for young people in care. The toolkit offers a range of organisational, record and data collection tools and practice tools that can be used by caseworkers, youth workers, carers and mentors to discuss and document with young people their strengths, learning and goals. | Available nationally | High school aged | http://www.centacarebrokenbay.org.au/index.php?option=com_content&view=article&id=120:life-learning-and-achievement-resource-toolkit&catid=8:centacare-news&Itemid=101 |

Additionally, a range of out-of-home care providers (non-government agencies) offer education support services through homework programs, tutoring, suspension programs and educational advice and support for carers and caseworkers. In New South Wales these include Wesley Mission, Barnardos, Centacare and Uniting Care Burnside.
APPENDIX F

Type of Maltreatment and Academic Functioning

Earlier studies examine the relationships between different types of maltreatment and academic functioning, and suggest that children who have been neglected may be at highest risk of poor educational outcomes (Eckenrode, Laird, & Doris, 1993; Stone, 2007; Trocme & Caunce, 1995; Veltman & Browne, 2001). For children who are physically abused, the research identifies poor performance in language and intelligence assessments (Veltman & Browne, 2001), and finds that they face pervasive academic and social problems (Kurtz, Gaudin, Howing, & Wodarski, 1993), impairing their friendships (Bolger, Patterson, & Kupersmidt, 1998) often through aggression (Eckenrode, Izzo, & Smith, 2007; Veltman & Browne, 2001). Emotional abuse and psychological neglect also have a detrimental effect, with children having difficulties in acquiring language, literacy and numeracy skills (Iwaniec, Larkin, & Higgins, 2006), lower school readiness and less ability meet the demands of schooling (Veltman & Browne, 2001), as well as difficulties in peer relationships (Bolger et al., 1998). The studies that have examined child sexual abuse offer mixed findings about intellectual ability and school achievement of this group. Some studies identify low self esteem (Bolger et al., 1998), learning difficulties, lower social competencies (Veltman & Browne, 2001) and social difficulties (Tyler, Johnson, & Brownridge, 2008), as well as behaviour issues (Mullern & Fleming, 1998). Eckenrode et al. (1993) however, finds no evidence of difference in outcomes between sexually abused children and non-maltreated children.
APPENDIX G

Child Interview Protocols Year 6 interview

Part 1 - Current experiences

1. How do you think you are going at school?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Very badly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

2. What makes you think you are doing ____insert response ________?

School subjects

3. Overall what subject do you think you are best at?

_____________________________________________________

4. What is your favourite subject at school?

_____________________________________________________

5. What subject do you like least?

_____________________________________________________

6. What subject do you find the most difficult?

_____________________________________________________
Attending school

7. What makes you get up in the morning and want to go to school?
______________________________________________________________

Are there some days that you really don't want to go to school?
Yes          No          Don't know

How often is it that you feel that way?

<table>
<thead>
<tr>
<th>More than once a week</th>
<th>Once a week</th>
<th>At least once a month</th>
<th>Once a term</th>
<th>Once a year</th>
<th>Never</th>
</tr>
</thead>
</table>

When you feel that way, why don’t you want to go to school?
______________________________________________________________
______________________________________________________________

8. Do you sometimes have days off school when you are not sick?
Yes          No          Don’t know

Comments____________________________________________________
______________________________________________________________
9. Do you sometimes have time off school because of being in care?
   Yes  No  Don’t know

Comments______________________________________________________________

10. Do you have a group of friends that you hang out with at school?
    Yes  No  Don’t know

   What sort of activities do you do together? _____________________________
   ___________________________________________________________________

   Do you expect to remain friends with them into the future? ______________

   If no - What do you do at recess and lunchtime?_______________________
   ___________________________________________________________________

11. Thinking about your teacher/s how do you get on with them? What do you
    like about your teachers? What don’t you like?
    ___________________________________________________________________
    ___________________________________________________________________

12. What do you think about homework? _________________________________
    ___________________________________________________________________
    How many hours homework would you do on average a week?__________

13. From working with children and young people, I know they may be
    suspended and expelled from school. Have you ever been suspended or
    expelled?
If yes - How many times suspended?

_____________ Expelled? __________

If yes - Have you been suspended or expelled since starting year 6?

________

Can you tell me what happened? ______________________________

___________________________________________________________

14. Also in my time working with children and young people I know some have been bullied at school? Have you ever been bullied at school?

Yes  No  Don’t know

If yes, how long ago was this? Can you tell me a little more about what happened? ______________________________

___________________________________________________________

15. We know some young people are bullied at school, which means that there are other young people who do the bullying. Young people bully others for many different reasons and usually when there are things that are not working well in their own life. Have you ever been tempted to bully someone at school?

Yes  No  Don’t know

Can you tell me a little more about that? ______________________________

___________________________________________________________
Adults in your life

16. Thinking about your time at school, have there been any people that have helped you with your education? If so, who was that? What did they do that helped? ____________________________________________________
_________________________________________________________________

17. Also have there been any people that made things more difficult for you at school? If so, who and what did they do? ______________________________
_________________________________________________________________

18. Out of everything what is the best thing about school?
_________________________________________________________________

19. What would you most like to change about school? _________________
_________________________________________________________________

20. Do you have a caseworker? Could you tell me their name? How long have you known him/her? ________________________________
_________________________________________________________________

21. How often do you get to see your caseworker? What sorts of things do you talk about when you see him/her? Do you talk about school?
_________________________________________________________________

22. Do you get to have a say in decisions about your education?
    Yes  No  Don’t know

Comments _________________________________________________________
23. This page lists a number of things that may be helpful for children and young people and their education. I am going to ask whether or not you have each of them and your comments about them if you like.

<table>
<thead>
<tr>
<th>Supportive Factor</th>
<th>Tick if yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a quiet room or space to do your homework at home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have someone who is interested in how you are going at school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to newspapers, books and magazines to read?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have the books you need to help with your schoolwork?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you involved in after school activities like sport or dancing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What activities are you involved in? or Would you like to be?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What stops you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you involved in school teams or school groups like sport or drama?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What activities are you involved in? or Would you like to be?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What stops you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you sometimes get to buy books that you like?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you a member of your local community library?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have access to a computer for your homework?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have Internet access at home? Are you able to use it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there is a school excursion, do you get to go?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part 2 - Reflections and advice

24. How do you think your education (academically) has progressed since you have been in care?
   Improved  Worse  No impact

What sort of things have made it _____ (insert response)?

25. Have you ever changed schools while you have been in care?
   Yes/No/Don't know (circle) How many times have you changed schools?
   __________ Why did you have to change schools? What was changing schools like?
   ______________________________________________________________
   ______________________________________________________________

26. Have you had to change placements while in care? How did that impact on school?
   ______________________________________________________________
   ______________________________________________________________

27. When you think about all the different adults in your life, (refer to map) which ones have helped you with your education? How have they done that?
   ______________________________________________________________
   ______________________________________________________________
28. What should schools and teachers do to help kids in care get a good education?

____________________________________________________________

____________________________________________________________

29. What should carers and caseworkers do to help kids in care get a good education?

____________________________________________________________

____________________________________________________________

30. If there was just one thing that we could do to help all kids in care to do well with their education what would it be?

____________________________________________________________

____________________________________________________________

31. What do you remember about starting school? What was it like for you?

____________________________________________________________

____________________________________________________________
Part 3 - Future plans

32. When you think about your future, in particular going to high school, what do you think the next year will be like for you?
____________________________________________________________________________________
____________________________________________________________________________________

33. How do you feel about the changes that will happen?
____________________________________________________________________________________
____________________________________________________________________________________

34. Have you thought about what career or job you hope to do as an adult? If so can you tell me what it is?
____________________________________________________________________________________

35. What sort of things will you need to do to work as a _______?
____________________________________________________________________________________
____________________________________________________________________________________

36. Are you expecting to complete your HSC/Year 12?
   Yes   No   Don’t know

Comments? ____________________________________________________________________________

37. Have you thought about going to University?
   Yes   No   Don’t know

38. Any final comments you would like to make?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
39. Can I ask you about this interview process to help me improve it for when I go out and talk to other kids? Was there anything that you thought was particularly good about the interview? Is there anything you think I should change?

THANK YOU
Child Interview Protocols Year 7 interview

• Your age ____________________
• Current school year _______________
• Your cultural background __________________________________________

Current experiences

1. It’s been X months since we last spoke - how do you think you are going at school now?

Very well 1  Well 2  Average 3  Badly 4  Very Badly 5

What makes you think you are doing ____[insert response]_______?

2. What motivates you each morning to want to go to school – what do you most look forward to

3. Are there some days that you really don’t want to go to school? How often do you feel that way?

More than once a week 1  Once a week 2  At least once a month 3  Once a term 4  Once a year 5  Never 6

Are there some that you really want to go to school?

When you feel that way, why don’t you want to go to school?

4. Do you have a group of friends that you hang out with at school? What kind of activities do you do together? Do you think you might stay friends with them into the future?
If no - What kind of activities do you do at recess and lunchtime?
5. Thinking about your teacher/s - how do you get along with them? What do you like about your teachers? What don’t you like?

6. What do you think about homework? How many hours homework would you do on average a week?

7. From working with children and young people, I know they may be suspended and expelled from school. Have you ever been suspended or expelled?
   Yes  No  Don’t know

   If yes - How many times suspended?
   _______________ Expelled? ____________

   If yes - Have you been suspended or expelled in year 7? ________
   Can you tell me what happened? ______________________________

8. Also in my time working with children and young people I know some have been bullied at school? Have you ever been bullied at high school?
   Yes  No  Don’t know

   If yes, how long ago was this? Can you tell me a little more about what happened?

9. If children and young people in care are being bullied, who do you think they should tell?
10. We know some young people are bullied at school, which means that there are other young people who do the bullying. Young people bully others for many different reasons and usually when there are things that are not working well in their own life. Have you ever been tempted to bully someone at school?

Yes  No  Don’t know

Can you tell me a little more about that?

11. Did you have a say in what high school you went to?

Reflections and advice

12. Overall, how do you think your progress at school has been since you have been in care?

Improved  Worse  No impact

1  2  3

What types of things contribute to you progressing ______?

13. Thinking back over your time in care, have any of your placements been particularly helpful to your education? Why was that?

14. Do you have any ideas about what would help children and young people in care when they are changing placements?

15. Do you have any ideas about what should happen to help children and young people in care move between primary and high school?

17. How do you feel about telling your teachers and friends that you are in care?

18. What sorts of information do you think your school needs to know about you being in care?

19. Have you ever been to meetings held about you, case conferences or review meetings? Have you been to one in the last year? How are these meetings for you?

20. How would you feel about a teacher or the principal from your school attending these planning meetings for you? What might be the good and bad things about of this?

21. What do you think the following adults should do to help the education of children and young people in care?
   a. Caseworkers
   b. Carers
   c. School principals
   d. Teachers
22. This page lists a number of things that were suggested by kids in the first interviews as what schools and teachers should do to help children and young people in care with their education. Which ones do you think are important and which ones are less important?

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Very important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide tutors at school during recess and lunch</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Provide a teachers aide</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Listen to kids in care</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Understand what it is like for kids in care</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Give kids in care a good teacher</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Provide positive encouragement</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Help kids in care understand the value of education for their future</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Take kids in care aside to talk to them when they have done something wrong or need help</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Don’t do activities like family trees and talking about your past</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Don’t tell the school you are in care</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
</tbody>
</table>

Which of these things are the three most important things schools and teachers can do to support children and young people in care with their education?

* *
* *
*
This page lists a number of things that were suggested by kids in the first interviews as what **carers** should do to help children and young people in care with their education. Which ones do you think are important and which ones are less important?

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help kids in care to learn how to read</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Help kids in care understand the value of education for their future</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Provide a place to study with a desk, chair, computer and the internet and buy all the stuff kids in care need for school</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Get involved in what is happening at school</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Send kids in care to a good school</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Treat kids in care like their own children</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Help kids in care with their homework and when they don’t understand something</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Get kids in care a tutor</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Call carers Mum and Dad so other kids don’t know you are in care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Arrange for sport and other after school activities</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Which of these things are the three most important things carers can do to support children and young people in care with their education?

* 
* 
* 

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24. This page lists a number of things that were suggested by kids in the first interviews as what **caseworkers** should do to help children and young people in care with their education. Which ones do you think are important and which ones are less important?

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help buy text books, school books and uniforms</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Try to find kids in care a nice family and keep them safe</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Help kids in care understand the value of education for their future</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Check in with kids and visit more often to see if we need anything</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Enrol kids in care in good schools</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Listen to kids’ views about what they want to do in their life and where they live</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Get kids in care into tutoring</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Be involved in kids’ education and provide encouragement</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Look at their school reports and if they are struggling go to school and arrange some help</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
<tr>
<td>Get them a laptop</td>
<td>1</td>
<td>2 3 4 5</td>
</tr>
</tbody>
</table>

Which of these things are the three most important things caseworkers can do to support children and young people in care with their education?

*  
*  
*  

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Future plans

25. Last time when we talked you told me about your plans for the future and becoming a _____________. Are your plans still the same or have they changed?

26. Do you think you will complete your HSC/Year 12?
   Yes  No  Don’t know

Comments?

27. If you are planning on leaving school before the HSC, will you be undertaking any further education or training?
   Yes  No  Don’t know

Comments?

28. Are you thinking about going to University?
   Yes  No  Don’t know

Comments?

29. Any final comments you would like to make?

30. Can I ask you about this interview process to help me improve it for when I go out and talk to other kids? Was there anything that you thought was particularly good about the interview? Is there anything you think I should change?

31. Would you like me to post you a copy of this interview when I have written it up?
   Yes  No
APPENDIX H

Caseworker Interview Protocols

Interview 1

The following are key areas to be covered in the interview for this research and will be used as a guide for participants and the researcher. The researcher will decide the wording of the questions and sequence during the course of the interview.

1. Could you tell me how long you have been a caseworker for DOCS looking after the interests of children such as _____ child’s name ____?

2. What things happen in the lives of children and young people in out-of-home care (care) because they are in out-of-home care that impact on their education?

3. What do you see as the effects of changing placement or returning home on the education of children and young people in care?

4. What factors affect children and young people in care’s relationship with their peers and participation in their local community/neighbourhood?

5. What types of support do you think children and young people in out-of-home care need with their education while they are in care?

6. Many children and young people face a range of disadvantages before they enter the out-of-home care system, to what extent do you think these disadvantaged are addressed by the care and education system?
7. Overall for all the children and young people you case manage – how much attention are you are able to place on their educational progression?

8. How long have you been a caseworker for ____ child’s name ____?

9. Overall how do you feel ____ child’s name ____ is progressing with her/his education?

10. How prepared do you feel ____ child’s name ____ was for his/her transition to high school?

11. How do you think ____ child’s name ____ will progress educationally over the next 12 months? Are there any particular issues you will need to keep an eye on?

12. In thinking about your experience with ____ child’s name ____ and that of the other children you have case managed, what are the factors that facilitate caseworkers supporting children and young people in care’s education?

13. What are the barriers or challenges for caseworkers in supporting the education of children and young people in out-of-home care?

14. What do you see as good practice in progressing the education of children and young people in out-of-home care?

15. What would make the home environment more conducive to facilitating positive engagement and outcomes for children and young people in out-of-home care?

16. What would make the school environment more conducive to facilitating positive engagement and outcomes for children and young people in out-of-home care?
17. If you could change the system for children and young people in out-of-home care, what would you do differently to produce different educational outcomes?

18. Are there any other comments in regard to _____ child’s name ____ you would like to make?
Interview 2

The following are key issues to be covered in the interview for this research and will be used as a guide for participants and the researcher. Consistent with a semi-structured interview approach, the researcher may need to adapt the wording of the questions and sequence during the course of the interview.

1. Overall how do you feel ____ young person’s name____ is progressing with his/her education? What do you expect for their future educational and career progression?

2. Have there been any changes in the high school the____ young person’s name____ has experienced? (If relevant) Have their been any changes in their placement? If so why did these changes occur? Are there any expected placement or school changes in the future?

3. What aspects at home support ____ young person’s name____ education? What aspects at school support his/her education?

4. Are there any barriers at home and school that are negatively impacting on his/her educational progress?

5. What sort of educational expectations and prioritisation does____ young person’s name____ receive from their carers? What sort of educational expectations and prioritisation does____ young person’s name____ receive from their birth families? Has that changed over the last 12 months?
6. What do you think are the key responsibilities the following stakeholders have in relation to the education of children and young people in out of home care?
   • Carers
   • Case workers
   • School principals
   • Teachers
   • Birth parents

7. If DoCS were to supply an open cheque at the time of entry to out-of-home care, what services and supports would you put in place to ensure children and young people in care educational opportunities are promoted? If you had to prioritise, what would your top priority be?

8. Looking at the following education and care transition points, what do you see as some of the strategies that can be put in place to support children and young people at these periods of change? (see attached page)

9. Are there any other comments in regard to ____ young person’s name education you would like to make?
APPENDIX I

Carer Interview Protocols

The following are key issues to be covered in the interview for this research and will be used as a guide for participants and the researcher. Consistent with a semi-structured interview approach the researcher may need to adapt the wording of the questions and sequence during the course of the interview.

1. Could you tell me how long you have been a foster/residential/kinship carer looking after children such as ____ child’s name ____? How long has ____ child’s name ____ been living with you?

2. Overall how do you feel ____ child’s name ____ is progressing with her/his education? How do you feel they are progressing academically, socially and how keen they are to attend and participate in activities at school?

3. How prepared do you feel ____ child’s name ____ was for his/her transition to high school? Where there any particular strategies put in place for this transition?

4. How do you think ____ child’s name ____ will progress educationally over the next 12 months? Are there any particular issues you will need to keep an eye on? What do you see for their future educational and career progression?

5. What support and assistance do you need to help the educational progression of ____ child’s name ____? What support and assistance do you think carers need to help with the educational progression of the children and young people in care?
6. What do you think the barriers or challenges are for carers in supporting the education of children and young people in out-of-home care?

7. What types of support, firstly at home and secondly at school, do you think children and young people in out-of-home care need to improve their educational outcomes?

8. What do you think helps children and young people in care build good relationships with their peers?

9. What do you think are the key responsibilities of the following stakeholders in relation to the education of children and young people in out-of-home care?
   • Carers
   • Case workers
   • School principals
   • Teachers
   • Birth parents

10. Are there any other comments in regard to ____ child’s name ____ educational progress or opportunities you would like to make?
## APPENDIX J

### Case File Template

<table>
<thead>
<tr>
<th>Section 1. The child</th>
<th>No. Volumes</th>
</tr>
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<tbody>
<tr>
<td>Research Code</td>
<td></td>
</tr>
<tr>
<td>KIDS #</td>
<td></td>
</tr>
<tr>
<td>Interviewed or excluded from study</td>
<td>Interviewed 1</td>
</tr>
<tr>
<td>First name</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
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</tr>
<tr>
<td>Gender</td>
<td>KIDS variables</td>
</tr>
<tr>
<td>Presence of a disability</td>
<td>No 1</td>
</tr>
<tr>
<td>Diagnosed disability (multiple response)</td>
<td>KIDS variables</td>
</tr>
<tr>
<td>Indigenous status</td>
<td>KIDS variables</td>
</tr>
<tr>
<td>Current court order / legal status</td>
<td>KIDS variables</td>
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<td>Eastern Sydney 1, Epping 2, Central Sydney 3, Burwood 4, Ballina 5, Tweed Heads 6, Lismore 7, Clarence 8, Sutherland 9, Chatswood 10, Lakemba 11, St George 12, Wollongong 13, Shellharbour 14, Nowra 15, Yass 16, Queanbeyan 17</td>
</tr>
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<td>DoCS region</td>
<td>Metro Central 1, Northern 2, Southern 3</td>
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<tr>
<td>Current placement type</td>
<td>KIDS variables:</td>
</tr>
<tr>
<td>High Needs</td>
<td>KIDS variables</td>
</tr>
<tr>
<td>Level of need in care</td>
<td>Care 1, Care + 1 2, Care + 2 3, High needs 4, Other (specify) 5</td>
</tr>
</tbody>
</table>
### Section 2. The child’s biological family

<table>
<thead>
<tr>
<th>Question No.</th>
<th>(a) Biological mother</th>
<th>(b) Biological father</th>
</tr>
</thead>
<tbody>
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<td>01 Australian</td>
</tr>
<tr>
<td></td>
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<td>02 English</td>
</tr>
<tr>
<td></td>
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<td>03 Irish</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
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<td></td>
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<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>15 Filipino</td>
<td>15 Filipino</td>
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<tr>
<td></td>
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<td>16 Other (specify)</td>
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<td>17 Not found on file</td>
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<td>Parents highest level of education completed?</td>
<td>Primary</td>
<td>Primary</td>
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<tr>
<td></td>
<td>Less than Y10 completed</td>
<td>Less than Y10 completed</td>
</tr>
<tr>
<td></td>
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</tr>
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<tr>
<td></td>
<td>Y12 completed</td>
<td>Y12 completed</td>
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<td>TAFE, trade cert., apprenticeship</td>
<td>TAFE, trade cert., apprenticeship</td>
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<td>Tertiary degree</td>
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<td></td>
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<td>Job</td>
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<tr>
<td></td>
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<td>Full-time work</td>
</tr>
<tr>
<td></td>
<td>Part-time work</td>
<td>Part-time work</td>
</tr>
<tr>
<td></td>
<td>Casual work</td>
<td>Casual work</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td>Unemployed</td>
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<td>Other (specify)</td>
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<td>99 Not found on file</td>
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<td>In out-of-home care as a child or young person</td>
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<td>Yes</td>
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<td></td>
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</tr>
<tr>
<td>Main language spoken at home prior to the first OOHC placement</td>
<td>English</td>
<td>English</td>
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<tr>
<td></td>
<td>Speaks language other than English (specify)</td>
<td>Speaks language other than English (specify)</td>
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<td></td>
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<td>Not found on file</td>
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<tr>
<td>Who was the child living with prior to the first OOHC placement</td>
<td>Both biological parents</td>
<td>Both biological parents</td>
</tr>
<tr>
<td></td>
<td>Biological parent and their partner (unrelated to the child)</td>
<td>Biological parent and their partner (unrelated to the child)</td>
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<tr>
<td></td>
<td>Sole parent</td>
<td>Sole parent</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>Not found on file</td>
<td>Not found on file</td>
</tr>
<tr>
<td>DoB of older siblings (incl half and step)</td>
<td>Child 1 <em><strong>/</strong></em>/____ Gender</td>
<td>Child 1 <em><strong>/</strong></em>/____ Gender</td>
</tr>
<tr>
<td></td>
<td>Child 2 <em><strong>/</strong></em>/____ Gender</td>
<td>Child 2 <em><strong>/</strong></em>/____ Gender</td>
</tr>
<tr>
<td></td>
<td>Child 3 <em><strong>/</strong></em>/____ Gender</td>
<td>Child 3 <em><strong>/</strong></em>/____ Gender</td>
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<tr>
<td></td>
<td>Etc</td>
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<td>Not found on file</td>
<td>Not found on file</td>
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<tr>
<td>DoB of younger siblings (incl half and step)</td>
<td>Child 1 <em><strong>/</strong></em>/____ Gender</td>
<td>Child 1 <em><strong>/</strong></em>/____ Gender</td>
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### Section 3. The child’s education

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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Attend childcare/ preschool</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Days per week</td>
<td></td>
<td></td>
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<td>Special Purpose school</td>
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</tr>
<tr>
<td>Private school non religious</td>
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<td></td>
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</tr>
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<td>Currently enrolled at school</td>
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<td>Not found on file</td>
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<tr>
<td>Total number of schools attended while in care</td>
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<td>9</td>
<td></td>
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<tr>
<td>Primary (list schools and type)</td>
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<td></td>
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<tr>
<td>Secondary (list schools type)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total number of schools attended before entry to care</td>
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<td></td>
</tr>
<tr>
<td>Primary (list schools and type)</td>
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<td></td>
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<tr>
<td>Secondary (list schools type)</td>
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<td>Not found on file</td>
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<tr>
<td>Overall how was the child going in the last school report</td>
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Any further comments about the biological family

Text:
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<thead>
<tr>
<th>Overall comment on school attendance</th>
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</thead>
<tbody>
<tr>
<td>Number of time suspended and reasons</td>
</tr>
<tr>
<td>Number of times excluded and reasons</td>
</tr>
<tr>
<td>Number of times repeated, year/s and reason/s</td>
</tr>
<tr>
<td>Type of educational support provided to child</td>
</tr>
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<td>Access of out-of-home care teachers support</td>
</tr>
<tr>
<td>Number of funding submissions related to educational costs</td>
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<td>Further details of funding submissions</td>
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<td>BST Results year 3</td>
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<tr>
<td>Literacy</td>
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<tr>
<td>BST Results year 5</td>
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<tr>
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<tr>
<td>Literacy</td>
</tr>
<tr>
<td>SNAP results year 7 - Numeracy</td>
</tr>
<tr>
<td>ELLA results year 7 – Literacy</td>
</tr>
<tr>
<td>Any comments about education:</td>
</tr>
<tr>
<td>Text:</td>
</tr>
</tbody>
</table>
Type of information recorded about education:
Text:

Participation in extra curricular activities and type

Text:

Section 4. The child’s health

Was the child born drug dependent?
Yes …..1  No……2  Not found on file  9

Text:

Has a psychological assessment undertaken?
Yes …..1  No……2  Not found on file  9

Text:

How old was the child when the assessment was undertaken? ________ years

Are there any recurrent dental problems identified on the file?
Yes …..1  No……2  Not found on file  9

Text:

Are there any recurrent mild health problems identified on the file? Eg. asthma, middle ear infections, respiratory infections?
Yes …..1  No……2  Not found on file  9

Text:

Are there any chronic health problems identified that require parental monitoring at least every 2-3 days eg severe asthma, diabetes, cystic fibrosis?
Yes …..1  No……2  Not found on file  9

Text:

Are there any developmental problems identified on the file? Eg. developmental delay, learning problems, growth, speech delay?
Yes …..1  No……2  Not found on file  9

Text:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not found on file</th>
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</thead>
<tbody>
<tr>
<td>Are there any diagnosed mental health disorders identified on the file?</td>
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<td></td>
</tr>
<tr>
<td>Eg. anxiety disorder, attachment disorder, ADHD, depression?</td>
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<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Text:</td>
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<tr>
<td>Are there any behavioural and/or emotional problems identified on the file?</td>
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<tr>
<td>Eg., defiance, aggression, anger?</td>
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<td>2</td>
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<td>Text:</td>
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<td>Are there any diagnosed disabilities identified on the file?</td>
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<td>Yes ......1</td>
<td>1</td>
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<td>No......2</td>
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<tr>
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</tbody>
</table>

**Overall comments about health:**

Text:
**Section 5. OOHC placement history**

What were the main triggers for child/young person being placed in OOHC? (refer to the application to the Children’s Court)

Text:

Date of first entry to care___________

Total number of care episodes? _____ _____

**Definitions:**
- Long-term care is greater than three years
- Medium term care is between 6 months and three years
- Short-term care is less than 6 months

<table>
<thead>
<tr>
<th>Placement</th>
<th>Age at entry</th>
<th>Length of time spent in this placement to date</th>
<th>Postcode of placement</th>
<th>Type of placement</th>
<th>Purpose</th>
<th>Main trigger for placement change</th>
<th>Comments on primary reasons for placement change, restoration support and re-entry issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1=Foster care</td>
<td>1=Permanent</td>
<td>1=Carer’s situation changed</td>
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<td></td>
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<td></td>
<td>2=Kinship Care</td>
<td>2=Permanent</td>
<td>2=Carer unable to cope</td>
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<td>3=Other home based placement</td>
<td>3=Permanent</td>
<td>3=Conflict b/t carer and child</td>
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<td>6=Changes in parental circumstances</td>
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<td>Postcode of placement</td>
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<td>Main trigger for placement change</td>
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<td>2=Carer unable to cope</td>
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<td>3=Other home based placement</td>
<td>3=Temporary short-term</td>
<td>3=Conflict b/t carer and child</td>
<td></td>
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<td>4=Residential care</td>
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<td>4=Conflict b/t carer and biological parents</td>
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<td>Placement</td>
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<td>3=Other home based</td>
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<td>short-term</td>
<td>4=Conflict b/t carer and biological parents</td>
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<td>4=Residential care</td>
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### Section 6. Child’s current placement

<table>
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<th>No</th>
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<th>NA, child not Indigenous</th>
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<td>Does it adhere to Indigenous placement principles</td>
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<tr>
<td>Primary case management</td>
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<tr>
<td>Number of siblings placed with the child (include half siblings, step siblings)</td>
<td>NA (no siblings)</td>
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<tr>
<td>Did this placement involved a change of school</td>
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<tr>
<td>In this placement has school attendance changed</td>
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<tr>
<td>Primary caregiver’s relationship to the child</td>
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<tr>
<td>Primary caregiver’s age when placement commenced</td>
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<tr>
<td>Primary caregiver’s highest level of education</td>
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<tr>
<td>Primary Caregivers main type of employment</td>
<td></td>
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<tr>
<td>Total number of other people (excluding the carer and child) living in this placement</td>
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</table>

File notes describing the quality of this placement

**Text:**

...
## Section 7. Ongoing casework

| Total number of allocated caseworkers |  
| --- | --- |
| Is the case currently allocated to a caseworker |  
| Yes | 1 |
| No | 2 |
| Length of time case unallocated |  
|  
| How often has the carer had face to face contact with caseworker over the past 12 months |  
| NA (unallocated) | 1 |
| More than once week | 2 |
| Once a week | 3 |
| Once fortnight | 4 |
| Once month | 5 |
| Once every six months | 6 |
| Once every 12 months | 7 |
| Not found on file | 9 |
| How often has the carer had telephone contact with caseworker over the past 12 months |  
| A (unallocated) | 1 |
| More than once week | 2 |
| Once a week | 3 |
| Once fortnight | 4 |
| Once month | 5 |
| Once every six months | 6 |
| Once every 12 months | 7 |
| Not found on file | 9 |
| How often has the child had face to face contact with caseworker over the past 12 months |  
| A (unallocated) | 1 |
| More than once week | 2 |
| Once a week | 3 |
| Once fortnight | 4 |
| Once month | 5 |
| Once every six months | 6 |
| Once every 12 months | 7 |
| Not found on file | 9 |
| Has this level of contact been consistent over time |  
| Yes | 1 |
| No, specify reasons | 2 |
| Unknown | 3 |
| Care planning mechanisms |  
| Case conference with carer only | 1 |
| Case conference with carer & birth parents | 2 |
| Case conference with carer, birth parents & child | 3 |
| Case conference with carer, birth parents, child and significant others | 4 |
| Other (specify) | 5 |
| Not found on file | 9 |
| Did the child participate in the case plan |  
| Yes | 1 |
| No | 2 |
| Not found on file | 9 |
| How did the child contribute to the case plan |  
| Attended meeting | 1 |
| Wrote letter | 2 |
| Met with carer before the meeting to discuss | 3 |
| Met with caseworker before the meeting to discuss | 4 |
| Other (please specify) | 5 |
| Not found on file | 9 |
| Is education part of the case plan |  
| Yes | 1 |
| No | 2 |
| Not found on file | 9 |
| Who has arranged services and interventions to the child in the current case plan |  
| Caseworker | 1 |
| Carer | 2 |
| Both caseworker and carer | 3 |
| Other (specify) | 4 |
| Not found on file | 9 |
Goal of the permanency plan

| Restoration to care of parent(s) | 1 |
| Adoption | 2 |
| Placement with member of same kinship care group | 3 |
| Permanent long term placement with authorized carer | 4 |
| Placement under order of sole parental responsibility (S149) | 5 |
| Placement under parenting order Family Law Act 1975 (Williams, McWilliams, Mainieri, Pecora, & La Belle) | 6 |
| Leaving care/ independent living | 7 |
| Not found on file | 8 |

How many attempts at restoration with parents there have been __ __

When was the first case review undertaken from the date of the final order ___ ___ months date _______________

When was the last case review conducted ___ ___ months date __________

What are the barriers to permanency (i.e. carer not willing to proceed, loss of payment, family conflict)?

Text:

Comments about case planning and participation, comment on any changes in allocation/support over the period of time in care?

Text:

Comments about involvement of the Department of Education in case planning over the period of time in care?

Text:

Section 8. Support services offered to child

<table>
<thead>
<tr>
<th>Support services offered in this placement</th>
<th>Child</th>
<th>Type of service referred to</th>
<th>Comments</th>
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<td></td>
<td></td>
<td>1=Psychiatrist</td>
<td>2=Psychologist</td>
</tr>
<tr>
<td>Anger management</td>
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<td></td>
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<tr>
<td>Behaviour management</td>
<td></td>
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<tr>
<td>Childcare/ preschool placement</td>
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<td></td>
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<tr>
<td>Education support worker/ tutor</td>
<td></td>
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<tr>
<td>Family mediation</td>
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<td></td>
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<tr>
<td>Service</td>
<td>Provider</td>
<td>Duration</td>
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<td>Family therapy</td>
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<td>Grief &amp; loss</td>
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<td>Mentoring program</td>
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<td>Self-esteem building</td>
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<td>Social skills training</td>
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<td>Speech therapy</td>
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<td>Mental health</td>
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<tr>
<td>Respite</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

Summary of service supports for child in OOHC. What agencies were involved? What did they do? How long were they involved?

Text:

Summary of services that the caseworkers felt were necessary but were unavailable to the child – i.e. what services were needed but were unavailable?

Text:
### Section 9. Contact with family & safety

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<tr>
<th>Who does the child have contact with</th>
<th>Mother only</th>
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<td></td>
<td>1 Mother only</td>
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<td></td>
<td>2 Father only</td>
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<tr>
<td></td>
<td>3 Both parents</td>
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<tr>
<td></td>
<td>4 None</td>
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</table>

<table>
<thead>
<tr>
<th>What prevents contact with mother</th>
<th>Parent cancels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Parent cancels</td>
</tr>
<tr>
<td></td>
<td>2 Parent imprisoned</td>
</tr>
<tr>
<td></td>
<td>3 Parent deceased</td>
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<tr>
<td></td>
<td>4 Parent living too far away</td>
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<tr>
<td></td>
<td>5 Whereabouts unknown</td>
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<td></td>
<td>6 Other (specify)</td>
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<tr>
<td></td>
<td>7 Not found on file</td>
</tr>
<tr>
<td></td>
<td>9 NA – in contact</td>
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</table>

<table>
<thead>
<tr>
<th>What prevents contact with father</th>
<th>Parent cancels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Parent cancels</td>
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<td>3 Parent deceased</td>
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<td>6 Other (specify)</td>
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<td>7 Not found on file</td>
</tr>
<tr>
<td></td>
<td>9 NA – in contact</td>
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<tr>
<th>Positive relationship with at least one parent</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td>9 Not found on file</td>
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</table>

<table>
<thead>
<tr>
<th>Positive involvement in the child’s education by the mother</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td>2 No</td>
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<tr>
<td></td>
<td>9 Not found on file</td>
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<thead>
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<th>Positive involvement in the child’s education by the father</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td>Actual contact with mother in previous 12 months</td>
<td>___ ___ ___ days</td>
</tr>
<tr>
<td>Actual contact with father in previous 12 months</td>
<td>___ ___ ___ days</td>
</tr>
</tbody>
</table>
| Type of contact with mother in previous 12 months (multiple responses) | Telephone  
1. Face to face: supervised  
2. Face to face: unsupervised  
3. Overnight stays  
4. No contact  
5. Not found on file  
9 |
| Type of contact with father in previous 12 months (multiple responses) | Telephone  
1. Face to face: supervised  
2. Face to face: unsupervised  
3. Overnight stays  
4. No contact  
5. Not found on file  
9 |
| Has the level of contact changed over time | No, constant
1. Yes, less frequent now
2. Yes, more frequent now
3. Not found on file
4. |
| Type of contact with siblings in previous six months | Telephone
1. Face to face: supervised
2. Face to face: unsupervised
3. Overnight stays
4. No contact
5. Not found on file
9. WA no siblings
6. Lives with siblings
7. |

Describe the child’s reactions to contact with family members, describe reasons for any change over time
Text:

Does the contact take place during school hours or require the child to leave school early etc?
Text:
APPENDIX K

Phase 4 Interview and Focus Group Protocols

Focus group protocol

Students in out of home care day to day engagement with school
1. How does being in out of home care affect children and young people's education?

2. What do you think are some of the factors that influence how well children and young people are engaged with their education and school life?

Roles and Responsibilities of stakeholders
3. What do you think are the key issues and responsibilities the following stakeholders have in relation to the education of children and young people in out of home care?
   a. DoCS case workers
   b. Carers
   c. School principals
   d. Non-Government agencies
   e. Teachers
   f. DET out of home care program teachers

4. To what extent do you think education for children and young people is prioritised by the different stakeholders?

5. Who do you consider to be the key person or persons who can most influence educational outcomes for children and young people in out of home care?

6. In your experience how well do the different stakeholders work together in relation to the education of children and young people in out of home care?

Support and assistance for students in out of home care?

7. What works in supporting students in out of home care to catch up or continue to progress well at school – at school and at home?

8. What do you see as the key things that need to happen to improve the education of children and young people in out of home care?
Principal Interview Guide

1. How does being in out-of-home care affect children and young people’s education?

2. What works in supporting the transition of children in out-of-home care to high school?

3. What do you think are the key responsibilities the following stakeholders have in relation to the education of children and young people in out-of-home care?
   a. DoCS case workers
   b. Carers
   c. School principals
   d. Non-Government agencies
   e. Teachers
   f. DET out-of-home care program teachers

4. In your experience how well do these different stakeholders work together in relation to the education of children and young people in out-of-home care?

5. What works in supporting students in out-of-home care to catch up or continue to progress well at school – at school and at home?

6. What would make the home environment more conducive to facilitating positive engagement and outcomes for children and young people in out-of-home care?

7. What would make the school environment more conducive to facilitating positive engagement and outcomes for children and young people in out-of-home care?

8. What are the challenges you face as a Principal in successfully integrating a child in out-of-home care into your school?

9. What do you see as the key things that need to happen to improve the education of children and young people in out of home care?

10. Are there any other comments you would like to make?
Out-of-home care teacher Interview Guide

1. Could you tell me how long you have been an Out-of-home care teacher for DET?

2. How does being in care affects children and young people’s education?

3. What works in supporting the transition of children in care to high school?

4. What do you think are the key responsibilities the following stakeholders have in relation to the education of children and young people in care?
   a. DoCS case workers
   b. Carers
   c. School principals
   d. Non-Government agencies
   e. Teachers
   f. DET out-of-home care program teachers

5. In your experience how well do these different stakeholders work together in relation to the education of children and young people in care?

6. What works in supporting students in care to catch up or continue to progress well at school – at school and at home?

7. In thinking about your own work experience, what are the factors that facilitate DET out-of-home care teachers supporting children and young people in care’s education?

8. What are the barriers or challenges for DET out-of-home care teachers in supporting the education of children and young people in out-of-home care?

9. What would make the home environment more conducive to facilitating positive engagement and outcomes for children and young people in care?

10. What would make the school environment more conducive to facilitating positive engagement and outcomes for children and young people in care?

11. What do you see as the key things that need to happen to improve the education of children and young people in care?

12. Are there any other comments you would like to make?
APPENDIX L

Child Consent Forms – Interview and Case File

Review

Informed Consent to Participate in a Research Project

Are we making the grade? The education of children and young people in out-of-home care

Researcher: Michelle Townsend, 02 4226 5425, 0411 455 447

I understand that:

• I will be talking about my about experiences of school, what I think would help me and other children in out-of-home care with their education and what my future plans are,
• My participation in these interviews is voluntary, which means I do not have to take part if I don’t want to and nothing will happen to me,
• There are no right or wrong answers and if I don’t want to answer some of the questions that is fine,
• I can stop at anytime and this will not upset anyone,
• The things I say might be included in a report written by Michelle, but no-one will know that it was me saying these things as my name will not be used,
• Michelle has talked to me about what information will remain confidential, which means only Michelle and you know about, and what information someone else will need to be told about, because I am, or have in the past, been hurt or harmed,
• Michelle will contact me in 12 months to see if I want to be interviewed again.

I give my permission to be interviewed.

Name:

Date:

Signature:
Informed Consent NSW Department of Education and Training and NSW Department of Community Services files

Informed Consent to Participate in a Research Project

Are We Making the Grade? The Education of Children and Young People in Out-of-Home Care

Researcher: Michelle Townsend, 02 4226 5425, 0411 455 447

I understand that:

- Michelle will be accessing information about me that is kept by the NSW Department of Education and NSW Department of Community Services;
- My participation in this study is voluntary, which means I do not have to take part if I don’t want to and nothing will happen to me;
- Michelle will not show anyone else any of the information about me or talk about this information with anyone else;
- It is OK if I only want to be interviewed do not want Michelle to look at my information;
- I get to choose which information Michelle can access.

☐ I do give my permission for Michelle to view my Department of Education records

☐ I do not give my permission for Michelle to view my Department of Education records

☐ I do give my permission for Michelle to view my Department of Community Services records

☐ I do not give my permission for Michelle to view my Department of Community Services records

Name:

Date:

Signature:
APPENDIX M

Adult Consent Forms

Informed Consent to Participate in a Research Project

Researcher: Michelle Townsend, 02 4226 5425, 0411 455 447, mtowns14@scu.edu.au

Please read the following statement and then sign in the space provided to indicate that you would like to participate in the study:

- I agree to participate in the above research project. I have read and understand the details contained in the Information Sheet. I have had the opportunity to ask questions about the study and I am satisfied with the answers received.
- I agree to my interview being recorded on audio-tape.
- OR
- I do not agree to my interview being audio-taped and prefer the researcher to take hand written notes.
- I understand that I am free to discontinue participation at any time and I have been informed that prior to data analysis, any data that has been gathered before withdrawal of this consent will be destroyed.
- I understand that neither my name nor any identifying information will be disclosed or published, except with my permission.
- I understand that the Southern Cross University’s Ethics Committee has approved this project.
- I am aware that I can contact the researcher at any time after the interview. If I have any further questions about this study I am free to contact A/Professor Anne Graham on 02 6620 3613, agraham@scu.edu.au

The ethical aspects of this study have been approved by the Southern Cross University Human Research Ethics Committee (HREC). The Approval Number is (Insert when approved)
If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the HREC through the Ethics Complaints Officer, Ms Suze Kelly, (telephone [02] 6626 9139, fax [02] 6626 9145, email: skelly1@scu.edu.au) Any complaint you make will be treated in confidence.
I understand that I will be given a copy of this form to keep.

I have read the information above and agree to participate in this study.
I am over the age of 18 years.

Name of Participant: …………………………………………………

Signature of Participant: …………………………………………

Date: …………………………………

I certify that the terms of the Consent Form have been verbally explained to the participant and that the participant appears to understand the terms prior to signing the form. Proper arrangements have been made for an interpreter where English is not the participant’s first language.

Signature of Witness (independent of the research, where possible):
…………………………………………………………

Date: ……………………………………

495
APPENDIX N

Confidentiality

The following steps outline the actions that were taken to uphold confidentiality for all participants involved in this research:

1. The names of the child and their caseworker and carers were removed from interview transcripts and field notes and each was assigned an identifying numerical code, which was used throughout the data analysis process.¹

2. A document linking the child’s code to their data has been retained and is in a secure facility.

3. Pseudonyms have been used to replace the names of the child.

4. Square brackets were used within quotes and case studies to replace the names of schools, Community Services centres, Aboriginal and non-Indigenous services, Aboriginal and Torres Strait Islander tribal names, towns and cities with generic terms (Higgins, Bromfield, & Richardson, 2005).

5. All quotes were de-identified and grouped into categories of manager/policy maker, caseworker, non-government caseworker, carer, education staff member, or child.

6. Any material that might have made it possible for a child to be identified was changed or omitted depending on the circumstances.

¹ Defined as re-identifiable data (National Health and Medical Research Council (NHMRC), Australian Research Council, & Australian Vice-Chancellors’ Committee, 2007).
APPENDIX O

Southern Cross University Human Research Ethics Committee (HREC) Special Conditions

Those met:

- That Community Services provided written documentation to HREC outlining their right to provide informed consent for children under their care; and
- That the Department of Education and Training ethics approval was provided to HREC.

Those successfully challenged:

- The requirement that an independent counsellor be available before the interview with the child for discussion regarding the interview and consent process; and
- That the interviews be held in a safe, open, public environment, not in the child’s home.

Feedback had been sought during the first phase of the research with senior officers in both of the Departments on where the most appropriate venue for interview with children would be. Subject to children’s suggestions, their home, in an open suitable space was determined to be the most appropriate for safety, accessibility, appropriateness reasons, and convenience. In some locations, stakeholders suggested that obtaining consent from children’s caregiver for the child to go with the researcher into a public setting might not be provided due to safety concerns in their local community environment. For some participants, a local safe open environment may not have been within walking distance and travel by vehicle with the researcher was not suitable. In addition, for Aboriginal children there were concerns about the appropriateness of a child travelling to a safe, open, public environment with a white woman, seen to be associated with Community Services. Thus,
concerning the interview location, I successfully proposed that I would make an individual assessment and determination about the appropriateness of the location i.e. a child’s home or public space. In the case of the home environment, interviews would have taken place only in a suitable open location, which was visible but not audible to others. If the child decided that a significant adult would not be present for the interview, the interview would only take place if another adult were present in the home.

I had significant concerns regarding the requirement for the involvement of a counsellor in the consent and the interview processes. For the children and their carers, it would have inferred that the children were particularly vulnerable and the content of the interviews so sensitive in nature that it was likely to cause distress, which was not the case. Counselling was available for any children in the study who were distressed during the interview or made a disclosure requiring mandatory reporting to Community Services. Children in this situation would have been provided with the option of referral to professional counselling with Interrelate at Lismore or Burwood where there are counsellors who are skilled and experienced in working with children and adolescents. There would have been no cost to the children participating in the study or to their carer.

Change of Protocol Application to Southern Cross University Human Research Ethics Committee (HREC)

Following the Southern Cross University HREC approval for undertaking the main study, the researcher made three additional changes of protocol applications to HREC:

- March 2007 - to undertake interviews with carers of the children. During phase three interviews with children, I found that the carers were eagerly seeking the opportunity to discuss the issue of improving educational outcomes for children and young people in care and the educational progress of the child in their care with myself. The approval of Southern Cross University HREC to undertake an interview with the
carers facilitated an ethical and transparent way of supporting their valuable input (approved).

• April 2007 - to undertake case file review of excluded children (approved).

• May 2007 - to change the approval from focus groups with Department of Education and Training staff to individual interviews (approved).
APPENDIX P

Phase 2 Qualitative Data Sought and Matching Process

Years 3 and 5
Comparison of Basic Skills Test (BST) results in literacy and numeracy results for 2004 and 2006 between the general population and children in care. In particular:

- Percentages attaining each defined standard for Year 3 and 5 (Skill Band) (overall population and children in care)
- Percentages of the overall population and children in care attaining or bettering each BST skill band (Year 3 and Year 5)
- Comparison of mean BST literacy scores for all students and for students in care for Year 3 and Year 5
- Comparison of mean BST numeracy scores for all students and for students in care for Year 3 and Year 5
- Comparison of group mean scores and differences between care group and state group means in BST for Year 3 in 2004 and 2006 (literacy and numeracy). Analysis of students in care who identified themselves as:
  - Indigenous
  - Male or female
- Comparison of group mean scores and differences between care group and state group means in BST for Year 5 in 2004 and 2006 (literacy and numeracy). Analysis of students in care who identified themselves as:
  - Indigenous
  - Male or female
Year 7
Comparison of English Language and Literacy Assessment (ELLA) and Secondary Numeracy Assessment Program (SNAP) results for 2004 and 2006 between the general population and children in care. In particular:

- Percentages attaining each defined standard for ELLA and SNAP (Achievement levels) in 2004 and 2006 (overall population and students in care)
- Percentages of the overall population and students in care exceeding the lowest achievement standard in ELLA and SNAP 2004 and 2006
- Comparison of group means and differences between care group and state group means in ELLA and SNAP in Year 7 in 2004 and 2006.

Analysis of students in care who identified themselves as:
- Indigenous
- Male or female

Year 10
New South Wales School Certificate 2006

- Number of students in care who participated in the school certificate program in 2006. (Date of birth range – 1st January 1990 to 31st July 1991).
- Percentage of students in care who completed the full program of study for the award of the School Certificate by:
  - Indigenous status
  - Gender
- Number of students in care with special education needs who completed a special program of study for the award of the School Certificate by:
  - Indigenous status
  - Gender
- Number of students in care who were not eligible for the School Certificate but received a Record of Achievement by:
  - Indigenous status
- Gender

- Performance band percentages (Band 1 to 6) awarded in English-Literacy Test to students in care and the general population.
- Performance band percentages (Band 1 to 6) awarded in Mathematics Test to students in care and the general population.
- Performance band percentages (Band 1 to 6) awarded in Science Test to students in care and the general population.
- Performance band percentages (Band 1 to 6) awarded in Australian Geography, Civics and Citizenship Test to students in care and the general population.
- Performance band percentages (Band 1 to 6) awarded in Australian History, Civics and Citizenship Test to students in care and the general population.

**Year 12**

New South Wales Higher School Certificate 2006

- Number of student in care who were candidates for the 2006 HSC
- Number of students in care who were eligible for an award in at least one HSC course by:
  - Indigenous status
  - Gender
- Number of students in care who were eligible for a Higher School Certificate by:
  - Indigenous status
  - Gender
Phase 2 Data Matching Process

The matching process for the 2004 literacy and numeracy tests was carried out in three stages:

- Step 1 - The Community Services date of birth information was used to identify the students who were the appropriate age to have done the relevant test;
- Step 2 - Records from the Community Services for students who were the appropriate age were merged into the result files of Department of Education and Training by matching on the basis of name only (exact match). This process identifies all students in the results file that have the same name as someone in the Community Services file. This resulted in multiple matches for some of the records; and
- Step 3 - Records for which there were multiple matches were discarded.

The matching process for 2006 literacy and numeracy tests was carried out in eight stages. The Community Services data extract file was used to compare names and dates of birth for these records against 2006 enrolment records for all Department of Education and Training schools. An eight-step matching process, as detailed below, was used in which variations in students’ names and dates of birth were also compared.

- Step 1 - Exact match on name and date of birth;
- Step 2 – Exact match on date of birth and a match on the first part of a hyphenated surname;
- Step 3– Exact match on date of birth and a match on the second part of a hyphenated surname;
- Step 4 – Exact match on date of birth but hyphenated name reversed;
- Step 5 – Exact match on date of birth and surname and part of a double-barrel given name;
• Step 6 – Exact match on date of birth and surname with given names spelt differently;
• Step 7 – Exact match on date of birth and given name and surname spelt differently; and
• Step 8 – Exact match on surname and given name with different (but similar) date of birth.

The matching process for the 2006 School Certificate (SC) and Higher School Certificate (HSC) was carried out in three steps:

• Step 1 - The Community Services date of birth information was used to identify the students who were the appropriate age to have done the relevant test – 15 to 17 years for SC and HSC;
• Step 2 - Records from the Community Services file for students who were the appropriate age were merged into the result files by matching on the basis of name only (exact match). This process identifies all students in the results file that have the same name as someone in the Community Services file. This resulted in multiple matches by Department of Education and Training for some of the Community Services records; and
• Step 3 - Records for which there were multiple matches were manually checked by Community Services and discarded. Department of Education and Training used the final list (excluding duplications) to extract the students results data based on the NSW Board of Studies identification attached to each matched record.
APPENDIX Q

Distribution of Phase 3 Information Packs to Children

To address the Southern Cross University Human Research Ethics Committee concerns about passive or active coercion by caseworkers, the information packs for the research were posted directly to children and to their carers, rather than have caseworkers disseminate the information packs. Some caseworkers, however, indicated the following points to children and carers in their contact prior to the information packs being distributed:

• Information packs regarding this research will be distributed shortly by mail;
• The research has the support of Community Services; and
• The child has the right not to participate in this research.

In Regions 1 and 3, the packs were sent out directly by the Community Service centres themselves. In Region 2, the regional office sent the packs.²

² One Community Service centre in Region 3 stated they were unable to distribute the packs, so arrangements had to be made for them to be sent centrally from Community Services head office.
APPENDIX R

Tables from Chapter 4

Table 1: Mean Literacy Test Scores for Children in Care by Year Level, 2004

| Literacy | Year 3 | | Year 5 | | Year 7 |
|----------|--------|---|--------|---|--------|---|
|          | $M$    | $SD$ | $n$    | $M$    | $SD$ | $n$    |
| All      | 46.3   | 7.5  | 223    | 52.8   | 6.5  | 244    |
|          | 82.9   | 8.1  | 196    |

Sex

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<th></th>
<th>$M$</th>
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<th>$n$</th>
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<tbody>
<tr>
<td>Male</td>
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<tr>
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<td>8.6</td>
<td>106</td>
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Indigenous status

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Length of time in care$^3$

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<th>$SD$</th>
<th>$n$</th>
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<tr>
<td>Short &lt;2 years</td>
<td>45.1</td>
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<tr>
<td>Medium &gt;2&lt;5 years</td>
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$^3$ Data on length of time in care missing for 11 children in Year 3, 15 children in Year 5, and 13 children in Year 7.
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<td>7.9</td>
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Table source: The data for this table were provided by the New South Wales Community Services and the Department of Education and Training.
Table 2: Mean Literacy and Numeracy Test Scores by Year Level, 2006

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<td>46.0</td>
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<td><strong>Sex</strong></td>
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</tr>
<tr>
<td>Indigenous</td>
<td>44.6</td>
</tr>
<tr>
<td>Other</td>
<td>49.0</td>
</tr>
<tr>
<td>Length of time in care</td>
<td></td>
</tr>
<tr>
<td>Short &lt;2 years</td>
<td>48.2</td>
</tr>
<tr>
<td>Medium &gt;2&lt;5 years</td>
<td>48.3</td>
</tr>
<tr>
<td>Long &gt;5 years</td>
<td>47.2</td>
</tr>
</tbody>
</table>

Table source: The data for this table were provided by the New South Wales Community Services and the Department of Education and Training.
Table 3: Mean Test Results for Year 8 Literacy and Numeracy Tests

<table>
<thead>
<tr>
<th>Test Years</th>
<th>Literacy</th>
<th>Numeracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>86.6</td>
<td>90.4</td>
</tr>
<tr>
<td>2006</td>
<td>85.6</td>
<td>90.4</td>
</tr>
</tbody>
</table>

Table source: The data for this table were provided by the New South Wales Community Services and Department of Education and Training for Years 3-7 and Year 8 in care. Comparison data for Year 8 all students was sourced from (NSW Department of Education and Training, 2007).

Table 4: Proportion of Students in Care Achieving Proficient and High in Year 7 Tests

<table>
<thead>
<tr>
<th>Test Years</th>
<th>Literacy</th>
<th>Numeracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>58.2</td>
<td>28.5</td>
</tr>
<tr>
<td>2006</td>
<td>60.8</td>
<td>27.7</td>
</tr>
</tbody>
</table>

Table source: The data for this table were provided by the New South Wales Community Services and the Department of Education and Training.
Table 5: Proportion of Children Achieving the Highest Band in Literacy

<table>
<thead>
<tr>
<th></th>
<th>Children in care</th>
<th>All children state</th>
<th>Indigenous students in care</th>
<th>All Indigenous children state</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>6.3</td>
<td>14.6</td>
<td>3.0</td>
<td>3.1</td>
</tr>
<tr>
<td>2006</td>
<td>1.9</td>
<td>13.9</td>
<td>1.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Year 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>10.7</td>
<td>19.4</td>
<td>8.2</td>
<td>5.4</td>
</tr>
<tr>
<td>2006</td>
<td>4.9</td>
<td>22.0</td>
<td>1.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Year 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>8.7</td>
<td>33.7</td>
<td>3.6</td>
<td>11.5</td>
</tr>
<tr>
<td>2006</td>
<td>11.8</td>
<td>33.0</td>
<td>4.5</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Table source: The data for this table were provided by the New South Wales Community Services and the Department of Education and Training.

Table 6: Proportion of Children Achieving the Highest Band in Numeracy

<table>
<thead>
<tr>
<th></th>
<th>Children in care</th>
<th>All children state</th>
<th>Indigenous students in care</th>
<th>All Indigenous children state</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>4.0</td>
<td>15.1</td>
<td>0.0</td>
<td>3.5</td>
</tr>
<tr>
<td>2006</td>
<td>7.6</td>
<td>21.8</td>
<td>2.1</td>
<td>5.7</td>
</tr>
<tr>
<td>Year 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>4.1</td>
<td>24.9</td>
<td>1.7</td>
<td>6.1</td>
</tr>
<tr>
<td>2006</td>
<td>6.7</td>
<td>29.6</td>
<td>2.8</td>
<td>7.9</td>
</tr>
<tr>
<td>Year 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>1.0</td>
<td>23.9</td>
<td>0.0</td>
<td>6.2</td>
</tr>
<tr>
<td>2006</td>
<td>5.9</td>
<td>24.4</td>
<td>1.5</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Table source: The data for this table were provided by the New South Wales Community Services and the Department of Education and Training.
### Table 7: Numbers of Young People in Care School Certificate 2006 by Award

<table>
<thead>
<tr>
<th>Award Category</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Certificate</td>
<td>56.3</td>
<td>151</td>
</tr>
<tr>
<td>Special program of study – Life Skills Program</td>
<td>17.2</td>
<td>46</td>
</tr>
<tr>
<td>Record of Achievement</td>
<td>2.6</td>
<td>7</td>
</tr>
<tr>
<td>No Award Received</td>
<td>2.2</td>
<td>6</td>
</tr>
<tr>
<td>Students Withdrawn</td>
<td>21.6</td>
<td>58</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>268</td>
</tr>
</tbody>
</table>

Table source: Community Services and Department of Education and Training derived from Board of Studies data.

**Note.** Students awarded a Record of Achievement did not fulfil the requirements for the School Certificate. Students are ‘withdrawn’ when they leave school. The school is required to notify the Board of Studies when a student has decided to leave school. This can happen at any time during the year. Board of Studies does not require the schools to record the reason a student leaves school.
<table>
<thead>
<tr>
<th>Award Category</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% of male participants</td>
<td>n</td>
</tr>
<tr>
<td>School Certificate</td>
<td>72</td>
<td>49.7</td>
<td>79</td>
</tr>
<tr>
<td>Special program of study –Life Skills program</td>
<td>27</td>
<td>18.6</td>
<td>19</td>
</tr>
<tr>
<td>Record of Achievement</td>
<td>4</td>
<td>2.8</td>
<td>3</td>
</tr>
<tr>
<td>No award received</td>
<td>6</td>
<td>4.1</td>
<td>0</td>
</tr>
<tr>
<td>Students withdrawn</td>
<td>36</td>
<td>24.8</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>145</td>
<td>100.0</td>
<td>123</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and Department of Education and Training derived from Board of Studies data.
Table 9: Young People in Care School Certificate Candidature 2006 by Award and Indigenous Status

<table>
<thead>
<tr>
<th>Award Category</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>% of Indigenous participants</td>
<td>$n$</td>
</tr>
<tr>
<td>School Certificate</td>
<td>24</td>
<td>38.7</td>
<td>127</td>
</tr>
<tr>
<td>Special program of study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>–Life Skills program</td>
<td>8</td>
<td>12.9</td>
<td>38</td>
</tr>
<tr>
<td>Record of Achievement</td>
<td>6</td>
<td>9.7</td>
<td>1</td>
</tr>
<tr>
<td>No award received</td>
<td>5</td>
<td>8.1</td>
<td>1</td>
</tr>
<tr>
<td>Students withdrawn</td>
<td>19</td>
<td>30.7</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td><strong>100.0</strong></td>
<td>206</td>
</tr>
</tbody>
</table>

Table source: Compiled for this research from data provided by the New South Wales Community Services and Department of Education and Training derived from Board of Studies data.
Table 10: Young People in Care Higher School Certificate Candidature 2006 by Award

<table>
<thead>
<tr>
<th>Award Category</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher School Certificate</td>
<td>40.7</td>
<td>22</td>
</tr>
<tr>
<td>Special Program of Study – Life Skills Program</td>
<td>24.1</td>
<td>13</td>
</tr>
<tr>
<td>Record of Achievement or no Award</td>
<td>13.0</td>
<td>7</td>
</tr>
<tr>
<td>Students Withdrawn</td>
<td>22.2</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>54</td>
</tr>
</tbody>
</table>

Table source: The New South Wales Community Services and Department of Education and Training derived from Board of Studies data.
## APPENDIX S

### Tables from Chapter 6

**Table 11: Key Reasons Children Reported They Were Going Well at School**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Sample Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding work easy /achieving good marks</td>
<td>Because I’ve been getting good grades and because it’s easy and because I am one of the smartest Year 7ers. [Courtney]</td>
</tr>
<tr>
<td></td>
<td>Just got my report card this week and did very well. [Keziah]</td>
</tr>
<tr>
<td>Mixed academically – some subjects good,</td>
<td>Well I am good at some things, and bad at others.</td>
</tr>
<tr>
<td>others not</td>
<td>[Noah]</td>
</tr>
<tr>
<td></td>
<td>Cos, I’m not really the best at it, but I am sometimes good. [Myranda]</td>
</tr>
<tr>
<td>Improving in some subjects or overall</td>
<td>I was bad at the beginning of school, but I have improved heaps. [Samantha]</td>
</tr>
<tr>
<td></td>
<td>Never go well, but doing better this year. [Laura]</td>
</tr>
</tbody>
</table>

*Note.* These responses were gathered from the first and second interviews with children.
Table 12: What Engages Children in School

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of children *</th>
<th>Sample Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be with friends</td>
<td>21</td>
<td>Biggest one would be that I have friends at school that I can hang out and talk with. [Jacob]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I see my friends and play with them. [Gavin]</td>
</tr>
<tr>
<td>Want to learn or enjoy</td>
<td>13</td>
<td>The subjects, cos it's interesting. [Courtney]</td>
</tr>
<tr>
<td>subjects offered</td>
<td></td>
<td>I'm learning something new. [Chelsea]</td>
</tr>
</tbody>
</table>

Note. Responses were gathered at the first interview. Numbers are higher than 31 because some children offered more than one response.

Other areas that children nominated included enjoying school (3), seeing their boyfriend or girlfriend (2), home group (1) and sport (1).

Table 13: Children’s Three Highest Priorities for Schools and Teachers

<table>
<thead>
<tr>
<th>Priority</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help kids in care understand value of education</td>
<td>27</td>
</tr>
<tr>
<td>Understand what it is like for kids in care</td>
<td>26</td>
</tr>
<tr>
<td>Listen to kids in care</td>
<td>26</td>
</tr>
<tr>
<td>Provide positive encouragement</td>
<td>23</td>
</tr>
<tr>
<td>Take kids aside</td>
<td>13</td>
</tr>
<tr>
<td>Provide a teachers aide</td>
<td>10</td>
</tr>
<tr>
<td>Shouldn't do activities on family or the past</td>
<td>8</td>
</tr>
<tr>
<td>Give kids in care a good teacher</td>
<td>5</td>
</tr>
<tr>
<td>Shouldn't know you are in care</td>
<td>5</td>
</tr>
</tbody>
</table>
### Table 14: Children’s Three Highest Priorities for Carers

<table>
<thead>
<tr>
<th>Priority</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help kids learn how to read</td>
<td>33</td>
</tr>
<tr>
<td>Provide study space, computer and school supplies</td>
<td>29</td>
</tr>
<tr>
<td>Treat kids in care like their own children</td>
<td>29</td>
</tr>
<tr>
<td>Help them with homework</td>
<td>16</td>
</tr>
<tr>
<td>Help kids in care understand the value of education</td>
<td>16</td>
</tr>
<tr>
<td>Arrange for extra curricular activities</td>
<td>10</td>
</tr>
<tr>
<td>Get involved at school</td>
<td>9</td>
</tr>
<tr>
<td>Send kids in care to a good school</td>
<td>5</td>
</tr>
<tr>
<td>Call them Mum and Dad so other kids don’t know</td>
<td>1</td>
</tr>
<tr>
<td>Get kids in care a tutor</td>
<td>0</td>
</tr>
</tbody>
</table>

### Table 15: Children’s Three Highest Priorities for Caseworker

<table>
<thead>
<tr>
<th>Priority</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find kids in care a nice and safe family</td>
<td>55</td>
</tr>
<tr>
<td>Help buy school supplies</td>
<td>21</td>
</tr>
<tr>
<td>Listen to kids views about their life</td>
<td>20</td>
</tr>
<tr>
<td>Get them a laptop</td>
<td>14</td>
</tr>
<tr>
<td>Visit more often</td>
<td>11</td>
</tr>
<tr>
<td>Enrol kids in good schools</td>
<td>11</td>
</tr>
<tr>
<td>Be involved with kids in care education</td>
<td>9</td>
</tr>
<tr>
<td>Help kids understand value of education</td>
<td>3</td>
</tr>
<tr>
<td>Examine school report and get help if needed</td>
<td>2</td>
</tr>
<tr>
<td>Get kids into tutoring</td>
<td>0</td>
</tr>
</tbody>
</table>
APPENDIX T

Suspension Rates of Children

According to the case files 29 of the 56 children in the study (52%) were suspended between one and 13 times. Of this group, 12 of the interviewed group of children had been suspended (39%, mean 1.7), while 17 children (68%, mean 4.5) of the excluded group had been suspended (significant >0.005). Of the 29 children in the study who had been suspended, a small number (n =7) had only been suspended once for various misdemeanors.

For the 31 children interviewed, when their interview and the case file data was triangulated, it showed that a further three children had been suspended in primary school, taking the total number of children suspended in the interview group to 15 out of the 31 children (48%). So in total 32 of the 56 children were suspended while in care (57%). Given that there was no information on files for a further 13 children, this percentage may be even higher.
APPENDIX U

Further Factors Proposed by Adult Participants as Barriers to Children’s Education (>10 and < 20%)

Individual Factors
• The role children’s physical health and disabilities plays in their educational development ($n = 30$);
• How adolescence detracts from school engagement ($n = 27$);
• The added educational disadvantage faced by Aboriginal children ($n = 18$); and
• The additional educational needs of children with high and complex needs ($n = 18$).

Professional factors
• The participation of children care in decision-making about their lives ($n = 19$).

Education and Out-of-home Care System Factors
• For Community Services these included: departmental bureaucracy ($n = 26$), carer shortages ($n = 25$) and lack of support for carers ($n = 23$) and not being allocated a caseworker ($n = 21$); and
• Within the Department of Education and Training, a key factor related to policies and practices surrounding school enrolment ($n = 23$). This factor was almost exclusively was identified by out-of-home care stakeholders.

Given the relevance of this issue for the children in the study a brief summary of the issues related to school enrolment is provided.\(^4\) For caseworkers their

\(^4\)Difficulties in getting enrolled at a public school was an issue for at least five children in Phase 3 of this study.
concerns about enrolment were related to difficulties in getting some children in care enrolled in school, particularly if they had spent time away from school, were returning to school post-compulsory school age, or where there was a history of behavioural issues or violence. The requirement to identify children’s out-of-home care status on the enrolment form contributes to caseworkers’ and carers’ concerns that children can be stigmatised and risk assessment undertaken unnecessarily.
APPENDIX V

Education Levels of Birth Parents of Children in the Study

Table 16: Children in the Case Study Birth Parents Education Level

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Birth Mother</th>
<th></th>
<th>Birth Father</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Less than Year 10</td>
<td>10</td>
<td>17.9</td>
<td>4</td>
<td>7.1</td>
</tr>
<tr>
<td>Year 10 - School Certificate</td>
<td>4</td>
<td>7.1</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Year 11</td>
<td>1</td>
<td>1.8</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Year 12 - Higher School Certificate</td>
<td>1</td>
<td>1.8</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>TAFE - Trade certificate</td>
<td>2</td>
<td>3.6</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Not found on file</td>
<td>38</td>
<td>67.9</td>
<td>46</td>
<td>82.1</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>
## APPENDIX W

### Role and Responsibilities of Stakeholders in the Education of Children in Care

Table 17: What Roles Stakeholders Have in the Education of Children in Care

<table>
<thead>
<tr>
<th>Caseworkers</th>
<th>Carers</th>
<th>School principals</th>
<th>Teachers</th>
<th>Out-of-home care teachers</th>
<th>Birth parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy, coordination and arranging of supports for children</td>
<td>Liaison with school and caseworker</td>
<td>Understanding children’s circumstances and supporting teachers understanding</td>
<td>Awareness and supporting the child’s needs being met</td>
<td>Advocating for children to obtain support and funding assistance</td>
<td>Encouraging, show interest, celebrating successes and promote education to the children and review school reports</td>
</tr>
<tr>
<td>Liaison and working with other stakeholders</td>
<td>Monitoring and supporting educational progress and homework</td>
<td>Supporting and monitoring children’s needs being met within the school environment</td>
<td>Monitoring child’s progress – academically, socially and behaviourally and reporting any issues to caseworker and principal</td>
<td>Liaising and working with all stakeholders</td>
<td>No role</td>
</tr>
<tr>
<td>Activities directly with the child – developing relationship, promoting education, school selection and enrolment</td>
<td>Preparing child for school</td>
<td>Working together with caseworkers</td>
<td>Teaching children effectively, with high expectations</td>
<td>Collecting and exchanging information including for school selection and enrolment</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Caseworker Roles and Responsibilities

**Table 18: Proposed Caseworker Roles and Responsibilities**

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy, coordination and arranging supports, including:</td>
<td>57</td>
</tr>
<tr>
<td>• Advocate and arrange assessment, supports and services</td>
<td></td>
</tr>
<tr>
<td>• Advocate and arrange resources i.e. fees, tutoring, textbooks, uniforms</td>
<td></td>
</tr>
<tr>
<td>• Coordinator of child’s case – overall responsibility to monitor and have holistic overview</td>
<td></td>
</tr>
<tr>
<td>• Advocacy with schools</td>
<td></td>
</tr>
<tr>
<td>Liaison and working with others, including:</td>
<td>54</td>
</tr>
<tr>
<td>• Regular involvement and liaison with schools</td>
<td></td>
</tr>
<tr>
<td>• Inform and support carers to assist with children’s education</td>
<td></td>
</tr>
<tr>
<td>• Working together with all stakeholders involved in children’s education</td>
<td></td>
</tr>
<tr>
<td>• Involved in education meetings</td>
<td></td>
</tr>
<tr>
<td>• Updating birth parents on child’s education</td>
<td></td>
</tr>
<tr>
<td>• Informing schools of children’s care status and pertinent information</td>
<td></td>
</tr>
<tr>
<td>Activities involving the child directly, including:</td>
<td>20</td>
</tr>
<tr>
<td>• Value education and promote to children</td>
<td></td>
</tr>
<tr>
<td>• Establish and develop relationship with child</td>
<td></td>
</tr>
<tr>
<td>• Get kids enrolled in schools</td>
<td></td>
</tr>
<tr>
<td>• Pick up children from school if suspended</td>
<td></td>
</tr>
<tr>
<td>• Be involved in school selection</td>
<td></td>
</tr>
<tr>
<td>Administration roles, including:</td>
<td>12</td>
</tr>
<tr>
<td>• Maintaining documentation including education history and current info</td>
<td></td>
</tr>
<tr>
<td>• Review school reports</td>
<td></td>
</tr>
<tr>
<td>• Sign off on things – enrolment/school leaving and permission forms</td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>$n$</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Liaison with school and caseworker, including attending educational meetings</td>
<td>35</td>
</tr>
<tr>
<td>Monitoring educational progress</td>
<td>32</td>
</tr>
<tr>
<td>• Celebrate successes</td>
<td></td>
</tr>
<tr>
<td>• Supervise and support homework and assignments</td>
<td></td>
</tr>
<tr>
<td>• Review school diary</td>
<td></td>
</tr>
<tr>
<td>Getting child prepared for school</td>
<td>21</td>
</tr>
<tr>
<td>• Lunches, uniform, notes etc</td>
<td></td>
</tr>
<tr>
<td>• Ensuring their attendance</td>
<td></td>
</tr>
<tr>
<td>Advocacy for child educationally, including:</td>
<td>14</td>
</tr>
<tr>
<td>• Research and support best school choice</td>
<td></td>
</tr>
<tr>
<td>• Obtaining assistance at and after school</td>
<td></td>
</tr>
<tr>
<td>Commitment to education</td>
<td>12</td>
</tr>
<tr>
<td>Promote education and the child reaching their educational potential</td>
<td></td>
</tr>
<tr>
<td>Support like own children</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 20: Proposed School Principal Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the background and needs of children in care and supporting teachers to understand in a confidential way</td>
<td>18</td>
</tr>
<tr>
<td>Liaising and working together with caseworkers including:</td>
<td>17</td>
</tr>
<tr>
<td>- Provision of school reports and test results</td>
<td></td>
</tr>
<tr>
<td>- Attending relevant meetings</td>
<td></td>
</tr>
<tr>
<td>Coordination of support at school and monitoring the progress of children in care</td>
<td>15</td>
</tr>
<tr>
<td>Managing the school</td>
<td>11</td>
</tr>
<tr>
<td>- Enrolling students in care</td>
<td></td>
</tr>
<tr>
<td>- Meeting occupational health and safety requirements</td>
<td></td>
</tr>
<tr>
<td>- Meeting educational requirements for the school</td>
<td></td>
</tr>
</tbody>
</table>
### Table 21: Proposed Teacher Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of the circumstances of out-of-home care and appreciate and support the child’s needs being meet</td>
<td>15</td>
</tr>
<tr>
<td>Monitor child’s progress – academically, socially and behaviourally</td>
<td></td>
</tr>
<tr>
<td>- Communicate any issues that may arise with the carers and school principal</td>
<td>11</td>
</tr>
<tr>
<td>- Celebrating successes</td>
<td></td>
</tr>
<tr>
<td>Teach children effectively, have high expectations and implement learning plans</td>
<td>10</td>
</tr>
</tbody>
</table>

### Table 22: Proposed Out-of-Home Care Teacher Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for and arrange support and funding assistance for children in out-of-home care in the school setting when the child is in transition or experienced a critical event</td>
<td>17</td>
</tr>
<tr>
<td>Liaise and work with caseworkers, agencies, schools and Department of Education regional staff, including attend case conferences and education meetings.</td>
<td>20</td>
</tr>
<tr>
<td>Collect and exchange information including for school selection and enrolment</td>
<td>10</td>
</tr>
<tr>
<td>Increase school staff understanding of the needs of children in out-of-home care</td>
<td>6</td>
</tr>
</tbody>
</table>
Table 23: Proposed Birth Parents Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage, show interest, celebrate successes and promote education to the children and review school reports</td>
<td>16</td>
</tr>
<tr>
<td>No role</td>
<td>14</td>
</tr>
</tbody>
</table>
APPENDIX X

Strategies

The strategies proposed by adults include overarching strategies across the care and education sector, strategies for individual children, the care and school environments and professionals within those environments.

1. Overarching Strategies

Strategy 1 – Promoting stability in placement and school

Stability in placement and schooling for children in care was proposed as a strategy by 71 stakeholders. The suggested ways of promoting this stability were many. The most common were: having supported and resourced placements, careful matching between children and carers, consideration of schooling when making a placement, active casework and a focus on children’s holistic needs. It was suggested that supporting placement stability would have the flow-on effect of supporting school stability. Yet, school continuity can also occur when the school is identified as the best school for the child’s needs and strategies are implemented to maintain this continuity.

   [School] it’s the only continuity; it’s the only thing with boundaries. They know what the teachers are like, they know what their friends are like and it’s an area that they can control, because you lose control of your home life… if the kids are doing well and they love the school, they need that, keep them going. [Caseworker]

Strategy 2 – Funding and services for education and well-being

The second strategy was for children in care to have access to further funding and services to assist them with their education and well-being. Of the 75 stakeholders who suggested this strategy, most felt there needed to be more resources and services readily available for children in care in both sectors to meet their education and well-being needs. A smaller number of stakeholders suggested an allocation of money should be made to individual children in
long-term care that was decided upon and spent on early and intense intervention by the local community service centre. The figure suggested varied between stakeholders; however, there was considerable support for this approach.

I think there should be an allocation to every child that comes into care that there is an expectation the Department will spend up to, guaranteed an amount depending on what their needs are as their needs change. [Caseworker]

**Strategy 3 – Support children to attend the best school for their needs**

There was support ($n = 28$) for children to be able to enrol and participate in the school that best meets their needs, whether it be a government or non-government school, and that they are financially supported to do so. Attending the right school that best meets their needs was also emphasised by the interviewed children.

So I really think you really need to look at the child and see where you think they fit best and where they’ll be the most comfortable and where they’re going to get the most support. [Carer]

2. Individual Strategies

The four individual strategies that were given the highest priorities by adult stakeholders were: tutoring, mentoring, holistic support services and children having relationships significant adult.

**Strategy 4 – Tutoring**

Fifty-seven stakeholders suggested tutoring for individual children as an important strategy to improve their educational outcomes. The key points made regarding tutoring were that it should be intensive and one-on-one to bring children to a level similar to that of their peers or to help them to continue successfully in their later years of high school. A number of stakeholders emphasised that the tutor should be someone that the child likes and can develop an ongoing relationship with. Several education stakeholders
felt it was important for the tutoring program to complement the school curriculum. The majority of stakeholders felt that Community Services can and should fund tutoring for children in care who require this assistance. Carers living in rural areas noted the difficulties in accessing tutoring, with the closest accredited tutor being an hour or more away, so alternatives were required. The final important point made by stakeholders was that the child must to be willing to participate in the tutoring.

**Strategy 6 – Access to holistic support services**

Stakeholders \((n = 43)\) identified that for children in care to succeed in their education, all of their other needs must be addressed. Stakeholders saw it as the responsibility of support services to help children come to terms with abuse, neglect, trauma, grief and loss experienced before and once in care, as well as to support relationships and positive behaviours in care and to support with developmental areas. The types of support services suggested included: psychologists, eye and hearing assessments, occupational therapy, speech therapy, counselling, PANOC support\(^5\) and psychiatric services. Stakeholders argued that the key features of holistic support of children in care included planning and working together with an interdisciplinary, multi-agency approach to meet children’s needs, inside and outside of the school and care environment.

There is a broad context that education operates from. There are many aspects in their lives - health, relationships, safety, security, life trajectory plan and education has a role in that... The interactions are so complex it is important the groups are working towards them all – no one indicator can support education. [Department of Education]

**Strategy 7 – Mentoring**

Mentoring of children in care to support educational outcomes was recommended by 37 stakeholders. The mentoring proposed could be in, or outside, the school environment, formally structured or informal. Similar to

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\(^5\) Community-based child protection therapy team for Physical Abuse and Neglect of Children (PANOC), within the Department of Health.
tutoring, stakeholders suggested the relationship between the children and mentor was critical and there was a need for consistency, stability and longevity in this relationship. There was a particular emphasis on mentors being from the same cultural background for Aboriginal and Torres Straits Islander children. The role of the mentor is as an education ‘enthusiast’ who is supportive of the child and their schooling progress. The mentor was also seen to play a role in developing a child’s self esteem and social skills, as well as in supporting children to identify their own needs.

I would want to be able to have a mentor for each child….someone that could spend significant amounts of time with each child every week so they have a trusting relationship with the child, the child would trust them and talk to them and they could get a bit of a picture about what the child’s needs are and how we could go about meeting them. [Caseworker]

**Strategy 8 – A significant adult supporting the child’s education**

Closely linked tutoring and mentors, the next-highest strategy for individual children was having a significant adult interested in and supportive of children’s educational progress, with 34 stakeholders suggesting this was an important strategy. The significant adult needs to demonstrate to the child that they are interested in their educational progress and check in with them regularly. The need for consistency in this relationship and for the adult to take on an advocacy role was further highlighted. There was diversity in views of who could take this role, with suggestions of someone within the school community, or the child’s carer or caseworker. One of the key points was that the child should feel they could go to this person, be listened to, and supported.

What help is to find a key person in the school, who is on the side of the child or young person. So it doesn't matter who it is, it could be the deputy principal, it could be the welfare teacher, it could be a teacher aide. They usually have a clue as to what helps that child or young person get on better and they are in school and they can say I worked really well with that child and everyone listens to them. And the child has someone they can go to and feel supported. [Non-government caseworker]
3. Care Environment Strategies

Strategy 9 – Carers advocating for children

Thirty-three stakeholders spoke of the importance of carers being the advocates for children in care in the school environment. The two key points about this strategy were firstly, that carers who are confident to advocate for children in their care support better educational outcomes for children, and secondly, that for many children in care, carers are the only people who can, or are available, to be the child’s advocate. Stakeholders reported that tenacious carers, who can confidently advocate for children, ensure that the children receive the services they need and are not overlooked. A further positive outcome of the carer being the child’s advocate was that the child felt valued and that their education was important. Yet, many caseworkers reported carers need support from the care sector to advocate in a way parents of other children do, to appreciate the importance of this and to be empowered to do so.

We need to be able to do in that training process and in that matching process …so that those carers are able to, they’re given to consent to, permission to advocate nearly as ferociously as you would you own child, in the same setting. [Caseworker]

4. School Environment Strategies

The five most prioritised school environment strategies from adult stakeholders were: education assessment, accessing Department of Education Out-of-Home Care Program, alternative learning environments, teacher’s aides and remedial work. Other suggested school environment strategies included: individual education plans (n = 24), repeating a school year to catch up (n = 22), enrolment at special purpose school (n = 21), designated teachers (n = 20) and alternatives to suspension (n = 15).
Strategy 10 – Educational assessment

Fifty-two stakeholders recommended educational assessment of children in care as a strategy to improve their educational outcomes. The key purpose of the educational assessment was to identify academic strengths and weaknesses and address any issues. Most stakeholders said the educational assessment should be in conjunction with assessment of concurrent needs including speech development and occupational therapy. Stakeholders argued the need for routine and rigorous educational assessment during transition periods within the education and care system, in particular on entry to care and during the transition to high school. This is also supported by the literature (Evans, Scott, & Schulz, 2004). The importance of sharing the information in educational assessments to avoid over assessment was also identified. Many stakeholders reported schools and Children’s Court were undertaking these assessments, yet not necessarily sharing that information.

Make sure there is an assessment of the kid’s academic ability. … I particularly think it’s important because these kid lives have been mucked around, so in order to do a plan you have to know where you’re starting from, what you need to put in and where you’re heading. [Education staff member]

Strategy 11 – Alternative learning environments

Forty-nine stakeholders proposed the availability of a variety of alternative learning environments was important for children in care. The key point made by stakeholders was that some children in care do not cope within the mainstream school environment and require alternative education settings; particularly children who enter care late and with large gaps in their education. Stakeholders suggested experiential learning, one-on-one or in small group situations, and vocational education and employment preparation programs as potential alternative learning environments for children in care. A few carers supported home schooling, however, generally home schooling and particularly distance education were not widely endorsed, as the children and their carers or workers were not sufficiently supported or confident to undertake this. There were several examples reported of successful
alternative learning options in local communities, however, most participants felt there needed to be greater opportunities, particularly based at local public schools. Most participants acknowledged that in some geographical areas there was a lack of options. Most out-of-home care stakeholders argued the provision of alternative school settings for compulsory school aged children should be the education department’s responsibility, although in Victoria, models to educate young people in care are being developed in partnership between non-government agencies and departments to respond to the educational needs of children and young people who have special learning, emotional and social needs and who are often disengaged from mainstream education.6

I really think as a group their needs to be looked at what alternative education environments, rather than saying the only education needs is the Department of Ed. I’ve got a feeling that’s probably going to be right for probably 70 or 80 percent of these kids, but these other kids what do we need and what do we need to provide? [Education staff member]

**Strategy 13 – Accessing the Department of Education and Training’s Out-of-Home Care Program**

Accessing the Department of Education’s Out-of-Home Care Program to support integration to a new school and during times of transition or change was suggested by 46 stakeholders. This program was highly regarded as a support for children, although many stakeholders suggested that the program be expanded so that the funding support and support from the program teachers take place over a longer period and cater for more children, including older children (15+) in care. Many stakeholders suggested that utilising the Out-of-Home Care teacher when determining the most appropriate school was of great benefit. Out-of-Home Care teachers also played an important role in providing advice and education to school staff.

She [the out-of-home care teacher] has been fantastic and nothing is too much trouble for her to work with the school, work with the kids, and the family, and

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6 For more information see the following website
Strategy 14 – Teacher’s aide support

Teacher’s aides were nominated as an important strategy by 39 stakeholders as a way of supporting children in the classroom and playground. The first aspect to this strategy was that teacher’s aides needed to be specially trained in the area of special education, and needed to understand the particular needs of children in care. The second point was that an effective transition between the primary school and high school aides was essential. The final point was that use of an aide must be creatively implemented in high school to avoid differentiating the child from their peers. Many stakeholders reported some high school students were reluctant to have a teacher’s aide as a support, although the children in the study did not report this.

Strategy 14 – Catching up academically

Programs and resources for children to catch up academically were proposed as a strategy for children in care by 39 stakeholders. The first of four key points about this strategy was that children, following assessment, require an individualised and intensive one-on-one program with trained teachers that allows them to catch up with their peer group. The second point was about timely intervention. The catch-up program should be in place soon after entry to care and well before entry to high school. The third point was that in the high school setting there was a need for academic catch up programs, as placing children who are behind academically in Mild Intellectual Disability (IM) classes was unsuitable. The final point was that in order to avoid some children missing out existing programs such as Reading Recovery or Count Me In needed to be longer and they needed to be more flexible in their criteria for choosing what school year the program was offered.
Catching up – Early literacy programs like Reading Recovery produce good results, but there needs to be more flexibility. If the child comes to the school the year above the program target they are not able to access the program. Remedial reading at home through a home reading program where the adult is trained to support the child is also good. It depends on the amount of resources the family and school have. [Caseworker]

5. Professionals Strategies

The three most prioritised strategies from adult stakeholders for professionals were: educational monitoring of children by professionals, training and development and communication.

Strategy 15 – Educational monitoring of children by professionals

Twenty-nine stakeholders argued monitoring of the education of children in care was an important strategy. Stakeholders argued that school-aged children in care should be monitored both individually and as a group. Many stakeholders suggested the need for one central person within the school to whom all information is reported, who have the overall responsibility for monitoring the child in the school environment and reporting the information to the out-of-home care stakeholders. Caseworkers recommend school reports and NAPLAN results be sent routinely to them by schools to support their role in monitoring the education of children in care. For school-aged children in care, the group monitoring of educational results (that is NAPLAN results) alongside interventions, was recommended. Monitoring actions to improve educational outcomes through policies and resources facilitates evidence-based practice.

I think we do need to know how they are travelling and we do need to know whether the strategies we are putting in place are making a difference, because if we don’t know we can’t build on what works and of course we can’t stop doing what doesn’t work. [Stage 1 participant]

Strategy 16 – Professional development of professionals

Twenty-nine stakeholders identified professional development of adults as a strategy to improve their capacity to meet the educational needs of children in care. There were three aspects to this strategy: firstly, building inter-
disciplinar (education and care) understanding; secondly, increasing the understanding by education staff regarding the experiences of children in care, particularly trauma and attachment; and finally the educating out-of-home care stakeholders and agencies on supporting and prioritising education for children in care. Mutual understanding of how the different systems operate was said to enhance interagency cooperation by clarifying roles, responsibilities and available supports. Many stakeholders reported the value in this training being offered collaboratively. Increasing the understanding of school staff regarding the needs of children in care facilitates their responses to children and enhances the child protection training they receive. There was a suggestion that regular in-service sessions, conducted by out-of-home care teachers, should be introduced. Another suggestion was to broaden new teacher training to include this area. For out-of-home care stakeholders there was a demand for increased training for caseworkers, carers and agency staff. The training would be on, firstly how the education system operates and what resources are available; secondly, on how to be an advocate in school and how to be a support person in the home; and finally, how to understand the reporting materials of the education system. It was suggested that this training should be a component of initial carer and caseworker training, and should also be offered for professional development.
Strategy – 17 Improving communication between professionals

Twenty-eight stakeholders argued the importance of strengthening communication between the school, carers and caseworkers. Stakeholders’ strategies focused on two aspects: firstly, the communication between individuals; and secondly, interagency communication as part of collaborative planning, goal-setting and monitoring of a child. At an individual level, stakeholders argued for regular, timely, and honest communication, noting the reliance they had on the other parties to provide this. All of the stakeholders identified the importance of being made aware when something was happening in any aspect of a child’s life that could affect their education. There was also a call for communicating positive information about the child as well as negative. At an interagency level, the focus was on how confidential information exchange and clarity of roles and responsibilities strengthens communication. Stakeholders reported that having the information needed to make good decisions, using the information confidentially, and being clear about what actions are required, who will undertake these actions supports effective communication, working together and improved outcomes for the child.

I think the key thing is that everyone who’s involved with the child is actually communicating with each other. It's important as well that there’s some confidentiality around all of that. I mean some services, school for example, don’t need to know every last detail but they need to know enough that if there’s issues or problems or areas where kids need support, that they’re informed enough to be able to make an appropriate response. And I think we need to be, the department needs to be in communication with all these people that are involved as well. Because ultimately we’re the ones that are making the decisions so they should be aware, the school for example should be aware of who they need to contact... And I think that’s critical because then when things do arise, then we can kind of make a bit of a co-ordinated response. [Caseworker]
References Cited in Appendices


NSW Department of Education and Training. (n.d.). *Application to enrol in a NSW government school*.


