

Experiences of Education for Children in Care

Part 3: Literature scan

July 2019



VOICES
of Children

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

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TAMARIKI**
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The Voices of Children and Young People team at Oranga Tamariki supports the organisation to understand children and young people's experiences, needs and aspirations. The team helps to ensure children and young people's voices are heard throughout Oranga Tamariki. It also assists Oranga Tamariki to engage effectively and safely with children and young people of different ages, stages, communication abilities and cultures.

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EXECUTIVE SUMMARY

Purpose

The purpose of this literature scan is to provide up-to-date evidence about the educational experiences and achievements of care-experienced children and young people drawn from the existing national and international literature. This literature scan also explores the factors that impact on these educational experiences and achievements. This information will help Oranga Tamariki to explore the role that they and other government agencies can play in supporting positive educational experiences and outcomes for children in care.

Methodology

A search for peer-reviewed and grey literature was conducted using several academic databases and Google Scholar. Because of the large number of articles and reports focussing on the academic achievement and engagement of care-experienced children and young people, only systematic and narrative reviews were included for these topic areas. For articles and reports that explored the educational experiences of care-experienced children and young people, individual studies or reports (e.g., cross-sectional and observational studies) were included alongside systematic and narrative reviews. In total, 49 articles and reports were included in the final literature scan.

Findings

Educational achievement and engagement

Care-experienced children and young people are consistently found to encounter challenges in educational achievement and engagement. The achievement gap between care-experienced children and young people and their peers is relatively large, and is persistent across a number of areas, including literacy, numeracy, qualification achievement, attendance, and suspension and exclusion rates. Engagement and achievement rates in tertiary education are also lower for care-experienced young people compared with their peers. In particular, school transience is repeatedly found to have detrimental effects on educational achievement, due to differences in the timing and pace of how the curriculum is delivered at different schools. This means that care-experienced children and young people experience replication of the curriculum in some areas, and gaps in other areas.

Although care and school placement instability makes participation in extracurricular activities (such as sport) difficult, evidence suggests that care-experienced children and young people place a high value on participation in these activities. One reason for the high value placed on extra-curricular activities is because participation in these activities provides an opportunity to build young people's social and support networks.

Educational experiences

School and placement transience negatively impacts on the ability of care-experienced children and young people to experience a positive schooling environment and connection to their peers. This is important, because relationships with peers and school staff were consistently identified as vital to the educational success and wellbeing of care-experienced children and young people. Relationships with understanding, trusting and supportive adults who could advise them on their educational journey were viewed as particularly important. Building and maintaining these relationships can be difficult for care-experienced children and young people, who battle stigma and negative labels from peers, caregivers, school staff and care workers because of being care-experienced. This sometimes manifests in the higher rates of reported bullying experienced by care-experienced children and young people compared with their peers.

Influences on educational achievement and engagement

A number of factors have been identified that contribute to the lower rates of educational achievement and engagement for care-experienced children and young people. Some of these factors relate to the care system, including insufficient monitoring of educational progress, a lack of exposure to environments in which education is valued, and a lack of inter-agency collaboration. That said, there is strong evidence that suggests that the achievement gap may be the result of individual and environmental factors that were present prior to care entry, rather than being caused by the experience of being in care. These include special education needs, maltreatment, and socioeconomic deprivation. Once these factors are taken into account, the gap between care-experienced young people and their peers reduces, and in some studies becomes non-significant. Instead, emerging evidence suggests that there is some educational benefit derived from being in care, especially after the initial transition period. There is also evidence to suggest that the achievement gap between care-experienced young people and their peers reduces further if more time is allowed for care-experienced young people to achieve (i.e. if outcomes are measured beyond the teenage years).

A number of protective factors have also been identified that promote academic success in this population. These include supportive and encouraging adult mentors, access to support and resources (e.g., financial aid, housing assistance, educational pathway advice), and individual factors such as educational aspirations and persistence.

Influences on educational experiences

Several factors have been identified that contribute to positive views of the school environment, including receiving educational support and encouragement, having self-belief, and feeling connected with peers and school staff. Conversely, many young people reported that the emotional responses to being in care, school transience, and issues with disciplinary actions negatively impacted on their school experience.

Despite challenges with school transience, many care-experienced young people hold high educational aspirations, including a desire to attend tertiary education. Students who felt they had been held to high expectations by their peers and school staff had prosocial networks, and those who had meaningful and consistent involvement from caregivers, teachers and care workers were more likely to hold high academic aspirations.

Impacts of education on outcomes

Information on care-experienced children and young people once they have left education is limited, but available evidence suggests that education is a vital determinant of future outcomes for care-experienced individuals. Low educational achievement amongst this group has been linked with higher rates of unemployment and poverty.

Care-experienced young people are also less likely to engage in post-secondary education than their peers, with identified barriers including a lack of preparation for tertiary education enrolment and campus life, a lack of practical support and resources, and few long-term supportive relationships continuing after leaving secondary school.

Improving educational achievement and engagement

Care-experienced children and young people are a heterogeneous group, each possessing different strengths and needs. The literature suggests that they require tailored support and resources to promote their educational achievement and success. The literature also concludes that interventions involving policy and processes should focus on promoting the strengths of children and young people, and enhancing the supports and resources provided by schools and systems. This includes enhancing communication and information-sharing between agencies, and providing training on the needs and strengths of care-experienced children and young people to those involved in their care and education.

Many individual programmes have been developed to provide targeted support to care-experienced children and young people. These include New Zealand-based programmes targeting vulnerable children in general, including the Strengthening Families programme, the Intensive Wraparound Service, and Social Workers in Schools. In general, these programmes have been found to be successful at improving educational and wellbeing outcomes for children and young people (although the New Zealand-based evaluations have not separately assessed effectiveness for care-experienced children and young people in particular). Factors common to successful interventions include: adequate training for individuals delivering the programme; adherence to the planned intervention; flexibility to meet individual needs; and programmes that involve tutoring and relationship-building. There is some indication that young people prefer the programmes to be delivered in a home setting by their caregiver.

Extending support to those young people entering tertiary education could also be considered. Some themes in the types of support that care-experienced individuals find most useful for engagement in tertiary education include financial assistance, housing assistance, academic support, preparation for campus life, and career planning.

Improving educational experiences

Creating a positive school environment is key for keeping care-experienced children and young people engaged in education. Prioritising school stability is central to maintaining a positive school environment, which requires timely information-sharing and communication between agencies, as well as consideration of the wishes and needs of the child when making decisions about school placements.

Positive relationships are also vital to positive school experiences. Relationships with school staff and other care professionals can be improved by raising expectations for care-

experienced children and young people, providing more motivation and encouragement to engage in education, and avoiding labelling. The literature also suggests that greater focus on relationship-building and communication between individuals and agencies involved in the child's care is central to creating a sense of shared responsibility for academic progress and engagement. This could be achieved by co-locating care staff in schools, keeping better records of educational progress, and providing regular updates to caregivers.

INTRODUCTION

Purpose

The purpose of this literature scan is to provide up-to-date evidence about the educational experiences and achievements of care-experienced children and young people drawn from the existing national and international literature. This literature scan also explores the factors that impact on these educational experiences and achievements. This information will help Oranga Tamariki to explore the role that they and other government agencies can play in supporting positive educational experiences and outcomes for children in care. Throughout this literature scan, the term “care-experienced” children and young people has been defined as children or young people who have, at some point in their lives, been removed from their biological parents and placed into the care of the state. This includes those placed in the care of other family members (“kinship care”), and those placed into residential units/homes.

METHODOLOGY

Scope

This literature scan contributes to the existing evidence base by providing an overview of current literature as it relates to the research areas outlined in

Table 1.

Table 1: Key research areas

Information type	Experiences	Engagement and achievements ¹
Descriptive	Care-experienced children and young people's experiences of education	Care-experienced children and young people's engagement with, and achievements in, education
Influences	Influences on care-experienced children and young people's experiences of education	Influences on care-experienced children and young people's engagement with, and achievements in, education
Impacts	Impacts of educational experiences on outcomes for care-experienced children and young people	Impacts of educational engagement and achievements on outcomes for care-experienced children and young people
Solutions ²	How government agencies can improve educational experiences of care-experienced children and young people	How government agencies can improve educational engagement and achievements among care-experienced children and young people

¹Engagement is defined as things like attendance, stand downs, and exclusions. Achievements are broadly defined, and include educational qualifications as well as wider achievements such as sporting, artistic and other success outside of the curriculum.

²Particular focus is given to: government policies, programmes and interventions that improve educational engagement and achievement among care-experienced children and young people; and models of service that are designed to improve the educational experiences, achievements, and engagement of care-experienced children and young people.

The search was not limited by any particular timeframes, however sources of information were limited to peer-reviewed publications or grey literature from reputable sources (e.g., government departments or prominent NGOs) published in English.

Literature search

In total, information from 47 articles or reports was used to provide an overview of each of the key research areas. The following databases were searched between 11 and 27 July 2018:

- Cochrane Library
- CINAHL
- Education source
- ERIC
- ProQuest
- PsycINFO
- PubMed
- ScienceDirect
- Scopus
- Web of science

A search for grey literature was also conducted using Google Scholar.

To conduct the search we used combinations of subject/index terms where appropriate, in combination with key words. All search terms used in the scan are provided in Table 2. Searches were conducted using all possible combinations from each of the three columns, with the terms in the first column being used as subject/index terms. The search terms from the first and second column that were found to be the most effective in returning relevant information have been bolded.

Table 2: Literature scan search terms

Search term 1	Search term 2	Search term 3
Child*	In care	Education*/school experience
Youth	Out-of-home	Education*/school connection/connectedness
Young people	Foster care	Education*/school relationships
Adolescent	Care-experienced	Education*/school attendance/truancy/absence
	State care	Education*/school engagement/participation
	Away from home	Education*/school suspension/exclusion/stand down
	Looked after	Education*/school transience
	Protect* care	Education*/school achievement/attainment/outcomes/strengths
		Extra-curricular

Search term 1	Search term 2	Search term 3
		Cultural achievement/attainment/participation
		Sport* achievement/attainment/participation
		Music* achievement/attainment/participation
		Art* achievement/attainment/participation

The title and abstracts of initial returns were reviewed for relevance to the key research areas. The references used in articles or reports that passed this initial review, as well as lists of other documents that had cited these articles or reports, were also checked for any further relevant information sources. Material was excluded if it:

- focused on vulnerable or maltreated children or young people in general, rather than specifically on care-experienced children and young people; or
- focused on psychoeducation or other kinds of therapy (e.g., art therapy) in the context of mental health interventions.

From this first sweep, full texts for all potential inclusions (106 documents) were reviewed for relevance to the key research areas. Because of the large number of articles identified as relevant to the key research areas addressing educational engagement and achievements for care-experienced children and young people (73 documents), the decision was made to limit studies included in the final literature scan to systematic or narrative reviews for this research area (20 systematic or narrative reviews were identified). For articles and reports that explored the educational experiences of care-experienced children and young people, individual studies or reports (e.g., cross-sectional and observational studies) were included alongside systematic and narrative reviews. Further documents were also excluded because they were identified as duplicate studies, because they did not provide information relevant to the research areas, or because they related to a population other than care-experienced individuals. In total, 59 documents were excluded from the literature scan after reviewing the full text.

This left a total of 47 articles and reports included in the final literature scan.

Limitations

When considering the information provided in this literature scan, it is important to recognise that a systematic review of the literature was not conducted for this report. Although the search of the literature was relatively detailed and extensive, it is likely that some research or reports that address the key research areas were not identified in the search (and therefore not included in this report).

Furthermore, the quality of each study or report was not formally assessed in this literature scan. As a result, this report includes information from reviews that provided useful information but lacked some important components such as clear eligibility criteria, search strategies, study selection processes, and assessment of methodology and bias in individual studies. We have also included information sourced from individual studies, which may be more subject to bias than research that collates findings across several studies and analyse the results as a whole. While we have attempted to address these limitations by clearly

indicating the source of information presented in this literature scan, it is important that the information presented from non-systematic reviews or individual studies are interpreted with caution.

A final limitation of the current literature scan is that most of the evidence included has been sourced from outside of New Zealand, primarily from the USA, Canada and the UK. Although the educational and child welfare systems in these jurisdictions are broadly similar to New Zealand's, care needs to be taken when generalising the findings to the unique cultural and environmental context of New Zealand. In particular, no information was found on educational outcomes and experiences specific to care-experienced Māori children and young people. Further New Zealand-based research is required to identify whether the learnings and evidence found overseas are also applicable here.

EVIDENCE FROM THE LITERATURE

Educational engagement, achievements and experiences of care-experienced children and young people

Education is considered one of the core components to individual and family or whānau wellbeing, partially because of its link with other core wellbeing domains such as employment and connectedness (Superu, 2016). This suggests that education should be a primary focus in efforts to improve the long-term wellbeing of individuals facing disadvantages or challenges in life, such as care-experienced children and young people. This section summarises the available evidence on the educational engagement, achievement and experiences of care-experienced children and young people.

Educational engagement and achievement of care-experienced children and young people

Key findings

Care-experienced children and young people are consistently found to encounter challenges in educational achievement and engagement. The achievement gap between care-experienced children and young people and their peers is relatively large, and is persistent across a number of areas, including literacy, numeracy, qualification achievement, attendance, and suspension and exclusion rates. Engagement and achievement rates in tertiary education are also lower for care-experienced young people compared with their peers. In particular, school transience is repeatedly found to have detrimental effects on educational achievement, due to differences in the timing and pace of how the curriculum is delivered at different schools. This means that care-experienced children and young people experience replication of the curriculum in some areas, and gaps in other areas.

Although care and school placement instability makes participation in extracurricular activities (such as sport) difficult, evidence suggests that care-experienced children and young people place a high value on participation in these activities. One reason for the high value placed on extra-curricular activities is because participation in these activities provides an opportunity to build young people's social and support networks.

A consistent finding within the literature is that care-experienced children and young people encounter significant challenges related to school engagement and achievement. A recent systematic review of literature from the USA, Australia, UK and other European countries on care-experienced individuals aged 17 and over found that all 32 included studies reported significantly lower school success and graduation for care-experienced individuals compared with their peers (Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017). This gap in achievement is found across countries and time, and is relatively large in size. As noted by Berridge (2012) in his narrative review of the literature, only a quarter of young people in the UK who have been in care for at least one year obtain grades C or higher in their GCSE exams (equivalent of 'achieved' or higher in NCEA Level 1), compared to three-quarters of their peers.

A further narrative review of the literature conducted by (Ferguson & Wolkow, 2012) found that twice as many care-experienced children and young people repeat a school year compared with their peers.

A recent systematic review of 28 studies conducted in the USA, UK, Australia, and Canada assessed the impact that the experience of being in care has on educational outcomes for children and young people under the age of 18 (Luke and O’Higgins, 2018). Overall, the review found eight studies that reported a gap in educational engagement and achievements between care-experienced children and their peers (other studies included in the review assessed educational achievement and engagement after controlling for other confounding factors, and are therefore discussed further in section 3.2.1 of this report). This gap persisted across different outcome measures (including cognitive abilities, achievement, literacy, numeracy, attendance and exclusions) and throughout the education journey. Results from the eight studies included in this review that included a direct comparison between care-experienced children and young people and children in the general population are presented in Table 3.

Table 3: Findings regarding the educational achievement of care-experienced children and young people (adapted from Luke & O’Higgins, 2018)

Study and country	Participants	Results
AIHW (2007); Australia	895 children in care, aged 8 to 12.	Children in care had lower mean scores in literacy and numeracy across all five states in three school years. The gap between children in care and children in the general population achieving minimum expected standards for performance ranged from 2.3% (at age 8) to 32.3% (age 12). The average gap was 17.9%.
AIHW (2011); Australia	4,673 children in care, aged 8 to 12.	A lower proportion of children on guardianship/custody orders achieved the national reading and numeracy benchmarks than all children sitting these tests—ranging between 1 and 49 percentage points lower than all children. This pattern was consistent in grades 3, 5 and 7 across 2003 to 2006, and statistically significant in most cases.
Flynn & Biro (1998); Canada	43 children in care, aged 1 to 19.	41% of children in care repeated a grade compared with 9% of those in the comparison group.
Iglehart (1995); USA	111 children in care,	Percentage of children who met the criteria for a

Study and country	Participants	Results
	aged 16.	particular grade: 66.0% of children in kinship care 60.6% of children in foster care 89.9% of comparison group
Mitic & Rimer (2002); Canada	3,523 children in care, aged 5 to 18.	In grade 4 (age 10): 38.3%, 18.0% and 42.4% of children in care were performing below expected standards compared with 20.3%, 8.8% and 20.2% of children in the general population in reading, writing and numeracy, respectively. In grade 10, 56.8% of children were behind compared with 22.3% of children in the general population. For grade 12, the figures were 54.5% and 34.5%.
Rees (2013); England	193 children in care, aged 5 to 18.	Children in care had significantly lower average cognitive, reading and spelling test scores than children in the general population.
Townsend (2012); Australia	1,995 children in care, aged 5 to 18.	In Year 3, approximately 10% of students were in the lowest band for literacy and numeracy, compared with approximately 25% of children in care. In Year 5, less than 10% of students were in the lowest bands for literacy and numeracy, compared with 20% children in care. In Year 7, approximately 5% of students were in the lowest band for literacy and numeracy, compared with approximately 16% children in care.
Turpel-Lafond (2007); Canada	32,186 children in care, aged 5 to 18.	21.3% of children in care graduated high school, compared with 77.5% of the general population. National test results showed that the majority of children in care did not acquire the fundamental reading, writing and numeracy skills. The percentage of children in care who met or exceeded the provincial standard was approximately 30 percentage points below the general population for reading, writing and numeracy in both Grade 4 and Grade 7.

The results from Luke and O'Higgins (2018) largely reflected the findings from a previous systematic review of educational outcomes for care-experienced children and young people conducted in 2008 (Trout, Hagaman, Casey, Reid, & Epstein, 2008). This review included 29 studies with a combined sample of 13,401 children and young people based in the USA. Overall, findings across the studies suggested that care-experienced children and young people performed below their age level academically, in the low to low-to-average range on measures of academic progress. This was supported by teacher ratings, with teachers reporting that approximately one-fifth to one-quarter of care-experienced children and young people performed at levels below what was expected for their age. Additionally, across studies, care-experienced children and young people were typically found to have higher rates of absences, suspensions (11-65%), grade repeats (35-57%), school changes and school dropout (7-40%) than national comparison rates. Further findings related to engagement in education for care-experienced children and young people are discussed below.

Engagement in education

Engagement in education is also an area of difficulty for care-experienced children and young people. In their narrative review of the literature, Ferguson and Wolkow (2012) cite several studies that found higher rates of disciplinary referrals, suspensions and expulsions for care-experienced children and young people compared with their peers. They postulate that this may be related to the higher rates of behavioural problems demonstrated by care-experienced children and young people, with one study finding that 27% of 6 to 12-year-old care-experienced children scored in the clinical range on measures of behavioural problems.

Higher rates of suspension and expulsion were also found in a meta-analysis of 10 studies from the USA and Australia assessing disciplinary action amongst care-experienced children and young people (Scherr, 2007). Using a sample of 3,646 care-experienced children and young people, the analysis found that 24% of the sample had been suspended or expelled from school at least once. One study in the meta-analysis compared suspension and expulsion rates of 819 care-experienced children and young people with 67,865 peers, finding that 32% of the former group had been suspended or expelled at least once, compared with 13% of their peers. This meant that care-experienced children and young people were approximately three times more likely than their peers to be suspended or expelled from school.

Challenges with engagement are also experienced by care-experienced young people once they enter tertiary education. A systematic review of 29 studies conducted by Geiger & Beltran (2017a) found that care-experienced young people were almost twice as likely to disengage from tertiary study and were slower to graduate than first-generation, low income peers.

Extra-curricular activities

One study was identified that assessed the role of sport and physical activity in the lives of five boys aged between 12 and 17, who lived in a residential care unit (Quarmby, 2014). Although placement instability and institutional constraints made participation in sport difficult, sport and physical activity was viewed by the young people as being an important way to develop social networks.

In a survey of 57 care-experienced young people who had progressed on to higher education, 47% of the sample reported the use of extra-curricular activities as a way of persisting through their stressful experiences at school and home (Neal, 2017). Young people felt that involvement in activities such as sport was a positive way to cope with stress and expel negative energy. In follow up interviews with 11 of the survey respondents, 10 young people

indicated that they saw extra-curricular activities as positive distractions from their home lives. The young people were involved in a range of different activities, including sports, theatre, business leadership, internships, church, university preparation programmes, community service, and writing groups. The young people expressed that these activities were not just viewed as hobbies, but that the activities provided an external support system, allowed them to pursue something productive, and took them away from the challenges they experienced at home.

Educational experiences of care-experienced children and young people

Key findings

School and placement transience negatively impacts on the ability of care-experienced children and young people to experience a positive schooling environment and connection to their peers. This is important, because relationships with peers and school staff were consistently identified as vital to the educational success and wellbeing of care-experienced children and young people. Relationships with understanding, trusting and supportive adults who could advise them on their educational journey were viewed as particularly important. Building and maintaining these relationships can be difficult for care-experienced children and young people, who battle stigma and negative labels from peers, caregivers, school staff and care workers because of being care-experienced. This sometimes manifests in the higher rates of reported bullying experienced by care-experienced children and young people compared with their peers.

Some of the differences in educational experiences of care-experienced children and young people compared with their peers were explored by Tilbury, Creed, Buys, Osmond and Crawford (2014). They used a self-report survey to assess a range of educational experiences and engagement (e.g., "I enjoy the work I do in class") for 202 care-experienced young people (average age = 15.2 years) and 202 matched peers. Follow-up interviews were also conducted with 65 of the care-experienced young people. Overall, care-experienced young people were significantly more likely to report higher school engagement (including behavioural, cognitive and emotional engagement); however, they were also more likely to report lower self-aspirations, less academic support from their caregivers, and less school stability than their peers. The lack of stability in school placement (and the desire for greater school stability) was also raised as a major issue in focus groups with 16 care-experienced young people in the USA (Clemens, Helm, Myers, Thomas, & Tis, 2017). Young people who moved schools several times during middle and secondary schooling reported feeling removed and disengaged from their education. It also created gaps in their knowledge because of variations in course offerings and differences in how each school progressed through the curriculum over the year.

A qualitative study involving interviews with seven care-experienced young people aged 15 to 18 also explored some of the common educational experiences of this group (Quest, Fullerton, Geenen, & Powers, 2012). Several cross-cutting themes were identified in the interviews. Many of the young people discussed the lack of trusted advocates who were knowledgeable about the education system, leading to poor decisions regarding educational pathways. Each of the young people also expressed a sense of frustration with and distrust of the education system, and felt that they were not given the same chances as their peers to learn from their mistakes. Participants also discussed the importance of adult allies and mentors in supporting their educational journey. Where key adults in their lives, such as case workers, were unreliable and did not provide the supports that they said they would, many of the young people reported an

erosion of trust and a subsequent impact on the support available to them in their education. The importance of relationships was a recurring theme across the literature identified, and is discussed further below.

Although many care-experienced young people report negative experiences in school, as with educational outcomes it is important to consider these experiences in the context of their life and family history. A mixed-methods study involving semi-structured interviews with 26 care-experienced young people (as well as their carers, teachers and social workers) found that the often-dysfunctional environments experienced at home had a reported impact on the children's education, especially where the transition into care had been relatively recent (Berridge, 2017). Young people reported difficulty concentrating at school, and at-home stress materialising as behavioural and conflict issues with teachers or peers. Most of the young people interviewed felt that entry into care had benefited their lives and therefore their school experience and engagement.

Relationships

In their narrative review of the literature, Berridge (2012) highlights the crucial role that the school environment plays in providing continuity and acceptance for care-experienced children and young people, as well as the opportunity to develop pro-social relationships with peers and adults who can advocate on their behalf. The relationship between the child or young person and their teacher has consistently been found to be a protective factor for the care-experienced population, with higher quality relationships being linked to lower school drop outs and higher academic success (Benbenishty, Siegel, & Astor, 2018). The importance of relationship-building at school was supported by a Singapore-based study that included interviews ($n = 21$) and questionnaires ($n = 39$) conducted with primary school students in residential care (Celeste, 2011). The authors found that the general perception of school was positive amongst respondents, and that the most commonly referenced positive aspects of school typically related to social or play activities. Peers were seen as sources of companionship, support and compassion. The children also identified a healthy student-teacher relationship as central to their perceptions of school, with the teacher playing multiple meaningful roles in their lives including motivator, facilitator, carer and provider.

Although relationships play an important role in the school experience of care-experienced children and young people, studies have found that relationships can be difficult to develop and maintain for this group. A study involving qualitative interviews with seven care-experienced British 16 to 20-year-olds found that a history of loss or rejection often appeared to be compounded by transience and breakdown of relationships while in care, leading to difficulty developing strong and supportive relationships with their foster parents and care workers (Driscoll, 2013). Many of the young people interviewed felt that their relationship with their care worker felt more like a monitoring exercise rather than an effective and appropriate support in their lives. Many of the 26 young people interviewed in Berridge's (2017) study of care-experienced young people also reported that their foster parents were generally disinterested in their education and that they therefore had to be self-reliant in order to succeed.

Some of the reasons why relationships may be more difficult to develop for care-experienced children and young people were identified in a USA-based qualitative study of 25 care-experienced children aged 10 to 15, and 54 key adults in their lives (Finkelstein, Wamsley & Miranda, 2002). They found that nearly half of the children were not comfortable sharing information about their care status with other children. This was for several different reasons,

including fear of social stigma and uncomfortable questions or bullying. Because of this tendency to protect themselves from further trauma, approximately a quarter of children described themselves as having just one or no peer-aged friends at school. Many children also reported having difficulties controlling their behaviour at school, with around half of the children reporting behaviours such as yelling out in class, answering back or disobeying teachers, and fighting. Because of this, some children felt that they were labelled as trouble-makers and that many adults expected them to fail.

Findings from a qualitative study involving interviews and visual exploration methods with 67 care-experienced children and young people (aged 6 to 27 years) suggested that awareness of the label “looked after” and feeling different to school peers was more common as children got older (Mannay et al., 2017). This was exacerbated by being called out of class to attend care-related meetings, or having the meetings conducted at school where they were visible to peers. These events also had an impact on their school routine and ability to keep up with the work. Most of the young people also reported that the professionals they engaged with (including caregivers, social workers and teachers) often had low expectations for their achievement and career pathways.

This perception of stigmatisation and labelling was partially supported by interviews with school staff, with most personal interactions reported between school staff and care-experienced children centring around perceived behavioural problems and disciplinary needs. Most staff members believed that these behavioural and academic issues were a result of life instability and placement transfers. One Croatian-based study of 39 care-experienced young people found that many young people felt that teachers had lower expectations of them and applied lower standards to their work, which ultimately had a negative impact on their academic progress (Sladović Franz & Branica, 2013). This was especially the case for young people placed into residential care facilities.

The differing expectations of teachers for care-experienced children compared with their peers were also examined in a UK-based, mixed-methods study of 53 high school teachers (Elliott, 2002). Questionnaires asking about expectations of care-experienced children ($n = 26$) and their peers ($n = 27$) were completed by teachers, and followed up with a semi-structured interview. No significant differences were found in average scores between the two samples for expectations of ‘on task’ behaviour, task accuracy, task completion, attendance or perpetration of bullying. Teachers reported significantly lower expectations of homework being handed in on time for care-experienced children than their peers, and that they would expect care-experienced children to be the victim of bullying significantly more often than their peers. Overall, the results of the study indicated that teacher expectations were mostly equivalent for care-experienced young people and their peers, although it is important to note that the questionnaires related to hypothetical situations rather than actual responses to young people.

Despite indications of some issues with stigmatisation and labelling, most of the literature finds that care-experienced young people report having at least one adult that they can turn to for help or support, including family members or caregivers, teachers or other school staff (Driscoll, 2013). More than three-quarters of the children in Finkelstein et al. (2002) reported having a positive, trusting relationship with at least one member of the school staff. Case workers were seen as less of a support due to their tendency to change frequently, not turn up when they were supposed to, and give them contradictory information about their situations. Children also reported varying degrees of engagement in their education displayed by their foster parents. Those who tended to be more interested in their educational progress were

foster parents biologically related to them (e.g., grandparents). School staff also reported often having difficulty engaging with foster parents on school-related matters.

Bullying

Not all of the relationships that care-experienced children and young people are exposed to at school are positive. Benbenishty et al. (2018) investigated the educational experiences of care-experienced young people aged 14 to 17 using responses to the 2011-2012 and 2012-2013 iterations of the California Healthy Kids Survey. The final sample included 1,576 care-experienced young people and 393,792 peers. Overall, results showed that after controlling for ethnicity, age and gender, care-experienced young people were significantly more likely to report more negative school-related experiences, including higher rates of discrimination, victimisation, feeling unsafe at school, and lower rates of belongingness, having adult support in school, and school participation. Care-experienced young people were also significantly more likely to report skipping school and achieving lower grades. Notably, once all reported school experiences were controlled for in the analyses, there was no significant difference in reported grades between care-experienced young people and their peers. This suggests that some of the achievement gap discussed in the previous section may be caused by a perceived negative schooling environment for care-experienced children and young people. Conversely, it also suggests that a positive schooling environment could act as a protective factor in terms of reducing the impact of negative life experiences on educational outcomes.

Experiences of bullying were also explored in a study involving 33 care-experienced 10 to 16-year-olds in the UK (Rao & Simkiss, 2007). The young people completed an anonymous, self-report questionnaire that asked about their experiences of bullying in the most recent school term; the survey included all bullying experienced, not just bullying related to being in care. Overall, 30% of the young people reported experiencing bullying over the past term, with 6% reporting that this occurred several times a week. This was roughly equivalent to nationally reported rates of bullying (27%). Verbal bullying was the most common form of bullying experienced (66%), followed by physical bullying and rumours being spread (20% each). There were no differences in reported health between young people who reported being bullied and those who did not.

Influences on educational engagement, achievements and experiences

Although studies consistently find lower rates of educational achievement, engagement and positive school experiences for care-experienced children and young people, we also know that care-experienced children and young people are heterogeneous in terms of their individual characteristics, backgrounds, and living circumstances. It is reasonable to expect these different characteristics and circumstances to also have an impact on the outcomes of individual children and young people that are not visible at the aggregate level. With this in mind, this section reviews the existing evidence on how these individual and environmental factors influence educational outcomes for care-experienced children and young people.

Influences on educational engagement and achievements

Key findings

A number of factors have been identified that contribute to the lower rates of educational achievement and engagement for care-experienced children and young people. Some of

these factors relate to the care system, including insufficient monitoring of educational progress, a lack of exposure to environments in which education is valued, and a lack of inter-agency collaboration. That said, there is strong evidence that suggests that the achievement gap may be the result of individual and environmental factors that were present prior to care entry, rather than being caused by the experience of being in care. These include special education needs, maltreatment, and socioeconomic deprivation. Once these factors are taken into account, the gap between care-experienced young people and their peers reduces, and in some studies becomes non-significant. Instead, emerging evidence suggests that there is some educational benefit derived from being in care, especially after the initial transition period. There is also evidence to suggest that the achievement gap between care-experienced young people and their peers reduces further if more time is allowed for care-experienced young people to achieve (i.e. if outcomes are measured beyond the teenage years).

A number of protective factors have also been identified that promote academic success in this population. These include supportive and encouraging adult mentors, access to support and resources (e.g., financial aid, housing assistance, educational pathway advice), and individual factors such as educational aspirations and persistence.

The impact of the care system

A number of theories have been put forward to explain how engagement with the care system contributes to the educational achievement gap previously outlined. These theories include: limited and/or variable access to education; instability in home or school placement; poor familial or social connectedness; failure of the care system to meet the needs of children and young people; insufficient oversight of (and sense of responsibility for) educational performance and outcomes by the care system; poor record keeping and transfer of information; and poor inter-agency collaboration (Evans, Brown, Rees, & Smith, 2017; Ferguson & Wolkow, 2012; Luke & O'Higgins, 2018).

In terms of poor inter-agency collaboration, one study included in Ferguson and Wolkow's (2012) narrative review of the literature found that there were numerous reasons behind the lack of collaboration in the USA, including adversarial and non-collaborative relationships between agency staff, lack of co-operation and communication, and mutual mistrust and hostility between agencies. The lack of clear and formalised guidelines regarding the responsibility for educational progress of care-experienced children and young people by those involved in their care was also identified as a major barrier for collaboration.

A systematic review of 29 studies conducted by Geiger & Beltran (2017a) identified a number of other factors that contribute to poorer outcomes in tertiary education for care-experienced young people. These included: having a history of mental health, emotional or behavioural problems; working too many hours per week (which young people often had to do to support themselves through tertiary education); and experiencing barriers accessing healthcare. A further systematic review of 39 studies assessed associations between various personal and environmental factors, and educational outcomes for care-experienced children and young people (O'Higgins, Sebba, & Gardner, 2017). Individual-level factors that were found to have a significant influence on educational outcomes included special education needs, poor mental health, cognitive ability, and physical health. Pre-care experiences (including poverty, maltreatment and exposure to substance abuse), involvement and support of carers in education, and placement mobility (particularly where the new placements were unstable)

were also found to influence educational outcomes. Age and being placed in kinship care were not found to have a strong independent influence on educational outcomes for care-experienced children and young people. The authors concluded that the mixed findings relating to many factors was indicative of the heterogenous nature of the care-experienced population, and highlighted the need for further study of protective factors that might be leveraged to promote educational success.

The heterogeneity of care-experienced children and young people was also highlighted in a qualitative study involving interviews with 18 care-experienced university leavers in Australia (Mendis, Gardner & Lehmann, 2015). Their analysis identified that: individuals varied across a range of care circumstances and personal characteristics (including available resources, exposure to positive or negative influences about education, aspirations, and level of support); that each factor had a different effect on educational pathways; and that the promotion of educational success therefore requires carefully tailored support and resources.

Providing further information on the impact of the care system on educational outcomes, a qualitative study of 80 care-experienced 18 to 20-year-old school leavers found that very few young people mentioned being in care as an environment in which educational participation and success was valued, and necessary resources were available (Cameron, 2007). Instead, several participants reported negative experiences of being in care, with some noting that this had a negative impact on their education. For example, foster carers reportedly questioned the academic capability of the young people. Among those who were currently engaged in tertiary study, self-reliance and autonomy were commonly-reported factors that contributed to educational success. These internal attributes were viewed as necessary given a lack of formalised support for their educational progress, including a lack of financial aid.

Some additional barriers reported by care-experienced young people as preventing them from achieving educational success were also identified in Ferguson and Wolkow's (2012) review. These barriers included school transience, high rates of suspensions and exclusions, poor-quality alternative education programmes, the stress of being placed in care, the difficulty of being separated from family, and stigmatisation from peers, teachers and social workers.

The impact of individual and family history

It is important to recognise that correlational findings presented in many studies assessing the association between the care system and educational outcomes are not necessarily indicative of a causal relationship between experiences of care and poor outcomes (Evans et al., 2017; Luke & O'Higgins, 2018). This is because there are a number of other factors that are highly correlated with care experience (e.g., maltreatment, socioeconomic deprivation) that could also independently explain the educational disadvantages faced by care-experienced children and young people. Indeed, one large study of 2,305 care-experienced children and 4,335 at-risk children who remained in the home reported in Luke and O'Higgins' (2018) systematic review of the literature found that the achievement gap for care-experienced children is much lower when they are compared with children who face similar challenges and disadvantages. This indicates that at least some of the achievement gap can be explained by experiences and factors not directly related to the care system itself. The amount of influence that these other factors have is the subject of current research.

The systematic review of 28 studies conducted by Luke and O'Higgins (2018; described in the previous section) identified 11 studies that attempted to isolate the effect of care experience on educational outcomes, after controlling for other confounding individual and environmental

factors. Results from these studies are presented in Table 4 (overleaf). Overall, these studies showed that the differences in educational achievement between care-experienced children and young people and their peers reduce, and often become non-significant, once the disadvantages commonly faced by care-experienced children and young people are taken into consideration. This indicates that the life experiences prior to being placed in care, or other factors that are not directly impacted by engagement with the care system, may account for some of the achievement gap. Luke and O'Higgins note that the studies they reviewed were all relatively large in terms of sample size and used robust statistical analyses, lending credibility to their combined findings. That said, most of the studies were cross-sectional rather than longitudinal, meaning that the progress of children was not measured over time. Longitudinal research is important for strengthening our understanding of the causal link between care experience and educational outcomes, however, current longitudinal research in this area is minimal and often limited by poor methodology and short follow-up times (Luke & O'Higgins, 2018).

Luke and O'Higgins (2018) concluded that there is limited evidence that being in care is a causal factor for poor educational outcomes. Instead, they posit that more attention should be paid to understanding the processes related to early childhood and family experiences and their impact on later outcomes. Berridge (2012), in their narrative review of the literature, also conclude that the preponderance of evidence suggests that much of the achievement gap between care-experienced children and young people and their peers can be explained by environmental or individual factors other than the direct influence of the care system. In particular, Berridge notes that care-experienced children have high rates of special education needs, which have large impacts on academic achievement. This was supported by a meta-analysis of 24 studies assessing the access of special education services by a sample of 14,757 care-experienced children and young people and 1,796,516 peers (Scherr, 2007). Overall, the likelihood of care-experienced young people being eligible for or receiving special education services was approximately five times higher than their peers. Other key factors identified by Berridge (2012) include poverty, neglect and abuse, parental engagement, parental divorce, and parental employment and education.

Table 4: Studies assessing educational outcomes after controlling for individual and environmental factors (adapted from Luke & O'Higgins, 2018)

Study	Research (R) and age-matched comparison (C) groups	Factors controlled for	Results
Berger et al. (2009); USA	R: 2,453 children in care, aged 4 to 17 C: children in contact with children's services	None reported	No significant differences in test scores between children in care and comparison group in any analysis
Berger et al. (2015); USA	222,049 total sample R: children in care, aged 6 to 17 C: children in contact with social services	None reported	No significant differences in test scores between children in care and comparison group
Fantuzzo & Perlman (2007); USA	R: 355 children in care, aged 7 to 8 C: 11,480 children in the same area, including maltreated children not in care	Gender, ethnicity, SES, birth risks, maltreatment	Children in care were at greater risk of underperformance across a range of measures compared with children in the general population (all odds ratios below are for children in care). Before controlling for maltreatment, children in care were significantly more likely to have: <ul style="list-style-type: none"> • a literacy score more than 1 SD below the mean • a language score below the 15th percentile • reading achievement below the 15th percentile • a science score below the 15th percentile, and

Study	Research (R) and age-matched comparison (C) groups	Factors controlled for	Results
			<ul style="list-style-type: none"> • greater risk of exclusion. <p>However, after controlling for maltreatment, there was no significant difference in reading achievement, and differences in literacy, language and sciences scores were reduced.</p> <p>There were no significant differences between children in care and their peers in the likelihood of:</p> <ul style="list-style-type: none"> • reading test scores below the 15th percentile • maths scores below the 15th percentile • vocabulary scores below the 15th percentile • attendance rate in the lowest quartile, and • repeating a grade.
Font & McGuire-Jack (2013); USA	R: 682 children in care, aged 6 to 17 C: 448 children in contact with children's services	None reported	Performance was measured at two time points. Performance of children was not different from children at home at either time point.
Kortenkamp & Ehrle (2002); USA	R: 819 children in care, aged 12 to 17 C: 12,744 children in high-risk parent care, and 67,865 children	None reported	Exclusion rates: children in care 32%, children in high-risk parent care 26%, children in parent care 16%. Children in care were significantly more likely to be excluded than children in parent care, but there was no significant

Study	Research (R) and age-matched comparison (C) groups	Factors controlled for	Results
	in parent care		difference between children in care and children in high-risk parent care.
MacLean et al. (2017); Australia	R: children in care C: children with child protective service involvement and children in the general population	Gender, birth anomalies, SES, aboriginal ethnicity, preterm birth, birth weight, maternal and paternal marital status, age, mental health, substance misuse, assault, neighbourhood social disadvantage, remoteness, time in care, number of placements, placement type	<p>Before controlling for confounding factors, the proportion of children who had reading scores in the lowest 10% was: 9.4% of children in the general population; 23.9% of children in foster care; and 32.0% of children in kinship care.</p> <p>After controlling for confounding factors, there was no significant difference in the likelihood of having a low reading score between children who had been in one care placement or four or more placements, and children who had never been in care. However, children who had been in two or three placements were still significantly more likely to have a low reading score than children who had never been placed in care.</p> <p>When Aboriginal children only were examined, there were no differences in the likelihood of having a low reading score between children never in care and those with any number of placements.</p>
McClung & Gayle (2010); Scotland	R: 1,407 children in care, aged 15 and over C: children living at home but	Placement type (e.g., kinship, foster), gender, age at and reason for engaging with social services	Before controlling for confounding factors, 21.3%, 27.5% and 88.1% of children in foster care achieved no awards at levels 4, 5 and 6 of the Scottish Qualifications Framework, compared with 63%, 75.9% and 98.9% of

Study	Research (R) and age-matched comparison (C) groups	Factors controlled for	Results			
	supported by social services		<p>children receiving social services support at home. All differences were significant.</p> <p>After controlling for gender, placement type and age at and reason for engaging with social services, children in foster care were still significantly more likely than children supported by social services at home to achieve Level 3 (1 award) or Level 4 (1, 3+ or 5+ awards).</p>			
Piescher et al. (2014); USA	<p>R: 2,122 children in care</p> <p>C: 6,875 children with child protective services involvement, and 410,491 children in the general population</p>	SES, ethnicity	<p>Before controlling for SES and ethnicity, the percentage children proficient in maths and reading was:</p> <p>General population: 66.5% and 72.9%</p> <p>Children protection group: 41.2% and 48.4%</p> <p>Children in care: 34.1 and 43.3%</p> <p>After controlling for SES and ethnicity, there was no significant difference in the likelihood of children in care achieving a maths or reading score over 50%, compared with the likelihood for children with children protective services involvement. However, children in care were still significantly less likely to achieve a maths or reading score over 50% than children in the general population.</p>			
Smithgall et al. (2004); USA	<p>R: 4,467 children in care, aged 6 to 18</p> <p>C: maltreated children in families, children in permanent</p>	Age, demographic characteristics, school attended	<p>Before controlling for confounding factors, the percentage of children in bottom quartile in third and eighth grade:</p> <table border="1" data-bbox="1339 1246 2060 1321"> <tr> <td data-bbox="1339 1246 1816 1321">Group</td> <td data-bbox="1816 1246 1944 1321">3rd grade</td> <td data-bbox="1944 1246 2060 1321">8th grade</td> </tr> </table>	Group	3 rd grade	8 th grade
Group	3 rd grade	8 th grade				

Study	Research (R) and age-matched comparison (C) groups	Factors controlled for	Results	
	placements, other children in same schools		Children in care	47% 43%
			Children with permanent placements	48% 38%
			Children with experience of abuse or neglect but remaining at home	47% 33%
			Other children in same school	34% 22%
			<p>After controlling for confounding factors, the difference in the proportion of children in the bottom quartile for grades 3 and 8 between children in care and other children at their school reduced significantly.</p> <p>Children in care were also more likely to be excluded than any other group</p>	
Warburton et al. (2014); Canada	R: 2,260 boys in care, aged 16 and 17 C: boys in contact with children's services	Instrumental variables	Young men in care were less likely to graduate than other young men who were in contact with children's services but not placed in care.	
Weiss & Fantuzzo (2001); USA	R: 500 children in care, aged 7 and 8 C: children in same school, including maltreated children with families	Low birth weight, physical condition at birth, lead poisoning, single or teen mother, maltreatment, age, SES	<p>Before controlling for confounding factors, children in care were significantly more likely to experience poor academic outcomes and low attendance, compared with other children in the same school.</p> <p>However, after controlling for confounding factors, there</p>	

Study	Research (R) and age-matched comparison (C) groups	Factors controlled for	Results
			<p>were no significant differences in poor academic outcomes or low attendance for the two groups.</p> <p>There was no significant difference in the likelihood of repeating a grade between the two groups, either before or after controlling for confounds.</p>

SD, standard deviation; *SES*, socioeconomic status

Educational impacts over time

The finding that many of the differences between care-experienced children and their peers can be at least partially explained by factors not directly related to the experience of being in care appears to refute the idea that engagement with the care system has a negative impact on the educational outcomes of children and young people. That said, it is notable that these findings also suggest that being placed in care does not appear to neutralise or reverse the negative influences of early childhood or family experiences. The question therefore remains whether being in care (compared with remaining in the family home) has a protective effect on educational outcomes.

As a part of their systematic review of the literature, Luke and O'Higgins (2018) conducted an analysis of national educational outcomes data for 642,805 UK 16-year-olds. This analysis confirmed the educational achievement gap between care-experienced young people and their peers, however, they also found that the length of time the young person was in care affected this difference. Young people who had been in care for at least the previous two years outperformed those who had entered care more recently (in both exam scores and school attendance), and they also had better outcomes than young people engaged with child protective services but who remained with their families. This indicates that there may be some benefit provided by care placements once children and young people have managed to settle through the transition period. Conversely, O'Higgins et al.'s (2017) systematic review reported mixed findings on whether increased time in care was linked to increased educational achievement, instead suggesting that the poorer rates of achievement related to short-term placements may be reflective of the disruptive effects of placement transitions.

The need to assess educational progress rather than static, cross-sectional measures of achievement was also highlighted by Berridge (2012) in their narrative review of the literature. Berridge cited one study that conducted qualitative interviews with 150 care-experienced children in the UK. This study found that most young people interviewed felt that they had received good quality care and that educational supports were generally good. These reports were supported by empirical evidence from a nine-month follow-up that showed that most young people had made progress across a range of social, behavioural and educational measures. Berridge (2012) also reports findings from a UK Department for Education report that found that the proportion of exam passes for 16-year-olds who had been in care for over five years were double that of peers who had been in care for 12-18 months. Although this was a cross-sectional study and did not follow the same people over time, this finding points to the importance of considering the time spent in care when assessing the relationship between being in care and educational outcomes. Berridge (2012) concluded that this demonstrates that the care system is not inherently harmful to young people's educational development and achievement.

The importance of assessing progress over time was further highlighted in a recent systematic review of 32 studies conducted by Gypen and colleagues (2017). They found multiple studies that indicated that care-experienced individuals have a higher chance of obtaining qualifications if they are given more time to do so. For example, one study based in the USA found that rates of high school graduation and qualifications were nearly equivalent for 29-year-old care-experienced individuals (85%) compared with their peers (87%). Another study found that only 33% of care-experienced 18-year-olds had obtained a high school degree, but that this percentage had risen to 73% by age 24. An additional study included in Ferguson and Wolkow's narrative review of the literature confirmed these findings, reporting that 80% of

care-experienced individuals aged 23 to 24 had obtained a high school diploma, and that 38% of the young women and 28% of the young men had progressed into higher education.

Protective factors for educational achievement

Although studies often find a gap in educational achievement at the aggregate level between care-experienced children and young people and their peers, it is important to recognise that not all care-experienced children and young people show this pattern (Brady & Gilligan, 2018). Indeed, a number of protective factors for care-experienced children and young people have also been identified.

In their narrative review of the literature, Harland (2014) discuss findings from a study of 129 care-experienced young people planning to enter higher education. Part of this study focussed on the factors that enabled success for a group of young people within the sample who obtained comparatively high rates of educational achievement. This group did not significantly differ from the rest of the sample in terms of their family background or pre-care experiences. The individuals instead attributed their success to encouragement from caregivers and other adults in their life. It was found that caregivers who were well-educated and placed high importance on education were more likely to provide this encouragement. Positive relationships with social workers were also cited by the young people as promoting academic success, as were regular school attendance and stability in placements.

The importance of relationships in promoting academic success was also identified in Ferguson and Wolkow's (2012) narrative review of the literature, citing a study that included interviews with 80 care-experienced children and young people. They identified that support, encouragement and acknowledgement of their progress by caregivers, teachers and social workers was responsible for their positive educational progress. This theme was also identified in Brady and Gilligan's (2018) narrative review of the literature, with studies finding that caregivers' and teachers' expectations, encouragement and support was vital to the success of care-experienced children and young people. Demonstrating the cross-cultural importance of relationships to educational success, a study involving 31 care-experienced young people in Croatia found that relationships with friends, care workers, and teachers who recognised their potential and were willing to help were primary factors that promoted positive education outcomes (Sladović Franz & Branica, 2013). Young people in this study identified participation in extra-curricular activities as an effective way to build these relationships. They also identified self-efficacy and self-belief as important contributors to academic success.

Factors that enabled success in tertiary education for care-experienced young people were identified through a recent systematic review of 21 studies exploring protective factors amongst this population (Geiger & Beltran, 2017b). Factors that were associated with tertiary retention and graduation were separated into tangible and intangible supports. Tangible supports included independent living preparation (e.g., academic skills training, housing, employment, and financial management), and tutoring or study assistance. Intangible supports included a perceived good fit with the college, social involvement, social supports, and participation in extracurricular activities. Most studies suggested that both tangible and intangible supports were more effective when provided prior to enrolment in tertiary education, right through to graduation. Individual factors were also found to be important in promoting tertiary education success, including assertiveness, independence, educational aspirations and persistence. Relationships with other supportive adults who encouraged them to do well in school were again found to be crucial to success.

A recent qualitative study involving interviews with 18 Australian care-experienced women with university degrees also provided insights into the factors that contribute to academic success for this population (Mendis, Lehmann & Gardner, 2018). Several of the themes identified related to factors that contributed to a conducive learning environment for the women. These factors included: exposure to people who valued education; positive social networks; and provision of financial and practical support (e.g., transport, tutoring). Several personal factors that contributed to academic success were also identified by the women, including the ability to advocate for themselves, perseverance, and academic motivation.

Engagement in extra-curricular activities

Engagement, and achievement, in extra-curricular activities is another important facet of overall engagement and achievement in education. Quarmby and Pickering (2016) conducted a systematic review of seven studies that assessed the facilitators of physical activity in care-experienced children and young people. The studies showed that there were several individual factors that contributed to the likelihood of care-experienced children and young people engaging in physical activity, including physical activity-related knowledge and skills, self-efficacy and socio-economic circumstances (lack of money was identified as a major barrier for engaging in leisure and social activities, including sport). Reflecting the previously-discussed importance of the social aspect of physical activity to care-experienced children and young people, studies found that children and young people were more likely to engage in sport if their friends were also participating. Several home-related factors were also identified that could limit involvement in physical activity, including rules and regulations associated with residential homes, living in a rural location, and limited access to sports equipment. Some of the barriers identified also related to the care system itself, including the impact of placement moves, and the lack of consideration of physical activity in case worker monitoring and support.

Influences on educational experiences

Key findings

Several factors have been identified that contribute to positive views of the school environment, including receiving educational support and encouragement, having self-belief, and feeling connected with peers and school staff. Conversely, many young people reported that the emotional responses to being in care, school transience, and issues with disciplinary actions negatively impacted on their school experience.

Despite challenges with school transience, many care-experienced young people hold high educational aspirations, including a desire to attend tertiary education. Young people who felt they had been held to high expectations by their peers and school staff, had prosocial networks, and those who had meaningful and consistent involvement from caregivers, teachers and care workers were more likely to hold high academic aspirations.

Views of the school environment

Views of the school environment were commonly discussed in the literature as being an important component of school engagement. Using surveys conducted with 202 care-experienced children and young people and 202 matched peers, Tilbury et al. (2014) statistically explored the determinants of school engagement (including cognitive and emotional engagement in school) for care-experienced children and young people. After

controlling for confounding variables (including school achievement), the authors found that receiving more caregiver support with their studies, having helpful case workers, and having fewer family attending university was associated with higher levels of school engagement. For most of the young people who felt positive about school, they reported being motivated to achieve and willing to invest effort. They often had clear ideas about their educational pathways into the future. Many young people felt that this effort and self-belief was crucial to their ongoing success.

Flexible and supportive school processes and structures also impacted on young people's views of school, including the provision of information sessions or courses that prepared young people for life after school. For those who felt negatively about school, issues were often raised regarding disciplinary actions (e.g., suspension or expulsion) or difficulties with academic requirements or relationships. Changes in schools and their related impact on social networks and ability to fully engage in the curriculum were also identified as negatively impacting on the connectedness and engagement of young people at school. Furthermore, in a study involving focus groups with 16 care-experienced 18 to 26-year-olds, young people also identified the emotional consequences of being in care, including responses to the events or circumstances that led them to being in care, as being hugely influential on their ability to fully engage while at school and to feel connected to other students (Clemens et al., 2017).

A systematic review of seven studies investigating post-secondary interventions for care-experienced young people included an assessment of factors that influenced young people's perceptions of their tertiary education experience (Randolph & Thompson, 2017). In one study, approximately half of care-experienced young people described their tertiary education experience as positive and reported feeling a sense of connectedness on campus. Individuals with more positive views of their experience tended to have more positive relationships with programme and academic staff. Young people attending institutions with campus-based support programmes were also more likely to report building relationships on campus, compared with those without access to such programmes.

Educational aspirations

The educational aspirations of care-experienced children and young people was another common theme explored in the literature. A mixed-methods approach was used in one study to assess the education experiences of 262 15 to 19-year-olds who had been referred to a programme to assist with the transition out of care (McMillen, Auslander, Elze, White, & Thompson, 2003). Most of the young people had difficulties with school instability, with 63% of the sample reporting at least one mid-year school move since seventh grade. Many of the young people also experienced behavioural and disciplinary challenges, with 73% of the sample being suspended at least once since seventh grade, a quarter having to repeat a grade, and just under a third of the sample reporting physical fights with students and verbal fights with teachers. Despite these challenges, 95% of the sample reported post-secondary education aspirations, including 70% wanting to attend university. After controlling for other individual and environmental factors, being female, being older and having fewer negative peers were associated with higher educational aspirations. Substance use and a tendency to externalise emotions were found to be the only factors independently associated with behavioural issues at school and having to repeat a grade. Placement history and maltreatment history were not found to be independently associated with any of the outcomes assessed.

The factors that contributed to educational aspirations and engagement in higher education were also explored in a mixed-methods study based in the USA (Neal, 2017). This study conducted a survey of school experiences with 57 care-experienced young people who had progressed to tertiary education, and then followed up with interviews with 11 of the survey respondents. Overall, young people who had enrolled in university had positive feelings about their school environment and felt that they had been held to high expectations by their peers and school staff. A number of individual characteristics were also identified as being important contributors to their educational pathway, including cognitive ability, being goal-oriented, and having high academic aspirations. Resistance was also identified as a key characteristic, including wanting to prove the labels and stigma often associated with care-experienced children and young people wrong. Their academic drive was also often associated with the desire to break the inter-generational cycle of disadvantage and to create a sense of autonomy over their lives. Meaningful and consistent involvement from caregivers, teachers and other care workers was also identified as being important for developing educational aspirations and a positive schooling environment.

Impacts of educational engagement, achievements and experiences on outcomes

Key findings

Information on care-experienced children and young people once they have left education is limited, but available evidence suggests that education is a vital determinant of future outcomes for care-experienced individuals. Low educational achievement amongst this group has been linked with higher rates of unemployment and poverty.

Care-experienced young people are also less likely to engage in post-secondary education than their peers, with identified barriers including a lack of preparation for tertiary education enrolment and campus life, a lack of practical support and resources, and few long-term supportive relationships continuing after leaving secondary school.

Information on the outcomes of care-experienced children and young people once they have left school is limited, perhaps partially because of the difficulty in tracking these individuals once they have left care (Harland, 2014). The limited amount of information that does exist suggests that education is a vital determinant of future outcomes for care-experienced individuals. For example, in a qualitative study of care-experienced 16 to 20-year-olds in Britain, six of the eight participants identified educational qualifications as important to their future success (Driscoll, 2013). Although all eight participants were unsatisfied with their current educational achievement, they all displayed continued motivation and commitment to pursuing their education and career goals.

In their narrative review of the literature, Harland (2014) reported that low educational achievement and poor school performance were the strongest risk factors for poor long-term outcomes amongst care-experienced children and young people. Some of these long-term outcomes were highlighted in Ferguson and Wolkow's (2012) narrative review of the literature, including findings that one-third of care-experienced individuals lived at or below the poverty line (three times the national USA rate), and more than 20% had some experience of homelessness after leaving care. Studies also found that care-experienced young people were more likely to have weak social support networks, and experienced mental health issues such as depression and anxiety, especially after having children.

Employment

One of the primary impacts of poor educational achievement that has been identified in the literature is the impact on employment. A recent systematic review of 32 studies reported that low educational achievement rates amongst care-experienced individuals has been associated with low employment rates (ranging from 15-80% unemployed, depending on the study), unstable employment patterns, and low income (Gypen et al., 2017). This effect appears to continue well into adulthood, with one study finding that the employment rate for care-experienced 30-year-olds is 15% lower than other 30-year-olds from low-income families. Annual income was also significantly lower for the care-experienced adults. An additional USA-based study found that by age 25, 10.5% of care-experienced males and 7.2% of care-experienced females were receiving social welfare, compared with 1.2% and 0.8% of their male and female peers, respectively.

These outcomes are to be expected based on evidence from the general population that higher education is often correlated with higher rates of employment. In other words, if care-experienced young people are obtaining qualifications at lower rates than their peers, one would expect this to have a negative impact on employment. Further compounding this effect, there is some evidence that the positive association between education and employment found in the general population might not be as strong for care-experienced individuals. A systematic review of 21 studies assessing successes and supports for care-experienced young people in tertiary education found that care-experienced individuals had lower income and employment rates than their peers, even when they had the same level of education (Geiger & Beltran, 2017b). This is perhaps an indication of the ongoing impacts of stigmatisation or disadvantage that care-experienced individuals experience after leaving school.

Engagement in post-secondary education

Another of the common outcomes of interest relating to education is the pathway from secondary education to tertiary education. Having a tertiary education has been linked to improved wellbeing (including both financial and social wellbeing) for individuals, however, only an estimated 10% of care-experienced young people enter higher education (Geiger & Beltran, 2017b) and only 1% attend university (Harland, 2014). That said, evidence from a narrative review of the literature suggests that a higher number of care-experienced individuals may participate in tertiary education later in life (Mendes, Michell, & Wilson, 2014).

A literature review on information relating to care-experienced young people entering tertiary education was conducted by Geiger and Beltran (2017b). They reviewed the findings from 13 peer-reviewed articles that assessed care-experienced young people's readiness, access, preparation and support based on their secondary education experiences. A number of barriers that prevented young people from entering tertiary education were identified. Studies commonly found a distinct association between the lack of long-term, consistent and supportive relationships with adults, providers and educators, and barriers for entering tertiary education. More permanent relationships with adults both in and outside of school were found to be important for setting boundaries, finding opportunities and resources, encouragement, and instilling a sense of self-belief, empowerment, and expectation. Mental health was another common barrier for care-experienced young people, including an inability to access appropriate mental health services. These issues made it harder for young people to focus and complete academic tasks, and also impacted motivation, relationships, and behaviours that promoted academic achievement. More systemic barriers associated with the child welfare

and school systems were also identified, including a lack of preparation for tertiary education (e.g., missed opportunities for extracurricular activities and specialised classes), missing documentation, and high school mobility leading to poor communication between educators and caregivers or support people. Although numerous barriers were identified in Geiger and Beltran's (2017b) review, there were also some strengths that were specific to care-experienced young people. For example, one study compared care-experienced young people who were intending to enrol at a tertiary institution to their peers, and found that the care-experienced population were more academically motivated, socially motivated, and more willing to use resources available to them on campus.

A further systematic review of the literature on post-secondary education experiences of care-experienced young people was conducted by Randolph and Thompson (2017). This review assessed findings from three studies that reported young people's views of their needs and challenges related to tertiary education. They identified five common challenges reported by the young people: housing (including housing in between school semesters/years); financial issues (e.g., balancing study and work); lack of support (social and professional) and feelings of loneliness; adjusting to campus life; and lack of preparation for the academic demands of tertiary education.

How government agencies can improve the educational engagement, achievements and experiences of care-experienced children and young people

The previous three sections have summarised the existing evidence regarding the educational achievements, engagement and experiences of care-experienced children and young people, including anticipated outcomes related to education. Given the consistent finding that care-experienced children and young people are disadvantaged in terms of education and related outcomes, our focus must be on reducing the gap in achievement and experience by enabling positive outcomes and removing any barriers to success. As such, this section reviews the existing literature on interventions that are effective in improving educational engagement, achievement and experiences for care-experienced children and young people.

Interventions to improve educational engagement and achievements

Key findings

Care-experienced children and young people are a heterogeneous group, each possessing different strengths and needs. The literature suggests that they require tailored support and resources to promote their educational achievement and success. The literature also concludes that interventions involving policy and processes should focus on promoting the strengths of children and young people, and enhancing the supports and resources provided by schools and systems. This includes enhancing communication and information-sharing between agencies, and providing training on the needs and strengths of care-experienced children and young people to those involved in their care and education.

Many individual programmes have been developed to provide targeted support to care-experienced children and young people. These include New Zealand-based programmes targeting vulnerable children in general, including the Strengthening Families programme, the Intensive Wraparound Service, and Social Workers in Schools. In general, these programmes have been found to be successful at improving educational and wellbeing outcomes for children and young people (although the New Zealand-based evaluations have not separately

assessed effectiveness for care-experienced children and young people in particular). Factors common to successful interventions include: adequate training for individuals delivering the programme; adherence to the planned intervention; flexibility to meet individual needs; and programmes that involve tutoring and relationship-building. There is some indication that young people prefer the programmes to be delivered in a home setting by their caregiver.

Extending support to those young people entering tertiary education could also be considered. Some themes in the types of support that care-experienced individuals find most useful for engagement in tertiary education include financial assistance, housing assistance, academic support, preparation for campus life, and career planning.

Policy and processes

One of the key themes in the literature regarding how government agencies can help to support positive educational outcomes for care-experienced children and young people is that the care system should not replicate the high-risk environment that many of these young people were previously exposed to. In their narrative review of the literature, Berridge (2012) noted that risk factors (discussed in section 3.1.1) are additive in terms of their effect on outcomes, and therefore schools are needed to overcome their combined impact on children and young people. To maximise the strengths and protective factors provided by schools, they conclude from the literature that school transfers, particularly at secondary school, should be avoided where possible (including school exclusions).

Ferguson and Wolkow (2012) used learnings from their narrative review of the literature to identify key recommendations for improving the educational outcomes of care-experienced children and young people. These recommendations are provided in

Table 5. The authors stated that in order for the necessary policies and guidelines to be implemented, there will need to be a fundamental shift in perspective to focus on the potential of care-experienced children and young people rather than on the disadvantages they experience.

Table 5: Recommendations for improving educational outcomes of care-experienced children and young people (from Ferguson and Wolkow, 2012)

Recommendation	Example strategies
Improve inter-agency collaboration	<ul style="list-style-type: none"> - Establish clear guidelines of roles and responsibilities across all agencies - Resolve conflicting policies within and across systems - Provide cross-training specifically to develop trust and awareness of each other's systems
School records	<ul style="list-style-type: none"> - Ensure that school data are routinely entered into school records - Ensure that both child welfare and schools have accurate and comprehensive information - Revise laws (if needed) and clarify guidelines regarding confidentiality and information sharing
Training	<ul style="list-style-type: none"> - Provide training and disseminate information on educational rights and special education services for children and young people, parents, foster

Recommendation	Example strategies
	parents, child welfare, and juvenile justice systems - Provide training for teachers and support staff to improve their understanding of the care system, its demands on children, and its consequences for learning and child development - Provide teachers and support staff with strategies to improve education outcomes - Provide training for child welfare workers to increase their awareness of the educational challenges facing care-experienced children, the critical importance of school success, and the need to encourage children and young people in their school progress
School stability	- Limit the amount of time children and young people spend out of school whether due to initial removal from home, changes in foster placements, school transfers, suspensions, expulsions, court appearances, or other factors associated with their in-care status - Maintain children and young people in their school of origin whenever possible - Provide services to protect educational stability such as transportation to children's school of origin when distant moves are required
Youth-centred	- Timely and in-depth educational assessments to identify gaps, deficits and areas of special competency - Intensive tutoring to help address deficits and build on strengths - Special educational enrichment opportunities - Coach caregivers how to help children and young people in care to succeed in school and aspire to post-secondary education and/or vocational training
Educational planning	- Make education a top priority in placement decisions and case reviews - Include educators as members of initial intake teams - Provide ongoing assessment and systematic tracking of children and young people's progress - Allocate resources for training and development of education liaisons to advocate for care-experienced children and young people's educational needs

The challenges that young people face transitioning out of care were highlighted in a narrative review of the literature, which found that individuals who leave care are less likely to complete high school, often face barriers in participating in higher education, and experience higher rates of unemployment (Mendes et al., 2014). The authors noted that the evidence suggests that after-care supports (e.g., financial aid, housing assistance) need to be provided to young people making the transition out of care. The premature withdrawal of support for young people transitioning out of care was also identified by Geiger and Beltran (2017b) as a challenge for young people who did not choose to enrol in tertiary education immediately after completing their secondary education. This was also noted by Cameron (2007) in their qualitative study of care-experienced school leavers, stating the need for a care system that acknowledges the non-linear pathways through education that care-experienced young people often take. A qualitative study involving 23 care-experienced young people in Croatia also

highlighted the need for support (particularly financial and housing) to extend beyond the end of secondary school, just as many biological parents would continue to support their children (Urbanc, Sladović Franz, & Branica, 2018).

A narrative review of the educational outcomes for care-experienced children and young people in Ireland noted that a recent policy change has been introduced in Ireland to prevent issues with the early withdrawal of support (Brady & Gilligan, 2018). The *National Aftercare Policy for Alternative Care* allows for support to be provided to young people up to the age of 23 who are transitioning out of the care system and who are engaged in full-time post-secondary education or training. An explicit support needs plan is developed for each eligible young person. This change was introduced in 2017, and there is currently no evidence on the impact this has had on outcomes for young people.

A narrative review of the policies implemented in Scotland to address the low achievement of care-experienced children and young people provides an indication of how this issue is being addressed elsewhere (Connelly & Furnivall, 2012). A number of different initiatives are outlined that have been introduced over the past 10 years, including: changes in data collection (e.g., collecting data over the academic, rather than financial, year to improve comparisons, and the use of a unique reference number for each child or young person); giving legal force to the presumption that care-experienced young people should be provided with additional educational support; introducing an entitlement to assessment of additional support needs; providing formalised advice on minimising exclusions and procedures that must be followed if exclusion is judged to be unavoidable; and improving access to training for parents, caregivers, residential workers, school staff, social workers, and health workers on the needs of care-experienced young people. These policies appear to be having an impact on outcomes for children and young people in Scotland, with data suggesting that absence rates for care-experienced children and young people are now equivalent to their peers, and that there have been increases in achievement for care-experienced children and young people in both English and maths.

A narrative review of international policies for improving the engagement of care-experienced children in tertiary education also provides an indication of policy directions that may improve outcomes for this group (Harvey, Andrewartha & McNamara, 2015). These policy directions included legislation being introduced in the USA that addressed the issues of premature withdrawal of support to care-experienced children and young people by increasing transition planning requirements, increasing eligibility for post-secondary financial aid, and recommending that states extend support until age 21. Additionally, one approach used in the UK to address under-representation of care-experienced young people at tertiary institutions was to target the under-estimation of the academic abilities of this cohort by educators. This was achieved by requiring all tertiary institutions to develop a comprehensive policy for recruitment, retention and support of young people from a care background, including the ability for individuals to self-report care experience when enrolling. The additional support measures resulting from this legislation have seen an increase in the number of care-experienced young people entering tertiary education, from 1% of 19-year-old care-leavers in 2003 to 6% in 2013.

Ways in which care-experienced young people can be supported to achieve success in tertiary education were also addressed in Geiger and Beltran's (2017b) review. Several studies identified the need for the child welfare and education systems to communicate, share information, and consistently support young people transitioning out of care. The literature

also suggested that support workers should ensure that young people are aware of all their tertiary education options, and that mental health services need to be accessible during young people's transition out of care, and during their time in tertiary education. A number of studies also identified the need for specific training on the needs of care-experienced young people for campus professionals, including both academic and support staff. Supportive adult relationships were also identified as being paramount for the success of care-experienced young people in tertiary education, and as such, mentors who are knowledgeable about tertiary study, who encourage the young person, and who set expectations for young people are a key component to success.

New Zealand-based interventions

In addition to changes in policy and processes that help to improve the educational achievement and engagement of care-experienced children and young people, there have been a number of specific interventions developed in New Zealand that help to directly support the achievement and engagement of care-experienced children and young people.

Strengthening Families

Strengthening Families is a 7-week parent, youth and family skills-building programme that is delivered in a group context (Superu, 2015). Originally developed in the USA, it is now delivered in 25 countries, including New Zealand. The target population is 10 to 14-year-olds and their parents, with children recruited through schools. Although not specifically targeted at care-experienced children, the programme is designed to address youth risk factors common amongst this population, including aggressive or withdrawn behaviour, and poor parent-child relationships. A recent review conducted by Superu (2015) found that there is "strong" evidence for the effectiveness of the programme, with longitudinal findings from multiple randomised control trials suggesting that the programme reduces substance use, builds long-term coping skills, and improves parenting skills and parent-child relationships. Furthermore, a study of 13 families who attended a Strengthening Families programme in Ireland found that participation in the programme was associated with increased school attendance, as well as improved family communication and relationships, increased parenting skills, and improved peer relations (Furlong, Leckey & McGilloway, 2017). The effectiveness of Strengthening Families within the New Zealand context still needs to be evaluated.

Intensive Wraparound Service (IWS)

The Intensive Wraparound Service (IWS) is a programme designed in New Zealand for a small number of children and young people with high and complex behavioural, social or educational needs (Burgon, Berg & Herdina, 2015). Again, although not specifically targeted at care-experienced children and young people, the target population for IWS includes children and young people at risk of entering care, or transitioning back into the home from care situations. The IWS supports students, families and schools by developing individualised support plans and linking up key agencies to provide the support required. This can involve referral to specialist residential schools for some young people.

An evaluation of the IWS in New Zealand was recently conducted by Burgon and colleagues (2015). The evaluation was based around case studies of 28 young people, including interviews with young people and key personnel in their lives, such as IWS psychologists, case workers, parents/caregivers and whānau, and school staff. They found that many young people made significant progress while in the IWS, including being able to enrol in and regularly attend mainstream schools. Additionally, three-quarters of the young people made

progress in learning and/or independent living skills. All but one of the parents interviewed were positive about the impact the programme had on their family or whānau. Although there were pressures on school staff time and resources, there was increasing acceptance of the model by school staff and evidence of increased teacher efficacy and confidence. The authors noted that a major finding of the evaluation was that links across government agencies were frequently not sufficient to ensure the best outcomes for young people, families and whānau. Transitions related to the programme, particularly unplanned transitions, were also identified as challenging for young people.

A more recent study of the IWS in New Zealand provided further information on the challenges associated with school transitions (Gasson, Burnett, Sanderson, & van der Meer, 2018). This study involved interviews with 14 caregivers and 10 young people who had transitioned from a disestablished specialist IWS residential school into a mainstream school with IWS support. Although both caregivers and young people were positive about the support provided and progress made at the residential school, there were several challenges associated with the transition into mainstream school. These included difficulties finding an appropriate school and challenges with resourcing (including identifying suitable teacher aides). Many individuals interviewed also felt that the level of external support provided once the young person was in mainstream school was insufficient to meet their needs. Bullying was also experienced by some young people after returning to mainstream schooling. Overall, only four of the 10 young people were perceived to have successfully transitioned into mainstream schooling, and these cases largely relied on the provision of more support than schools alone could provide. The authors concluded that although conceptually sound, the implementation of the IWS is sometimes not effective because of a lack of resourcing (particularly in cases involving unplanned transitions), and that young people and their families need to be placed at the centre of a co-developed plan that provides sufficient levels of support.

Social Workers in Schools

Social Workers in Schools (SWiS) is a government-funded community social work service developed in New Zealand and available in some primary and intermediate schools and kura (Wilson, Hyslop Motu, Belgrave, Vette, & McMillen, 2018). The programme includes individual case work with children and their families or whānau, as well as group-based programmes delivered to selected children or whole school communities. This programme again does not target care-experienced children specifically, but is aimed in part at improving outcomes for vulnerable children.

A recent evaluation of an expansion of the SWiS was conducted using quantitative information collected from the Integrated Data Infrastructure (Wilson et al., 2018). The impacts of the programme were assessed by comparing young people in schools and kura newly-served by the SWiS with young people from schools that had been receiving SWiS for some time, and young people from schools that had never received SWiS. Overall, the evaluation failed to find any statistically significant impacts on rates of stand-downs or suspensions or Child, Youth and Family notifications at the school level. In fact, the evaluation found increased rates of police apprehensions for the intervention group relative to the comparison groups, although this was attributed to impacts from changes in police practices rather than the SWiS programme. Although no significant impacts were found on rates of stand-downs, suspensions or notifications overall, significantly lower rates were found for most of the outcomes assessed for sub-groups of young people that were the most likely to be engaged in the individual case work (e.g., Māori young people, males). Overall, the authors suggested that

SWiS appeared to be effective in improving outcomes for vulnerable groups of young people, and that combined with other available evidence, the service appears to be having a wide range of important benefits for families and whānau. These conclusions supported findings from a previous evaluation in 2002 that found positive impacts of the SWiS programme on a variety of outcomes, including educational performance, behaviour at school, and homework completion (Ministry of Social Development, 2002).

Other individual support programmes

A number of specific educational support programmes for care-experienced children and young people have also been assessed in the international literature. Evans et al. (2017) conducted a systematic review of RCTs published from 1989 to 2015 that assessed the effectiveness of interventions addressing the educational outcomes of care-experienced children and young people. They identified 15 studies reporting on 12 educational interventions that were eligible for inclusion in the final review. The interventions included one that was school-based, seven that were delivered in a care setting, three that were delivered by service providers in non-standardised settings, and one intervention that was delivered to young people who were no longer in care. The educational outcomes of these interventions are presented in Table 6 (overleaf). Overall, seven of the nine studies assessing impacts on academic skills (largely related to literacy and numeracy) found some positive effects from the intervention being evaluated, although these effects were typically small in size. Some of the factors that were found to influence the effectiveness of interventions on academic skills were: mental health or behavioural issues experienced by children/young people; specialist training of programme staff to manage behavioural or mental health issues; school stability (more effective for children experiencing high rates of school instability); and intervention format (more effective when one-to-one). No significant impacts on overall academic achievement or grade point average (GPA) were found in any of the studies. Two of the four studies found evidence of the effectiveness of interventions with school attendance, including reduced absenteeism and suspension rates. No effects were found for school drop-out rates. There were also no studies that found a positive impact on school transience or school behaviour resulting from the interventions.

Table 6: Intervention outcomes reported by Evans et al. (2017)

Study and country	Intervention	Intervention (I) and control (C) groups	Outcomes	Variables controlled for
Clark et al. (1998); USA	Fostering Individualized Assistance Program (FIAP) Post-baseline follow-up: 42 months	I: Foster care; 7 – 15 yrs; <i>n</i> = 54 C: Foster group home, emergency shelter group home, or youth justice facilities; 7 – 15 yrs; <i>n</i> = 77	FIAP significantly reduced the number of days that children in care were on suspension, compared with the control group. There were no significant differences between the groups in terms of: extreme school absences (>40% school days missed); school dropout; school transience (>3 movements per year).	Not reported
Courtney et al. (2008); Zinn & Courtney (2014); USA	Early Start to Emancipation Preparation (ESTEP) Post-baseline follow-up: mean 26.8 months	I: Foster care, kinship care, group home, or other residential care; 14 – 15 yrs; <i>n</i> = 246 C: Foster care, kinship care, group home, or other residential care; 14 – 15 yrs; <i>n</i> = 219	ESTEP improved letter word identification for children engaged in the programme compared to the control group. No meaningful effects were found on: calculation; passage comprehension; grade level completed; GPA; High school diploma or GED; school behaviour.	Not reported
Flynn et al. (2011); Flynn et al. (2012); Marquis (2013); Canada	Teach Your Children Well (TYCW) Post-baseline follow-up: 30 weeks	I: Foster care; 6 – 13 yrs; <i>n</i> = 42 C: Foster care; 6 – 13 yrs; <i>n</i> = 35	TYCW significantly improved sentence comprehension and maths computation for children engaged in the programme, compared with the control group. There were no significant differences between the two groups in word reading or spelling.	Baseline scores
Harper (2012); Canada	Teach Your Children Well (TYCW)	I: Foster care, kinship care; 6 – 13 yrs; <i>n</i> = 51	TYCW significantly improved word reading and maths computation for children engaged	Baseline scores

Study and country	Intervention	Intervention (I) and control (C) groups	Outcomes	Variables controlled for
	Post-baseline follow-up: 30 weeks	C: Care type not reported; 6 – 13 yrs; <i>n</i> = 50	in the programme, compared with the control group. There were no significant differences between the two groups in sentence comprehension.	
Harper & Schmidt (2012); Canada	Teach Your Children Well (TYCW) Post-baseline follow-up: 25 weeks	I: Foster care, kinship care; 6 – 13 yrs; <i>n</i> = 33 C: Care type not reported; 6 – 13 yrs; <i>n</i> = 35	TYCW significantly improved word reading and spelling for children engaged in the programme, compared with the control group. There were no significant differences between the two groups in sentence comprehension or math computation.	Baseline scores
Green et al. (2014); UK	Multidimensional Treatment Foster Care (MTFC-A) Post-baseline follow-up: 12 months	I: Foster care; 10 – 17 yrs; <i>n</i> = 20 C: Foster care, residential care, or secure unit; 10 – 17yrs; <i>n</i> = 14	MTFC-A had no significant impact on scholastic/language skills or school attendance.	Baseline scores
Leve & Chamberlain (2007); USA	Multidimensional Treatment Foster Care (MTFC) Post-baseline follow-up: 3-6 and 12 months	I: Girls in youth justice facilities; 13 - 17 yrs; <i>n</i> = 37 C: Group care; 13 – 17yrs; <i>n</i> = 44	MTFC significantly improved rates of homework completion (3 – 6 months and 12 month) and school attendance (12 month) for children engaged in the programme compared with the control group.	Baseline scores
Lipscomb et al. (2013); USA	Head Start Post-baseline follow-up: 6 and 18 months	I: Non-parental care; 3 – 4 yrs; <i>n</i> = 154 C: Non-parental care; 3 – 4 yrs; <i>n</i> = 154	Head Start significantly improved pre-academic skills (6 months) and student-teacher relationship (6 and 18 months) for children engaged in the programme	Sex, age, special needs, reading, household income, carer style, carer

Study and country	Intervention	Intervention (I) and control (C) groups	Outcomes	Variables controlled for
		= 99	compared with the control group. Head Start did not have a significant impact on pre-academic skills at 18 months.	change
Mooney et al. (2016); UK	Letterbox Club Post-baseline follow-up: mean 8 months	I: Foster care; 7 – 11 yrs; <i>n</i> = 56 C: Foster care; 7 – 11 yrs; <i>n</i> = 60	The Letterbox Club did not have a significant impact on: reading accuracy; reading comprehension; reading rate; recreational reading; academic reading; like school; or reading accuracy.	Baseline scores
Pears et al. (2013); USA	Kids in Transition to School Post-baseline follow-up: 2 months	I: Foster care; 0 – 6 yrs; <i>n</i> = 102 C: Foster care; 0 – 6 yrs; <i>n</i> = 90	Kids in Transition to School significantly improved early literacy skills for children engaged in the programme, compared with the control group.	Gender, IQ, type of foster care, ethnicity, prior early childhood education
Trout et al. (2013); USA	On the Way Home (OTWH) Post-baseline follow-up: 3, 6, 9 and 12 months	I: Young people with/risk of disabilities leaving residential care; 13 – 18 yrs; <i>n</i> = 47 C: Young people with/risk of disabilities leaving residential care; 13 – 18 yrs; <i>n</i> = 41	OTWH significantly reduced the likelihood of leaving school early for young people engaged in the programme, compared with the control group.	Not reported
Zetlin et al. (2004); USA	Education Specialist Post-baseline follow-up: 24 months	I: Foster care; 5 – 17 yrs; <i>n</i> = 60 C: Foster care; 5 – 16 yrs; <i>n</i> = 60	Education specialists significantly reduced daily attendance and increased number of schools attended for children in schools with an education specialist compared with the control group. No significant differences were found in	Not reported

Study and country	Intervention	Intervention (I) and control (C) groups	Outcomes	Variables controlled for
			maths test scores or reading test scores between the two groups.	

Analysis of intervention reach, adherence and acceptability was also conducted by Evans et al. (2017), providing insight into the potential opportunities and barriers that need to be considered when developing interventions for the care-experienced population. They noted that a high proportion of the intervention groups in studies received only part of the programme (or not at all). This was because of several identified barriers, including wait times, the transience of placements, child-caregiver conflict, and caregiver resources and time. Adherence to the planned intervention was also identified as a challenge by many studies, with many children or young people in the intervention groups receiving less than the intended number of programme hours. Common issues that contributed to this included variation in the capability of programme delivery staff, the quality and consistency of staff supervision, and high caseloads.

Overcoming these barriers to programme fidelity is important for the overall effectiveness of interventions, with one study reported by Evans et al. (2017) finding a positive association between effect sizes and programme fidelity. That said, the authors highlight the importance of interventions incorporating standardised philosophies and approaches (including the use of logic models and intervention theories) rather than standardised components; this allows for more flexible interventions that meet the specific needs of individual children and young people, and that are more easily generalised to other cultures or countries. Additionally, there was some indication that home-based interventions were preferred by children and young people to school-based interventions, due to perceived reductions in stigmatisation for the former. Overall, Evans et al. (2017) concluded that there is tentative evidence for the effectiveness of interventions in improving academic skills and attendance for care-experienced children and young people, however existing studies are relatively few and weak in methodological quality. This means that caution needs to be exercised when interpreting the findings from these studies.

A further systematic review of individual intervention programmes for care-experienced children and young people was conducted by Forsman & Vinnerljung (2012). The review identified 11 studies that each assessed a different intervention. A summary of the results from these studies is presented in Table 7 (overleaf); three of the studies included in this review were also included in Evans et al. (2017) and have therefore been omitted from the table. Overall, nine of the 11 studies reported some form of positive improvement from the interventions, although as with Evans et al. (2017), most of these effects were small to moderate. Forsman and Vinnerljung (2012) concluded that due to the limited amount of evidence, it would be premature to draw conclusions about the effectiveness of different types of intervention programmes. That said, they noted that tutoring programmes currently have better empirical support and stronger theoretical foundations than other programme types.

Table 7: Intervention outcomes reported by Forsman and Vinnerljung (2012)

Study	Study design	Population ¹	Type of intervention	Results
Davidson and Wolfred (1977); USA	Matched intervention and comparison groups; pre- and post-intervention school records	7 – 17 years <i>n</i> = 42 in intervention and 42 in comparison groups	Behaviour modification programme	Compared with the control group, the intervention group showed no significant differences in GPA or school attendance.
Flynn et al. (2010); Canada	RCT; pre- and post-intervention assessment scores	6 – 13 years <i>n</i> = 30 in intervention and 30 in wait-list control groups	Tutoring by foster parents	Compared with the control group, the intervention group showed significant increases in sentence comprehension and maths scores. No significant differences were found between the two groups in spelling or word reading.
Griffiths et al. (2010); UK	Pre- and post-intervention assessment scores	7 – 11 years <i>n</i> = 316 in 2007 and 536 in 2008	Distribution of books, stationary and games	Children engaged in the programme showed significant increases in reading (2007 and 2008) and math scores (2007). No significant difference was found in maths scores in 2008.
O'Brien and Rutland (2008); Canada	Pre- and post-intervention assessment scores and school records	4 – 13 years <i>n</i> = 44 in reading groups	Individualised learning supplemental programme	Children engaged in the programme showed a significant increase in reading scores. No significant difference was found in maths

¹ Intervention groups all comprised care-experienced children and young people.

Study	Study design	Population ¹	Type of intervention	Results
		and 50 in maths groups		scores.
Olisa et al. (n.d.); UK	Matched intervention and comparison groups; pre- and post-intervention assessment scores	5 – 11 years <i>n</i> = 10 in reading group, 10 in maths group, and 3 in comparison group	Tutoring by teacher volunteers	Compared to the control group, the intervention group showed significant increases in reading, vocabulary, spelling, and maths scores (for the maths group). No significant differences were found in maths scores for children engaged in the reading group compared with controls.
Osbourne et al. (2010); UK	Pre- and post-intervention assessment scores	5 – 12 years <i>n</i> = 35	Paired reading, tutoring by foster parents	Children engaged in the programme showed significant increases in reading scores.
Tideman et al. (2011); Sweden	Pre- and post-intervention assessment scores	7 – 11 years <i>n</i> = 24	Individualised education support	Children engaged in the programme showed significant increases in cognitive ability, reading and spelling scores. No significant differences were found in maths scores.
Wolfendale and Bryans (2004); UK	Pre- and post-intervention assessment scores	9 – 14 years <i>n</i> = 58	Distribution of books and computers	Children engaged in the programme showed significant increases in reading scores, reading comprehension, and spelling scores.

The importance of incorporating relationship-building into interventions was identified in a qualitative study involving interviews with 26 16 to 27-year-old care-experienced young people (Evans, Hallett, Rees, & Roberts, 2016). Participants identified attachment issues and the lack of meaningful relationships as being at the root of their educational disadvantage. As such, ongoing intervention to support the development of social and emotional skills was considered vital by participants. Many also felt more positively towards programmes that were grounded within a strengths-based, rather than deficits-focused, framework. In terms of existing interventions that they had encountered, many of the young people felt that there was insufficient focus on the structural impacts on education, such as placement instability, insufficient financial support, and the low expectations that many professionals had of their academic potential. The participants also expressed a preference for interventions that did not introduce new professionals or specialists in their life, instead preferring that interventions were led by their caregiver. It was seen that this would improve their relationship with their caregiver, provided an opportunity to develop positive attachment, and increased caregiver interest in their education. Receiving interventions at home rather than at school was also perceived to limit the stigmatisation that they already faced at school. That said, some kind of group intervention aspect to programmes was valued by the young people as a chance to build their peer social networks.

A novel approach to the provision of support programmes is being utilised in England through the use of a “virtual school” for care-experienced children and young people. A narrative review of the literature assessing the concept and effectiveness of virtual schools was conducted by Jackson (2015). “Pupils” at virtual schools comprise all children and young people in care within a particular geographic region. The school has no physical existence (and children and young people continue attending regular schools) but otherwise replicates the structure of typical schools, in that they have a principal, Board of Trustees, staff with specialisations and responsibilities for different age groups, and the ability to commission external services. The aim of the schools is to improve academic outcomes for care-experienced children and young people, which is achieved by: appointing a designated “teacher” to each school responsible for tracking the educational progress of enrolled care-experienced children and young people; ensuring that all children in care have an individualised education plan; and providing targeted funding to schools (administered by the virtual school principal) based on the number of care-experienced children enrolled. Jackson (2015) included results from a mixed-method evaluation of 11 virtual schools, which concluded that the virtual school model had good potential to improve the school experience and educational outcomes of care-experienced children and young people. This was especially the case for virtual schools led by individuals with a strong education background, and where the role of the school was seen as tackling strategic and systemic barriers to educational success. An additional evaluation of one virtual school concluded that the programme succeeded due to its ability to highlight the individual educational needs of care-experienced children and young people.

Post-secondary education programmes

Geiger and Beltran’s (2017b) systematic review of the literature identified four studies (assessing three programmes) that assessed pre-tertiary interventions to increase tertiary preparedness and access. The programmes varied in length from three days to five sessions over five weeks, and samples ranged from 10 to 67 individuals. Programmes typically ran on campus, and two of the three interventions assessed included ongoing coaching, skill-building and workshops once individuals entered tertiary education. All three programmes were found to have positive impacts for participants, including increasing tertiary access and participation,

hope, empowerment, knowledge about campus life, positive study habits, and comfort with seeking help.

A systematic review of seven studies conducted by Randolph and Thompson (2017) on campus-based support programmes for care-experienced tertiary education students identified themes in the characteristics of services found to be most helpful by the young people. The types of services that were identified included financial assistance (often ranked most important), housing assistance, academic support, career counselling/leadership training, general counselling/mentoring, and case management. The studies reviewed also included information on unmet needs identified by young people. Young people reported having unmet needs in the following areas: housing assistance; sufficient financial aid to meet living expenses; academic assistance (including tutors); and help with post-graduation planning.

Geiger and Beltran's (2017b) literature review also identified eight articles and one report that assessed programmes and policies designed to meet the needs of care-experienced young people in tertiary education. All programmes were in the development or early testing phase at the time of assessment, so evidence on their effectiveness was not yet available. Sample sizes ranged from 10 to 105 participants and a mixture of qualitative and quantitative approaches were used. These programmes typically involved a mentoring or coaching component, including some that engaged other care-experienced young people as the mentors. Two programmes utilised a strengths-based framework to develop and deliver their service. All programmes included educational components that informed participants about: the personal, social and academic expectations of tertiary study; financial literacy; financial aid and scholarships; and resources available on campus (e.g., tutoring, advising, and programme staff). Two articles focussed on the challenges experienced by the participants of these programmes, finding that access to educational options, admission requirements and financial aid were common barriers faced. Care-experienced young people were also identified by academic or institution staff as often lacking adequate preparation, and needing additional assistance with housing.

Programmes that were strengths-based and provide wrap-around, comprehensive support (including mental health, financial and housing) were found to be most promising in Geiger and Beltran's (2017b) review of 21 studies. A further systematic review of 29 studies conducted by Geiger and Beltran (2017a) additionally found that there were three themes to the support programmes that tertiary institutions found most useful for promoting the engagement and achievement of care-experienced young people: housing independent living skills programmes on campus; creating partnerships with internal support services such as financial aid and admissions; and creating partnerships with external agencies such as funding sources and transitional housing providers.

Interventions to improve educational experiences

Key findings

Creating a positive school environment is key for keeping care-experienced children and young people engaged in education. Prioritising school stability is central to maintaining a positive school environment, which requires timely information-sharing and communication between agencies, as well as consideration of the wishes and needs of the child when making decisions about school placements.

Positive relationships are also vital to positive school experiences. Relationships with school staff and other care professionals can be improved by raising expectations for care-experienced children and young people, providing more motivation and encouragement to engage in education, and avoiding labelling. The literature also suggests that greater focus on relationship-building and communication between individuals and agencies involved in the child's care is central to creating a sense of shared responsibility for academic progress and engagement. This could be achieved by co-locating care staff in schools, keeping better records of educational progress, and providing regular updates to caregivers.

Positive school environment

Given the importance of the school environment on outcomes for care-experienced children and young people, it is important to focus on creating a positive schooling experience for this population. This includes ensuring that school management enables teachers to become aware of the unique needs of care-experienced children and young people, and to promote positive relationships between these children and young people and their teachers (Benbenishty et al., 2018). In California, legislation requires that each local education agency must designate a staff member to act as the educational liaison for children and young people in care, and that emphasis must be placed on the timely transfer of school records during school transitions (Benbenishty et al., 2018).

As already discussed in previous sections, many care-experienced children and young people perceive school stability as playing an important role in maintaining connectedness and positive school environments. In a series of focus groups with 16 care-experienced young people, Clemens and colleagues (2017) found that many of the young people felt that school stability could be maintained more often by an increased focus on the needs and wishes of the child when making decisions about school changes. In particular, they felt that the individual's maturity and willingness to travel should be taken into consideration. More practical transportation options could also assist with this. Many of the young people also expressed a desire for greater preparation and support around school changes, including testing at the new school to enable identification of individual strengths, needs and gaps in existing knowledge. In their narrative review of the literature, Vacca (2008) reported suggestions from the literature that school mobility was partially caused by an exclusive focus on child safety without considering educational needs. They suggested that more timely information-sharing between the various agencies involved in the care of children and young people could prevent some school changes, and that keeping children and young people in classes with their regular teachers and peers (but with administrative support) could minimise negative educational outcomes.

Relationships and collaboration

Harland (2014) also highlights the importance of positive relationships between children and young people and the adults in their lives, which could be supported by educating teachers, health nurses and other professionals about the negative stereotypes placed on care-experienced children and young people, and the need to challenge these negative attitudes and beliefs. The need to promote positive mentor-like relationships between young people and their teachers was also a solution identified in a qualitative study involving interviews with 67 care-experienced children and young people aged 6 to 27 years (Mannay et al., 2017). The young people in this study felt that professionals needed to raise their expectations for care-experienced children and young people, and to provide more motivation and encouragement to engage in academic activities. They also felt that any supports provided to young people should be developed in consultation with the individual so that presumptions were not being made about their needs or level of ability. To avoid the label of being “looked after”, they also suggested that these supports should be universally offered to students. The authors concluded that more differentiated and nuanced understandings of the aspirations and capabilities of care-experienced young people need to be embedded into everyday educational practice.

A USA-based qualitative study of 25 care-experienced 10 to 15-year-olds and 54 key adults in their lives identified further ways in which the educational experiences of this population can be improved (Finkelstein et al., 2002). They highlighted the need for the responsibility for children’s academic progress to be shared by caregivers, biological parents (if still engaged with the child), and those in the educational and child welfare systems. This sense of shared responsibility could be promoted through improved communication and information sharing, and increased understanding of the child welfare system by school staff. School specialists were seen as being effective intermediaries between the education system, the child welfare system, and families, and helping to fill the gaps in support provided to children and young people. In Clemens and colleagues’ (2017) qualitative study, many of the participants suggested that providing regular report cards to foster parents on educational progress could improve the coordination of care and sharing of information. It was also thought that this could help to encourage foster parents to become more engaged in children’s education. Vacca (2008) notes a similar approach is used in several states in the USA, where case workers maintain a standardised and regularly updated “passport” that contains information on the child’s medical, behavioural, psychological and educational status, and which is able to be accessed by key care personnel, including teachers and caregivers.

The need for communication between individuals responsible for the care and wellbeing of care-experienced children and young people was also highlighted in Brady and Gilligan’s (2018) narrative review of the literature. They noted that communication and information-sharing is important between caregivers/families, schools and agencies to ensure consistent support and in the development of personalised support plans for individual children and young people. They reported on findings from two studies assessing the use of individualised support plans with care-experienced children and young people, and concluded that individualised plans have the capacity to improve educational outcomes for children and young people, particularly when they are used during critical transitions (e.g., moving from primary to secondary school).

There have been formalised attempts at improving communication between agencies documented in the literature. In their narrative review of the literature, Vacca (2008) discussed

a three-year pilot programme introduced by New York City's Agency for Child Services and the Vera Institute of Justice. The primary goal of the project was to better monitor the educational performance of care-experienced children by improving communication between school administrators, teachers, support staff, and child welfare personnel. This was achieved by placing child welfare staff in schools to offer intensive emotional, academic and adjustment support to children in the school setting, which also allowed for direct access to all relevant records for both school personnel and caseworkers. The pilot was able to demonstrate improved communication between the welfare agency and schools, as well as better management of records and other key documents.

CONCLUSIONS

The purpose of this literature scan is to provide up-to-date evidence about the educational experiences and achievements of care-experienced children and young people drawn from the existing national and international literature. This information can be used for developing policy and programme interventions that address needs and build upon strengths identified for these individuals. The existing evidence consistently suggests that there is a gap in the educational achievement and experiences of care-experienced children and young people compared with their non-care-experienced peers. This achievement gap is relatively large, and is persistent across a number of areas, including literacy, numeracy, qualification achievement, attendance, and suspension and exclusion rates. Care-experienced children and young people are also more likely to have negative educational experiences than their peers, including higher rates of reported bullying and increased perceptions of stigma and labelling associated with being in care.

That said, there is also an emerging body of evidence that suggests that circumstances and factors present in early childhood are the primary contributors to this gap, rather than engagement with the care system itself. This suggests that the best way of preventing these educational disadvantages is to focus on raising the wellbeing and circumstances of all children from birth, so that they avoid being exposed to these negative circumstances and factors in the first place, and are instead provided with the same opportunities to develop and grow through their educational journey. Providing targeted support to children experiencing these early disadvantages may also help to improve educational achievement and maintain achievement if they do go into care.

The literature contains some important directions for future efforts to intervene and improve educational achievement and experiences where children have been exposed to disadvantage and entered the care system. A conclusion from the literature is that care-experienced children and young people display many strengths, including holding high educational and life aspirations. Building upon these strengths should be at the centre any interventions designed to support these children and young people. Care-experienced children and young people are a heterogeneous population, with large variations in lived experiences, personal characteristics, and available supports and resources. The literature suggests that interventions should recognise this variability, to ensure efforts are individualised and flexible enough to meet specific needs and strengths. Additionally, the literature stresses that these interventions should be delivered in ways that do not exacerbate the stigma faced by some young people once they are engaged with the care system.

This literature scan provides a detailed, synthesised overview of the current literature addressing the educational achievements and experiences of children and young people in care, and the factors that influence these achievements and experiences. Although it is not a systematic review of the literature, this report is based on a thorough and extensive search of both national and international literature, including a number of systematic reviews and meta-analyses. As such, it provides a strong summary of the current consensus within the literature, and can provide useful directions for decision-making regarding the role of government agencies in supporting positive educational experiences and outcomes for care-experienced children and young people. That said, because the literature search was not systematic, it is

likely that some research or reports that address the key research areas are not included in this report. The quality of each study and report included in this literature scan was also not formally assessed, which means that some of the findings may be subject to bias. We have attempted to address this limitation by clearly indicating the source of information contained in this report. It is also important to recognise that much of the evidence found in the literature is based on research conducted outside of New Zealand. Care must therefore be taken in applying the findings from this literature scan to the unique cultural and environmental context of New Zealand.

This literature scan demonstrates the richness and depth of information available on the educational achievement and engagement of care-experienced children and young people, however a number of gaps were identified in the existing evidence base. These include a lack of information on engagement and achievement in extra-curricular activities (particularly cultural activities), and whether these activities have an impact on outcomes. The impact of education on long-term outcomes for care-experienced children and young people is also a gap in the literature. This could be because of difficulties in tracking these individuals once they have left school, and is also perhaps reflective of the relative lack of longitudinal research in general within the social sciences. As mentioned above, recent research suggests that early life disadvantages may be associated with the poor educational outcomes rather than the experience of being in care. This could also explain the lack of information on long-term outcomes, with research perhaps focussing on outcomes for vulnerable children and young people in general instead of care-experienced children and young people in particular.

Finally, and perhaps most importantly, there is a large gap in research that is specific to the New Zealand context. This information is necessary to ensure that international findings also reflect realities in New Zealand, and are applicable to Māori tamariki in particular. Future research is currently underway to address some of these gaps. This includes the work being undertaken by Oranga Tamariki's Voices of Children and Young People team, which aims to further our understanding of the strengths and challenges faced by children and young people engaged in New Zealand's care system. This information is vital to ongoing efforts to ensure that New Zealand schools enable educational success and provide positive schooling environments for care-experienced children and young people.

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**Tamariki needs and aspirations
are listened to and delivered on**



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