



## **Care to Higher and Further Education**

### **Author**

Jurczyszyn, Reeny

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# **CARE TO HIGHER AND FURTHER EDUCATION**

**Reeny Jurczynyn**

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## Abstract

This thesis is about access to higher and further education for children and young people in out-of-home care. There are almost 40,000 children and young people living in out-of-home care in Australia. They are consistently identified as one of the most vulnerable population groups in society. The low educational attainment of children and young people in out-of-home care compared to their peers has been noted, including low levels of participation in higher and further education. In Australia, there is a lack of data about higher and further education attainment of young people in out-of-home care with no current mechanisms to identify care leaver outcomes after exiting the care system. The few Australian studies which have been conducted show higher and further education attainment mirrors international trends, which show the low education attainment for this group. Post-secondary education, such as TAFE and university, is an important gateway to health and emotional wellbeing, job satisfaction and financial security in adult life. This is one factor that contributes to children and young people who have been in out-of-home care persisting as a highly vulnerable population group in society.

This thesis explores pathways to higher and further education for young people in care in Queensland, Australia. The research aims to explore the perspectives of care experienced young people which include the facilitating and constraining factors on higher and further education attainment. The research was conducted using in-depth semi-structured interviews with thirteen people who were currently or previously in out-of-home care. Participants were termed aspirers, achievers and completers. Their stories revealed that successful higher and further education attainment is achievable, with the right supports in place at both individual and system levels. The thesis makes recommendations on how to improve education outcomes for children and young people in out-of-home care.

The research brings new information to the field by showing what facilitated and constrained young people from out-of-home care who managed to complete higher or further education. It shows how the environment at macro, meso and micro levels influences education attainment in both positive and negative ways. Three

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environmental factors - systems compatibility, educational optimism and graduate endurance – were found to be central to encouraging the pursuit of post-secondary education. Taking a systems perspective, the research provides additional theoretical contribution to understanding this problem, and strategies to facilitate access to post-secondary education at a macro, meso and micro levels. Firstly, at the macro level, the research found that system compatibility is an essential factor in facilitating higher and further education but it also acts as a constraining factor when compatibility is absent. Systems compatibility requires the care and education systems to collaborate effectively with shared goals and investment into positive education attainment for children and young people in out-of-home care. Secondly, at the meso level, the concept of educational optimism was important factor in supporting higher and further education pursuits. Educational optimism is where teachers, carers and welfare staff including the young people themselves are positive about education, education is discussed positively and a belief that education attainment can be achieved. Optimism is therefore a facilitating factor as it can influence education attainment in a positive way. Where people were not optimistic or did not show positive views about future educational pursuits, this was a constrainer as it inhibited facilitation of participants own education opportunities by limiting access to potential educational supports and did not nurture educational aspirations. Finally, at the micro level, while system compatibility and optimism is important, graduate endurance was found to be an important facilitating factor. The concept of graduate endurance is consistent with resiliency theory which can be seen as an adaptive quality, however endurance accounts for the reality that care leavers will transition from out-of-home care with variable supports and come to terms with their care status in different ways and may not do this with support. While system support may be available and optimism present, care leavers going on to higher and further education still need to endure certain hardships as part of this process. Without endurance higher and further education can be curtailed. Endurance is about maintaining focus and not giving way in education, retaining educational optimism and having access to system support as a sum of three essential facilitating factors.

Recommendations include policy and practical measures that would support increased engagement in education for children and young people in Australia. These

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include: extending the provisions of support provided by the care system to at least twenty-one years of age; legislating a reporting framework on educational performance; and implementing (and evaluating) Education Support Plans for children and young people in out-of-home care. Further recommendations include increasing the provisions for aftercare educational supports and increased higher and further education exposure and planning for this group. It is vital to support care leavers to be equipped to manage the transition into higher and further education, which is often undertaken simultaneously with leaving the out-of-home care system. Such support includes increased academic assistance, preparation for higher and further education and improved retention through enduring and flexible assistance available. Educational optimism can be nurtured by having teachers, carers and welfare staff showing positive messages and interactions with education attainment. Retaining a positive goal of education amid the difficulties which may exist while in out-of-home care is important in supporting the educational attainment and maintaining a sense of opportunity irrespective of what has occurred or is occurring in the child or young person's life. Supporting graduate endurance requires young people to be able to withstand the pressures or difficulties which may exist while in education. Being able to withstand these difficulties requires access to emotional support whether through peers, support agencies, professional networks or carers in recognising periods of intense difficulty. In supporting the endurance of the young person, keeping a focus on education and what it brings is an important strategy in maintaining long term goals in the height of short term or episodic challenges associated with being in or leaving out-of-home care. Increasing endurance can be facilitated by recognising and reminding young people that education can change lives and maintaining enrolment or re-engagement is a primary focus of any communication. This also includes celebrating milestones along the way, enjoying rewards as a result of progressing in education and having exposure to role models and information that others have done it. All of these are aimed at increasing facilitators and system compatibility, educational optimism and graduate endurance in the pursuit of improved higher and further education attainment for this vulnerable group. It is hoped that this study provides evidence and impetus for more young people leaving out-of-home care to increase their educational opportunities by participation in higher and further education.

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## List of Abbreviations

TAFE      Technical and Further Education

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## Statement of Original Authorship

*This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.*

Signed: \_\_\_\_\_  
Reeny Jurczyszyn

Date: \_\_\_\_\_

Additionally included as an appendix to the thesis is a published paper reporting preliminary findings. The bibliographic details for this paper including all authors are:

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Signed: \_\_\_\_\_  
Reeny Jurczyszyn

Date: \_\_\_\_\_

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## Chapter 1: Introduction

Children and young people who have been in out-of-home care are one of the most vulnerable population groups in society (Mendes & Moslehuddin, 2004). After leaving out-of-home care many care leavers are unemployed, have not finished school, have children they are not able to parent, suffer from persistent mental illness or substance use disorders, find themselves without basic necessities, become homeless or end up in the criminal justice system (Courtney & Dworsky, 2006). People who have been in out-of-home care are a group who have one of the highest risks of social exclusion as adults and are over represented on every measure of social pathology and disadvantage (Jackson & Cameron, 2012). It is estimated only 6% of care leavers go into higher education compared to 39% of the general population in the United Kingdom (Jackson & Ayaji, 2007). In the United States, care leavers aged twenty-five or older complete a bachelor degree at a rate of 2.7% compared to 24.4% of the general population (Pecora, 2012). No data exists in Australia on higher and further education attainment for young people who have been in out-of-home care. Higher and further education improves earnings, standards of living, job satisfaction, and employment stability (Finnie, 2012). Education is a yardstick of success in life and an increasingly important one to obtain qualifications and skills in a competitive environment. Education is also important in achieving personal fulfilment (Berridge, 2012).

The gap in education outcomes that exist for children and young people in care contributes to a legacy of marginalisation in society which is a serious social problem. While some studies have been conducted on how to improve this situation, these have mainly focussed on schooling and early education (AIHW, 2007; Cavanagh, 1996; CREATE, 2006; Tilbury, 2010; Wise et al. 2010). The limited information which does exist identifies this as being a complex social issue across many jurisdictions with no effective single or simple solution (Dill, Flynn & Hollingshead, 2012). This represents a gap in knowledge required to improve this situation. While for the majority of young people leaving out-of-home care the education outcomes are poor, some manage to do better and successfully engage in

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higher and further education. It is an assumption underpinning this research that these young people are not an elite group of high achievers, which could imply those who do not successfully engage in higher and further education, have less capability. Equally it is important that those who do manage to engage in higher and further education are not viewed as fortunate or privileged. The standpoint of this research is that no one in out-of-home care has been privileged, fortunate or elite, rather, that they should have the same opportunities as other children. Rather than examine the adverse outcomes of care, an important facet of this project is to locate the more positive educational experiences, and to consider how these occurred, in order to provide an insight into potential strategies to improve the situation.

My interest in this topic emerged out of personal experiences. As I had grown up in out-of-home care, I decided to undertake tertiary studies as a way of pursuing my educational goals to work in hospitals in social work and create a future which was different to my years in out-of-home care. My journey into tertiary education opened up a number of opportunities, while also posing a number of challenges because of my own experiences. For example, within a three month period, I finished high school, had moved out of the foster family into independent living, my biological mother passed away and I had enrolled in a TAFE course. After completing the TAFE course, I was able to complete a four year degree and secure full time employment in an area I enjoyed. This experience triggered a number of questions and concerns in terms of the difficulties encountered in the tertiary education system for children and young people in out-of-home care. My growing interest in the factors enabling educational achievement for children and young people in out-of-home care became a logical focus when I decided to undertake a research degree in the area. This increased, when I discovered a lack of research in Australia on higher and further education attainment.

### *Aim and Scope*

In addressing this social issue, the aim of this study is to explore the perspectives of care experienced young people about the facilitating and constraining factors related to participation in higher and further education. It is hoped that this knowledge will

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inform the development of strategies and initiatives to improve educational attainment and increase the number of young people in care who can continue with their education post-school, and attain post-secondary or university qualifications. In order to achieve these aims, a qualitative study has been designed, with participation from young people who are still in out-of-home care, as well as adults who were formerly in out-of-home care and who are currently enrolled in, or who have completed, higher or further education.

### *Overview of the study*

The thesis is structured in six chapters. The first chapter introduces the research project and briefly outlines its aims, scope and methods. Children and young people who have been removed from their birth families and enter out-of-home care experience low education attainment compared to their not-in-care peers. This is a problem because the children and young people who need an education most do not acquire it and continue to be marginalised and socially excluded. Put simply, children and young people who have often experienced abuse and or neglect face further difficulties in life with their financial prosperity, employment stability and general health and wellbeing. This is not a new problem, however very little has been done in Australia to improve this situation. The objective of this thesis is to develop evidence and understanding about how to improve education attainment for this group.

Chapter two examines the literature on the out-of-home care system in Australia and internationally with a focus on education. It points out the problems that exist in education, which include the low rates of school completion, high rates of school exclusion, repeating a year level and low numbers accessing higher and further education. An overview of the transition from out-of-home care literature is provided, which shows the vulnerability of this period for young people in out-of-home care and how this also impacts on their education attainment. Lastly, the literature review considers existing approaches to legislation, policy and practice in relation to education for children in care, which shows what has been done, and demonstrates the importance of an integrated approach to deal with various factors impacting on higher and further education for this group.

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Chapter three outlines the research methodology used in this study. Systems theory was determined to be a useful framework for the study as it provides, a way to organise both data collection and analysis. Chapter three details the interpretive and qualitative methods for the study, which were in-depth semi-structured interviews and thematic analysis.

Chapter four details the study results. Three major factors are highlighted as facilitators or constrainers or both: system compatibility, educational optimism and graduate endurance.

Chapter five discusses the implications of these findings and also provides a basis for the conclusions. The discussion chapter outlines the study's contribution to existing theory and the significance of the findings related to the research question and aim. The three major themes of system compatibility, educational optimism and graduate endurance are elaborated.

Chapter six draws out the conclusions of the research and makes recommendations for policy, practice and future research directions. Limitations of the study are also discussed.

### *Background*

In Australia, statutory child protection is the responsibility of state and territory governments. Each state and territory department responsible for child protection provides assistance to vulnerable children who have been, or are at risk of being, abused, neglected, or otherwise harmed, or whose parents are unable to provide adequate care or protection. A number of government and non-government organisations share a common duty of care towards the protection of children and young people. Departments responsible for child protection investigate process and oversee the handling of child protection cases. Australia's federated model of child protection creates a system operating within eight different legislative and governing frameworks with an inevitable consequence of variability in how children and young

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people who are victims of abuse and neglect are identified and supported. One difference is the numbers of children and young people brought into the system in various jurisdictions relative to the population (CREATE, 2013). For example, the number per 1,000 of all children aged between 0-17 years placed in out-of-home care per year ranges from 4.6 in Victoria to 10.2 in New South Wales and Northern Territory (AIHW, 2012). As well as variability in numbers, so do the practice approaches vary with respect to scope and extent of services provided to support young people and their carers within each State. One indicator of the differences is expenditure per placement night in various jurisdictions. The rate of carer reimbursement ranges from \$116 per night in Tasmania and NSW to \$221 per night in the Northern Territory (CREATE, 2013). In spite of these differences, the functions and strategic directions of the departments are more similar than different, with increasing numbers of children in out-of-home care each year as children and young people are remaining in out-of-home care longer (AIHW, 2012). Although the processes used by each jurisdiction to protect children are broadly similar (Bromfield & Higgins, 2005), there are some important differences between jurisdictions' child protection policies and practices that should be taken into account when making comparisons across jurisdictions.

The child protection systems have been under increased scrutiny, with all states having conducted at least one major inquiry in the past ten years. For example, Queensland completed a Queensland Child Protection Commission of Inquiry in 2013, New South Wales conducted a Special Commission of Inquiry into the Child Protection Services in 2008 and the Northern Territory completed a Board of Inquiry into the Child Protection System in 2010. Each of these inquiries highlighted improvements are needed in Australia. Changing community perceptions, attitudes and expectations about child protection has resulted in a broadening of thresholds for interventions, services becoming more risk averse and the shift in responsibility for action from a whole of community to government departments (CREATE, 2013). The Australian Government introduced the *National Framework for Protecting Australia's Children 2009-2020: Protecting Children is Everyone's Business* which was endorsed by the Council of Australian Governments (2009). This framework proposes that a change in attention to the primary support services (education and

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health) and early intervention services with families was required in order to reduce the demands on the tertiary systems. In order to do so, this necessitated a paradigm shift for a more integrated approach, which better linked the services that families need (CREATE, 2013). The introduction of the National Framework could be viewed as a potentially strong policy response. The out-of-home care system however remains challenged by complexities which continue to observe a higher number of children remaining in out-of-home care longer as children and young people enter out-of-home care to include those already in it. It has been suggested that these numbers are high as a result of ‘symbolic policies ‘in place (CREATE, 2013).

In their annual report card, CREATE (2013) identified public debate surrounding child protection and out-of-home care in Australia is largely generated by episodic media coverage of individual cases of abuse and neglect submitted to journalists or when reports of inquiries or research studies are published. But it is not clear how much the community understands child protection and the out-of-home care system. One United States study shed light on this in the United States with 301 respondents which investigated general opinions from the public about their knowledge of the foster care system and government responsibility to such issues (Leber & LeCroy, 2012). The views reported were largely positive, but the system itself needed reform and foster care was rated third behind health and education as a social system which the government should spend more money on. Views also indicated child protection was seen as the least important social problem, lower than education, health, welfare and prisons with these informed by media reports. While there is no comparable research in Australia, this describes how child protection is seen as a lower need compared to education and health featuring higher on participant responses.

Gainsborough (2010) highlighted in the United States, in an analysis of child welfare policies that scandals that precipitate inquiries can serve to focus the attention of the public and media and have the potential to raise policy issues on the government agenda, but notes this may still be insufficient to activate action. As observed in the United Kingdom, an assumption that the child protection system is an essentially sound system, that any crisis will pass, and individual wrongdoing and minor policy

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adjustments will remedy problems, rather than responses to redress the structural causes, minimises the need for extensive social change (Butler & Drakesford, 2003).

Research on out-of-home care has been more extensively conducted in the United States and United Kingdom with growing numbers of studies focusing on higher and further education. Despite evidence across several jurisdictions outlining the poor education attainment, there has been limited Australian research conducted. What has been done has been limited in scope and size with a handful of studies conducted on outcomes for those who have been in out-of-home care. There have been few studies exclusively on education attainment and two that included a focus on higher and further education. There is a gap in the knowledge base about education attainment, particularly in post-secondary education attainment. This gap in knowledge contributes to the persistence of the problem of low education attainment and limits the development of evidence and knowledge to draw attention to it as a social problem and attempt to redress it.

### *Out-of-home care*

Out-of-home care is one of the provisions to children and young people under eighteen years of age who are in need of care and protection. Although the specifics of legislation governing out-of-home care are different in each State and Territory in Australia, in general the term refers to the provision of ‘alternative accommodation for children and young people who are unable to live with their parents’ (AIHW, 2010). Children and young people come into contact with statutory child protection services for a number of reasons. Many have been abused, neglected or otherwise harmed by their parents. In other cases, the child’s or young person’s parents are ill, deceased, in prison or unable to provide adequate care or protection (AIHW, 2007). As Holzer and Lamont (2009) explain, this option is at ‘the extreme end of the statutory child protection continuum, given that other protective options are usually exhausted before alternative care arrangements are pursued for children deemed to be at risk of maltreatment’ (p1).

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The types of accommodation has been categorised by the Australian Institute of Health and Welfare (AIHW, 2003) as:

- Home-based-care, where placement is in the home of a carer who is reimbursed for expenses incurred in caring for the child. This category of placements includes foster care.
- Relative/kinship care, where the primary care giver is a family member or a person with a pre-existing relationship to the child
- Foster or community care, where the care giver is not related to the child
- Residential care, where placement is in a residential building and the purpose is to provide placements for children by carers who are paid staff. This category includes facilities where there are rostered staff, where there are live in carers (including family group homes) and where the staff are off site (for example, a supported residence as well as other facility based arrangements)
- Independent living such as private boarding arrangements
- Other, where the placement type does not fit into the above categories such as self-placement

### *Children and young people at the centre of the out-of-home care system*

Across Australia in 2012 there were 39,600 children and young people living in out-of-home care with 44% living in foster care, 47% living in relative or kinship care, 5% living in residential care facilities, and 4% in other placements. There were 12,240 children and young people who entered out-of-home care in 2011/2012 and 9,304 discharges. Of this 43% (5,286) were under the age of five years, 23% (2,835) were aged between 5-9 years, a further 23% (2,835) aged between 10-14 years and 11% (1,284) aged between 15-17 years of age. Nationally, the rate of admissions into out-of-home care is higher than the rate of discharge. This has been consistent over the past three years with the numbers entering outweighing those who are discharged.

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This number raises the numbers of children and young people in out-of-home care as it reflects the cumulative impact of those entering and remaining (AIHW, 2013).

There has been an increase of 44% in the number of children in out-of-home care in Australia in the past five years (AIHW, 2009). Similar increases have occurred in other countries. Internationally, there are around 85,000 children in out-of-home in Canada (Child Welfare Services, 2013), 67,000 in England (BAAF, 2012) and 400,000 in the United States (Children's Rights, 2013). Out-of-home care is considered an intervention of last resort, with the current emphasis being to keep children with their families wherever possible. Where children, for various reasons, need to be placed in out-of-home care, the practice is to attempt to reunite children with their families. If it is necessary to remove a child from his or her family, then placement within the wider family or community is preferred. This is particularly the case with Aboriginal and Torres Strait Islander children in applying the Aboriginal Child Placement Principle (AIHW, 2013). The substantiation rates for Indigenous and non-Indigenous children have both increased since 2010–11, from 34.6 to 41.9 per 1,000 and from 4.5 to 5.4 per 1,000, respectively. The ratio of Indigenous to non-Indigenous children has increased slightly, from 7.6 in 2010–11 to 7.8 in 2011–12 (AIHW, 2013). The rate of placement in out-of-home care for Indigenous children is 55.1 per 1000 compared to 7.1 per 1000 for non-Indigenous children and young people (AIHW 2011/2012).

Children and young people who enter out-of-home care are doing so with higher levels of complexity than previously observed (Testro & Sultmann, 2001). Children in out-of-home care are presenting with increasing needs with a range of difficulties including behaviour problems, substance use, psychiatric illness, violence, and learning difficulties. This is similar to the situation in developed countries including the United States, United Kingdom and other countries of the European Community where young people leaving residential care are presenting with higher levels of need and more challenges compared to ten years ago (Barbell & Wright, 1999; Sellick, 1999; Testro & Sultmann, 2001).

In Australia, children and young people live in out-of-home care until they are eighteen years of age if they do not return to their families of origin beforehand. Once

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they leave care, young people may have been referred to as foster care alumni, care leavers, care graduates, children and young people with care backgrounds and young adults who have exited the care system. For the purpose of this literature review, care leavers will be used and will encompass children and young people who have lived in out-of-home care on either a temporary or permanent nature and who have formally exited the care system.

### *Significance of the research*

Education disadvantage affects the social, emotional, behavioural and mental health domains of development. Education is a key contributor to a person's quality of life. Education underpins the maintenance of personal well-being, it prevents or inhibits social decline and more positively, reinforces on a continuing basis the health of individuals and communities (Schuler, et al. 2002). Education has a sustaining effect on health and wellbeing and provides a passport to full participation in school, economic and community life for adults. All of this shows those who have education are much better off in life in terms of health and well-being, financial security and economic prosperity and improved quality of life. Children and young people in out-of-home care are not doing well in education and consequently face difficulties which present a serious social issue of ongoing disadvantage, vulnerability and social exclusion in a group already vulnerable and disadvantaged by being in out-of-home care. In the absence of higher and further education, society is enabling this group of young people to fall further into poverty, poor health and wellbeing, instability in housing, higher rates of unemployment, substance use, incarceration and early pregnancy. All of these social concerns are preventable and can be mitigated through education attainment and a commitment to assist vulnerable members of society who are our children and young people who have suffered abuse and or neglect and been separated from birth families.

Jackson and Martin (1998) reviewed outcomes in the United Kingdom from those who had obtained five passes in the national examination taken at age sixteen compared to those who had not obtained any qualifications. The outcomes were different between those who did not receive any qualifications and those who did.

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Example of education and life-course outcomes between these two groups indicates different rates of unemployment (72.3/2.6%), owning your own home (3%/73.7%), homelessness (22.7/1%), being a single parent (41%/1%) and finally being in custody (18.2%/0%). While a small sample, it involved care leavers and their outcomes with information about education attainment and what happens to those without it.

## Defining higher and further education

### *Higher education*

While there is no universal definition for higher and further education, for the purpose of this study, higher education will encompass post-secondary education aimed at a degree qualification with a minimum of three years at a university or similar environment.

### *Further education*

Further education refers to the vocational training provided by registered training organisations such as Technical and Further Education (TAFE) or private providers.

### *Post-secondary school education*

In addition to TAFE and university, post-secondary school education also includes such areas as apprenticeships, traineeships, diplomas and certificate level courses in retail, information technology, tourism, cosmetics, aged care and youth work.

In summary, higher and further education is training and learning beyond compulsory school, and is provided by universities, TAFE and private registered training organisations aimed at gaining qualifications which include certificate levels to undergraduate and postgraduate degrees.

### *Summary*

This chapter has provided an overview of the thesis, including definitions of out-of-home care and higher and further education, and noted the differences across Australia in approaches to child protection systems. It has set out the importance of

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having higher and further education because it leads to improved economic, social and health status and overall wellbeing. Put simply, young people who have a post-secondary education are advantaged and young people who do not are disadvantaged. Society should be concerned with what happens to those most at risk, and more research is needed particularly in Australia to improve and equalise educational opportunities for all children. This chapter has sought to engage the reader to want to know more about the problem of low education attainment for children and young people in out-of-home care, and what it means for their pathways to higher and further education, and to better understand how improvements can be made to address this social problem.

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## Chapter 2: Literature Review

### Section 2.1: Introduction

Children and young people who are in out-of-home care have been identified in this thesis previously as one of the most vulnerable groups in society. The successful and positive completion of education for children and young people is vital for increasing their chances of successful life outcomes. Put simply, good education attainment can lead to a fulfilling adult life and mitigate risks of social exclusion, unemployment, poverty, welfare dependence, low self-esteem, homelessness, criminality and poor emotional and physical wellbeing. The education of children and young people in out-of-home care is much poorer than those who are not in out-of-home care both at schooling levels and later on with participation and completion of higher and further education. Understanding what the state of the situation is, what underlies the attainment gap and what has been done to address it and where gaps exist is the focus of this chapter.

This chapter begins with an overview on the research about education attainment of those in out-of-home care internationally and in Australia. In the second section of the chapter, I discuss what is known to contribute to low education attainment from various viewpoints including the care and welfare system, sociological perspectives on education and resiliency in why some manage to progress positively in education. The third part of the chapter introduces the closely associated topic of transitioning from out-of-home care which identifies a strong association between positive outcomes and education attainment. The last section of the chapter outlines the legal framework which governs the care and education for children and young people in out-of-home care in Australia and internationally and Australia and what has been implemented in redressing the low education attainment for this group. The chapter ends with a summary of these four key topics which will be used to introduce the next chapter on research design.

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## Section 2.2: Education of Children and Young People in Out-Of Home Care

### *Research from the United Kingdom*

The education of children and young people who are in out-of-home care has been the subject of research since the 1970s in the United Kingdom. One of the first studies conducted revealed lower test scores in both reading and mathematics for children in out-of-home care compared to children never in care (Essen, Lambert & Head, 1976). This study concluded children who entered care after the age of seven years had higher scores than those who had entered earlier, however before being received into out-of-home care, the group who had entered early, already had lower scores than those who had not been in out-of-home care.

By the 1990s, it was well established that children in out-of-home care did not achieve well in education and performed below national norms (Essen et al. 1976; St Claire & Osborn, 1987; Jackson, 1988). A longitudinal study of forty-nine boys and girls in foster care aged between 8-14 compared results with a group who had not been in out-of-home care but receiving a form of 'preventative' welfare with supports in the community (Heath, et al.1994). The study assessed educational attainment using standardized measurements and testing which included interviews with carers, teachers, social workers and the children. Children who were remained in out-of-home care with the foster family throughout the study still performed below the national average, compared to those who had placement changes or changes in their legal status with the data refuting a hypothesis that children in the more favourable circumstances with respect to permanence did any better. Furthermore children in out-of-home care who had long term settled placements did not seem to overcome educational disadvantages of early child abuse and neglect and perhaps more importantly 'foster care was not seen as the avenue in escaping educational failure and disadvantage for this group' (Heath, et al.1994 p241). This research indicates children in out-of-home care who were in more favourable placements characterised with stability did not perform well. The Lothian Study (Francis, 2000) examined the educational arrangements for children in out-of-home care. Most students had schooling problems before entering out-of-home care such as exclusions and

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behavioural needs and there was little emphasis given to the educational attainment of these students by those providing education and care. For example, difficulty with schoolwork was recorded as an issue in only one of the student's records and was referred to the educational psychologist and in another situation no action was taken in regards to children described as withdrawn and unhappy (Francis, 2000). This study explored the roles of social workers, teachers and carers in relation to education and found when attending to children's educational attainment, education was not a priority for any of the social workers or carers. While educational arrangements were viewed as a shared responsibility of social workers and carers, it was unclear how this was developed or applied. It also identified that teachers were absent from child care reviews and the exchange of information was absent (Francis, 2000). While perceptions of educational ability and potential of children and young people in out-of-home care were explored by teachers, social workers and carers, it was teachers who tended to perceive students in the sample were below average while carers and social workers seemed more optimistic. Further, teachers held a largely pessimistic prognosis of the next six months, while social workers and carers retained their optimistic outlook. While this is promising that carers and social workers were optimistic, the study found a lack of concern existed about children's educational progress (Francis, 2000).

*The Taking Care of Education Project* commenced in 2001 and involved eighty children and young people in out-of-home care aged between 10-18 years. Semi-structured interviews involving a longitudinal design were conducted in 2001 with follow-up interviews conducted with sixty-five in 2003 (Harker, Dobel-Ober, Akhurst, Berridge & Sinclair, 2004). In the follow-up interviews, the majority were still engaged in education and most of the young people's perception of their education was positive. Young people attributed their progress to the encouragement and support from carers within placements associated with concepts of stability and security (Harker, et al. 2004). Those who reported being in out-of-home care had a detrimental impact on their educational progress (12/65) identified the experience of entering out-of-home care or inadequate levels of support for education, had such a detrimental impact on their education and were unable to recover from such adversity. With the older children there was consensus that effective support,

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encouragement and acknowledgement of their efforts are central to educational success (Harker, et al. 2004). A larger study conducted with 187 young people in reviewing the General Equivalent Secondary Education and the General National Vocation Qualification outcomes between two local authorities at key stages. Progress was slow with educational attainment and for some, in particular, those who had experienced higher placement moves, there were higher degrees of difficulty and poorer results. What was important was the frequency and timing of moves including placement and schooling. Stability in school was seen as a predominant factor in improving educational achievement with timing of moves not before assessment points with a negative correlation between the numbers of placement moves in year ten and eleven and achievement in the older grades (O'Sullivan & Westerman, 2007). A further study was conducted using similar key stages when students finish school. Driscoll (2011) found most children finished this stage with disappointing results at the compulsory school leaving age at sixteen. Although a smaller sample with seven in examining their educational attainment, experiences included placement difficulties with conflict in the home, changes in schools and for two who had gone to college, had both dropped out when living independently commenced. Having a significant adult in your life was identified as a contributing factor for children and young people who had done better and the importance of stable accommodation was stressed by all participants (Driscoll, 2011).

A study involving 150 young people in out-of-home care who were in residential, foster and children's homes were tracked over nine months with interviews with young people, their carers and teachers (Berridge, Dance, Beecham, & Field, 2008). During this period, 40% had changed schools and over 50% had changed placements. This study along with comparative data between three local areas demonstrated while young people indicated they received good care and education supports in the initial interview and again in the nine month follow-up, most were judged to have made some social, behavioural and educational progress (Berridge, et al. 2012).

Education attainment in school and early years was shown to effect post-care outcomes. A sample of 106 care leavers was interviewed 2-3 months after leaving care and again 9-10 months later. At the time of the first interview, many young people were struggling to establish a foothold in education, training or

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unemployment (Wade & Dixon, 2006). Of note, 44% were unemployed, 23% were engaged in full or part time study, 6% were involved with any training schemes and a further 8% were either caring for a child or the destination was unknown. However at the follow-up interviews, 23% of participants had dropped out of education and training placements through financial difficulties, being placed on courses unsuited to their abilities, through personal or emotional difficulties in their lives or through lack of support and encouragement to maintain motivation. The implications of not having qualifications on leaving school resulted in a limited range of courses and work experience placement were often difficult to access and just over one in ten studying for a General Certificate of Secondary Education at an advance level and only one person entering university (Wade & Dixon, 2006).

The challenges identified in early research are still present today. These include poorer life and education chances, education disruption and instability, educational issues in planning, the role of the carer and how to improve learning and opportunities for this group (Jackson & Ayaji, 2007; Jackson & Martin, 2002; Jackson & McParlin, 2006; Jackson, 2007; Jackson & Cameron, 2012). Jackson and Ayajis (2007) study with a group of thirty-eight young people who had been in out-of-home care and who had progressed in higher and further education identified most had come from highly disadvantaged families with almost nil parental experience of educational or occupational qualifications. This was an important milestone in the research studies in understanding what can occur after leaving out-of-home care. These young people associated their positive education experiences with having encouragement from others although in contrast with little interest from residential care staff (Jackson & Martin, 1998; Jackson & Martin, 2002). The contribution of social workers both acting as a positive force when relationships were positive, the advice and contact from social workers were viewed as important in influencing better education outcomes by these young people. Barriers included financial support such as paying for accommodation, particularly during vacation periods when college accommodation had closed (Jackson & Martin, 2002). For example, a college student sleeping in a railway station as student accommodation had closed and consequently many students return to their families and expectations to leave the halls of residence exist, heightening the risk of dropping out of education or becoming homeless. The

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recognition while participants had first-hand knowledge of the many obstacles to educational attainment, few had recognised the structural weaknesses in the care and education system that contributed to their difficulties (Jackson & Martin, 2002).

Participants believed what facilitated their outcomes included the contributions of social workers in the form of encouragement and acknowledgement of their achievements, attending school regularly, having practical resources such as books and study facilities, access to teachers and school supports (Martin & Jackson, 2002).

A ground-breaking study known as the *By Degrees Project* was commissioned by the Frank Buttle Trust and funded by a consortium of charities and the Department for Education and Skills. This was the first study of its kind with those in out-of-home care accessing higher and further education. While there are no official reliable figures, the estimate is 6% of care leavers continue into higher education, which was slightly higher than the 1% identified by the Social Exclusion Unit in the United Kingdom. This compares poorly to the 39% of the general population (Jackson & Ayaji, 2003). The *By Degrees* study involved a longitudinal, five year study with 129 participants which tracked students from the age of sixteen into higher and further education with a mixed method of interviews, self-completed questionnaires, life story work and focus groups. This study explored education and care experiences and the young people's perspective of going to university. Factors in educational success were having someone to encourage and believe in them, stability in schooling and an increased rate of settled care placements. What this research did was to demonstrate given the right conditions, young people in out-of-home care who have suffered traumatic experiences have the same ability to access and succeed in educational as any other children (Jackson, 2006b). Furthermore opportunities are 'blighted' by low expectations, constant changes in school and placement, too little support and encouragement and the feeling no one cares what happens to them (Jackson, 2006b).

Mallon (2007), a care leaver himself, examined the experience of care leavers returning to study later in life. In a small study engaging eighteen participants using unstructured interviews, Mallon was able to demonstrate a possibility of returning to higher and further education within three groups - higher educated, trades and semi-skilled and no qualifications group. Factors which promoted educational attainment and return to education included the influence of a supportive adult, motivation for

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home ownership and security linked to education, a commitment from a spouse or partner, and a desire to be upwardly mobile and to leave their risk laden, mainly lower socioeconomic background behind (Mallon, 2007). Despite these two studies conducted by Mallon (2007) and Jackson (2006), it is still recognised there is almost nothing known on the education of young people in out-of-home care once they leave compulsory education, with this group seen as rather ‘invisible’ as a group of young people once exited from out-of-home care (Jackson & Cameron, 2012). Despite the literature dating back to 1960 in the United Kingdom, there have been minimal studies on education attainment of those in out-of-home care that relate to post-secondary education.

### *Research from the United States*

One of the first studies on children in out-of-home care in the United States was a study in 1981, involving one-hundred children and young people 8-18 years ( Gil and Bogart, 1981). It found that many children could not read or write when compared to a group not in out-of-home care. This study identified no one in out-of-home care could write a grammatically correct sentence and many foster parents reported frustration at not accessing specialised care and tutorial services they felt the children needed (Gill & Bogart, 1981). The findings were consistent with another study also conducted in the United States with children in out-of-home care which revealed 59% of children were functioning below the expected grade level and 11% were three to five years behind (Fanshel & Shinn, 1978).

A larger study conducted in 1997 identified trends consistent with the United Kingdom and the educational needs of those in out-of-home care. In reviewing case files of 167 participants who were in out-of-home care between 1980 and 1986, Blome (1997) made some important findings on educational attainment. High school performance was characterised as young people receiving mostly C grades. Students reported they were more likely to be disciplined at school, suspended or placed on probation with approximately twice the rate of being in serious trouble with the law compared to their peers not in out-of-home care. School dropout rates for those in out-of-home care were as high as 50% compared to 26% to their peers. Young people in out-of-home care are 50% more likely to change schools three times since fifth

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grade (Blome, 1997). In contrast to their peers, those in out-of-home care enrolled in college preparatory classes at a rate of 15% compared to 32% of those not in out-of-home care and upon leaving care, 20% were living independently in their senior year at school compared to 3% of those not in out-of-home care. This 1980s study also explored post-schooling experiences. More than half of the students had ‘hoped’ to graduate from college however the group not in out-of-home care was more likely to plan for a four year degree with more in out-of-home care expecting to graduate from vocational school (Blome, 1997). The group in out-of-home care were slower in beginning their educational goals and in 1984, two years after finishing high school only 13% were taking courses compared to 29% of those not in out-of-home care. Options to participate in alternative education programs such as work incentive programs or taking non-credit courses were utilised far more by those in out-of-home care (Blome, 1997).

Further evidence came from another larger study across twenty-three communities 1966–1998 on the educational attainment of those in out-of-home care and served by a large foster care agency, Casey Family Programs. Key stages including high school graduation rates, college graduation rates and attainment of the General Equivalency Degree were examined. Case records and interviews were conducted with 1069 young people in out-of-home care by a research team (Pecora, Williams, Kessler, Hiripis, O’Brien, Emerson, Herrick & Torres, 2006). These young people had difficulty in school with 36.2% repeating a grade, 37.9% needing additional school support, 67.7% had attended three or more primary schools and 33.1% attended five or more high schools (Pecora, et al. 2006). At high school level, 72.5% had completed high school diploma and children and young people receiving assistance through the Casey Family Programs, increased to 87.8% which is higher than the 80.4% completion rate for the general population in the United States. College completion rates were much lower 9% at any age and 10.8% for adults aged twenty-five years, compared to 24.4% of those not in out-of-home care. Although there were no differences in high school completion rates by gender, more female students obtained their high school diploma, were attending college and in school at the time of interview (Pecora et al. 2003). Factors which predicted high school completion included fewer placement changes, participation in extracurricular activities and

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independent living training (Pecora et al. 2003). Young people in out-of-home care can progress into college however sustaining the course was a concern and more support needed which included improved educational and vocational preparation to support retention in higher and further education. This study provided a comprehensive picture of the education attainment and the factors which were shown to improve education in school and beyond into higher and further education.

In a longitudinal study known as the Midwest Study (2008) 603 participants were questioned on educational outcomes after they transitioned out the out-of-home care system. Young people in out-of-home care were less likely to receive a General Equivalency Degree with 63.9% compared to a national sample of 90.6%. Almost 59% of nineteen years olds in the national sample were enrolled in educational programs after leaving school compared to 39.1% of those who had been in out-of-home care. In some States, young people can remain in out-of-home care until aged twenty-one and those who chose to remain, were more than twice as likely to be in enrolled in school or a training program as those who had been discharged. This was also the same for enrolling in a two or four year college program with higher rates 37.2% as opposed to the 11.7% children and young people who remained in out-of-home care longer (Courtney & Dworsky, 2006).

### *Research from Canada*

The education of children and young people in out-of-home care has been the subject of research since the 1970s in Canada. An early study in 1979, involving 200 showed children with behavioural problems and those who had been emotionally 'rejected' made good progress in out-of-home care and those who were deemed more intelligent were less likely to fulfil their academic potential (Palmer, 1979). One of the most cited Canadian studies was conducted in 1995 by Martin with twenty-nine care leavers found lower high school completion rates, welfare dependence and a high rate of early parenthood. Kufeldt (1997) conducted a study with three cohorts of those who had left out-of-home care. Of the 210 participants aged 23-31 years of age, 46% were unemployed and 73% had not completed high school and those who had experienced multiple school changes had lower educational achievement levels.

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Flynn & Tessier (2011) used research focused on child welfare outcomes (*Child Welfare Outcome Study* and the *Looking after Children, Ontario Looking after Children (OnLAC)*) to review 418 young people who had been in out-of-home care and examined their educational progress. A high rate at 23.9% of the males and 21.3% of females had completed grade ten or lower and were two or more years behind where one might expect them to be compared to their same age peers. Female participants were more likely to trend towards higher education. All participants had aspired to completing high school however only 52.5% of males and 79.5% of females hoped to obtain a community college, apprenticeship or university qualification (Flynn & Tessier, 2011). Canada commenced systematic measurements of outcomes for Canadian high school students from age fifteen and to twenty-five years. Finnie (2012) used this to examine patterns of access to higher and further education that identified detailed information on family and other background factors with schooling seen to be important ‘cultural’ influences on higher and further education choices. Factors which related to family background, class, parental occupation were important to attainment and will be discussed in further detail later in this chapter.

#### *Research from Australia*

In Australia, Cavanagh (1996) undertook a study of 497 children in out-of-home care and found more than 50% of students were rated below average or well below in areas of numeracy and literacy with 50% having episodes of truancy, school exclusion or suspension and 7% not attending school. Also identified was over 50% of the sample as having special education needs. These outcomes are consistent with the Australian Council of Educational Research in 1995-1996 (de Lemos, 1997) who also found 47% of those in care experiencing school difficulty and 44% as achieving below average or well below average grades.

The Uniting Care (2002) submission to the Parliament of New South Wales *Inquiry into the Education of Children in Out-of-Home Care* set out their observations in providing out-of-home care services in Burnside since 1911. Observations included lack of good data, impact of a poor start in life, low expectations of education in birth families, impact of multiple placements, experience of greater uncertainty and lack of

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control over their lives, a lack of emphasis on education within the care systems and limited additional support for children in care within the school systems all of which they believe contribute to low education attainment (Uniting Care Burnside, 2002).

In 1996, a landmark Australian study was conducted on outcomes of Australian care leavers (Cashmore & Paxman, 1996). This study was the first longitudinal study with forty-seven care leavers in New South Wales. Care leavers attended on average three primary schools and two high schools where one in four left school before completing year ten. Further analysis of education outcomes following 4-5 years after leaving care was conducted with educational performance in the schooling years much lower than peers at the same age and care leavers were less likely to have finished school, less likely to be in full time work or education and only one third completed high school (Cashmore, Paxman & Townsend, 2007 ). Education attainment results showing one in five had not completed year ten, the minimum qualification expected before the compulsory school leaving age, 25% had no formally recognised qualification, having left school without completing year twelve and done no further study. While (30/41) had completed at least one course after leaving school, it was reported these were more likely linked to obligatory welfare reform with short term vocational studies in areas such as hospitality, computer or office skills. Three (7.5%) were engaged in longer term TAFE courses with an additional three studying at university and one other who had applied (Cashmore, Paxman & Townsend, 2007).

CREATE Foundation, which is the national consumer organisation representing the interests and rights of all children and young people in out-of-home care, completed an annual report care on education (2004). In surveying 270 children in out-of-home care, 85% were still in school however, 40% had attended four or more primary schools while 12% of young people in high school had attended four or more high schools. The 15% not attending school had formally left school and 65% had done so without a qualification and only 8%, (3) had gone onto further education.

The Australian Institute of Health and Welfare (2007) conducted the first national study on schooling attainment for children and young people in out-of-home care. Australian children in out-of-home care across all year levels, have poor academic

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performance as assessed by reading and numeracy test scores, as compared to all other children. This study involved 895 children who revealed disparities in literacy and numeracy levels using key stages in the National Assessment and Performance for Literacy and Numeracy (NAPLAN), confirming the lower academic performance for children in out-of-home care, and made a compelling case that further work needs to be conducted to identify and fully understand the factors which influence these patterns. In Queensland the *Child Guardian* reported in 2008, children in residential care and foster care had a high rate of repeating school, 33% and 32.4% which highlights the needs of this group in repeating levels at school at a rate of a third of those in foster residential and foster care (*Child Guardian*, 2008 & *Child Guardian*, 2008a).

In 2007, a study involving twenty care leavers aged between 18-30 was conducted in Victoria to explore what happened to them after leaving out-of-home care. A quarter completed high school and only did so after leaving out-of-home care. The remaining had variability in year completion however six young people had only completed years 5-7 which is well before the compulsory school leaving grade at year ten. The reasons cited for the low level of education included frequent changes in schools, emotional trauma resulting from past abuse, learning difficulties and lack of secure and stable accommodation both during and after leaving out-of-home care (Mendes & Moslehuddin, 2007). A further study was conducted with nineteen young people who were being supported by St Lukes, a non government agency which provides supports including transition from care services which included mentoring and employment support programs. Of the nineteen young people, only three had completed year twelve however nearly all the young people interviewed had undertaken further study at the local TAFE and had significant formal and informal support from teachers, family, and community groups to complete a range of endeavours including fashion design courses, hospitality, conservation, child care, baking, hairdressing, food handling and other courses. Of note a number of these young people aspired to further study to attain higher professional qualifications and had managed to take up these educational opportunities with support services via a community development model (Mendes, Johnson and Moslehuddin, 2011).

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A study involving child protection workers perspectives on school to work transitions was conducted in Queensland in 2007. While not exclusively on education, a finding common among caseworkers was little time to support preparedness in education or workplace participation with accommodation support dominating caseworker time (Tilbury & Crawford, 2007). Barriers to successful transition to work or study included frequent placement moves and consequent school changes, little family encouragement and lack of collaboration between education and child protection staff and lack of attention to the educational needs (Tilbury & Crawford, 2007). The educational status of children and people in out-of-home care was investigated using case file reviews in Queensland with thirty-nine, twenty-four primary school and fifteen secondary school students. A high number of school exclusions, 61% and where there was recording of academic attainment and grades were low with limited academic achievement noted for the fifteen who had such records (Tilbury, 2010). Young people aged fifteen or older had not completed any accredited course of study and test results from the National Literacy and Numeracy tests for years three, five and seven were located for one child was also observed. None of the children were doing really well and the needs of children in out-of-home care show that these children face ‘enormous’ challenges to achieving educationally (Tilbury, 2010 p12). School-to-work transition was further explored involving 202 young people in out-of-home care and a comparison group who had not been in out-of-home care and interviews conducted with carers, caseworkers and education staff in Queensland. Many young people in out-of-home care aspired to getting a ‘good job’ (Tilbury, 2011a) however many participants reported lower occupational aspirations, less career planning, more career barriers, lower educational aspirations for themselves and lower parental aspirations (Creed, Tilbury, Buys & Crawford, 2011b). While this study contributed to the evidence base, it was acknowledged in Australia, there is still little known about care leavers once they exit the out-of-home systems with no universal data available on how this group compares to other disadvantaged youth in regards to educational attainment, school retention and employment outcomes. In addition, there is limited research on work and career pathways for care leavers (Crawford & Tilbury, 2007).

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An initiative of Anglicare and Wesley Mission undertook a varied method study involving case studies, interviews with 199 carers, 228 children and young people and 21 teachers. A high proportion of children repeated a grade at school 23.7%, while 60.7% had changes in schools. Almost a quarter were not attending schools on any days and a high proportion had been suspended in the last twelve months. Wise, Pollock, Mitchell, Argus & Farquhar (2010), identified three outcome groups. These included a ‘damaged’ group characterised by high rates of cognitive, emotional, physical disorders and extremely poor school achievement. Secondly, ‘disengagers’ who were less compromised but older and showing the least engagement and attainment to school and lastly children ‘doing well’ and who appeared to be functioning at the same level as their peers (Wise, Pollock, Argus & Farquhar, 2010).

A more recent study conducted in 2012, examined ways in which to support the education of children in out-of-home care. Mendis (2012) found half of the women (N-18) had completed school and entered directly into university with promising signs of what could be done to support those in out-of-home care in their educational pursuits. This included access to ongoing financial and practical supports, emotional and psychological supports and the contribution of resilience as a theoretical framework as well as identification of ‘motivating’ forces behind the higher education attainment with these young women (Mendis, 2012).

This review shows few studies conducted exclusively on the education for children and young people in out-of-home care in Australia. Studies conducted identify similar trends to other countries with high rates of school exclusion and repeating year levels noted consistently. Where there was information in files, evidence that completing school is much higher for those not in out-of-home care better attainment in grades three, five and seven where national data has been identified through the National Assessment Program for Literacy and Numeracy. Research conducted has been limited in size and in a select number of states, Queensland, Victoria and New South Wales with only one study conducted by the Australian Institute of Health and Welfare with primary school aged students. Once exited out-of-home care, there is even less known about education attainment. There are only a handful of Australian studies (AIHW, 2007; Cashmore, et al. 1997; Cavanagh, 1996; CREATE, 2006; CREATE, 2007; Mendis, 2012; Tilbury, 2010; Wise, et al. 2010) found which have

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education as part of the research inquiry as most investigate multiple domains (Cashmore & Paxman, 1996; Mendes & Moslehuddin, 2007; Tilbury, et al. 2010). One study (Mendis, 2012) conducted with young women who went onto higher and further education highlighted this in an area which we know little about in Australia in contrast to United Kingdom, United States and Canada.

### *Other research*

A collaboration, called the Young People in Public Care: Pathways to Education in Europe (YIPPEE, 2008) aimed to find out how more care leavers could be encouraged to stay in school longer and enabled to access higher and further education. Research was carried out over three years by a consortium of countries including England, Denmark, Sweden, Spain and Hungary. The methods used were mixed and included a comprehensive literature and policy review, secondary analysis of published and unpublished statistics, surveys of responsible public bodies in social care and education, interviews with professionals and managers and biographical narrative interviews with 170 young people aged 18-24. Results concluded the attainment gap for children in out-of-home care is widening. Despite difference in administrative arrangements between countries, experiences were similar with disruptions in early education both in birth and foster families. Beyond the age of sixteen, there were observations of more of a cumulative delay with few people able to follow traditional pathways into higher and further education. Lack of support including low expectations, lack of interest in education by social workers and carers, limited horizons and inadequacy of financial and personal support were experienced as major obstacles (Jackson & Cameron, 2012). This study concluded major structural problems exist including the historical split between the care and education systems which was identified by professionals as a major factor in inhibiting educational progress for this group (Jackson & Cameron, 2012).

In Sweden, a national study in which participants were divided into three groups identified the lower educational attainment of those in out-of-home care. These three groups included 3,062 children and young people in out-of-home care, 899 young people adopted before the age of seven and 900,418 general population all born between 1972 and 1981. Vinnerljung & Hjern (2001) identified those who were in

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out-of-home care performed much lower in school performance at aged fifteen and lower again on the cognitive competence at age eighteen. The poorer educational attainment as young adults after leaving out-of-home care (Vinnerjung & Hjern, 2001).

New Zealand has also conducted research which has demonstrated similar educational attainment and challenges for young people in out-of-home care. Yates (2001) found eight care leavers had outcomes similar to those in other countries. These included emotional, social and scholastic challenges. No participants had completed high school with many missing most of high school and all were unemployed with only one completing a course after leaving out-of-home care all of which signals a consistent outcome when compared to experiences of those in out-of-home care in other countries.

In all countries reviewed, United States, United Kingdom, Australia, Germany, Hungary, Sweden, New Zealand and Europe, the education attainment of those in out-of-home care is lower than those not in out-of-home care. Primary and secondary school performance is lower consistently in all countries and completion of high school is also at a much lower rate. A limited number of studies identify progression into higher and further education is lesser compared to peers who were not in out-of-home care. Limited studies exist on outcomes for children and young people in out-of-home care which were exclusively on higher and further education with approximately under ten studies completed which examined higher and further education children and young people who had been in out-of-home care. A handful of studies have examined education as part of general studies with two studies located which explored education after leaving out-of-home care. This highlights the need to conduct further research in this important area.

This section has detailed what is known about the research on education attainment of those in out-of-home care which has revealed lower levels of literacy and numeracy attainment, higher rates of repeating year levels at school, higher rates of school exclusion and absenteeism, less completion of school and finishing without qualifications, lower rates of access into higher and further education and less higher and further education qualifications compared to peers who were not in out-of-home

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care. These outcomes are consistently identified in the literature along with research which has generated ideas on what is contributing to this low education attainment. To fully understand the complexities which exist, it is important to identify what is known about the underlying causes of low attainment.

### Section 2.3. What contributes to the low education attainment for children and young people in out-of-home care?

The next section outlines the factors that contribute to low education attainment for these children and young people. This will include examination of the care and welfare systems and how they interact. Secondly views from the sociology of education perspective and how this influences education attainment will be outlined. Thirdly, the resilience framework and how this has been used to understand why some children in out-of-home care do better in education will be discussed. Finally, a summary of the situation and the main themes and implication for understanding the poor education of those in out-of-home care is provided.

In 2011, Practice and Research Together (PART) and the Centre for Research and Educational and Community Services (CRECS) co-hosted an international conference in Canada, Ottawa which focused on improving the educational achievement of young people in out-of-home care. Speakers from five countries, Canada, United States, Germany, Sweden and the United Kingdom outlined research results from their respective jurisdictions. It was identified by PART (2012) that the greatest achievement from this conference was recognition there is no single or simple solution in redressing education attainment of those in out-of-home care. It identified that improving educational outcomes requires a systems perspective that views the child as situated within a broader ecological framework that includes the caregiver, family, school, child welfare systems and larger community.

#### *A Systems Perspective on education attainment*

Academic success for youth in out-of-home care is influenced by both child placement and service factors. It can be understood through the ecological perspective where development occurs through a multilevel framework providing an account of influences which directly and indirectly impact on a child (Finnie, 2012).

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When children and young people are no longer able to remain with their parents, the State assumes the responsibility usually undertaken by a parent (Jackson, 2006). This responsibility is referred to as ‘corporate parenting’ which emphasises the collective responsibilities of government and its various departments to achieve ‘good parenting’ (CREATE, 2004).

One view why children in out-of-home care perform poorly at school is the structural factors which can lead to discrimination and disadvantage regardless of abilities or potential of individual children (Francis, 2000). Philosophical considerations of the role of the state and those who are responsible for policy directions in this area are also important. Michell, (2012 p.47) highlights two areas of historical entrenchment which she argues the child protection system is ‘founded on racist, sexist, ageist and classist principles and was never designed to improve the status of those who it purported to care for’. This view is evidenced by then Prime Minister Sir Robert Menzies cited in Michell (2012 p.47) and then RH Hicks, Director of NSW Child Welfare, also cited in Michell (2012) as follows:

*‘To say that the industrious and intelligent son of a self-sacrificing and saving and forward looking parents has the same social desserts and even material needs as the dull offspring of stupid and improvident parent is absurd’ (Sir Robert Menzies, 1949- 1966).*

*‘It should be remembered that wards are a select segment of the juvenile population with a heavy bias towards emotional instability, mental retardation and the inadequacies of character, the consequences of defective home environment in early childhood’(RH Hicks, 1960).*

Political forces in Australia held such views about children who are in out-of-home care are not equal and their individual problems are generated from birth families which indicates the position the state has in shaping policy and provisions for such population. Australian welfare states which are selective rather than universalistic with little serious commitment from either state or commonwealth to improving outcomes for children and young people in out-of-home care exist (Mendes & Moslehuddin, 2004). This is supported by Jackson (2007) who argues improving educational success for children and young people in out-of-home care will not occur until we change our official attitudes and assumptions about what children in out-of-home care have a right to expect from the state as a parent. Political forces shape how

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children and young people in out-of-home care which it is argued contributes to a poor commitment from the state as a parent as a fundamental and underlying problem in the education attainment for this group.

Recognition of the structural and social disadvantages that children and young people who are in out-of-home care experience requires a policy and practice shift which include collaboration as a underpinning strategy and includes information exchange, education assessment and planning, monitoring and reviewing with teachers and social workers breaking down professional barriers with education featuring high on the list of priority (Francis, 2000). The lack of attention and focus on education has been identified from various researchers and agencies which includes a lack of coordination, a recognition of the educational needs and a lack of responsibility in which is anchored in the care and education system (Uniting Care Burnside, 2002; CREATE, 2004; Jackson, 2007; Michell, 2012; Moslehuddin, 2012). There is recognition that a greater understanding of the ‘dyad’ which exists between the education and care system is required in making the system work for young people in out-of-home care (Pecora, 2012, p1121) Pecora (2012) argues services can support educational progress more effectively if these services are optimised in quality and quantity.

Jackson (2007) argues there is evidence of the failure of the care system to enable children to attain even a minimum educational standard which accumulates without attracting much attention with a persistent denial of the disastrous outcomes of care for a high proportion of children who were looked after for any length of time. A review of qualitative literature undertaken by Ferguson & Wolkow (2012) identified consistent barriers to school progress for children and young people in out-of-home care. This included education and child welfare systems blaming each other, existence of interagency antagonism, adversarial and non-collaborative relationships between welfare and education staff, extreme lack of trust, cooperation and hostility, and staff from each area perceiving each other as showing a lack of concern or commitment to children in their care. In summary a lack of clear guidelines of responsibility for children in out-of-home care with respect to educational progress was highlighted as one of the major barriers to school progress (Ferguson & Wolkow, 2012). The care and education systems have been identified as not working

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collaboratively on education which is another contributor to the problem of low attainment. This has been argued by Jackson (2012) who suggests a practice change for welfare needs to include school, education and learning of those in out-of-home care which is a fundamental and crucial aspect of child welfare practice.

Jackson and Cameron (2012) outline many professionals cite a major obstacle in education attainment as the division between social services and education and their failure to work together sometimes leading to conflict over financial and disciplinary matters. A frequent barrier to educational progress is interagency 'antagonism' with education and welfare professionals blaming each other for the poor outcomes (Ferguson & Wolkow, 2012). Tilbury and Crawford (2010) also identify tension between child protection agency staff and education staff. Child protection workers identified their agency's core business as safety rather than education or work. Furthermore education and work were not at the forefront of the caseworker activity or planning, even when they were working with young people who were about to leave the out-of-home care system. This suggests a problem in how the responsibilities between care and education are executed with a lack of coordination, collaboration or commitment to the educational needs of this group.

There is opposition to this view that the care system alone is not being responsible for the poor education attainment. Berridge (2007) argues that the analysis and explanations of the low academic achievement of children and young people in out-of-home care have been insufficient and simplistic. An acknowledgement of the wider sociological and educational literature is required for an adequate understanding. In considering this wider perspective, it has been recognised. 'children and young people in out-of-home care originate from the most disadvantaged social groups characterised by family breakdown, parental poverty, low parental support, maltreatment and consequently a high level of special educational needs, all of which are strongly linked to low educational attainment' Berridge (2007, p. 8). This suggests factors other than the care system have influence on education attainment. Berridge (2012, p. 1172) said he has felt like a 'lone voice' in arguing the care system is not inherently damaging to children's education but is generally beneficial providing a critical perspective from the sociology of education. A wider range of factors underlying the sociological perspective are now considered.

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## *Sociology*

Sociological perspectives on education includes factors such social class, status, and the historical development of services and the meanings of behaviour for analysis (Berridge, 1985). All of these factors are fundamental in relation to the low achievement and difficult to remedy with simplistic interpretations of the low educational attainment of children in out-of-home care. Berridge (2012) concludes that the low attainment of children in out-of-home care cannot be attributed to the care itself. Berridge believes this confuses correlation with causation with a lack of consideration to the 'starting point' of where children are derived from. However, the Social Exclusion Unit (2003) claimed that even when taking into account prior disadvantage, children in out-of-home care do worse than their peers. Berridge (2012) further identified that despite a view that the attainment gap exists due to pre-care factors, it is important that 'we' cannot turn back the clock and the challenges for child welfare professionals and educationists is to look to the future and seek remedy in the provision of high quality services and provide future opportunities.

There are gaps in official statistics on education performance with information about children and young people included as a group irrespective of the duration in out-of-home care or age of entry into out-of-home care. Some may have left care early and others may have entered during adolescence with the consideration these pupils did not grow up in care yet their outcomes are used in measurements of performance for children and young people in out-of-home care as a collective group. This has posed the question on how long it is necessary to have been responsible for a situation, educational outcomes, before reasonably expected to turn it around with educational problems present, and to what extent is the care system responsible (Berridge, 2007; 2012). The data on education attainment for this group has been identified as lacking in reliability. Such reliability can inhibit accurate use of outcome measures and the way the data is used can be a limitation in understanding the complete picture of education attainment for those who have been in out-of-home care. An example of this includes the special education needs of those in out-of-home care. Children in out-of-home care have special needs with comparisons made between 25% compared to the general population of 3% (Berridge, 2007, p. 4). In considering liabilities of the state for this problem, Berridge (2007) cautions the special needs category as this is

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inclusive of emotional, behavioural and social difficulties. Berridge (2007) argues special needs need to be understood more broadly as it is sometimes portrayed as negative for the care system. Specifically, the link between children in out-of-home care and their 'abilities' and to the extent to which the care system 'curbs' or enhances prospects is not well argued. The various needs of those in out-of-home care are diverse and complex which raises the question how much the state is causing or contributing to poor educational attainment.

### *Parental background and social class*

Educational literature indicates social class often analysed by parental occupation is one of the strongest influences on education (Berridge, 2007). This is evidenced in studies such as West and Pennell (2003) who found 65% of students from parents in non-manual labour occupations obtained five or more General Certificate Secondary Education grades A-C compared to 42% of those from manual families. While Berridge (2007) indicates the class differential has narrowed slightly over the past decade, it is still pronounced with a continuing trend with 75% of pupils from professional backgrounds progressing to higher education compared to 14% from unskilled homes. Parental education is a greater predictor of whether a child will go to higher and further education than is family income (Finnie, 2012). This is linked to children of migrant families who access higher and further education at considerably higher rate than non-immigrant youth (as much as 90% versus an average of 36-38%) in the overall population (Finnie, 2012, p. 1164). There has been agreement in the literature that children from working class homes, like the majority in out-of-home care have absorbed a message that school had little to offer people like them and universities were a remote and frightening place (Jackson & Ayaji, 2007).

The role of the carer has an influence on education for children and young people they care for. Low expectations or a lack of interest has been shown to limit horizons into higher and further education as well as being a barrier toward educational progress in general (Jackson & Cameron, 2012). Stadler (2007) herself a care leaver identified that her carers expected her to progress into higher and further education - they provided support, encouragement and the expectation which ultimately led her into higher and further education. The role of the carers and their influence on

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education is supported by Harker et al. (2004) who in a study of fifty-six foster youth found that carers who showed signs of hindering education by having little interest in the child's school progress. To view this from another way, the young people in the same study who reported positive educational progress, identified carers' provision of support and encouragement as contributing to better education outcomes. Put simply, carers have been identified as one provider of educational support with their support and encouragement, young people in care have done better in education (Cashmore, et al. 2007; Cheung, Lwin & Jenkins, 2012; Harker, et al. 2004). Many foster carers and residential staff are educated to poor levels themselves and lack the understanding of the importance or methods needed to achieve good qualifications (Jackson, 2012). Martin and Jackson (2002) propose a lack of association between the occupational or educational level of birth parents and the level achieved by their children, however the degree of interest and importance placed on the child's education by birth parents was in some cases a major motivating factor in the drive to succeed with a group of thirty-eight care leavers. Foster parents who provided more academic support at home and a more positive literacy environment and higher levels of carer expectations were also more likely to have foster youth with higher levels of academic success (Cheung, et al. 2012). Parental expectations have the strongest influence on academic achievement. This has been consistently documented from a range of different developmental stages, racial backgrounds and socio-economic status (Fan & Chen, 2011; Hill & Tyson, 2009; Jeynes, 2007 as cited in Cheung, 2012). This shows the importance of the carer role and where carers do not have higher and further education qualifications themselves or are unsupportive of education, the impact on the children they care for can mean education achievement and interest is poorer than a parent who shows interest or who is supportive.

Parental expectations can operate on children's academic outcomes in different ways. Exposure to academic socialisations within the family captures the extent to which all children from the same family experience the same expectations and is described as an academic 'climate' and accounts for why children from different families show various patterns of academic success. Alternatively, parents can hold different expectations for different children within the same family and this gives rise to differential treatment. It has been established that more academic support given to

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children in out-of-home care by carers, the higher levels of academic achievement were reported (Cheung, 2012). This is important as these transactions between the carer and child, can be attributed to a culture of learning and be a signal for understanding why some children can progress academically and others may not. The association between caregiver expectation and academic success are well documented (Cheung, 2012).

There has been an intuitive expectation when carers themselves have qualifications, a. higher social status and who are more engaged and confident with children's schooling and learning, to be more effective education of the children and young people in their care (Berridge, 2012, p.1173). In one study found, where foster carers had high level academic qualifications, the reading tests undertaken with a sample of those in out-of-home care were much higher and small differences were noted for numeracy tests (Health et al. 1994). The caregiver's education is important for the development of educational aspirations with parents who have higher education more able to create an environment stimulating higher educational aspirations, offering the stimuli needed for the development of education capacity and they might express their normative expectations with regard to their children's future education (Geckova, Tavelm, Tijk, Abel & Reinjeveld, 2010). Cheung, et al. (2012) proposes caregiver involvement is a multidimensional construct and includes parental involvement with schooling related activities, providing a positive literacy environment including access to (books/libraries) and expectations they hold around the value and utility of education. This accompanied with important qualities of care including care, love, understanding, culture, acceptance and stability could provide improved educational attainment for children in out-of-home care.

While there has been some discussion about the importance of children's education and the strengths and application of the carers themselves (Jackson, 2007), there is little known about the extent to which children's education is promoted in foster carer training (Berridge, 2007). Recruitment, training and support of carers is not something local authorities have paid much attention to with respect to higher and further education qualifications of carers with the characteristics of carers similar to those in the 1950s and 1980s (Jackson & Ayaji, 2007). This has implications for the selection of carers and residential care workers as it is proposed there would be an

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intuitive expectation that carers who themselves are better qualified, of a higher social status, more engaged and confident with children's schooling and learning to be more effective educationally (Berridge, 2012).

### *School and placement interface*

An educational issue in the attainment gap is the school transfer especially in the lead up to examinations. School transfers may arise following major educational issues such as behavioural difficulties and school exclusions which have been identified previously with children in out-of-home care experiencing multiple placements and schooling changes (Blome, 1997; Mendes & Moslehuddin, 2007; Wise, et al. 2010). Schools have a crucial role in safeguarding children and apart from their academic functions, good schools can provide an important form of continuity in otherwise turbulent lives; an accepting, non rejecting environment; a committed adult who can stand up and advocate for the child as well as an opportunity for form relationships with friends (Gilligan, 1998). The more placements a young person has; the fewer years of high school they complete and where there is stability in placements and school this provides a solid foundation for educational success (Cashmore, et al. 2007; Courtney, 2012; CREATE, 2004; Martin & Jackson, 2002; Pecora, 2012). Moves and other disruptions leads to young people falling behind in school and where specific learning difficulties exist these are often undetected and of particular significance; multiple moves undermines any sense of connectedness (Uniting Care Burnside, 2002). O'Sullivan & Westerman, 2007 support this, They found that the correlation between instability in placement and educational achievement as recognising moving house is one of the most stressful events that adults experience and for children and young people in out-of-home care, is paralleled with often unplanned breakdown in home environments which follows with a new school (O'Sullivan & Westerman, 2007). A difficulty for children in out-of-home care arises when a school transfer or exclusion occurs. It is not unsurprising that if transfer or exclusion occurs before exams then performance can be affected (Berridge, 2012). Changes in school have also impacted on school record transfers with some not containing critical information, with school records often inaccurate, incomplete and difficult to access (Ferguson & Wolkow, 2012). Failure to recognise obstacles to attendance, learning continuity, insufficient remedial assistance to address missed

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schooling and unsympathetic responses to behavioural difficulties related to traumatic experiences and protection from bullying are all school related factors which have been identified as barriers to educational progress for children and young people children and young people in out-of-home care (Jackson & Cameron, 2012).

The impact of placement and schooling instability is evidenced in a study about schooling changes which coincided with assessment or important years where it was identified over 50% of students had moves schools in years ten or eleven and half of them did not sit the General Equivalency Secondary Education (O’Sullivan & Westerman, 2007). When transfers occur at critical times in assessment periods and where there is a disregard for the timing or frequency of transfers, those in out-of-home care often miss large portions of the school year and experience problems with re-enrolment, lose academic credits and experience a general school disruption (Ferguson & Wolkow, 2012). However, not all young people in out-of-home care had educational adversity following school transfer and factors such as how well it was handled and what the original school experience was like did not result in all school transfers detrimentally having an impact on education (Berridge, et al. 2008). This suggests that school transfers may not always affect education and as already identified how well the care and education system operate has a bearing on why some children in out-of-home care do well and why some do not in education, depending on how things were ‘handled’ by both areas.

Sociological analysis is proposed as not mutually exclusive rather as an ‘additive’ in nature and children who are in out-of-home care who are multiply disadvantaged may experience the most of the educational risk factors (Berridge, 2007). Earlier analysis shows that the care system should not operate in such a way which repeats those factors that lead to the attainment gap between those in out-of-home care and those not (Berridge, 2007). The adoption of some important considerations with the role of the school, carers and the function of the state aligning some of the ‘middle’ class strategies used in securing a good education. Affluent families use a variety of economic, cultural and social strategies to ensure that their children do well at school, maintain their social advantage including paying for private schooling education or buying expensive properties in catchment areas of good schools (Berridge, 2007). It has been suggested the state should adopt the approaches used by middle class

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families and avoid transfers when exams are occurring and at all with the same priority to education given to children in out-of-home care (Berridge, 2012). This is supported by O'Sullivan and Westerman (2007) who propose choosing the right school for children in out-of-home care is crucial and children are more likely to succeed where achievement is the norm rather than the exception. Moreover, they argue that social worker knowledge of the pass rates of local schools is crucial in determining this as major decision with minimising any changes of school.

### *Histories of maltreatment*

Another influence on the educational attainment is the experience of neglect and abuse (Berridge, 2012). Early research identified a history of child abuse and neglect before entering care had lasting effects on schooling outcomes (Heath, et al. 1889). Pre-care experiences have been accepted as playing a role in education attainment, however it has been argued that the failure to address the impact of separation when children are separated from their birth families and the aftermath of such experiences (Jackson, 2006). The deleterious prenatal and post natal environments many foster children experience place their educational attainment at substantial risk (Pecora. et al. 2006). Berridge (2007) has identified maltreatment as one of the factors in which children emancipate from is linked to education attainment. Berridge (2007) suggests even with the political will and targets in place, the system cannot 'wipe the slate clean and propel children to personal fulfilment within a year' and adds to his argument that the care system alone does not necessarily 'jeopardise' children's educational chances (Berridge, 2007 p9). Children who are abused and neglected to the extent they need the care system also suffer emotional disorders, affect emotional dysregulation and attachment disorders which may affect educational attainment through damage to self-esteem and personality. They may also exhibit problem behaviours that impact on relationships with teachers, peers and school (Pecora, et al. 2005). Children who experience physical abuse tend to display more aggression and uncooperative behaviour while those who are neglected tend to be more withdrawn and much of the poor school performance of children in out-of-home care may be explained by histories of maltreatment (Mills, 2004). As shown, another factor in the low education attainment is the impact of abuse and neglect. Children and young people in out-of-home care are more likely to experience abuse and or neglect as a

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reason for entering out-of-home care which has been used to explain the difficulties in education and low education attainment.

### *Educational disadvantage*

The literature on the education of children and young people in out-of-home care refers to 'underachievement or poor achievement' with an argument that what this compares to is seldom specified (Berridge, 2007). Others have argued that poor or underachievement refers to comparisons with peers who have not been in out-of-home care in (Cashmore, et al. 2007; Jackson & Martin, 2002). Who these pupils are is unclear and the characteristics of children and young people in out-of-home care are different to the general school population, rendering such comparisons as invalid. Specifically, poor achievement compared to what is considered with an indication of previously identified special education needs for this group, resulting in perhaps not an 'underachievement' but 'low achievement' (Berridge, 2007). An example of this disadvantage is argued by Berridge (2012) who identified a 'major' explanation of the attainment gap is the existence of special education needs (Berridge, 2012). While definitions vary, estimated in the United Kingdom indicate between 10-25% of children in out-of-home care have disabilities and 75% of children in out-of-home care as having special education needs with 25% requiring a formal statement of provision in contrast to the general population of 3%. While being in out-of-home care does not automatically imply special education needs, however, this could account for the high level of learning difficulties which is likely to be a factor accounting for low attainment and why progress is slow (Berridge, 2012).

Poverty has been found to affect educational achievement independent of social class with schools which had a greater level of poverty achieving lower levels of General Certificate Secondary Education and poorer children making slower progress than more affluent (Berridge, 2007). Socioeconomic factors such as income are important however caution has been exercised in applying causation between poverty, single parent status, parental education and schooling advantage as the exact processes between them are complex. Children in out-of-home care emancipate from the poorest social groups and parental involvement and support have often been problematic which has an influence on educational achievement (Gorard, 2000 as

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cited in Berridge 2007). Material resources in the home are an important factor in the education attainment between those who are affluent and poor. Berridge (2012) identified access to computers and internet, books, study aids, visits, trips, holidays as well as sports are important material resources which support educational progress. This is supported by Martin and Jackson (2002) who identified having basic necessities such as a desk were major obstacles to educational progress of those in out-of-home care in residential care facilities along with an environment which facilitated study time and access to computers and no continuing financial support and adequate year round housing (Martin & Jackson, 2002).

Young people who have left out-of-home care have reported financial pressures while in out-of-home care and after leaving out-of-home care with many dependent on welfare (Cashmore, et al. 2007) and children and young people in higher and further education, working long hours to support themselves which seriously interfered with their academic work (Jackson, 2006). Some care leavers were found to not take up university places because they felt they could not rely on financial support from their local authorities and might find themselves destitute (Jackson, 2006). Accommodation and financial aid is also problematic in the United States where advancements have been made to redress financial barriers in supporting access to higher and further education (Pecora, et al. 2006). Education incurs a cost. Higher and further education is not inexpensive. The role of poverty in accessing higher and further education is considered. Participation rates has been shown for a considerable time to be much lesser from lower income families as well as other families living in rural communities and single parent families (Finnie, Childs & Wismer, 2011). Equalising opportunities for going to higher and further education have all had a money focus and essentially reinforced that money factors, affordability and empirical evidence suggests income matters when considering higher and further education (Finnie, 2012). This has generated policy reforms in both the United States and United Kingdom to address financial barriers in making education more affordable with tuition fees, financial aid and loan programs children and young people in out-of-home care (Courtney & Dworsky, 2007; Jackson, 2006).

*What contributes to positive education attainment?*

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Not all children and young people in out-of-home care do poorly in education. Research has shown some do better in education than others. In looking at what has been theorised to contribute the higher education attainment and why some do well, resiliency features as a cue. The systematic studies of resilience began over three decades ago when scientists started searching for understanding causes and pathways for children at risk including the genetic risks of a mentally ill parent and the hazards of growing up in contexts of poverty, war, family violence and other adversities (Masten, 2006). Some of these investigators noticed that a substantial proportion of these children with high risk status appeared to be developing well and some were even flourishing (Rutter, 1979). Resiliency has been referred to as a dynamic process encompassing positive adaptation within the context of significant adversity with two critical conditions present; firstly exposure to threat or severe adversity secondly the achievement of positive adaptation despite major assaults on the developmental processes (Luthar, Cicchette & Baker, 2000). The debate on resilience has also shifted from an emphasis on factors to an emphasis on processes and mechanisms and from identifying resilience to promoting resilience (Schofield & Beek, 2005). Whether a quality or process further views exist about resilience as not a fixed construct or an independent variable. Resilience is about overcoming the odds, coping and recovery and some believe that it is only relative to different ages, cultures and risk experiences-relative resistance as distinct from invulnerability and is likely to develop over time (Stein, 2005; Schofield, 2001). In applying this to those who have been in out-of-home care, it appears some children and young people do better than others in education and some care leavers manage to engage or return to education later in life. Understanding what contributed to these better outcomes can lead to a more comprehensive explanation of education attainment.

There have been three waves of resilience research. The first wave focussed on the *what* questions identifying components of resilience including risks and adversities, assets and resources, the vulnerabilities and protective factors which might account for good outcomes in some children and poor outcomes in others. The second wave shifted attention to the *how* questions which included the processes and systems involved including interactions between multiple biological and social systems and the current third wave addresses *intervention* questions about creating and promoting

resilience through policy and practice (Masten, 2006). It has also been recognised resilience is a broad topic and much research remains to be conducted although it has begun to take shape (Masten, 2006). For children and young people in out-of-home care, it has been well identified they are at an increased risk of experiencing school failure and it would be a mistake to conclude that all children entering out-of-home care will experience poor outcomes with some overcoming early adversity and develop into well-adjusted adults (Klein, Kufeldt & Rideout, 2006). In considering what factors or experiences enable some care graduates to thrive while others do not lies within the resilience literature which suggest some answers. This is now further explored.

It is widely believed that resilience results from the interplay between risk and protective factors. However the nature of these interactions is not well understood and ambiguities in definitions, terminology and theoretical concerns about their utility as scientific constructs exist. There is also caution exercised by Rutter (1993) who declares while it is entirely appropriate to grasp hold of the optimistic promise of resilience, it is crucial we avoid thinking of it as some single answer to life's problems. Divergent views exist on what contributes the poor outcomes of care leavers which is supported further with the dynamic of resilience which Rutter (1993) who identifies the concept of resilience can imply that the characteristic is an intrinsic feature of the individual which is misleading because resilience may reside in a social context as much as an individual. This includes changing characteristics with it not being a constant throughout one's life.

**Table 1 Examples of common risk and protective factors for children (Klein, Kufeldt and Rideout, 2006)**

System	Risk	Protective
Individual	<ul style="list-style-type: none"> <li>• Extreme prematurity</li> <li>• Prenatal exposure to drugs and alcohol</li> <li>• Chronic medical illness</li> <li>• Very difficult temperament</li> <li>• Behaviour problems</li> </ul>	<ul style="list-style-type: none"> <li>• Sense of humour</li> <li>• Self-reliant</li> <li>• Strong self-image</li> <li>• Internal locus of control</li> <li>• Sense of Purpose</li> <li>• Social Competence</li> </ul>

	<ul style="list-style-type: none"> <li>• Learning disability</li> <li>• Peers who use drugs/alcohol</li> <li>• Early involvement in antisocial behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Problem Solving Skills</li> <li>• Autonomy and self-efficacy</li> <li>• Sense of purpose and future</li> </ul>
Family	<ul style="list-style-type: none"> <li>• Highly critical or inconsistent parenting</li> <li>• An abusive or conflict ridden family</li> <li>• Single parent family</li> <li>• One or both parents diagnosed with mental illness</li> <li>• Presence of drugs and alcohol</li> <li>• Low parental monitoring of the child's activities</li> <li>• Poor family management, discipline and problem solving styles</li> </ul>	<ul style="list-style-type: none"> <li>• Non-authoritarian and child centred parenting</li> <li>• Positive attitudes towards the child's education</li> <li>• Opportunity to establish a close bond with at least one person</li> <li>• Establishing high but achievable expectations of their child's behaviour</li> <li>• Parental encouragement of children's participation in decision making</li> </ul>
School	<ul style="list-style-type: none"> <li>• Overcrowding A high student /teacher ratio</li> <li>• Insufficient or inappropriate curriculum</li> <li>• Weak and inconsistent leadership</li> <li>• The presence of high demands and expectations for student performance without adequate support systems</li> </ul>	<ul style="list-style-type: none"> <li>• Caring and supportive teachers</li> <li>• High but realistic expectations and the support to meet these expectations</li> <li>• Compassion and respect</li> <li>• Opportunity for involvement and participation</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• High levels of neighbourhood disorganisation</li> <li>• High mobility rates</li> <li>• Few adults to monitor children's</li> </ul>	<ul style="list-style-type: none"> <li>• Caring and support</li> <li>• High expectations</li> <li>• Opportunities for meaningful participation</li> </ul>

	behaviour <ul style="list-style-type: none"> <li>• High levels of drug and gang activity</li> </ul>	
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As shown in Table 1, children in out-of-home care who might have frequent changes in their systems will have to adapt to risk and protective factors within their homes, schools and communities in which they may come from and throughout their care years. These environments play an important role in determining a child's developmental outcomes. A child is dependent on family for support and guidance; it is not surprising that family characteristics have a profound impact on development. This is also true for school where a large proportion of time is spent. It is proposed these environments do not exist in isolation and include the community and individual with both risk and protective factors associated with how children and young people in out-of-home care adapt (Masten, 2006). It is recognised that in some situations they may leave a situation where there is high risks and low protective factors when they leave their birth family and enter out-of-home care. There is also a situation where they may leave a placement which has high protective factors and the placement changes and they enter a new placement with high risk factors. This can account for why resilience is a changing dynamic and can contribute to the cumulative risk or protective factors and why some children and young people can adapt and manage within their environments.

Resilience led research with those who have been or are in out-of-home care identified events or crisis events as well as positive events and changes experienced with a group of fifty-eight children and young people in out-of-home care. Despite concerns regarding emotional and behavioural development, academic performance and placement instability early in their care experiences, children and young people over the course of five years, displayed resilience in domains such as family and social relationships and pro-social behaviour and emerging gains in academic and emotional and behavioural outcomes as they progressed in their care placements, all of which it is argued, as supporting the optimistic trends noted in resilience studies (Fernandez, 2006). Why some young people cope better than others is complex and there have been limited studies identified in exploring resilience of young people who have been in out-of-home care (Stein, 2006b). Care leavers who had been

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exposed to severe stress in their early lives identified positive experience of the foster families as an emotional and social base as many of these adults continued to be fragile when their sense of self came under threat and would need to engage their foster family. This engagement brought about a feeling of emotional security and being part of a family appeared to have increased 'resilience' and made adults who had left out-of-home more likely to adapt successfully and be more optimistic about their future (Schofield , 2002).

Another early study involving thirty-eight care leavers who had succeeded educationally and a comparison group of care leavers who did not progress in education using a resilience framework is outlined. Many of the risk factors prior to entering out-of-home care were similar with 30% of the successful group experiencing physical, sexual and emotional abuse and or neglect before coming into out-of-home care. There was no difference between the two groups with self-esteem, conflict between parents, disability and ill-health in parents including mental health, poverty, inadequate housing, living in a poor neighbourhood, isolation and racism (Martin & Jackson, 1998). Risk factors once in out-of-home care were also common and included low educational achievement risks such as no one paying an interest in education, few resources to facilitate education and learning, particularly in residential care facilities. The protective factors were however identified as different to the group who went onto higher and further education. These included:

- 1) Stability and continuity in learning environments.
- 2) Learning to read early and fluently.
- 3) Having a parent or carer who valued education and saw it as a route to a good life.
- 4) Having friends outside of care who did well at school.
- 5) Developing out of school interests and hobbies (which increased social skills and bringing them into contact with a wider range of people.
- 6) Meeting a significant adult who offered consistent support and encouragement with acting as a role model.

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7) Attending school regularly.

(Jackson & Martin, 1998)

In considering the group who had displayed educational resilience, it was highlighted that for most, none could rely on professionals for assistance and showed extraordinary determination and persistence to succeed which contributed to determining adult life style status and ensuring social exclusion after completing education (Jackson & Martin, 1998). This suggests the dynamic force of risk and protective factors which exist to contribute to different educational outcomes children and young people in out-of-home care and can explain the complexities in experiences where risk and protective factors can change in context with the pre-care, in-out-of-home care and once leaving out-of-home care.

As identified previously, Stein (2006a) found care leavers fell into three groups using a resilience framework:

*1) Movers on young people moving on who are more resilient and able to manage well after care, 2) Survivors who are just about coping but whose resilience is closely linked to the professional and personal support they received and 3) victims who are very disadvantaged and need sustained support.*

This provides a useful account with linking the contribution of resiliency and outcomes. Young people leaving care using the three groups can be linked to the factors that may have been present and available during and after the care years which can explain why some manage to do well in education while others having less resources and deep disadvantage do less well. Stein (2005) suggested the ‘movers on’ group were more likely to have had stability and continuity in their lives, are resilient and able to manage well after care. They may have welcomed the challenge of independent living and thrived with gaining control over their lives in the face of common experiences of restrictions imposed while living in care which may have included lack of opportunity and resources. This group may have experienced improvements in their confidence and self-esteem and in general their resilience has been enhanced by their experiences after care and they have been able to make good use of the help offered. They also maintained in contact and had the support of

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former carers (Schofield, 2001). Resiliency has been used to explain why some care leavers manage to do better than others with reference to the ‘movers on’ groups.

Deeper examination of risk and protective factors was undertaken with a large group of care leavers in analysing what predicts educational outcomes by assessing educational attainment, educational aspirations and participation in education, training or employment children and young people enrolled in an aftercare program, Extended Care and Maintenance. Promoting factors such as developmental assets and self-care skills were associated with educational attainment and educational aspirations. Risk factors such as cognitive impairments predicting lower levels of attainment and aspiration as well as soft drug use with those not in learning, education or training were identified. The authors concluded by indicating further investment is needed to investigate the influence of developmental assets and self-care skills on educational outcomes, particularly in transitional living programs as there was an important contribution in further understanding the risks and protective factors which can predict educational attainment for this group of young people (Flynn & Tessier, 2011).

Resilience has provided a useful account in understanding why some care leavers manage to do well educationally. There have been advances to this model from Samuels & Wade (2008) who conclude in working with youth from out-of-home care, and who have constructed their out-of-home care life stories as testimonies of ‘survival against all odds’ rather than ‘victims’ have become a powerful source of resilience and strength to draw upon as they left out-of-home care. It also served to foster a ‘self-reliant survivor’ in ways that do not always facilitate support even when self-identified needs exist. The concept of self-reliance has been closely linked with resilience with two dimensions 1) having confidence in one’s self to manage one’s affairs and 2) preferring not having help. Cameron (2007) has identified care leavers who manage and direct their educational progress and achievement ‘against a background’ of a lack of financial support, familial and inter-personal support with this group often developing ‘self-reliance’ skills in highly disadvantaged circumstances perceived by professionals as being ‘difficult’. The concept of ‘self-reliance’ proposed by Cameron (2007) incorporating an active dimension with the young person’s own sense of agency in decision making and action taking and very

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familiar to care leavers who have often had to take a higher degree of responsibilities, beyond what is expected of their peers. 'Self-reliance' was used to gain entry and participate in education with taking the initiative with care leavers themselves identifying as 'principal agents' of their educational success. This self-reliance however having two dimensions by first having a degree of interest and commitment to education and that central to their eventual success was their own motivation and initiative taking, referred to as self-reliance and secondly, having confidence in oneself to managing own affairs and preferring not to have help (Cameron, 2007 p39).

In working with young adults in higher and further education who have been in out-of-home care recognition of their needs were identified as 'deep and wide', as these students were viewed as resilient, tenacious, altruistic, intelligent and articulate in pursuing educational challenges (Watt, et al. 2013). Survivalist self-reliance using resilience and risk framework among care leavers have emerged to demonstrate the protective factors such as self-management skills. Samuels and Pyrcce (2008) examined how self-reliance could be a healthy and resilient asset as well as a challenge for youth in building informal connections and mutually supportive relationships in adulthood. Early conferral of independence and appraisal with not needing the same supports as the average person, growing up without parents and learning to take oneself through life and survivor pride and 'disavowal' of dependence, contributed to experiences of young people expressing personal or psychological vulnerability as posing a risk to one's independence and success (Samuels & Pearce, 2008). Such experiences of not engaging assistance or adopting identity as a 'victim' or accept or internalise negative stereotypes of foster children, some young people constructed their identities and life stories as survival against all the odds. Self-reliance became both a resilience and strength to draw upon but it also left young people fostering an identity as a self-reliant survivor in ways that do not always facilitate seeking support even when self-identified needs such as homelessness exist (Samuels & Pyrcce, 2008). This help to support education attainment can be not sought out by this group and can offer an explanation as to why some do not engage with available supports in pursuit of educational attainment. Mallon (2007) identified three processes which enabled the development of

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resilience of care leavers in returning to education later on as a care leaver himself. These included good development outcome despite high risk, sustained competence under stress and good recovery from trauma. The protective factors identified by Mallon (2007) included a moderator of a risk or stress situation that enables individuals to adapt more successfully than would be the case if protective factors were not present. Risk factors in pre-care were considered and in a United Kingdom study involving seventeen care leavers with two groups with one group who had gone onto higher and further education and the other not. In considering the pre-care risk factors which included parents not coping, alcohol abuse, parental separation and death, Mallon (2007) concluded the pre-care factors did not seem to affect the ability to learn with (7/9) entering care early and suggested it would be more likely to be in-care risk factors which impacted upon low academic achievement. These being no personal interest or no one cared about education which emerged as a serious risk factor 'rendering' participants to vulnerable academic achievement. One participant summarised this to include 'there was no parents who attended schooling events, no encouragement from my school or praise for my academic success' (Mallon, 2007, p107).

Newman and Blackburn (2002) suggest that resilience can be promoted throughout the life cycle by identifying threats and opportunities which arise in transition points. These can also function as turning life points in an individual's life trajectory, for instance changing schools, enrolling in adult education, changing employment, marriage, parenthood and turning to religion with some of these factors emerging in the educated group with adult education, marriage and parenthood all identified as important considerations for care leavers returning to study later on in life (Mallon, 2007). What became clear for the educated group was most participants had a long term plan and most were highly focused from an early age upon their ultimate objective of succeeding. Moreover, strong leadership qualities present from an early age with factors such as receiving basic material care and having a supportive teacher favoured the educated group along with having a supportive spouse. The educated group all benefited from having higher education which in turn enabled entry into professional occupations and this occurring despite (1/8) achieving a level at school which could gain entry into higher and further education. The educated group (7/9)

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participants enjoyed school and revealed an enduring positive attitude towards education which was distinguishable from the non-educated group who did not have a stable base to live after leaving care as a major risk factor.

All participants in Mallon's study (2007) that went onto higher and further education did so as mature entry students, with the youngest being twenty-six years old. Cashmore, et al. (2007) indicates the route to higher and further education for care leavers is circuitous as evidenced by Mallon. While all participants had a care experience which placed them at risk of educational 'underachievement', they displayed significant resilience in returning to higher and further education and overcoming adversity. Those who did not engage in higher and further education, still showed considerable resilience in other parts of their lives enabling them to function efficiently and effectively as adults (Mallon, 2007).

In promoting resilience and educational attainment for care leavers, Mallon (2007) suggests a range of facilitating factors including having an important mentor or spouse, fostering stability in home and schooling environments and perhaps the most important feature, the way we view this group in redressing self-doubt, identity difficulties, stigma, and supporting this disadvantaged and academically vulnerable group. Mallon (2007, p117) summarises his work with care leavers and makes a poignant statement, *'It is overall pessimistic to presume there is no possibility of progression from that situation and with the appropriate protective factors in place, some people who have been in out-of-home care can eventually succeed academically and or achieve a satisfactory quality of adult life and such factors should be left to chance rather planned action by teachers and social workers'*. This approach is supported by Lemay (2005) who identified in the field of human services, there seems to be a general pessimism about the outcomes of children and adults who have that have been in out-of-home care. This is affirmed by Masten (1990 & 2001) who indicates resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains and bodies of children, in their families and relationships and in their communities. LeMay (2005) believes the use of resilience as a way of 'expecting resilience' through our interventions which include hope and enshrining a theoretical framework which includes an understanding that human beings are capable of remarkable

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resilience Theories have provided explanations as to why the education attainment of those in out-of-home care is low including systems theory and sociology of education. Specifically, systems referring to the state welfare and education system not operating well, not prioritising the needs and education, and a lack of collaboration in management of education and the state not assuming the role of a 'corporate parent' in the provision of care and education akin to what most parents provide. This includes the transitioning from out-of-home care supports. There was division in attributing the care system alone to the poor educational attainment. Another position included the role of sociology in education, specifically, social class with parental background, prior attainment, experiences of abuse and maltreatment impacting on education, the role of social mobility and poverty are underlying factors of educational attainment Resilience there provides a useful theoretical perspective to systems and sociology approaches, in particular when applied to educational progress made later in life. Experiences between being in out-of-home care and leaving out-of-home care have also been identified as important in considering education attainment particularly for higher and further education engagement. This is now discussed in detail.

## Section 2.4: Transitioning from Out-Of-Home Care

Transitioning from out-of-home care refers to the process of becoming independent of the care system and moving into adulthood which is a complex and major life event (Maunder, Liddell, Liddell & Green, 1998). Young people leaving home in order to establish an independent household has traditionally been an important step towards assuming adult status. For young people in out-of-home care, this transition has been viewed as 'premature conferral of adult status and independence' (Samuels & Pryce, 2008, p1202). In a comprehensive review of leaving care across sixteen countries, a comparative review of research and practice into young people's transitions from out-of-home care to adulthood was undertaken with analysis concluding although shaped by variable care system features, young people leaving out-of-home care are at a higher risk than others of social exclusion (Stein & Munro, 2008). Transition from out-of-home care to adulthood are shaped by a complex set of processes, different in each country but with many common features including the

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‘accelerated and compressed’ transitions, and how this provides a context in which entry into higher and further education might take place, often simultaneously with moving into adulthood (YIPPEE, 2008).

Leaving care is referred to as final leaving where young people are discharged from state care and make the transition into independence (Maunder, et al. 1996). In practice leaving care is a major life event and a process that involves transitioning from dependence on state accommodation and supports to ‘self-sufficiency’ (Mendes & Moslehuddin, 2007). In Australia approximately 2000 young people exit the out-of-home care system annually between the ages of 15-18 (AIHW, 2012). In the United Kingdom there are approximately 8000 young people exiting (Jackson, 2007) and over 32,000 in the United States (Unrau, Font & Rarths, 2011). The visibility of care leavers has been limited, with this silence reflecting a number of care factors 1) care leavers are a small, dispersed and relatively powerless group 2) some return to the family home while others move into independent living and 3) they comprise less than 10% of the 39,000 children and young people in out-of-home care in Australia (Mendes & Moslehuddin, 2010).

#### *Research from United Kingdom*

The journey into adulthood for many care leavers is ‘shorter, steeper and often more hazardous’ than for other young people (Stein, 2005). Transition from out-of-home care research in the United Kingdom has well identified that during the last twenty years, the patterns of transition into adulthood have been changing fast. Factors influencing these changes include the decline in the young labour market, the extension of youth training and higher and further education and the reduction in entitlements to universal welfare benefits for young people (Stein, 2005; Wade & Dixon, 2006). This has resulted in young people being more dependent on their families for emotional, practical and financial support, often into their early twenties (Stein, 2005). This represents a serious barrier to a successful transition into independence for this group because in today’s society, parents, grandparents and other relatives are occupying a central role in supporting different life stages, yet the very people who are the most likely to lack the range and depth of help given by families are care leavers who are expected to cope at a far younger age than most

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people living with their families (Stein, 2005). Most people cope with major changes in their lives including the journey into adulthood, by dealing with them over a period of time, resolving one issue then moving onto another and opportunities to focus and deal with changes over time are denied children and young people leaving out-of-home care (Stein, 2005). Young people in out-of-home care have to cope with the greatest number of life changes in less time had far poorer outcomes, including less educational qualifications and self-esteem (Coleman & Hendry, 2004). Those transitioning from out-of-home care are among the least equipped to negotiate entry into the labour market when the transition was 'fast tracked', with having less consistent support from their families (Wade & Dixon, 2006). To put this all together, young people from out-of-home care are competing in a changing labour marketplace, at an earlier age, with less support while concurrently dealing with transitioning at a period when their peers are finishing school or entering higher and further education.

A review conducted by Stein (2005) with a number of studies carried out since the 1980s suggested people leaving out-of-home care fall into one of three categories. The first was identified as 'moving on' characterised by situations of increased stability and continuity in their lives, secure attachments formed and preparation in leaving out-of-home care being gradual. Moreover, this group was seen to have welcomed the challenge of living independently and maintained contact and support from former carers. The second group were the 'survivors' who experienced less stability and left care with few or no qualifications often following a breakdown in placement. This group was more likely to experience problems later in life including homelessness and many in this group saw themselves as 'survivors' facing many problems and high degrees of dependency on accommodation, finance and personal support from agencies. The last group 'victims' were described as the most disadvantaged with poor experiences in their birth families which continued into out-of-home care. This group was likely to experience significant disruption in the care arrangements and education. They were least likely to have enduring support and at the time of leaving care, life chances were seen to be very poor (Stein, 2005 & 2006). These categories provide a conceptual picture of varying experiences of care leavers and what influenced these experiences. While not exclusively on education,

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they show differentials existed in outcomes and the range of experiences with varying conditions in their care and after care years.

There is an increasing polarisation between those in out-of-home care who have 'riskier' and accelerated transitions into adulthood in contrast to the 'extended' transitions made by most young people (Wade & Dixon, 2006). Risks include leaving school early often without qualifications to seek work, leaving the family home or becoming parents while in their teens. In addressing this, Stein (2005) proposed a process of 'social transition' which has three distinct stages; leaving or disengagement, transition itself and integration into a new of different social state. This enables a more extended, connected and permeable process in leaving out-of-home care by taking place over a longer period. Care leavers do not have the space to have freedom, explore, reflect and take risks. This identity search, a stage which is critical in the promotion of resilience and the development of problem and/or emotional skills and capability development, is often achieved through the experience of education. Instead, many care leavers are unable to take advantage of educational opportunities, as there is an expectation of 'instant adulthood upon leaving care' occurring at the same time (Stein, 2005). Applying this transitioning experience it can be seen that the moving on group had a more graduated transition with increased preparation and planning with a 'sudden exit' more likely with the survivors with some supports and victims not having much support through out-of-home care, transitioning or after leaving out-of-home care (Stein, 2005). These differentials in outcomes associated with the transitioning from out-of-home care process, suggesting the importance of transitioning from out-of-home care with the planning, preparation and after care supports having an impact on outcomes for this group.

It has been proposed that what happens in one sphere of life has implications for others and young people experience life as interconnected (Wade & Dixon, 2006). Cumulative research evidence from the United Kingdom has demonstrated the 'interconnectedness' between care and after care (Wade & Dixon, 2006). Outcomes for children and young people of-home care is influenced not only by what occurred before entering out-of-home care but also the transitioning and events which occurred after leaving out-of-home care which include access to enduring

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accommodation, supports and quality of services designed to support those who have left out-of-home care (Wade & Dixon, 2006). The expectation of ‘instant adulthood’ is slowly being redressed in the United Kingdom with the establishment of specialist leaving care schemes which have developed since the 1980s (Stein, 2006). In considering after care, it has been proposed that there are complexities in evaluating outcomes for this group and the need to recognise the different starting points of young people in relation to the diversity of their family backgrounds and care experience, and the dynamic nature of outcomes and assumptions held by social services about young people whose lives have not been easy, in their achieving independence by the age of eighteen (Stein, 2006). In spite of these complexities, the poor outcomes as identified in education attainment, health and wellbeing across multiple domains are starting to show improvement with the introduction of leaving care provisions, graduated exiting and the introduction of ‘interdependence’ models of leaving care (Stein, 2006).

#### *Research from United States*

*‘Adolescence can be a time of tremendous discovery, growth and developing independence. With proper guidance and support, young people explore their unique talents and interests; develop knowledge and skills and aspirations and acquire the relationships and connections they will depend on for a lifetime. Most young people with the support of their families and community make this transition successfully’* (Foster Care Work Group, 2004, p6).

There is recognition that those at most risk are those who live outside their birth families and in out-of-home care and will enter adulthood without the knowledge, skills, experience, attitudes, habits and relationships that will enable them to be productive or connected members of society (Wald & Martinez, 2003). Young people leaving out-of-home care in the United States do so without the ability to turn to their parents or other family members for financial or emotional support, nor can they always count on the state for continuing support once they have been discharged from out-of-home care (Courtney & Dworsky, 2006). Planning and preparation is needed and it is argued that this is more than planning for immediate needs such as shelter, food and safety, it is the support acquiring knowledge, skills and connections

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which are a critical ‘building block’ for future success in life success in a number of fundamental aspects of life including such things as housing, family stability, safety, health and social well-being (Foster Care Work Group, 2004). Improving life skills preparation and providing concrete resources to youth as they leave care which includes ongoing support is essential in maximising educational achievement of young people in out-of-home care (Pecora, 2012). An inescapable conclusion is young adults leaving out-of-home care, like all young people, need preparation and continuing support to be able to manage on their own as turning eighteen does not mean you are ready to live on your own and manage (Foster Care Work Group, 2004).

Many young people in out-of-home care transition to adulthood with no close relationships with caring adults, a minimum of coping skills and with major practical needs unmet (Courtney & Dworsky, 2006; Thoburn & Courtney, 2011 ).

Improvements can be achieved if health, housing and further education services join with specialist child placement and leaving care services to meet the needs of those who cannot rely on family supports (Thoburn & Courtney, 2011). Marsh (1998) and Gilligan (2000) also emphasise the importance of assisting young people exit out-of-home care to strengthen and rebuild relationships with relatives, former carers and community members. Such skills and processes take time and it has been established comprehensive planning and preparation in leaving out-of-home care is essential to ensure those in out-of-home care are to escape poverty and become economically successful and manage the transition well (Foster Care Work Group, 2004).

Successful transitions into adulthood for young adults leaving out-of-home care require enduring services and supports until the age of twenty-five to ensure the dependence and disenfranchisement which thwarts successful transition into adulthood is mitigated (Foster Care Working Group, 2004). When young people remain under the care and supervision past eighteen years, which is not offered universally, progress in education is better although slow, access to health care is better, less early pregnancy and a decreased risk of economic hardship and engagement with the criminal justice system (Courtney & Dworsky, 2006).

Casey Family Programs is a National operating foundation that supports families, youth and children through direct services and through collaboration with other

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organisations and agencies. A variety of services are provided which include transition from care (Pecora, et al. 2006). In a study involving twenty-three Casey Family officers between 1966 and 1998 and 1609 young people who had received scholarships, and support after leaving out-of-home care it was found they had high school completion rates comparable to the general population as well as comparable college enrolment rates which were even higher in some areas. College dropout rates were a concern with accommodation during breaks, financial assistance and support as areas still requiring improvement as funding has not kept pace the need (Courtney, et al. 2005; Pecora, et al. 2006). Providing enduring support once someone leaves out-of-home care is essential in maintaining educational success and has been shown as a critical success factor in retaining enrolment and completing the course (Pecora, 2012). United States is one of the largest countries who have the highest volume of children and young people in out-of-home care. There has been considerable investment into supporting the transitioning process and instituting support once leaving the out-of-home care system which recognises the needs and supports required in redressing the vulnerabilities at this time. The legislation and policy which has led this change will be discussed later in what has been done to improve education attainment which includes acknowledgement of the transitioning needs and education supports required.

### *Research from Australia*

Young people leaving out-of-home care have been identified as one of the most vulnerable and disadvantaged groups in society (Mendes & Moslehuddin, 2004). Compared to most young people, this group face significant challenges in transitioning into adulthood. Challenges for this group include recovery from abuse and neglect prior to entering out-of-home care and once they leave out-of-home care they can call on little if any, direct family support or other community networks to ease their transition to independent living (Cashmore & Paxman, 1996; Maunders, Liddell, Liddell & Green, 198). In addition to these disadvantages, many leaving out-of-home care do so at an earlier age (16-18 years) than their peers (CREATE, 2004). This period also coincides with either final year of schooling or the beginning of attempts to gain employment (Mendes & Moslehuddin, 2004). Young people who leave home often have parental and family support beyond the provision of

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accommodation however children and young people in out-of-home care do not and often have no opportunity to return home to their former placement or home (Maunder, et al. 1989).

In Australia, those in out-of-home care experience an accelerated transition into independence which is in contrast to those not in out-of-home care with many people still living with their family until their early twenties and continue to receive social, practical, emotional and financial support (Mendes & Moslehuddin, 2004). For children and young people not in out-of-home care, the move into independence through leaving home usually involves a long transition period which young people may leave and return home again on many occasions. There has been no 'intermediate' or 'half way' stage between dependence and independent living during which young people may reside with extended family or in supportive accommodation (Maunder, et al. 1998). In comparison, those in out-of-home care experience an 'abrupt end' to the formal support received while in out-of-home care and often have no 'safety net' to which young people can return to over a period of time (Mendes, 2004; Mendes, 2007).

Care leavers experience multiple 'jeopardies' in leaving care with a lack of support through early transition to independence (Cashmore, 1996). Leaving care is characterised with poor preparation and planning, unsuitable accommodation at discharge, lack of emotional and financial support and unresolved family issues relating to the pre-care situations (Cashmore & Paxman, 1996). Many care leavers feel inadequately prepared for leaving care with little or no support before and after being discharged from out-of-home care (Mendes & Moslehuddin, 2007). A lack of planning has been echoed in research which CREATE foundation undertook (2011) with half of the participants (N=275) not having a leaving care plan with 50% of those interviewed indicating they had to leave their placements upon turning eighteen and with 40% of these not knowing where they were going to live upon leaving (CREATE, 2011). Three phases to leaving care were identified by CREATE (2011) 1) preparation which could reflect a gradual introduction during the whole time of out-of-home care with detailed planning upon turning fifteen 2) transition involving the leaving of the care environment and establishment of an independent life and 3) after care in which the young people are living within the community. Inadequacies

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were uncovered in three phases of the leaving care processes with engagement of 275 children and young people in out-of-home care throughout Australia (CREATE 2010, 2011).

In a comparison between Australia and United Kingdom leaving care approaches, Mendes (2004), identified despite the United Kingdom having progressed with legislative leaving care provisions and program responses, both countries have a long way to go in terms of providing support akin to parents during this stage of life as well as in the support of the legacy of abuse and neglect experiences before entering out-of-home care. These strategies include the provision of stable and supportive placements, placements with a positive attitude to education, maintenance of links with either family members or community supports, a flexible and functional process from graduating from ‘dependence to interdependence’, the active involvement of young people in the leaving care planning and decision making and the availability of a range of accommodation options and ongoing supports as required (Mendes, 2004 & 2010).

Young people who are leaving out-of-home care face substantial social exclusion in terms of lacking access to adequate income and resources, being denied entry into employment or training and struggling to establish supportive social networks with transition from out-of-home care being done without adequate planning and preparation (Cashmore & Paxman, 1996; Mendes & Moslehuddin, 2007). In Australia, the assumption that children in out-of-home care should move out of their placements at age eighteen or on the expiration of the court order is not conducive to stability, security and continuity in relationships and social supports (Cashmore & Paxman, 2006). Leaving care experiences were described by those who had left out-of-home care as ‘initially jubilant, then feeling ‘dumped again’, feelings of loneliness, being scared and empty existed, being depressed and not coping with responsibility (Maunder, Liddell, Liddell & Green, 1998). Negative pre-care, in-care and leaving care experiences have a cumulative effect of young people’s ability to successfully transition to independence and planned transition pathways with ongoing and guaranteed support after care is instrumental in achieving successful transitions (Moslehuddin, 2012). A delayed and extended passage into adulthood, that is not seen as being a single event but a gradual process along with flexible

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pathways has been recommended and proposed to the Australian Government at a state and commonwealth level (Centre for Excellence in Child and Family Welfare, 2005; Morgan & Disney, 2006).

### *Summary*

Transitioning from out-of-home care is a highly vulnerable time which cannot be seen as a linear or single event. Transitioning from adolescence in out-of-home care to independence has been described as steep and hazardous, fast tracked and accelerated and comes to an abrupt end upon turning a particular age of expiration of an order (whichever comes first), which is very different to the extended and graduated transitions most young people make. Transitioning from out-of-home care coincides with school completion often in the final year the time where their peers are enrolling in higher and further education and with those in out-of-home care expected to make successive and multiple changes including moving into independent living, leaving school, finding accommodation often on their own or with limited support. Limited planning and preparation exists to support those in out-of-home care to make successful transitions. The financial, practical and emotional support which are planned and guaranteed for most by families is often not to those transitioning into adulthood. Better engagement with education, health and stability in accommodation, less pregnancy at a young age and less engagement with the criminal justice system has been demonstrated where countries have extended the age of leaving care and provided care and enduring support. The importance of planning, preparation and extending care for this vulnerable group who are already at risk of social exclusion have been identified as strategies to improve those transitioning from out-of-home care.

### **Section 2.5: Policy and Strategies: What has been done to improve education?**

Child protection legislation varies widely across jurisdictions. Within Australia there are eight States and Territories which administer individual legislation and policy. The United Kingdom has 150 local authorities which have one legislative

framework. The United States have one national legislation framework administered by fifty states. Legislation in five countries; Denmark, Hungary, Spain, Sweden and England were analysed with wide variations between the balance between the responsibilities of individuals, the family and the state and in the extent of the financial, practical and personal support provided by public bodies and how much preparation is offered (YIPPEE,2008). Table 2 identifies the range of legislative provisions which include the leaving care age and provisions to those who have left out-of-home care.

**Table 2 Legislative frameworks for leaving care and provisions for after care supports**

<b>Country</b>	<b>Legislation</b>	<b>Age of Leaving Care</b>	<b>Follow up supports</b>
Australia (Cashmore,1996)	Individual State and Territory i.e. <i>Queensland Child Protection Act 1999</i>  Agreement with the Commonwealth for a National Framework established in 2009	18	Varies between 18-25 across eight states and territories with some states establishing leaving care services
England (YIPPEE 2008)	<i>Children Act 2004</i> and the <i>Children Leaving Care Act 2000</i>	16-18, 24 if in higher and further education or disabled	Yes with 150 local authority administering leaving care services
United States (Pecora et al.2006)	<i>Foster Care Independence Act 1999</i>	21	50 States administering leave care services
Denmark (YIPPEE 2008)	Law of Social Service extended by Anbringelsesreformen 2006	18	Possibility of after care and ongoing supports including staying in placement
Hungary	<i>Act 31 1997</i>	18- 24 if continue	Yes

(YIPPEE 2008)		placement in or in residential care and employed	
Spain (YIPPEE 2008)	<i>Social Services Act</i>	18 -21 possibility to remain in placement until secondary school finished	Yes
Sweden (YIPPEE 2008)	<i>Children Act 1989 and Children Act 2004</i>	18 with possibility of staying on	Yes municipality administration
Canada (Tweddle) (2005)	Individual legislation and policy across each province or territory	16-21	Administered by 13 provinces or territories
New Zealand (Yates 2001)	<i>Children Young Persons and their Families Act 1989</i>	20	Limited and often age out at 17 years with discretionary services beyond 17.

## United Kingdom

### *Legislation and Policy: Child Protection and Leaving Care*

There is a long history with the legislative provisions for the duties and powers regarding child protection. The earliest identified in 1948 Children Act which identified legal provisions for children and young people unable to return home, remain in out-of-home care until eighteen years (Stein, 2005). Reorganisation of welfare was undertaken to introduce the *Children and Young Persons Act 1969* (introduced in 1971) which in effect led the end of specialist after care provision and afforded less priority to this group (Stein, 2005). It took until the second half of the 1980s through sustained campaigning, publicity and research surrounding the plight of care leavers to establish a new legal framework, *Children Act 1989*. This Act saw the introduction of specialist approaches by local authorities and voluntary

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organisations and while there was more of the former 1948 in this Act, it did raise the profile of care leavers and provided an opportunity for new initiatives (Stein, 2005). The education attainment of children in out-of-home care was a largely neglected policy area until recently in England although Scotland had recognised this as a cause for concern in the 1980s (YIPPEE, 2008). One of the reasons for the neglect of education within the care system was that care and education were administratively and conceptually separate with different government departments and this was mirrored in the organisation of local authorities. Legislative measures to address the low levels of education attainment gradually increased with the 1989 Act establishing a power for local authorities to ‘advise, assist and befriend’ young people aged between sixteen and twenty-one who had been in out-of-home care, including contributing to expenses for training and education (YIPPEE, 2008). Unfortunately, this being a discretionary power and not a statutory duty, it was variably implemented and ignored by the majority of local authorities (Jackson, Ayaji & Quigley, 2003).

An important change included the transfer of responsibility for children and young people in out-of-home care from the Department of Health to the Department for Education and Skills and the amalgamation of education and care services locally, now known as the Department for Children, Schools and Families (Jackson, 2007). The *Children Act 1989* (section 24) and the subsequent introduction of the *Children (Leaving Care) Act 2000 (CLCA 2000)* was designed to establish consistent leaving care models which included preparation, planning and support for leaving care and consistent arrangements for consistent financial access. This was seen as a turning point with the Quality Protects Initiative being the single most effective measure of the effectiveness of local authority parenting (DH, 1998 as cited in Jackson, 2007). This legislation was intended to bring about major changes to the landscape of leaving care and in doing so ameliorate the worst risks associated with an accelerated transition to adulthood (Wade & Dixon, 2006). The introduction of the CLCA 2000 was introduced and its main aims were to a) delay young people’s transitions b) strengthen assessment and planning for leaving care c) provide better support for young people after care and d) improve financial arrangements for care leavers (Stein, 2005).

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An election was held with an outcome of combating social exclusion which led to the landmark Leaving Care Bill 2000 and a renewed focus on leaving care policy and legislative reform which included the duties and powers to support care leavers much more comprehensively. The Prime Minister personally ordered a wide ranging inquiry which was mentioned previously, Social Exclusion Unit alongside the introduction of the White paper called *Every Child Matters* provided as the basis for the *Children Act 2004*. This alongside the CLCA 2000 facilitated a legal right to financial and other forms of support for higher and further education along with a range of measures to improve out-of-home care and after care (Jackson, 2006). The introduction of the CLCA 2000 further developed with extending the duties and powers of local authorities to have ‘obligations’ to assess health and development, education, housing, financial support and independent living skills (Mendes & Moslehuddin, 2004). Education of those in out-of-home care had acquired increasing importance among policy makers and researchers over the last fifteen years (Goddard, 2000). Early analysis from the National Child Development Study data study showed the poor attainment compared to their peers who were not in out-of-home care as previously identified. It has been proposed this finding had little impact until a later paper by Jackson (1987) ‘ignited’ political and academic interest leading to an increasing number of reports and studies (Heath, et al. 1989; Harker, et al. 2003; O’Sullivan & Westerman, 2007). An outcome of this increasing attention included the Social Exclusion Report, *A Better Education for Children in Care* (2003) as well as the studies of care leavers going to university (Jackson, 2005, 2006) and the two reports which criticised the poor educational outcomes of those in care, *Failed by the System* (Barnardo’s, 2006) and *Hand with Care* (Sargent, 2006 as cited in O’Sullivan & Westerman, (2007). In 2004, a statutory duty was included in the *Children Act 2004* which became a statutory duty in promoting the education attainment of children within their care (Jackson, 2007). Two other important policy reports were commissioned a) the Green Paper, *Child Care Matters: Transforming the lives of children in Care* (DfSE, 2006) and *Looked after Children and Young People: We can and must do better* (Scottish Executive, 2007 as cited in Jackson, 2007) which contained nineteen actions for improvement. A major change with this statutory duty included the provision children and young people leaving out-of-home care extending until the age of twenty-one years and beyond that if there was

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enrolment in education or a disability existed. This was an important change as it made going to university directly from care a possibility for the first time and implementing the provisions of the Act, challenged longstanding assumptions about the age young people should leave out-of-home care (YIPPEE,2008).

Despite these advances, Jackson's (2007) reflection of progress on the education attainment of children and young people in out-of-home care argues that the changes in out-of-home care outcomes will not occur until there is a fundamental change in official attitudes and assumptions about what children in out-of-home care can expect from the state as a parent. This is echoed by Connelly and Chakrabarti (2007) who indicate despite the political landscape changing and increased political concern, there has only been limited improvement in educational attainment however, the 'climate' is more supportive and more emphatic in its expectations of young people.

### *Policy to Practice*

Policy implementation is the responsibilities of 150 local authorities who have wide discretion, which results in corresponding variation in the character and quality of services (YIPPEE, 2008). With the introduction of the *Children Act 1989*, the emergence of specialist leaving care services which developed a range of resources options such as housing, financial, advice and information (Stein, 2005). Evidence that the CLCA 2000 has provided a stronger legal framework for care leaver and the use of incentive payments have contributed to the increased participation in further education and reduction in those not in education, employment and training (Stein, 2005). This new legislation 'imposed ' new expectations on local care authorities, with power (but not duty) to assist until twenty-one years alongside support in financial, accommodation and education and training grants (Mendes & Moslehuddin, 2004). Discretionary aspects of the legislation which led to considerable variations in the financial and other support young people were able to receive both within and between local authorities exist (Mendes & Moselhuddin, 2004).

A government program, Quality Protects established a strong emphasis on improving educational attainment for children in out-of-home care (YIPPEE, 2008). This set out eleven key national objectives and provided targets to local authorities to increase the

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education attainment for children 50% by 2001 the proportion of children leaving care at sixteen or later with a General Certificate of Secondary Education or a General National Vocational Qualification and to 75% by 2003. While this was seen as lower in comparison to the general population, it was seen as challenging to children in out-of-home care and reinforced the *Children Act 2004* which established a new duty for local authorities to promote the educational attainment of children in out-of-home care (YIPPEE, 2008). This was followed by the importance of a ‘first class education’ strategy established by the White Paper *Care Matters: Time for a Change*, as a means to improve outcomes and reduce social exclusion. In addition to the targets, measures to achieve this aims included children’s access to early childhood services, high performing schools, enrichment activities such as personal tuition, trips and visits, targeted youth support to provide information, advice and guidance and access to base level study options in further education. A practice change with avoiding all placement and school changes during critical examination years and the introduction of a national bursary scheme requiring all local authorities to give all young people in out-of-home care who go to university a minimum of \$2000 pounds/ \$3,577 was introduced (YIPPEE, 2008). This coincided with a *National Children and Young Persons Bill* which extended the entitlement to support to the age of twenty-five if the care leavers were in education or wished to return to education.

A series of policy measures has burgeoned in support of increasing education attainment for disadvantaged young people including those in out-of-home care. Programs such as the Student Associate Scheme and Aim Higher Program have been established as local partnerships between higher and further education institutions, schools and colleges to co-design and deliver a range of activities which can raise attainment and aspiration levels of young people from disadvantage. This policy ‘thrust’ was reinforced by a voluntary sector initiative led by the Frank Buttle Trust which funded a five year study on care leavers at university (Jackson, 2005). This trust provides funding to support care leavers to engage in higher and further education and was evaluated with the study *By Degrees*, which demonstrated it increased the number of care leavers engaging and completing higher and further education with financial support (Jackson, 2006).

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In Scotland, funding models have increased with grants being made available to those in out-of-home care for educational purposes (Francis, 2000). Despite challenges with administrative processes and some young people indicating the expenditure did not appear to benefit them directly, eighteen local authorities, increased provisions with books, equipment, and homework materials. This was a one-off fund and was seen as short term with 58% of children and young people being unaware that money had been invested into their education (Connelly & Chakrabarti, 2007). This was in addition to eighteen authorities receiving funding for a range of pilot projects between 2005 and 2007 to improve education. It was argued that while there was strong political commitment, timeframes were short and want to be able to see a quick return in financial investment with limited evidence of sustainable improvement (Connelly & Chakrabarti, 2007). The policy direction had a clear message in the value of education and employment however many measures are still recent and the education attainment and opportunities are still yet to be evaluated (YIPPEE, 2008).

#### *Collaborative Planning and Coordination*

A large study involving three local authorities was conducted with a local charity. The project involved a dedicated lead officer for education, financial resources and dedicated staffing to improve the coordination and promotion of a 'whole of authority approach' to the educational needs of children in out-of-home care (Harker, et al. 2004). Strong leadership, a commitment to joint working, joint planning and effective communication as well as an exchange of information along with time and financial resources, then the momentum of inter-professional activities could contribute to enhanced educational opportunities for children and young people in out-of-home care (Harker, et al. 2004). Following introduction of the CLCA 2000, it was found in 66% (430 files) education information was fully completed and 12% almost completed, however in relation to more detailed information which included evidence of sharing of information and agreed protocols designed to institute partnership practices with education were completed in 37% of cases with 23% not completed at all (Connelly & Chakrabarti, 2007).

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Personal Education Plans (PEP) were established by the government in 2000 as means to improve planning, focus on education and are an integral part of the care plan. According to official guidance, PEP should be triggered by a social worker and completed with the designated teacher in a school with a meeting including the child and young person (Hayden, 2006). Implementing a PEP has been described by Harker, et al. (2004) as requiring inter-professional work underpinned by a commitment to improve educational outcomes for this group of young people. In evaluating PEPs, research was conducted in a large local authority involving 148 teachers, thirty-five staff from social services, ten care leavers and twenty-four education departments in addition to a file audit. While there were challenges noted with availability of time (within twenty days after a new school or care placement), and a general ‘antipathy’ to do more paperwork, there was evidence that PEPs were more than a piece of paper and have assisted in raising the profile of education, provided a forum for social work and education professionals to meet in the interests of children (Hayden, 2006). Legal imperatives can overcome challenges of inter-professional work with collaboration of compiling and maintaining PEPs (Harker, et al. 2004).

The *By Degrees* landmark study, Jackson (2006) found the introduction of the *Children Leaving Care Act 2000* had made a difference to two of the three groups in which the *Act* applied. At the time the first group had started university, few local authorities had formal policies on supporting care leavers in higher and further education and most had simply provided financial aid (Jackson, 2006). There was identification that few local authorities had an awareness of a duty to provide vacation accommodation and other forms of support (Jackson, Ayaji & Quigley, 2003). Progress has been made to support care leavers in out-of-home care pursuing higher and further education with the right conditions including support services beyond care (Jackson, 2006). Good planning with foster carers, after care services and enduring support have all been identified in supporting educational attainment with opportunities such as educational staff, after care services being inked into child welfare and foster carers, as a key strategy in improving educational attainment which has been demonstrated positively in the *By Degrees* study (Jackson & Ayaji, 2007; Martin & Jackson, 2002).

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There is increasing evidence that leaving care services can make a positive contribution to specific outcomes for care leavers in particular with assisting young people finding and settling into accommodation and in helping young people out of homelessness, development of life skills, furthering social networks and in some cases completion of school and engagement in higher and further education (Stein, 2006). There is recognition however such services have three shortcomings which include ongoing long term data management, singular or narrow focus with dimensions of young people's lives and availability is not universal (Stein, 2006).

## United States

### *Legislation and Policy: Child Protection and Leaving Care*

For many years the needs of young people in out-of-home care were largely ignored by federal child welfare policy and it was not until the 1986 when the *Social Security Act* was amended to include the *Foster Care Independence Act* (Courtney, et al. 2005; Courtney & Dworsky, 2006). The government introduced as part of a re-authorisation of the *Promoting Safe and Stable Families Act* which amended the *Foster Care Independence Act* of 1999 which included the Chafee Educational Training Voucher Program as the sixth purpose of the *John Chafee Foster Care Independence Program* (National Foster Care Coalition, 2007). As part of the *Foster Care Independence Act 1999*, Medicaid was also extended to cover youth ageing out of care up to age twenty-one based on what states elect. Legislation for children and young people in out-of-home care was further strengthened with the introduction of the *Fostering Connections Act* which allowed states to support care leavers until they reached twenty-one (Thorburn & Courtney, 2011). The Foster Care Independence Program instituted a number of changes which not only included the name change to recognise Senator Chafee's longstanding leadership for children and young people in out-of-home care; it also includes adoptive parents who could receive support. Additions also included adding the achievement of a high school diploma and incarceration to the list of outcomes to be developed by the Secretary of Department of Health and Human Services to assess the States in performance in the operating of such with a submission to congress on outcomes and a data with penalties imposed for noncompliance (Pecora, et al. 2006).

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*Policy to Practice*

Federal funding was established in 2003 and provided under the Chafee Foster Care Independence Program and the Chafee Educational and Training Voucher (ETV) Program which supports individual States to improve the outcomes experienced by this vulnerable population group (National Foster Care Coalition, 2007). Funding had doubled with an annual allocation of \$140M as well as up to \$60M for discretionary purposes. In addition, under the ETV, young people are eligible for up to \$5,000 per year to support their costs of attending institutions of higher education (National Foster Care Coalition, 2007). States receive an allocation based on how many children and young people they have. While there were challenges in implementing the ETV, evaluations conducted across six states have made improvements in supporting young people. Stronger collaboration between child welfare agencies, service providers and higher education representatives engaged in planning and promoting higher and further education, mentoring services, internships, and specialist leaving care services. Specific outcomes have included early evidence of increased rates of college attendance and more efforts to support the educational aspirations of young through scholarships and tuition waiver schemes (National Foster Care Coalition, 2007).

In addition, the states were given financial incentives to improve their independent living program with the Act requiring states to produce data on a variety of outcome measures including education (Courtney, et al. 2005). Performance measures were introduced as part of the *Foster Care Independence Act 1999* which included routine data collection and a state-wide National Youth in Transition Database which became regulatory in nature (National Foster Care Coalition, 2007). There was evidence that the States were investing additional funds and increased scholarships, tuition waivers, increasing private/public collaborations in the development of targeted college support programs for care leavers. One example was the Guardian Scholars Program which has spread over twenty campuses in California which offers student financial aid packages and financial aid offices as a means of outreaching to eligible students (National Foster Care Coalition, 2007). Unfortunately, it has been found that funding to assist has not kept pace with the growing number of eligible

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youth leaving out-of-home care and only a fraction who are eligible receive them (Courtney, et al. 2005).

Changes to the way the programs are delivered include consistent provision of funding for follow up services and increased flexibility in asset accumulation with care leavers, and use of expenditure after leaving out-of-home care (Courtney, et al. 2005). Courtney and Terao (2002) provide a descriptive typology that categorised services for young people leaving out-of-home care into life skills training, mentoring program, transitional housing, health and behavioural health services, education services and employment services. While this was useful, Courtney and Hughes (2003) argued that focussing on the range of services may detract from the common program elements which are case management, underlying philosophy of young people contributing to the community, increasing personal confidence and progressing a staying in care longer agenda.

The Midwest Study which was undertaken following the introduction of the *John Chafee Foster Care Independence Act 1999* has highlighted improvements in accommodation stability and moving forward in their education however substantial difficulty to improve education even with such legislative and policy changes remains (Courtney & Dworsky, 2006). After a decade of the legislation being introduced, there was little evidence that outcomes children and young people in out-of-home care had improved and what little data there was, it showed that for many care leavers were still not adequately prepared to live as independent young adults (Courtney & Dworsky, 2006).

#### *Collaborative Planning and Coordination*

There are limited evaluations on independent living programs and little is known about their effects of the self sufficiency of those who have left out-of-home care (Courtney, et al. 2005). Despite investment into these programs, concern was still evident that youth leaving out-of-home care were not prepared for higher and further education and retention success was low (National Foster Care Coalition, 2007). It was recognised that there has been increased support to those who have left out-of-home care through legislation, however it was identified that many states are still not

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supporting care leavers after they turn eighteen with states not always continuing support (Hernandez & Naccarato, 2010).

General programs across twelve States identified significant needs with care leavers who have engaged in higher and further education which the programs were responding to. These include six major themes 1) academic preparation, 2) housing, 3) financial assistance, 4) the need for emergency assistance, 5) youth's personal challenges and 6) the need for advocacy (Hernandez & Naccarato, 2010). Planning and coordination was undertaken by services to increase support such as tutoring, counselling, guaranteed college housing, scholarships, emergency financial assistance including debit cards to college cafeteria, referrals to health services such as health and mental health and staff who serve and advocate for these youth (Hernandez & Naccarato, 2010). Seven of the twelve programs identified a lack of commitment to the program by stakeholders and infrastructure was the greatest barrier in program implementation (Hernandez & Naccarato, 2010). Despite such challenges, the work of these twelve programs illustrate examples of policies and partnerships between child welfare agencies, non-profit organisations and higher and further education institutions are vital to the continued success of those leaving out-of-home care.

The Midwest Study sought the views of 603 young people after leaving out-of-home care. This study identified half the participants had received educational support but less than half had received any service with children and young people in out-of-home care still in out-of-home care (where states permit an extension until age twenty-one and the person accepts) received more services (Courtney & Dworsky, 2006). Educational outcomes were improved for children and young people who remained under the care and supervision of the welfare services and children and young people still in out-of-home care were twice as likely to be in school or training compared to those who had been discharged. This suggests allowing young people to remain in care longer and when legislative and policy provisions support this, young people do better educationally (Courtney & Dworsky, 2006).

Targeted campus support children and young people care leavers who go onto higher and further education is slowly being introduced in support of care leavers engaging in higher and further education. Research in this area identified 21% of care leavers

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as compared to 13% of the general population dropped out of college within the first year and this increased to 34% compared to 18% of the general population not completing the course (Day, Dworsky, Fogarty & Damashek, 2011). Such initiatives have been supported by Smith (2011) who argues practice principles related to education include receipt of college preparatory classes during high school, encouragement to complete a diploma and having those for young people, seeing young people as college bound, and to reflect that in vision, in practice, and in attitude. Academic readiness and preparation for entering higher and further education has been identified as an area requiring support and services (Courtney, 2012). It has been shown that care leavers are less well prepared academically in the first year with the performance gap widening and persisting throughout the course in a study of eighty-one care leavers compared to those who had not been in out-of-home care (Unrau, Font & Rawls, 2011). Campus support programs are emerging in an attempt to improve retention and completion, however it has been identified these programs have little empirical or theoretical literature to guide their development (Watt, Norton & Jones, 2013).

A new program in the United Kingdom, the *Aimhigher* program has been established to help raise aspirations and encourage care leavers to think about following higher and further education. Initiatives such as fast tracking interviews for college entry, reducing strict eligibility admission criteria for care leavers, targeted supports during the summer break, and integrated leaving care teams in educational institutions are fundamental to improving education attainment (Stein, 2012).

The initiative, *Foster Care Alumni Creating Educational Success* reviewed twelve campus support programs and included interviews with 132 college students who had been in out-of-home care. Support provided to understand their identity, support which facilitate increased autonomy, and the campus programs that identify, celebrate and make use of the unique strengths of care leavers, and access to academic support and resources all assisted retention were all viewed as positive to engaging in higher and further education (Watt, et al., 2013). As this is a very new study, there is evidence that such programs could expand and further facilitate retention and completion of higher and further education children and young people in out-of-home care. Further analysis of college campus support is identified as a gap

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in knowledge in the United States with one study involving ten campus programs highlighting the lack of uniformity in evaluation with further studies ‘much needed’ in this area to support those in out-home-care graduating from higher and further education (Dworsky & Perez,2009).

## Australia

### *Legislation*

Australian child protection legislation is governed by eight states and territories with the legislation, policy and practice varying across jurisdictions. In 1998, a study involving front line workers in child protection in five states and territories reported on how specific policy in their state for leaving care with little documentation and clarity in support of those leaving out-of-home care (Maunder, Liddell, Liddell & Green, 1998). Almost a decade later in 2006 there was recognition of the minimal legislative provision and little beyond discretionary assistance and services for people leaving out-of-home care (Jackson & Paxman, 2006). Table 2 shows the differences in legislation and policy between the states and territories in Australia. The *National Framework for Protecting Australia’s Children 2009-2020* which was endorsed by the Council of Australian Governments in 2009 was a commitment to develop and introduce national standards for out-of-home care (CREATE, 2009). A priority area is the Transition from Out-Of-Home Care to Independence. Australian governmental policy has been proposed by CREATE (2006) as a ‘useful starting’ point to provide the leadership and framework for practice. Cashmore, et al. (2007) and outlines the division of powers and responsibilities for education and child welfare across eight states and territory governments and the Commonwealth, with more than sixteen pieces of legislation as complicating.

There has been some indication that the Commonwealth Government is beginning to recognise its responsibilities in the area with the introduction of the Transition to Independent Living Allowance (CREATE, 2011). This assistance was introduced providing financial assistance for care leavers of up to \$1,500 by the Commonwealth Department of Family and Community Services and Aboriginal and Islander Affairs, 2010). CREATE (2011) found only 58% of seventeen year olds preparing to transition knew about the allowance. The Commonwealth continues to deny a

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legislative responsibility for care leavers with the introduction of the allowance justified on the grounds that early intervention and support programs will help prevent later welfare dependence and homelessness (Mendes & Moslehuddin, 2004). The National Framework to Child Protection was introduced in 2009, however CREATE (2013) have indicated reporting by government on government remains a significant concern and others. Cashmore, et al. (2007) identify the difficulty lies within a lack of commitment in Australia to the concept of ‘corporate’ parenting, the adoption of a whole of government approach in meeting the needs of children in out-of-home care including what happens to those after leaving out-of-home care.

Child and Welfare Association of Australian in 2002 argued for Australia to follow the lead of the United Kingdom government and impose minimum uniform leaving care standards on the states and territories (Mendes & Moslehuddin, 2004; Child and Family Welfare Association of Australia, 2002). While the National framework was introduced in 2009, there remains significant variation in legislation and policy regarding leave care and after care planning and provisions with a working group established to progress this work. New South Wales was the first state to introduce leaving care services which included state wide services for care leavers. These were introduced in 1996 as a response to advocacy, research activity and public controversy (Mendes, 2009. p396). The introduction of an After Care Resource Centre and local leaving care services in all regions and culturally appropriate services to Aboriginal and Torres Strait Islander care leavers was established. While the Queensland *Child Protection Act 1999* provides for preparation for transition from care it does not include after care support and has no dedicated budget. Victoria soon followed New South Wales with legislated support with the introduction of the *Children, Youth and Families Act 2005* which provides support for post care until age twenty-one with a state budget of \$3.65M in 2011-2012 which is in addition to the existing \$1.2M for the Office of Housing Program.

South Australia has also made progress with the amendments to the *1993 Child Protection Act* to include assistance for young people transitioning to adulthood and new youth support teams providing support to care leavers up to the age of twenty-five. This has also been adopted by Western Australia’s legislation, *Children and Community Services Act 2004*, in supporting care leavers with social support

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including education. Tasmania, Northern Territory and the Australian Capital Territory with less care leavers, are all developing policies and programs. Tasmania has a *Children, Young Persons and their Families Act 1997* providing support until age twenty-one and the Northern Territory currently has a Bill being prepared for Parliament which will support care leavers until age twenty-five and will replace the *Community Welfare Act 1983* as current arrangements are discretionary in nature. In the Australian Capital Territory, the *ACT Children and Young People Act 1999* covers leaving care but not after care with no specific budget.

Victoria has progressed with *Children, Youth and Families Act 2005* which enshrines provision of leaving and after care services for young people up to age twenty-one with an allocated budget of \$2.09M. While the Act appears to oblige the government to assist care leavers with finances, housing, education and training, employment, legal advice, access to health and community services, counselling and support depending on need, the government has not yet established a service model with clear standards and responsibilities (Mendes & Moslehuddin, 2007). In New South Wales, the *Children and Young Persons Care and Protection Act 1989* identified appropriate assistance to be provided until age twenty-five which also included financial and other help, a leaving care plan, access to personal information (Cashmore, 2003). A number of states have introduced transitional and after care programs designed to assist care leavers with accommodation and support however these supports are discretionary in nature and limited and lack any legislative guarantee of after-care support or specific focus on education. As I have identified in the United States and United Kingdom, there is legislative support targeting education children and young people in out-of-home care. Support such as voucher programs and scholarships do not exist in Australia apart from South Australia who has waived tuition fees at TAFE. Providing support after leaving out-of-home care is essential to supporting higher and further education attainment with Australia yet to introduce what other countries have done over ten years ago.

### *Policy to Practice*

Specialist leaving care services were developed in New South Wales in 1996 with an injection of \$1.2M funding which was provided to Relationships Australia,

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Centrecare, Uniting Care and Munrumbai to provide after care services (Cashmore, 2003). In 2003, an After Care forum was held in New South Wales in which key recommendations included increase support for children and young people leaving care with a plan, housing, training and establishment support and evaluation of services with accessibility, access, appropriateness and effectiveness (Cashmore, 2003). Victoria introduced a Leaving Care Service Model Project in 1998 for children and young people aged between fourteen and eighteen, however no specific funding has been provided for transitional or after care programs except for pilot and support programs (Mendes & Moslehuddin, 2004). There was a request by the Victorian Government that after care services will not be funded until there is an economic analysis of the benefits. Two economic studies were conducted which showed the cost benefit of supporting those leaving out-of-home care. Both of these economic arguments identified ‘avoidable costs and the moral, social and economic argument’ and were presented to the government with an identified saving of 89% in implementing an integrative model of transition from out-of-home care which included support until age twenty-five (Centre for Excellence in Child and Family Welfare, 2005; Morgan and Disney 2006).

#### *Collaborative Planning and Coordination*

In 2004, the Queensland Government introduced a partnership agreement between the Child Safety and Education departments. The four elements of this partnership included 1) collaborative work being seen as the core function of supporting the educational needs of children and young people in out-of-home care. 2) completion of an Education Support Plan 3) reaching potential with regular reviews and monitoring of education needs and 4) achieving a qualification through the development of an individual senior education and training plan (Queensland Government, 2004). Similar partnerships have been formed in other states such as Victoria in 2003, which recognised that the role of the state in protection, caring and educating children in a way that maximises life opportunities as a responsibility a parent undertakes which is assumed by the state when children are in out-of-home care (Victorian Government, 2003). As shown in Table 3, most states and territories have adopted the United Kingdom initiative of education support plans variably. This has improved since the CREATE Foundation report card on education was

completed in 2004 when only three states and territory has adopted this initiative (CREATE, 2004).

**Table 3 : Education support or individual education plan in each State or Territory**

<b>State or Territory</b>	<b>Education Support Plans</b>	<b>Implementation</b>	<b>Source</b>
Northern Territory	Children and young people at educational risk	Not routinely completed	<a href="http://www.education.nt.gov.au/_data/assets/pdf_file/0006/16656/SpecialEducSupportServicesInfo.pdf">http://www.education.nt.gov.au/_data/assets/pdf_file/0006/16656/SpecialEducSupportServicesInfo.pdf</a>
Victoria	Yes	All children and young people	<a href="http://www.education.vic.gov.au/Documents/school/teachers/health/paiepguidel.pdf">http://www.education.vic.gov.au/Documents/school/teachers/health/paiepguidel.pdf</a>
Western Australia	Yes	All children and young people	<a href="http://www.dcp.wa.gov.au/Resources/Documents/Documented%20Education%20Planning/GuidelinesForImplementingDocumentedPlans.pdf">http://www.dcp.wa.gov.au/Resources/Documents/Documented%20Education%20Planning/GuidelinesForImplementingDocumentedPlans.pdf</a>
New South Wales	Yes	Introduced in 2010, completed within 30 days of entering out-of-homecare for all children and young people	<a href="http://www.schools.nsw.edu.au/student-support/student-wellbeing/out-of-home-care/">http://www.schools.nsw.edu.au/student-support/student-wellbeing/out-of-home-care/</a>
South Australia	No	Not states	<a href="http://www.gcyp.sa.gov.au/?s=education+support+plans">http://www.gcyp.sa.gov.au/?s=education+support+plans</a>
Tasmania	Long term care only	Long term	<a href="http://www.dhhs.tas.gov.au/children/child-protection-services/information-sheets-and-resources">http://www.dhhs.tas.gov.au/children/child-protection-services/information-sheets-and-resources</a>
Queensland	Yes	Within 30 days of entering or re-enrolling in a new school	<a href="http://www.qld.gov.au/youth/family-social-support/education-support-plans/">http://www.qld.gov.au/youth/family-social-support/education-support-plans/</a>
Australian Capital Territory	Yes		<a href="http://www.communityservices.act.gov.au/ocyps/services/care_and_protection">http://www.communityservices.act.gov.au/ocyps/services/care_and_protection</a>

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The main avenue in which educational needs are considered and planned in Queensland is in the completion of the Education Support Plans. The Individual Education Support Plans or Personal Education Plans requires the development, documentation and review of individual education plans involving the child or young person, parents, carers, welfare and education staff (CREATE, 2004). In recognition of the importance of education on children's development and the impact that being in care has on educational attainment, every child who is subject to a Child Protection Order granting guardianship or custody to the Chief Executive Officer of the Department of Communities in Queensland and is enrolled in a state or non-state school should have an Education Support Plan (Tilbury, 2010). In Queensland Child Safety's own practice paper, an education support plan aims to ensure a child is enrolled and participating in an educational program that meets their individual learning needs, maximises their educational potential and improving wellbeing (Queensland Government, 2013). Furthermore, the practice paper (2013) suggests the Education Support Plan is a planning tool and a process that is more likely to benefit children in young people in out-of-home care where they are involved with the school, carers and child safety officer and jointly develop and implement identified educational strategies and regularly review and reviews these strategies (Queensland Government, 2013).

All children and young people in out-of-home care must have an educational plan which details educational, social, behavioural goals and outcomes (Working Group on the Education of Children and Young People in Out-Of-Home Care, 2010). There have been a number of challenges associated with the implementation of Education Support Plans identified. These include a lack of time, carer confident, young person not being present with an overemphasis on behaviour management with little or no attention given to the educational needs, goals or aspirations. Education Support Plans have been in place in the United Kingdom with dedicated support also included to facilitate such completion (Harker, et al. 2004). Education Support Plans being a policy requirement in working together with education, welfare carers and the young person. While policy has indoctrinated the Education Support Plans, welfare staff reported 'education support plans are a good idea however lack the resources which

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means they are not achievable and are logistical nightmares, some did not engage in the specifics and the focus of the plan is not coming back to child safety rather its educational' with education planning also not seen as the agencies core business (Crawford & Tilbury, 2007). While the Education Support Plans are in policy, translation to practice has not yet been done consistently in achieving the intents of planning and collaborative work between welfare and education personnel. The Queensland Government reported to CREATE (2004) a total of 2,328 students from out-of-home care were enrolled in state schools with 91% having an education support plan. When CREATE undertook a survey with 229 students in Queensland, it reported less than 21% of children and young people indicating they had an education support plan which may have been a different sample or those who had plans did not know they did not exist (CREATE,2004). There was also evidence that not all children and young people had a current Education Support Plan on their welfare file with twenty-four out of thirty-nine who had one or one referred to in their case file and for seven, there was no record of one existing, however other plans such as the Individual Education Plan with four completed children and young people who had disabilities (Tilbury, 2010).

Services to support those in out-of-home care developed by Uniting Care Burnside in New South Wales, Bernandos Leaving Care Service Model in Victoria and Life without Barriers Transition from Care program in Queensland, show there is not any evidence of dedicated higher and further education services aimed at integrating education beyond compulsory school. While some services have employed designated educational personnel, there are no services such as the college and campus programs which exist in the United Kingdom and United States in Australia. What is promising is the employment of an education consultant by Life Without Barriers as a major part of Life Without Barriers specialist national service delivery and a small pilot program is being trialled at Lifeline Community Care with establishing an education team children and young people living in residential Care (WGECYPIC, 2010).The Leaving Care Program in rural Victoria which was established eight years ago, has progressed with strong linkages with housing to design a step down model and the provision of life skill developments, camps and mentoring programs. It has also a well-established educational focus with a tutoring

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program and engagement with the Wodonga TAFE in the re-engagement and pathways program with care leavers gaining credits towards the adult learning Victorian Certificate. However, it was identified that a leaving care program was inadequate and a leaving care team was required as a wraparound model inclusive of long term support (Saunders & Fell, 2012). In terms of education there is acknowledgement that young people need a suite of service elements for example, career counselling, education scholarships, work experience placements, preparing job applications, developing interviewing skills as a means to support education and employment outcomes (Tilbury, et al. 2011). Other initiatives include the Cluster Model under Mackillop services in Melbourne which is a targeted transitional housing partnership between housing and welfare services children and young people in out-of-home care. However, there was caution with historical approaches with an emphasis on leaving care at the age of eighteen as a primary point of transition and too much focus on ‘leaving’ and not ‘care’ (Craig, Halfpenny & Stockley, 2012).

The effective implementation of government policy in respect of education children and young people in out-of-home care requires collaboration between all levels of government and non-government providers. CREATE (2004) identified a range of practice strategies which were introduced and included nominated educational staff to be a contact point for education, resource kits developed with professional development and workshops between professionals, information exchange protocols and establishing specialist teachers or educational committees (CREATE, 2004). Despite this being a decade old, progression to a uniform or nationally consistent approach to the education for children and young people in out-of-home care has been slower than compared to United Kingdom and United States.

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## Other

While New Zealand is close to Australia in proximity it has much smaller numbers of young people in out-of-home care and have not had the political forces in which the United States or United Kingdom have experienced. While the introduction of the *Children Young Persons and their Families Act 1989* was aimed in providing services to support maintenance of children within their extended family, the funding and services were not available or adequate (Brown, 2001, as cited in Yates, 2001). New Zealand has fallen behind other Western Countries in its attention to supporting young people leaving out-of-home care. However Yates, 2001 and Ward, 2001 research in reviewing the outcomes of thirty-five young people and eight each respectively contributed to a Government considering changes to leaving care policies, specifically in extending the provision of support for care leavers (Yates, 2001). There is currently no specific component of legislation or policy to support discharge into independence specifically in the Act with an absence of clear legislative obligations for children over the age of seventeen New Zealand is fifteen to twenty years behind the United Kingdom in supporting care leavers (Yates, 2001). The same appeals for improvement exist, similar to Australia with indoctrinating national standards which aim to improve the outcomes including education. A sentiment echoed across jurisdictions is the required legislative changes which support care leavers to an age that is modelled on the government's role of acting like any good parent would do (Cashmore, 2006).

## Section 2.6: Conclusion

The literature review has outlined the research which exists on the educational outcomes of children and young people in out-of-home care. The reasons for the poor and low education attainment are varied with some opposing views identified from various authors. A main reason for the poor education is the structural factors of both the care and education systems including the lack of collaboration, clear guidelines of accountability and responsibility which lead to discrimination and disadvantage of children and young people in out-of-home care as a major inhibiting factor in education attainment and progress (Francis, 2000; Jackson, 2006b). Low expectations from carers, teachers and welfare staff, constant changes in schools and placements,

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and limited support was also identified in what contributes to the low attainment (Jackson, 2006b). Another dimension is the consideration of the role of poverty, socioeconomic status and parental history was proposed as an additive to the contributors to low education attainment (Berridge, 2007). Finally the link between transitioning from the out-of-home care system into independence and education attainment was established. Leaving the out-of-home care system often coincides with the time of higher and further education attainment which without access to enduring support, educational attainment can be hampered which is a vulnerable time for young people in out-of-home care who are expected to transition into independence at an earlier age and without guaranteed supports to manage such. Such transitions have been characterised as ‘steep and hazardous’ and ‘accelerated and compressed compared to transitions into adulthood for young people who are not in out-of-home care (Stein, 2005; YIPEE, 2008; Wade & Dixon, 2006) It was recognised for young people in out-of-home care, a transitioning process involving an extended, connected and permeable process over a longer period is required but seldom experienced all of which inhibits the ability to engage in, sustain higher and further education enrolment and ultimately conquer higher and further education attainment. This transition is very different to peers who are not in out-of-home care who often have dependence on the enduring support of family including the practical, financial and emotional support which can support successful higher and further education attainment (Stein, 2005).

In this literature review it has been shown that improving the education attainment children and young people in out-of-home has attracted different approaches, investment and political focus between countries. Two countries which have progressed are United Kingdom and United States which have both legislated a national approach with after care provisions in both extending the age which care leavers can access supports but also institute policy provisions which include access and support for higher and further education. Advances have been made by these two countries include targeted programs and financial aid for higher and further education which provide education voucher schemes, scholarships, college support programs, key educational performance measures and mandated collaborative efforts between welfare and education services. Australia has introduced limited support with a

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Commonwealth initiative in the Transition into Independent Living Allowance, however very few care leavers had known about this when asked. Australia has committed to a National Protecting Australia's Children Framework which is a vehicle in developing consistent child protection practice. Some noteworthy practice being undertaken at local levels in Australia but there is no uniform legislation to mandate such practices or investment into leaving care or the pursuit of higher and further education access, engagement and completion. The review shows there have been some studies in the United Kingdom and United States which highlights the education attainment of children and young people is much lower yet both countries have progressed in changing legislation and policy although more are required as progress has been slow. Australia had done very little in comparison with very limited evidence on the education attainment and what has been done to improve it.

The literature shows this has been an area of concern for decades with limited research on how to improve education attainment and even less in Australia. What the literature does show is more is needed to understand and learn about education attainment and how to address this, particularly as there is limited information to draw from in Australia. This provides a foundation for the next chapter which is the research design and includes how the research is designed and planned with the goal of contributing to reducing this gap in the knowledge base on this topic.



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## Chapter 3: Research Design

### Section 3.1: Introduction

This chapter describes the design that was adopted to achieve the aims and objectives stated in the first chapter. The aim of the research was to explore the perspectives of care experienced young people about the factors that facilitate and constrain higher and further education attainment. The first section of this chapter outlines the methodology, the use of systems theory to organise the study, and why this approach was used. In the second section, details participants in the study and the methods of data collection used and justifications for this approach. The third section outlines the procedures used and the timeline for the completion of each stage. The fourth section discusses how the data were thematically analysed and finally the last section declares the ethical considerations of the research and its limitations.

### Section 3.2: Methodology

This study examines factors which support or inhibit higher and further education for children and young people who have been in out-of-home care. As the previous chapter has shown, there are many ways to approach the topic including systems, sociological and resilience theories. Ecological systems theory was selected to organise the study because it provides a comprehensive picture of the variables which may exist and how these have interacted at the individual and wider environment levels to explain facilitating and constraining factors (Bronfenbrenner, 1979). Ecological systems theory was the dominant model used in this study.

Researchers who attempt research and proceed without both theory and research integrated risk a hazy, faulty logic and imprecise research. Theory ‘frames’ how we look at and think about a topic (Dudley, 2005). Establishing the rigor of the study begins by clarifying the philosophical transition guiding one’s method and analysis as well as providing transparency in the subjective positionalities of the researchers (Anastas, 2004). Theory increases a researcher’s awareness of interconnections of

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concepts and the broader significance of data. A paradigm adopted for this research is interpretivism. This approach refers to gaining an empathetic understanding of how individuals are feeling inside, seeking to interpret everyday experiences and seeking deeper meaning. Rather than relying on statistical probabilities used in other approaches, using interpretivism helps readers understand what it is like to walk in the shoes of others. Interpretative researchers believe it not possible to adequately learn about people by relying solely on objective measurement instruments; instead, they support being flexible and subjective in one's approach so that the world can be seen through the subject's own eyes (Rubin & Babbie, 2005). This is important because the goal of using this approach is to learn what is meaningful or relevant to the participants and holds that social life is based on social interactions and socially constructed meaning systems. Each person's interpretation of the questions must be placed in context and the true meaning will vary according to this context. This approach allowed me to discover and understand care leavers' perceptions and experiences. To ensure a context is instituted using this approach is to incorporate a systems approach which accounts for the participant's context and experience and ensures systematic data analysis later on (Krueger & Nueman, 2003).

This study is situated in the tradition of interpretative science which will require the analysis to expand beyond a literal description of the data toward conceptual findings therefore avoiding the sense that quotes speak for themselves (Sandelwoski & Barroso, 2003). Interpretivists believe that knowledge is socially constructed and one's research is shaped by both the subjective world of one's participants as well as the assumptive world of the researcher (Tolman & Brydon-Miller, 2001 as cited in Samuels & Pryce, 2008). Intervention usually requires developing, connecting, contracting and collaborating to improve situations (Dudley, 2005). This approach will examine the person within their environment including the individual and interactions influences on education attainment.

A systems approach is one which views systems, boundaries, feedback, input/output and adaptation in the framework (Rubin & Babbie, 2005). A key assumption is individuals operate in numerous systems including families, communities, schools and market which have capacities for change and action. This will enable rich examination of the information across multiple environments and systems within.

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The literature identified a range of variables which contribute to the educational attainment of children and young people in out-of-home care. These variables can be explored and examined as key events occurred in all three stages including the pre-care, in-care and after-care, and what and how these may have changed over time. The systems approach will enable a consistent exploration of where these factors are located and what interventions could be suggested where patterns exist or participant experiences accumulate and provide meaning using the three nested domains.

### *Ecological Systems*

In the literature, there are different theoretical approaches for understanding the educational attainment of young people in out-of-home care. This approach is influenced, by a range of interactions in which the young people live, attend school, their homes, contact with welfare and education systems and the wider political systems. These observations challenge us to understand how these factors operate together to influence educational attainment. One way to understand this is through an ecological perspective where development occurs within a multilevel framework (Bronfenbrenner, 1979). This research drew upon an ecological framework to explore the educational engagement and outcomes with young people and those who have left out-of-home care. Bronfenbrenner's ecological system (1979) theorises that human development occurs through complex reciprocal interactions between individuals and other people, objects and symbols within their immediate environment, particularly in childhood and adolescence. The individual is a central figure within a nested system. The inner circle, microsystems is the immediate environment of the developing individual where they experience a range of activities, roles and relationships. The second circle, mesosystems, comprises the interrelationships and interconnections between the microsystems. The third circle, macrosystems, encompasses the environments in which the person is not actively involved but the events in this affect the child or young person which includes the laws, customs and culture (Bronfenbrenner, 1979).

There is preliminary evidence to suggest that the academic attainment of those in out-of-home care can be conceptualised within a multilevel framework which theorises children are directly influenced by various reciprocal influences embedded within

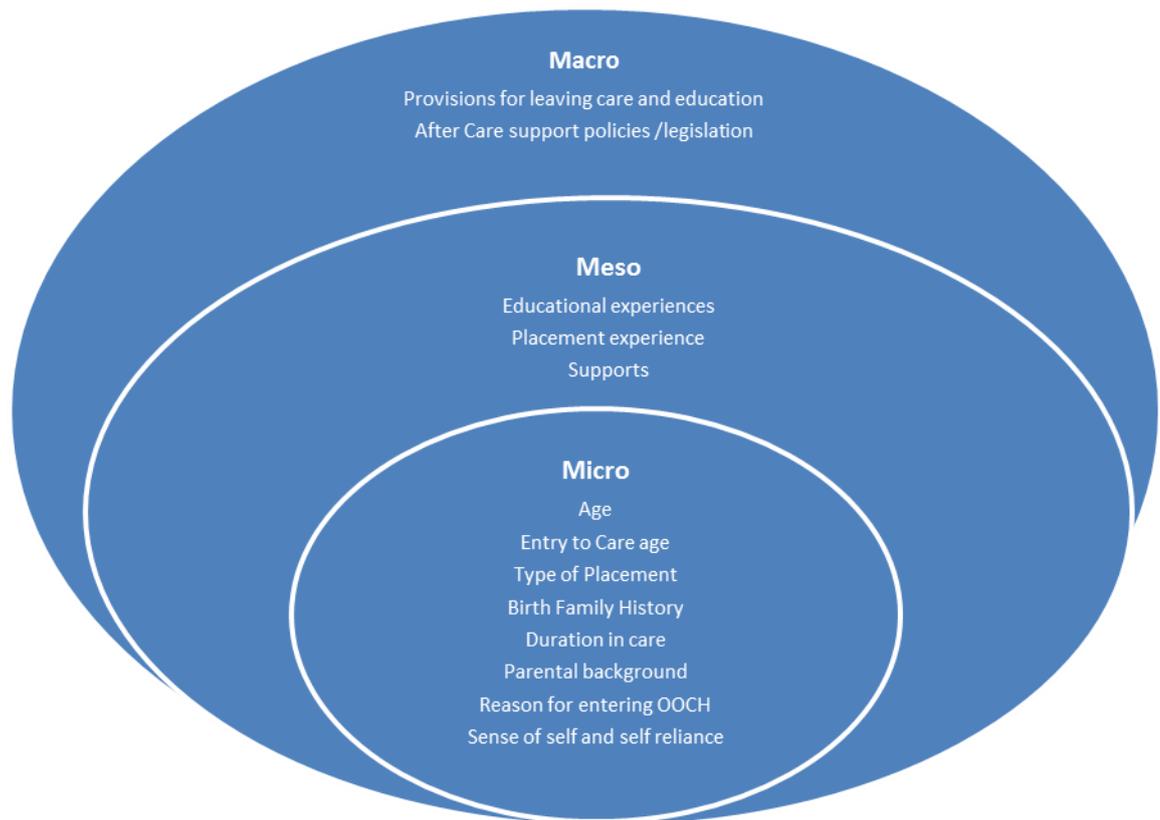
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multiple layers of influence (Cheung, et al. 2012, p1093). This approach was used in understanding human behaviour and the social environment (Zastrow & Kirst-Ashman, 2009) and describes a system as a set of elements that are interrelated to make a functional whole. For the purposes of the research, it is proposed three basic types of systems to facilitate coding and analysis of the deep and rich information provided by participants on their higher and further education journeys.

In considering this further, Bronfenrenner's ecological systems was used to examine these influences which have been identified as 'complex' (Owen, et al. 2000) in terms of their impact on educational attainment for this group. Harvey and Delfabbro (2004) suggest this ecological theory has provided a useful account of the outcomes achieved by this marginalized group by considering the personal factors in the context of broader social and cultural influences. Finnie (2012) suggests academic success in youth in out-of-home care is influenced by both child placement and service factors. He also suggests it is perhaps understood through the ecological perspective where development occurs through a multilevel framework and provides an account of influences, which directly and indirectly impact on a child. Jackson (2006) uses a system account and identifies children and young people are in the 'gulf' between the care and education system in attributing factors impacting on educational attainment.

I used this theory to provide a conceptual map to examine and interpret the complexity of influences that impact upon higher and further education. Figure one demonstrates the application of how I organised the research. This includes the three systems, Micro, Meso and Macro and identified the variables to be examined in considering what constraining or facilitating factors at each level.

**Figure 1: Ecological systems theory outlined for use in this study**



### *Micro*

The microsystem used individual factors which the person identified with. This included demographic information such as age, gender, age upon entering out-of-home care, gender, cultural as well as other factors such as type of placement, reason for entering out-of-home care, sense of self and parental backgrounds.

### *Meso*

Meso is the site where interactions between education and welfare systems and the individual are an important component. Young people who are in out-of-home care interact with a myriad of welfare and educational personnel including teachers, carers, welfare staff, residential staff and others identified as significant in their lives. In some cases, these people acted as influential forces of supporting higher and further education aspiration development, engagement and attainment. These interactions are important as they shape the care provided, the education one receives

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and importantly, the interactions between the individual and their environment both of which influence educational attainment.

### *Macro*

This is then followed by the wider system influences referred to as macro systems which include the policy and political environment children and young people in out-of-home care are surrounded by. This includes political views and directions for out-of-home care, legislative provisions and ultimately the resources and support young people in out-of home care access.

## Section 3.3: Research Design

### *Method*

I conducted in-depth semi structured interviews with a qualitative approach. Qualitative research can yield opportunities to pursue alternative directions and use different methods of analysis. Quantitative research on the other hand is limited in only reporting the results as they occur (Alston & Bowles, 2013). The research question is seeking information on constraints and facilitators and this may not be predictable or sought if quantitative measures such as statistical collation, numerical or instruments all of which are limited in nature. The qualitative method was chosen as the research question was exploratory in nature and a method was required which gained insights into opinions, feelings, emotions and experiences. Interviews can be ideal research methods for exploratory or descriptive (Alston & Bowles, 2013).

In-depth interviews were chosen as a way of exploring the depth and detail of what had occurred in participant lives. In-depth interviews are a suitable method when two considerations exist which include sensitive and privileged information (Denscombe, 2007). Interviews constitute a more flexible research method and can be used for a wide range of exploratory issues. Most social work research involves sensitive issues that affect the people interviewed; communication skills are important and the interview allows time to develop trust and rapport required to discuss such topics and deal with any unexpected outcomes (Alston & Bowles, 2013). The topic includes

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child protection and it was necessary to examine issues which included experiences such as child abuse and neglect. Interviews were used so participants could be encouraged to discuss personal and sensitive issues in an open and honest manner. Participant information was also considered privileged with their unique experiences as it was not expected that there was going to be large samples based on the literature confirming consistently; thus, there were not high volumes of numbers of those who had been in out-of-home care and had gone onto higher and further education.

The interview style chosen was semi-structured as this enabled a set of questions against a systems background but also enabled a clear list of issues to be addressed and discussed as well as allowing for flexibility in terms of the order and perhaps more significantly, to let the interviewee develop ideas and speak more widely on the issues. This approach facilitates open-ended questions and places more emphasis on the interviewee elaborating points of interests (Denscombe, 2007). An example of a question which can be asked in an interview '*Can you tell me about your schooling experiences when you entered out-of-home care*' is more appropriate as opposed to a mailed or internet survey where answers may be limited or not answered, with no opportunity to explore further or seek clarity. Participants may not have reflected on this in the past and may need more time to consider which can be achieved in a semi structured interview where the sequencing can be flexible with rapport between researcher and interviewer established, rather than talking over the phone or writing out the information which could be missed or incomplete.

The pitfalls of using interview methods are that they take more time for both the interviewee and respondent, and analysis takes much longer. Whilst interviews may take longer, the benefits, including a high response rates, reaching smaller numbers and a wide range of people are all important factors to consider in choosing an appropriate method (Alston & Bowles, 2013).

Observation was not a plausible method as the research question was about exploring factors that occurred over time. As such these would require longitudinal techniques observing interactions, events and communications which are not predictive in nature or realistic in participant lives. As the study was exploratory in nature, surveys and experiments were also not considered appropriate. The decision to not undertake

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quantitative methods was made early by assuming a research position of the need to explore and discover interpretations from experiences rather than numerical data.

The aim of the in-depth interview is to see the world from the eyes of the respondent as much as possible, to explore with them their thoughts and feelings and to thoroughly understand their point of view (Alston & Bowles, 2013). A critical skill to conduct in-depth interviews effectively is the ability to establish a relationship with the respondent in the way they feel comfortable to freely and openly express their views and inner thoughts and feelings. This also includes the social work skill of demonstrating empathy in which the person interviewed feels heard, accepted and understood (Alston & Bowles, 2013). This was important as participants had all been in out-of-home care and had given up their time to discuss very painful histories and turbulent lives centred on separation from birth families, disruptions to the school and care environments, living in poverty and disclosing private information about abuse and neglect. It was for this reason that such interviews were the basis for the methodology and required superior communication skills and overcoming long interviews enabling a process where participants could discuss their lives accordingly. This is supported by Denscombe (2007, p191) who explains that ‘a good interviewer needs to be attentive, tolerate silences, be adept in using probes and checks and adopts a non-judgemental approach with suspending your own values and respecting the rights of the participant views’. The role of the interviewer will now be outlined in supporting these skills and management of such.

The methodological approach I used was consistent with other studies on this topic (Jackson, 2006; Mallon, 2007; Mendis, 2012; Samuels & Pryce, 2008), which have used methods such as document reviews, questionnaires and interviews (Cameron, 2007; Crawford & Tilbury, 2010; Jackson & Martin, 2002; Pecora, et al. 2006; Stein, 2006) and case study methods (Watt, et al. 2013; Zellar & Kongeter, 2012). While it was recognised mixed methods have their advantages in providing a comprehensive account and in some cases increased accuracy (Desnscombe, 2007), it was not feasible or beneficial to expand the methods to include documentation such as case files. Also, the aim was to understand the experiences rather than collate statistical recordings or observations. As noted earlier the issues explored in this research go beyond a single issue which includes the care and welfare system in the wider micro,

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meso and macro domains. Therefore interviews allowed for a wide-ranging discussion of the topic and enabled participants to identify the matters they regarded as most important or relevant.

### *An insider*

My role as an insider, having been in care myself, was an important aspect of the method. In order to critically evaluate the rigor of one's study, researchers must also be transparent in providing information for the reader by answering questions central to who is doing the research and the positioning of one's relationship to those participating as informants (Samuels & Bryce, 2008). I was trained as a social worker and had over ten years fieldwork experience in the areas of health. I had been trained in interviewing as routine and core work in practice. Being aware of my position is important as such experiences can bear on the analysis of information as there was a level of familiarity with the topic. In some cases interviews were enriched and challenged by having an insider understanding of child welfare practice and policy but also a personal experience of living in out-of-home care.

I had an out-of-home care background and have obtained a university education. This cannot be ignored in the process of inquiry, analysis and discussion as there are both advantages and disadvantages to an insider approach in research. The effect of my identity in research is important in addressing assumptions, beliefs and experiences which can influence the perception of those collecting data but also influence the interviewee which may impact on the degree of honesty and fullness in responses (Denscombe, 2007). Researchers, Evered & Louis, (1981) suggest that insider and outsider methods involve completely different roles for the researcher, a totally different relationship to the setting and a fundamentally different type of knowledge and the use of different sources of data. However this is disputed by LeGallais (2003) who suggests that having experienced the ins and outs of the research role to ascertain which is the most effective place to stand as a researcher has far too many variables to identify a demarcation as to what is more effective.

Coghlan (2005) suggests there are distinctions between insiders and outsiders, however this should not be considered as oppositional, as both have their merits and challenges as illustrated further. Zinn (1979) cautions insiders with the privilege of

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gathering more complex data than outsiders through creating trust, specifically with marginalized groups. Moreover, there is trepidation against an insider using the research to contribute more to their own careers rather than making visible improvements in the day to day lives of people they study. In assessing this scenario, this may be significantly unhelpful to any marginalized group as Morgan (1990) disagrees with restricting research to the privileged. He argues that if researchers avoid studying disadvantaged groups then that omission only serves to sustain hegemony and proposes we would return to ignoring the lives of the oppressed. I agree with this statement and good research planning and self-evaluation could potentially overcome the issue of personal/political gain in any research as discussed further.

Some believe that 'where pre-understanding exist, including known jargon of the business, legitimate and taboo phenomenon, this will enhance the overall data gathered; however, this requires an Insider's 'epistemic reflexivity' or constant analysis of your lived experience' (Neilson and Repstead (1993) as cited in Coghlan, 2005 p456). This includes ongoing analysis of your own theoretical and methodological presumptions, further aiding to understand and retain awareness of the importance of other people's definitions. This was central to this study with my maintaining a journal to facilitate reflection to ensure the method remained as close to the accounts of the participants over my own experience. In summary, as a researcher, despite having an understanding of some of the experiences of exiting care, I viewed each situation as unique and required intense scrutiny, including that of myself and any role this may bear on the study.

There are known pitfalls as an insider as documented by Hockey (1993). For instance, the possibility of enhanced rapport suggests that participants may divulge details of their lives more freely to a person considered empathetic. Again the role of having a systematic approach that is, using semi-structured interviews, allowed for a degree of consistency and impartiality. The position explicitly identifying as an insider concedes that we need to accept humility of the impossibility of total objectivity and we should enable researchers to enter the arena equipped to achieve a more realistic appreciation of their humility in conducting research (LeGallias, 2003). From an insider standpoint, Bell (1993) suggests a goal of objectivity is impossible,

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however we should seek to strive toward attainment of such. Therefore specific strategies in the choice of methods have been employed to minimise the insider pitfalls and through use of supervision, yielded significant information in this study.

Another disadvantage of an insider approach is impression management (Van Heugten, 2004 p215). Participants could feel impelled to impress the researcher, given the researcher's implicit power and own experience in the interview relationship. The management of insider research required scrutiny with me and my supervisor(s) to ensure any dilemmas not anticipated are managed well. Being native from the onset, the potential benefits of privileged understanding require careful balancing if one is to avoid dominant discourse blind spots, pervading the analysis (Van Huegten, 2004). Practically, there are a number of strategies recommended in the literature which I have adopted: regular supervision to ensure my own subjectivity is not only declared but open to intensive scrutiny on an ongoing basis, use of a research journal, debriefing in a heightened frequency with data collection and analysis periods, use of systematic methods and importantly a declaration of my background. Writing about the experience of an insider researcher can be a cathartic process in overcoming and addressing challenges associated with insider research (Moore, 2007). Consciousness writing, interviewing self on tape and listening assisted the creation of distance and enables deconstruction of familiar words and private worlds in managing insider research (Van Huegten, 2004 p211). I interviewed myself to ensure what I was asking was logical and I could answer the questions myself. This was not used in the research. By doing this I found it was a helpful process in testing assumptions and experiences about my own life before constructing meaning. In doing so I undertook reflection, reflexivity and journal writing, interviewing self and supervision in managing blind spots or value laden implications of responses.

In recruiting participants, I declared my out-of-home care background from the onset on flyers and in subsequent phone calls before the interviews. This approach has been used in the field with similar studies (Mallon, 2007). The position was declared to participants who provided a sense of familiarity of some of the experiences which included separation and adjustment with being in out-of-home care. It also included how the journey of leaving out-of-home care has influenced part of my life with

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motherhood as an example. I provided a statement to all participants that stated: ‘Although I had been in out-of-home care, everyone’s experience is different. I had siblings who spent time in the same placement and the experiences between siblings and outcomes were remarkably different’. While I might identify some similarities however everyone’s stories are different and my position is not to agree or refute or judge experiences, observations or position and I will observe and listen to the information provided and send a summary for checking what was recorded and interpreted.’ This process was completed for all interviews. Of significance, some participants did want to ask questions about my background and depending on the particular participants, information was provided at the end of the interview as naturally some participants were inquisitive about another experience of out-of-home care and adulthood. This was important as it established rapport and trust in a respectful and systematic way and participants were not treated like subjects but rather as partners in the research and people who had extraordinary lives bringing privileged information and a contribution to the research and field.

### Section 3.4: Participants

Upon reflecting on the research question, there was consideration of seeking out potential participants who had manage to develop an aspiration, engage and complete higher and further education while having experienced out-of-home care. In order to answer the question, exploration of both facilitating and constraining factors was going to be evidenced in situations where facilitation of higher and further education had occurred. It was then a determination of possible participant sampling methods. A purposive sample was chosen to locate those who had been in out-of-home care and had considered or pursued higher and further educator attainment. This approach fits with qualitative methods as a deliberate means of shedding light on a particular issue with a need not to gain statistical rigour but to develop the theoretical argument with this sampling paradigm (Alston & Bowles, 2013).

Alston and Bowles (2013) claim purposive sampling has four characteristics, a sample is chosen for a purpose, the sample gives specific insight into a particular issue and the number of participants is determined by the research and lastly, there is

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effective generation of a sample. Purposive sampling was used for a particular purpose which was participants had prior knowledge. Secondly, the sample gives insight into a particular issue related to the study which was out-of-home care and education. Thirdly the number is determined by the research topic and availability which was the case as there was no quota identified given the nature and extent this had been explored before. Lastly the sample generated was effective for the purpose of the research.

Snowballing occurred in a situation where I met a participant who knew someone in a similar situation, which led to this participant also agreeing to participate though invitation. I also knew three of the participants through the CREATE agency and invited them to participate via email. This is also the case for accidental sampling, quota sampling and snowball sampling in being purposeful and selective with the approach used. This approach is supported by Babbie (2004, p183) who proposes that ‘in social science research, non-purposive samples study are used even if others were possible as selecting a sample of chance.

I decided three groups would be appropriate to pursue, in order to obtain a range of views. These were:

- 1) In out-of-home care and had aspirations to go onto higher and further education (Group 1: Aspirers)
- 2) Had been in out-of-home care and were currently enrolled in higher or further education (Group 2: Engagers)
- 3) Had been in out-of-home care and had completed higher or further education (Group 3: Completers)

It was considered that each group could offer slightly different perspectives and could provide different constraining and facilitating factors; for instance, the first group had aspirations but could identify what they saw as possible facilitators or constrainers. The second group had not only aspired but were currently experiencing higher and further education and could identify what had facilitated entry to that point and enabled exploration of the transition into higher and further education. The third group had completed higher and further education and could provide insights as to what facilitated and constrained their aspirations, entry into higher and further

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education and after graduating, what sustained the journey upon completion. It was considered that each group could offer different accounts based on their current environment which could be used to compare the overall experiences.

### *Recruitment*

The recruitment strategy included seeking out potential participants with the planned sample. Flyers were established and distributed on campus but importantly, recruitment articles were placed in an agency newsletter and on websites who have contact with those in out-of-home care including young people, carers and child welfare staff. This included CREATE Foundation, Foster Care Queensland, Child Safety Service Centres and non-government agencies such as Life without Barriers and Albert Park Flexible schooling programs for a period of six months. A recruitment notice was placed in the Foster Care Queensland Newsletter from August (2009). An information session was also conducted on the 30 June 2008 at Griffith University, Logan, where agencies were invited to attend and hear about the research and support recruitment. A total of eighteen people attended this session which was a positive outcome. Information sheets (see appendix B) were developed which included details of researcher, topic, what was involved in the project, ethical governance arrangements and contact details.

Fifteen participants in total contacted me, all from South East Queensland. While agencies had state-wide reach with newsletters and internet, all participants were from the Gold and Sunshine Coast and Brisbane, with relatively even numbers for each of the three groups targeted. The absence of rural and remote participants was identified as a potential limitation. Thirteen people participated which was positive as other studies conducted on higher and further education had under twenty participants (Mallon, 2007; Mendis, 2012). Two potential participants did not recontact contact after information sheets, ethics approval and interview times were offered. It was decided not to pursue these after two messages and emails were sent without a response. Both of these potential participants had recently started new jobs so it would not be unusual that this would be a priority.

Email correspondence was undertaken with phone contact to arrange the interviews. Interviews were conducted in environments chosen by participants with

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confidentiality considered and planned. Interviews were undertaken in campus coffee shops, McDonalds, homes, agency meeting rooms and even parks. This was all designed to ensure participants had ownership of their environment and participated as a partner in the research. Some interviews were conducted on the Sunshine Coast, others on the Gold Coast and in Brisbane, which reflected some diversity within South East Queensland.

Each interview was very different according to the participant experience in terms of, for example, length of time in out-of-home care and what was going on for them at the time of the interview. Some interviews lasted 3-4 hours and some were shorter in nature as participants had reflected on questions or identified responses whereas others needed more time to consider questions.

In summary the sample was derived from a variety of recruitment strategies. Nine participants had responded to invitations to participate in the research from website and newsletter engagement strategies. These invitations were included in newsletters in the State Foster Care Support Agency as well as CREATE Foundation , the consumer advocacy for children and young people in out-of-home care. One participant was a friend of a participant who had passed on the researchers details and who made contact with the researcher. Two participants were known to the researcher , one had been in the same foster placement , one had met the researcher through advocacy work assumed many years before the research had started and had reconnected through the recruitment ad in CREATE. Finally one participant had been involved in media story about out-of-home care and included contact details. The researcher emailed this person and invited participation which was agreed to.

The demographics varied between each group. As shown below in table 4, the range of participants in each group varied. Aspirers ranged between 13- 15 years. Engagers were aged between 20 – 23 years and completers were aged between 28 – 47 years. All were Australian females with one identifying as Aboriginal. The researcher had lived with one participant in the same foster family for a period of time and participated as an aspirer. The other two participants the researcher knew had been through the CREATE Foundation as informal relationships as peers with all having an out-of-home care background. All participants known to the researcher made contact to participate in the research through email contact from the participants themselves making contact. All of these participants

cited trying to improve the system for future foster youth as it was recognised that there was a common sharing of the hardships faced by those in out-of-home care which was a point of commonality amongst participants both known and not known to the researcher. There was no undue influence with formal working relationships between the researcher and participants known and all were invited to participate through consistent approaches with email and weblinks to the recruitment information requiring a call to the researcher as the first step in participation.

### Section 3.5: Participant Summary

**Table 4: Participant Summary**

<b>Groups</b>	<b>Age range</b>	<b>Areas of study desired</b>	<b>Level of study</b>	<b>Sample size</b>	<b>Placement experiences</b>
<b>Group 1: Aspirers</b>					
In care and aiming to engage in higher and further education (Sally, Gina, Stacey, Brigitte)	13-15 years	Photography Small Business Hairdressing Youth Worker	Flexible schooling Secondary school Currently under suspension/ exclusion	4	Foster care and kinship Care
<b>Group 2: Engagers</b>					
Care leavers currently engaged in higher or further education (Trudy, Imogen, Simone, Lynette)	20-23 years	Law Social work Education/teaching Youth work Nursing/Midwifery	University TAFE Combination to gain admission	4	Foster and Kinship care Residential Youth shelters
<b>Group 3: Completers</b>					
Care leavers who have completed higher or further education (Susan, Renee, Jane, Lucy ,Melissa)	28-47 years	Law Social work Education/teaching Nursing Psychology	University TAFE Work based traineeship to gain admission	5	Foster Care Residential

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There were thirteen participants across three groups, a) aspirers (N=4), engagers (N=4) and completers (N=5). Table 4 summarises information about the participants. The age of aspirers was 13-15 years at the time of interview and still in care; engagers were young people in TAFE or university at the time of the study aged between 21-23 years and all recently been discharged from care. The final group had completed higher and further education qualifications and were aged between 28-47 years. The mean age of participants upon entering care was nine years. This means that all had been in out of home care longer than two years. The mean number of placements each participant had was 7.7. A similar number of school changes occurred for most in primary and secondary schools. A few participants (n=4) had regular and positive contact with biological families with no participants returning to live with their birth families post care, except for one, who remained with her kinship family. Areas of tertiary studies included law, teaching, social work, nursing and youth work, at university and TAFE levels. Almost all participants (n=12) reported having limited leaving care preparation and limited formalised support after leaving out-of-home care. Table 4 also shows a summary of participant characteristics. All participants were female and aged between thirteen and forty-five.

### Section 3.6: Methods

Interviews were the chosen method which required a degree of planning to design the interview questions. Interviews are a flexible research instrument and while it is possible to begin with no structure other than a general topic and research question, most researchers arrive at in-depth interviews with a number of topics or areas they wish to cover. Having structure may assist in anticipating how the interview may unfold (Alston & Bowles, 2013). Qualitative interviewing design is flexible, iterative and continuous rather than prepared in advance and set-in-stone (Rubin & Babbie, 1995). Rather than using informal conversational interviewing, an interview guide approach was chosen in order to create some structure that facilitated allowing the participants to express their own opinions and perspectives; this approach maximised the comparability of results and ensured that complete data were gathered from each person on all relevant questions. Rubin and Babbie (2005) propose that this approach

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can reduce interview bias and inconsistencies as well as ease the researcher's task in organising the data and assists readers of the research report judge the quality and instruments used.

The interview questions were drafted and redrafted several times to ensure precision while giving opportunities to explore and discuss the experiences which were associated with the research question. Drafting interview questions need to be aligned to the objective of the study, the research question and indicators the researcher expects to create in operationalizing these (Alston & Bowles, 2013). A dummy table was created to ensure the answers and biographic information collected could answer the research question. This was important as it removed superfluous information and questions which added no value. Dummy tables were proposed as a strategy in exploratory research to ensure the research question would be addressed as well as other components which I may not have considered (Alston & Bowles, 2013).

A pilot interview was undertaken with a peer in providing familiarity with the structure, the recognition that not all interviews would be done sequentially, and the areas which were priorities before interviews commenced. Redrafting the questions was undertaken based on feedback which included too many open questions about similar issues. Additionally, demographic data was completed at the beginning and included details of how many placements, schools and carers participants had, rather than having to interrupt during the interview to gather this information. The following steps were undertaken to facilitate redrafting:

- 1) Pre-test interview with a peer
- 2) Revision of interview sheet
- 3) Pilot interview with a two peers and a friend
- 4) Further revision with fine-tuning language such as care to include family or home
- 5) Revision of the introduction to provide explanation of key terms such as out-of-home care encompassing foster, kinship and residential care

### Section 3.7: Procedure and Timeline

Conducting face to face interviews requires a substantial degree of planning and preparation (Denscombe, 2007). Interviews were conducted over a six month period due to the part time nature of the research as well as participant availability. The interviews were conducted in late 2009 to early 2010. Interviews were conducted at different times and days depending on participant and my availability. This enabled approximately two per month and provided time in between to complete the transcripts and preliminary data analysis and undertake supervision. The research timetable gives a summary of completion set out below in Table 5. Interviews were conducted and completed with thirteen participants during the data collection phase.

**Table 5: Timeframes for research conducted**

<b>Timeframe</b>	<b>Research Task</b>
2008- 2009  Stage one: Preparation and infrastructure confirmed	<ul style="list-style-type: none"> <li>• Complete research plan, ethics approval and confirmation</li> <li>• Information session conducted</li> <li>• Participant recruitment undertaken</li> <li>• Sample confirmed</li> <li>• Information sheet developed</li> <li>• Interviews questions developed</li> </ul>
November 2009-April 2010  Stage two: Data collection  Preliminary data analysis	<ul style="list-style-type: none"> <li>• Pilot interview conducted</li> <li>• Evaluation of interview</li> <li>• Revision of interview questions</li> <li>• Interviews conducted (13)</li> <li>• Transcripts completed for each interview</li> <li>• Preliminary data analysis undertaken (specify what you did, for example, through a simple coding process)</li> </ul>
2010/2011	<ul style="list-style-type: none"> <li>• Data analysis conducted and preliminary results collated</li> </ul>

Stage three: Data analysis	
2012 Data analysis completed	<ul style="list-style-type: none"> <li>• Ongoing data analysis and results identified</li> <li>• Preliminary discussion chapter drafted</li> </ul>
2013	<ul style="list-style-type: none"> <li>• Data analysis confirmed with draft discussion and results chapter completed</li> </ul>

All thirteen interviews were audio recorded and complemented by handwritten field notes. All participants had agreed to this approach and while initially it could be seen as intrusive, it became an important tool as participant stories included sensitive information and a high degree of volume which required nonverbal communication rather than writing for the entire interview. The greatest advantage of field research is the presence of observing, listening and thinking with tape recording as additional to the researcher interview, as one cannot record everything just as notes will not cover everything (Babbie, 2004). Most researchers consider audio recordings an important tool and with adequate planning and explanation of their use can be a useful tool (Denscombe, 2007). All interviews were transcribed which took a significant volume of time. In practice, every hour of recording takes several more to transcribe and the process of transcribing needs to be recognised as a substantial part of the method and not to be treated as a trivial chore. While laborious, transcribing is a valuable part of the research and becomes an asset, particularly in qualitative data analysis (Denscombe, 2007). Some interviews took longer than others. Early interviews tended to be longer in nature particularly with completors and engagers who had more experiences to draw upon including their journeys into higher and further education and had more years to discuss. Some interviews took up to an hour and half as participants described situations of significant abuse and neglect which required more time to allow for discussion and reflection as well as being empathetic and hearing their stories in their own words rather than set , proceduralised closed questions.

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The participant data was stored in two distinct secure areas with the researcher. Each participant was given a pseudonym which has been stored in the electronic files and will remain so for five years as per the Griffith University Code for responsible Conduct of Research-Retention Period for Research Data and is required to be accessible from the researcher for this period. The names of participants was stored in hardcopy in a locked filing cabinet separate from the electronic data which is password protected which was detailed in the ethics application. The files are required to be stored for five years which is now saved on a external hardrive and remains password protected This ensured there was no ability to reference the names to each other or risk access to the details which could identify participants names or compromise participant anonymity.

### Section 3.8: Analysis of the Data

‘High quality analysis of qualitative data depends on the skill, vision and integrity of the research and it should not be left to the novice’. (Pope, Zieband & Mays, 2000 p114). Qualitative research does not have the rules, procedures for data analysis that quantitative research has however, there can still be a set of standardised approaches and while continuous and cyclical in nature, tasks and steps in a nonlinear way can produce rich and meaningful understanding of the data (Alston & Bowles, 2008).

As a novice researcher, I read wide and far on qualitative analysis and came to the conclusion that irrespective of choice in how this was conducted, a systematic and defensible approach was required. In undertaking qualitative research, analysis should be conducted using a systematic set of guidelines which govern the analysis, and enable interpretation and logic (Alston & Bowles, 2013). Some the techniques proposed in the original research proposal were modified following supervision and further reading, which provided useful accounts of how others in the field had approached such a task. Analysis of qualitative data should be based on four guiding principles which include: firstly, the analysis and conclusions drawn from the research should be firmly rooted in the data; secondly, the researcher’s explanation of the data should emerge from a careful and meticulous reading of the data; thirdly, the researcher should avoid unwarranted preconceptions of the data; and finally, the analysis of the data should be iterative in nature (Denscombe, 2007). These principles

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reflect inductive logic and with the analysis of qualitative data based on discovering themes and of generating theory on the basis of what the data contained. In covering these principles, Denscombe (2007) identified five logical key stages in the process of qualitative data analysis:

- 1) Preparation of the data
- 2) Familiarity with the data
- 3) Interpreting the data
- 4) Verifying the data
- 5) Representing the data

Moving from a descriptive record of research to explanation required me to make sense of the data using a rigorous and systematic approach (Pope, Ziebland & Mays, 2000). I used the five key stages in order to provide a consistent pathway in light of the part-time nature and completing the research over a sustained period. I will now outline how the data was processed and analysed and why these approaches were undertaken and include a justification for the approach used in line with the five key stage approaches.

#### *1) Preparation of the data*

Preparation of the data needs to be organised before they can be analysed as raw data may be difficult to interrogate in any systematic or meaningful fashion (Denscombe, 2007). There were two data sources to draw upon for the data preparation. Firstly there was the digital interview transcript and my own handwritten notes which were all marked and allocated a pseudonym and identification with a time, place and file source. The tapes were listened to on a minimum of two occasions with the second time writing down key ideas and recurrent themes in what was repeated, where there were limited responses and where there was a high degree of emotion, to ensure accurate recording of the written information. All material was saved regularly to an external hard-drive and USB which were stored separately from a laptop. The files stored on the laptop became working copies.

All transcripts were collated and numbered for easy access. My interview notes were also numbered and scanned on the files for electronic access and preservation.

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## 2) *Familiarity with the data*

Having organised the data, the next task was to become thoroughly familiar with it. This involved transcribing, listening to the tapes twice and re-reading the text data to become immersed in the details of what was done, what was said, what was observed and what was portrayed. While there is not set number of readings of the data that can act as a target for establishing familiarity, there are three levels of reading which provide a necessary platform for the coding and categorising stage (Denscombe, 2007). I completed cross referencing of the field notes and ensured what I had written was accurate with the transcripts and the context was accurate. Secondly, I also went through a process of ‘reading between the lines’ to ensure implied meanings were noted with spaces and silences. Thirdly, I also re-read the data for early identification of themes that were not in evidence that I might expect to exist. An example of this included the placement stability. The majority of participants did not experience placement stability which the literature highlighted consistently was a factor in other research in positive education attainment. This was something which differed and served to signal early to me that this needed to be re-examined and cross referenced to confirm later in the results.

## 3) *Interpreting the data*

Strauss and Corbin (1990, p27) view on coding and its relationship to quality data analysis in qualitative research is that ‘The excellence of research rests in large part on the excellence of coding’. Analysing qualitative data is not simple or a quick task and done properly in a systematic and rigorous process is time consuming and labour intensive. When this isn’t done, results can be seen as anecdotal, inflective and descriptive without being focussed on a good line of inquiry (Pope, et al. 2000). I undertook this task with considerable time and use of Excel and manual techniques such as charting, written mapping and interpretation as now discussed.

### *Coding*

#### *Step One*

Three groups Aspirers, Engagers and Completers were coded as individual and a whole group to enable analysis individually and collectively. A coding template was

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constructed for the initial placement of transcript information for the purpose of assigning information for preliminary review (see Appendix A).

**Table 6 : Participant groups**

<b>Group</b>	<b>Description</b>
Aspirers	Participants who are currently in out-of-home care aspiring to go to higher and further education
Engagers	Participants who are in higher and further education and have been in out-of-home care
Completers	Participants who have been in out-of-home care and have completed higher and further education

I did not enter the data analysis stage without prior knowledge, as I was using systems theory which included the constructed codes micro, meso and macro domains. I used these as larger codes to start with, within the three separate groups. There is no problem with using prior categories or themes as long as they are recognised and declared as such and they are actually supported by the data, with me retaining flexibility and being open to nuances or different emphasis in the data (Bazeley, 2009). I chose not to use open coding as this was unrestricted, while caution was exercised in not being ‘swayed’ by pre-existing theory (Alston & Bowles, 2013). It was important to recognise the theoretical position is broad, to revisit the theoretical explanations, and consider data which may not fit within the three domains - to be open to all possibilities. I decided to hand-code as it would enable a deeper familiarity despite it being more time consuming and labour intensive. Consideration was given to the qualitative data analysis packages such as NVIVO and while there was encouragement to learn to use such programs (Alston & Bowles, 2003) with it being seen as an investment for large projects, this was not a large volume sample and it was determined hand coding would be suitable. The decision making process whether to use such packages took into account the caution

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noted in the literature that such packages do not process or analyse the data, they simply facilitate the sorting and ordering of passages (Royce, 2011).

Using constructed codes are formulated by the researchers own knowledge as well as the data being studied (Alston & Bowles, 2003; 2013). I have coded the three groups 1) aspirers 2) engagers and 3) completers as this reflects the stage in which they are in and is congruent with the sampling chosen. Codes can be names, numbers as long as it can link to idea that relates to the analysis. In reading social work research, coding was encouraged to consider four possible coding sets which include conditions, interactions, strategies and consequences (Alston & Bowles, 2003). I reviewed transcripts line by line went through each transcript and looked for conditions, interactions and strategies and consequences and highlighted each line in colour and placed them in excel spread sheets as shown in Table 6.

#### *Step Two: Category development*

Data was coded and categories into micro, macro and meso using the systems categories.

The method of data analysis chosen was thematic which has been identified as useful in analysing lengthy narrative material or semi or unstructured interviews (Dudley, 2005). A good thematic analysis code is one that captures the qualitative richness of the phenomenon and is usable in the analysis, interpretation and presentation of the research (Kruger & Nueman, 2003). Four abilities were further identified which included 1) recognising patterns in the data 2) thinking in terms of systems and concepts 3) having tactic knowledge of in-depth background knowledge 4) possessing relevant information. Integrating the ecological systems approach into the data analysis was useful in determining some of the codes with, including additional codes that relate directly to the theoretical positions such sociological features or histories which would enable conceptual categorisation in interpretation and reporting the findings. This approach was adopted to ensure the errors of coding were avoided, as proposed by Kruger and Nueman, (2003) with moving beyond description, treating coding as more than mechanical processing and remaining flexible in the coding and analysis stages. I refer to codes as the descriptive level of coding the data which is recommended by Bazeley (2009).

**Table 7: Coding used**

<b>Groups</b>	<b>Micro</b>	<b>Meso</b>	<b>Macro</b>
Aspirers Engagers Completers	<ul style="list-style-type: none"><li>• Birth family information</li><li>• Age</li><li>• Entry to care age</li><li>• Duration in care</li><li>• Parental background</li><li>• Reason for entering out-of-home care</li><li>• Self motivation</li></ul>	<ul style="list-style-type: none"><li>• Educational experiences</li><li>• Placement experiences</li><li>• Supports</li><li>• Practical resources</li></ul>	<ul style="list-style-type: none"><li>• After care provisions</li><li>• Resources that were enduring</li></ul>

*Step three: Categories and Concept refinement*

Categories including conditions, interactions, educational strategies and consequences to ensure I was open to all possibilities. I used axial coding to progress the next stage to start to identify core categories and start to consider relationships, for example interactions and outcomes for education. Axial coding is used to start increasing the intensity in moving to developing core categories. This was to ensure I was moving beyond description and discovering genuine categories and using a systematic coding paradigm (Alston & Bowles, 2013). These categories were: care, education, strategies and support and consequences. Categories are referred to as a combination of several concepts. The way I identified these categories was to consider codes such as schooling, higher and further education such as TAFE or university and combine these to form education to start synthesising school and higher and further education experiences as a concept which merged into a single category.

**Table 8: Concepts developed**

<b>Groups</b>	<b>Care</b>	<b>Education</b>	<b>Strategies / Supports</b>	<b>Any Key Consequences</b>
Aspirers	Placement	What was said	Resources	Educational outcomes
Engagers	Schools	Who	Internal	Placement outcomes
Completers	Environment	How	External	Decisions
	What was said		Who facilitated access	Key changes
	Who		What was given or sought	
	How		What was provided	

Each group was colour coded to show tables more easily.

Core categories should integrate theory and have explanatory power if the research is going to be successful (Alston & Bowles, 2013). The categories were care, education, support/strategies and key consequences/outcomes. Using these three categories enables consideration to the research question with what facilitated or constrained as well as consideration to these categories integrated back into the theory of systems view. The categories were then considered back into the systems approach of micro, meso and macro to further consider integration into the theory and identification of themes. Themes are referred to an integrating, relational idea from the data and used to describe elements identified from the text and this is typically the approach which researchers identify themes (Bazely, 2009). An example of these key outcomes which the data included participants changing schools because the placement broke down and the impact this had on continuity of the school curriculum and social networks the participant had.

The categories provide consideration of the location in micro, meso and macro and where there is emergence, the data could be in one or more with both positive and negatives, allowing for deeper examination. This was done individually with each

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group and then collectively. This was a large task however it enabled comparison between the three groups and as a whole. It was this alone which resulted in almost 5000 words and then 3000 words as a group in writing about the information to start to identify key ideas. Further analysis was undertaken with ‘outlying’ information that was not able to be assigned a code. This information was then placed in a written format that was reviewed with the research question and whether this had significance in supporting an existing factor or if new information emerged. An example of this was ability to develop a forward thinking approach to leaving care was something identified by a small proportion (2/11) some care leavers as an important feature of developing aspirations for higher and further education.

### *Establishment of themes*

Reliance on the identification of themes as the goal of analysis is endemic in qualitative research (Bazeley, 2009). The stages of thematic analysis were used systematically by determining the unit of analysis which was the participant sample interview information. Preparation of the narrative which was electronic interview questions and responses with recordings of the interviews. Transcripts were used to thoroughly acquaint myself with the narrative data. Reporting themes are often reported in a shallow manner and typically presented using a brief summary and quote as evidence to support the theme (Bazeley, 2009). I used a three step model proposed by Bazeley (2009) which included the following techniques:

### *Describe-Compare-Relate*

*Describe:* I identified characteristics of education and how people talked about it. I identified various aspects with schooling, higher and further education with both positives and negatives and what they saw as important attributes in developing aspirations to pursue higher and further education. I then compared the data and reviewed how many people talked about their aspiration development and the clarity in which participants identified what led them to considering and pursuing higher and further education. I undertook data mining to analyse what was not included. This included examples in the first group who had talked about what they wanted to do in some cases and had to consider the basis for where there aspirations originated from. There were differences between the three groups with increased data from groups

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two and three, which was not surprising as both groups had engaged in higher and further education and moved beyond aspiration development to the pursuit of higher and further education. Not included was the analysis of what facilitated entry as simply this data did not exist however comparisons were still made with aspirations and how these came about for each group and collectively.

*Compare* differences into the characteristics and boundaries for just that category or theme across contrasting demographic groups in context. I recorded meaningful associations such as people and relationships reported by participants in encouraging higher and further education. These included teachers, welfare staff, carers and mentors. This was compared for each group and then collectively and included asking questions who, when, what and nature of relationship and what actually occurred i.e. event/interaction which participants identified as important to their higher and further education pursuit. This was then checked with for outliers for any absence of association. All thirteen participants were able to identify at least one person or interaction/event which encouraged or provided motivation. The outlying information was significant as this process identified not only people who had made a positive influence but people who had said or done something negative which motivated participants to pursue higher and further education. An example of this was a participant's stepfather who had said she was smart but wouldn't make it in the world. This stepfather was very abusive to this participant and wanted to prove to him that he wasn't going to shape who she was in the future. , Wanting to prove someone wrong and overcome negative expectations was a source of motivation where people had a negative view of the participant. This was not expected in the data although the literature signalled there was a lack of expectation from workers and carers identified. I compared each group looking for variations and contextual information which was very useful. There were often significant similarities between categories by the majority and evidence that one response or data showed a higher degree of variability. After further data mining and cross referencing demographic details it was clear that the experience for this one participant was very different with living in a kinship family with her grandparents. While she still had significant difficulty in her life, her experience with enduring supports and expectations for higher and further education was derived from her kinship care arrangement which

stood out from the remaining twelve participants. This was important as there were still associations which could be made but also solid explanations for the differences. *Relate* these categories or themes to what others have written about. This was a very important task as this assisted progress in major theme identification. The categories of care, education, support/strategies and key decisions were all nestled within micro, meso and macro systems. I then went back to the literature where similar research had been conducted to identify what interactions and strategies were consistent and what were not (Mallon, 2007; Jackson, 2002 & Jackson, 2006; Samuels & Pryce, 2008; Stein, 2006; Pecora, et al. 2008). This included a comprehensive revisit of what was identified to contribute as barriers or progress in supporting higher and further education. A comprehensive list was put together identifying conditions and interactions that had been identified as contributing to successful higher and further education attainment (see Table 9). I then cross referenced what had been identified in other studies to the categories and started to record what was similar, what was different and what was not found. Similarities included financial assistance and where children and young people had received financial assistance. Although there was no evidence from this data or other studies that identified the financial assistance was a constraining factor with adequacy in provisions. Returning to the substantive, theoretical and methodological literature as a source of explanations to explore, test and stimulate ideas and as such provide purposeful and cohesive analysis (Bazeley, 2009). Returning to systems theory and other studies identifying conditions which supported higher and further education enabled me to systematically consider proposed themes.

**Table 9: Facilitating and constraining factors**

<b>System</b>	<b>Constrainers</b>	<b>Facilitators</b>	<b>Both</b>
Micro	Poverty  Academic difficulties	Parental background with higher and further education exposure  Resilience and returning later with additional	Parents and the role of low or poor expectations  Self-reliance

		<p>supports</p> <p>Wanted a better life for self and future</p>	Survivorship
Meso	<p>No supports</p> <p>School changes</p> <p>Placement changes</p> <p>No access to basic essentials</p> <p>Leaving care was abrupt</p> <p>Reunification with family was difficult</p> <p>Attending to legal matters i.e. court</p> <p>Working long hours</p> <p>TFC into independence planning limited</p>	<p>Financial supports</p> <p>Expectations</p> <p>People who talked or encouraged</p> <p>Scholarship access</p> <p>Welfare and education</p> <p>PEP and working collaboratively</p> <p>TFC planning</p> <p>Expectations</p> <p>Pathways existed</p>	Not accessing or engaging in supports
Macro	<p>None of the facilitators were in place or inconsistent</p>	<p>After care supports</p> <p>Campus supports and programs</p> <p>Legislation to enforce ongoing supports</p> <p>Dedicated educational funding</p> <p>Interdependence models</p>	Legislation

‘The identification of theme has an area of tension in qualitative research. It has been argued too often that qualitative researchers rely on the presentation of key themes supported by quotes from participant’s text as the primary form of analysis and

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reporting of data' (Bazely, 2009 p6). As I wrote out this information in describing and comparing, the data became transformational in identifying arguments that were coherent with what led to the positive and successful aspiration development, engagement and completion in higher and further education and what was not connecting in supporting or constraining in successful engagement and completion for groups two and three. In reviewing the systems approach, it became clearer that the systems theory enabled key themes as well as the expansion on a model for understanding relationships. This included the sociological considerations of education with the influence of education as well as resilience theory and paying attention to not only the macro and meso but also the micro and individual micro considerations which became apparent. This included consideration of survivorship which refers to self-reliance skills and strategies in which the data supported and affirmed participants possessed and demonstrated use of self-reliance and survivorship as a micro feature and allowed for thematic considerations of how participants overcame challenges and difficulties in their lives to pursue higher and further education.

Themes were established through the technique of charting. Charting is described as a rearranging of the data according to the appropriate part of the thematic framework to which they relate forming charts (Pope, et al. 2000). There was a chart for each category which included distilled summaries of views and experiences. I used these charts to map out the nature of what was said, the associations between themes and as a way to consider the research objectives. The charts were used to look at what was common, what differed and what was formulated for both. An example was a chart on positives which included all the information under that category which linked to a chart on placement experiences. What that did was enable participant information such as group two, who were currently in higher and further education and their positives, to tell a story about what was going on for them while in higher and further education which leads to constraining and facilitating. This has many similarities to group three who had completed higher and further education. While this looked different to group one who had not entered higher and further education, it did provide details on what they might need for successful engagement in higher and further education. The use of charts confirmed unexpected outcomes existed

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which included both positives and negatives. An example of this was financial assistance, as some had received some financial assistance at a level and need beyond that provided. For example, one participant was given a scholarship but found herself working long hours in retail and having very little money to support herself at university. Financial assistance therefore was both a facilitating and constraining factor which needed close examination.

#### *4) Verifying the data*

Two techniques were used in verifying the theme development. The first was to go back to the data and codes and consider information which could identify in a one page summary to highlight commonalities among all participants and if there is anything that emerged to be different from a minority. I was encouraged to consider outlying information and examine this in detail. An example of this was one participant who was able to remain with her kinship carers upon turning eighteen. This data and her story was an exception and this needed examination and analysis with key experiences, in particular, in asking the question: what was it about this situation which created more facilitating factors than constrainers. Divergent views which challenged generalisations provide further analytical thinking as you learn from them and grow your understanding to incorporate them into your theorising (Miles & Huberman, 1994). This was an important technique for the analysis as it provided an opportunity to return to the literature and consider participant experiences of having more stability in the care environment but not the schooling environment, when the kinship family had exposure to higher and further education. This affirmed what was consistent in the literature and enabled me to consider what was happening for the larger sample, which was instability in placement and school instability.

The second was the method for verifying data and this included the method of agreement for key things such as pathways to higher and further education which was undertaken to ensure rigour in data analysis. A specific method of qualitative data analysis identified was the analytical comparison method. John Stuart (1806-1873) developed the agreement and method of difference for the basis of analytical

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comparison in qualitative data analysis used (Neuman & Kruger, 2003). I used this approach to verify some of the patterns or outlying information about the participant characteristics and experiences. A method of agreement was used in which features were identified such as length of time in care, age when entered care, support available after leaving care and age when independent living commenced. I located aspects that were both similar (method of agreement) and differences (method of difference). In doing this, patterns emerged that identified similarities amongst the participants but it also facilitated identification of differences and possible new associations. An example of this was the pathways into higher and further education for engagers and completers. There was one participant who experienced direct entry to university from school and it was important to consider the pathways of the remaining participants in order to understand the experiences and how the participants actually engaged. The pathways of participants were given a characteristic such as completing TAFE then applying for university, direct entry, and TAFE entry. This enabled a richer picture of how participants as a group were similar and how they differed in other areas.

It has been proposed that researchers should review their data with scepticism, and this suggests a final stage in qualitative data analysis to challenge the validity of analysis by considering such questions as:

- 1) Was the data solicited or volunteered?
- 2) Are the findings direct or indirect?
- 3) In what ways did I influence the settings? (Taylor & Bogan cited in Dudley, 2005 p140-42)

This stage was important, particularly given I shared some experiences of that of participants. In reconciling this, particular emphasis was given to ensuring neutrality and validity. The interviews were recorded and systematically transcribed and coded using the same approach. Participants were given the same set of questions and were given prompts as the nature of questions was at times the first time they had had the opportunity to reflect on such a topic. The findings are directly related to the transcript analysis and there is no doubt my own background did contribute to deep information being provided and at times there was no need to prompt or have limited

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responses as a strong rapport was developed with interviews taking on average two hours. Each transcript was reviewed a second time to seek out data solicitation and consider whether there were relevant prompts or if I had led responses. A summary was sent to participants for verification in interpretation which was useful as this provided an opportunity for clarity on numbers of placements and other people who supported them which had not included in the original interview and as participants had time to further reflect and thought it was important to include.

The use of supervision was integral to this process as I had identified some of my own assumptions that existed on the topic. This included not overlooking the important factors of being in out-of-home care which include separation from birth parents and coming to terms with parental challenges irrespective of how much support participants had access to. Supervision was also important to discuss and declare my interpretations and use of self with writing in a journal to identify any personal difficulties encountered as an insider and how this may impact on the research process. This was particularly important at the time of significant loss and grief associated with my own carer being diagnosed with a terminal condition and subsequent passing away. This resulted in me assuming a new role as a kinship carer to a young person who was in out-of-home care with our carer and who came to live with me. This meant new roles and supervision was useful to discuss some of these experiences and promote objectivity and neutrality in the research process. There is growing acceptance in qualitative data analysis that some biographical details about the researcher warrant inclusion as part of the analysis reflexive account of the researcher's self is explored and in what ways he or she feels about personal experiences and values (Denscombe, 2007).

Richards (2005) identifies five steps of analysis sufficiency. This includes simplicity, elegance and balance, completeness and robustness and it makes sense to audience (Richards (2005) as cited in Bazely 2009). The supervision was integral to addressing these as I was reminded to keep things simple and retain systems approach consistently. The support of a secondary supervisor aided alterative considerations from someone not involved in the research design and data collection and who had asked questions about the balance, completeness and making sense as this was a new

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area. This included the results and discussion specifically with editing to address the balance particularly with the use of quotations.

### *5) Representing the data*

Miles and Huberman (1994) argue the value of displaying data helps the researcher understand and for presenting conclusions. In displaying the data, the researcher moves from describing to explaining through a ladder of abstraction (Bazeley, 2009). Matrix structures were commonly used in this research using excel spread sheets and refined on charts as this was a useful way of detecting patterns in the nested domains of micro, meso and macro alongside of codes and categories. While this was labour intensive, particularly with colour coding text, it was useful in comparing data and in looking at each three groups individually and as one collective group. Matrix displays were shown as a useful way of showing frequency, patterns and associations with how often things happen and in what ways (Bazeley, 2009). This approach was adopted and provided a systematic approach to the data analysis and validation with each group and then individually which was a form of triangulation using contrasting data sources to increase the confidence of the analysis.

Flowcharts were valuable in assisting initial conceptualisation and early planning which was identified as good tool in presenting conclusions from an analysis and integrating theory (Bazely, 2009). A flowchart was used to pinpoint the educational pathways for each group. This was useful in comparing school and placement changes with academic attainment levels and what pathways were used. Pathways included school to university, school to TAFE then university, school to university then deferment back to TAFE then university. This facilitated clarifications between definitions I had given codes such as, education to include school and higher and further education facilities and visualise and theorise the links between stability, impact of changes and individual factors in overcoming such changes and other studies with 'circuitous' educational pathways identified (Cashmore, et al. 2007).

A large component of data analysis included writing and presenting this in supervision. Researchers reflective writing becomes a critical source of interpretative understanding as concepts are dissected and ideas explored is an invaluable way to turn your arguments into conclusions along with an audit trail (Bazeley, 2009). This

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also enabled parts of the data to be prioritised with some objectivity. An example of this was not presenting all the data following written analysis and reviewing the question. Some of the data was useful in understanding what had occurred but it was not relevant and had no association to the question. An example of this was the use of the many quotes which could have been used. To deal with this challenge, qualitative researchers need to come to terms quickly that is not feasible to present all of their data and the need to be selective in what they present (Denscombe, 2007). This task was a challenge and in supervision, there was advice on how to keep focussed along with reconciliation that you cannot report on everything and use all of the data. I undertook analysis writing with each three groups and then as a large group using micro, meso and macro. Supervision was useful strategy in checking assumptions, themes and going back to the data to seek outlying information.

### Section 3.8: Ethics and Limitations

Ethics committees play an important role in protecting the public from unethical research. They are part of ensuring researchers are accountable for their actions and the universities and research institutions (Alston & Bowles, 2013). Social researchers should in the collection of the data and in the process of analysing and dissemination, be expected to respect the rights and dignity of those who are participating in the research, avoid any harm to the participants arising from their involvement and operate with honesty and integrity (Denscombe, 2013).

An application was submitted to the Griffith University Human Research Ethics Committee on the 27 November 2007. Conditional approval was granted on the 18 December and was given the reference number HSV/18/07 HREC (see Appendix E) with a request for two additional items to be undertaken 1) copies of agency approval (see Appendix F) be submitted when received and 2) a recommendation to supplement verbal approval for participants under the age of eighteen years with a written information sheet (see Appendix C). Both of these were undertaken and yearly ethics updates were provided until data collection was completed. An important planning task was also to outlay the storage of all research materials. The data was kept in a locked filing cabinet and all electronic material stored and backed up on an external hard drive which was kept in the locked cabinet. Participant

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identity and confidentiality was protected using the use of pseudonyms allocated early on.

The research was conducted within the School of Social Work and Human Services. As such and as a member of the Australian Association of Social Workers, it was important to have an awareness of the professions Code Of Ethics and Social Work Practice Standards which outlines the expected framework and standards outlined in section 5.5.2 Research AASW 2010 Code of Ethics and Practice Standards 2013 2.1, 3.1 & 4.3 which contain clauses relating to approach, respect, consent, privacy, review, publicity and distribution of research findings and the indicators as the basis for ethical and sound practice including research. As a member of the Australian Association of Social Workers, I upheld these standards consistently and there have been no concerns with my practice as a researcher or field practitioner in my conduct as a social worker.

Ethical consideration encompassed two areas of tension in which I overcame. Firstly I wanted to provide a small gift to participants in recognition of their time and efforts in the research. A proposed gift of \$20.00 was sought with the ethics application which met the university guidelines for providing gifts. The issue which required addressing was paying for participation where there are vulnerable groups. It was discussed at length in supervision and a decision was made that the amount of money was minimal and unlikely to attract concerns of vulnerability and exploitation in securing participation. The second issue was the need to ensure support was available including counselling and disclosure on child abuse and or neglect. This was reconciled with a statement before the interview and in planning, with talking to participants prior to meeting that I would have a list of counselling services and be obliged to inform relevant agencies should there be a disclosure of abuse and or neglect for anyone under the age of eighteen. I advised that this would be done with advising the participant of my concerns and how I was going to approach this situation and support participants should the situation arise. No such situation occurred, however it was important to forecast such strategies in recognising that I was working with a vulnerable population group. Nonetheless, it was expected the majority would be over the age of eighteen.

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Consent was verbally initiated with all participants and followed by a signed consent form (See Appendix D). For participants under the age of eighteen and in the care of the statutory agency, Department of Communities, Child Safety, agency consent was sought and provided in addition to the written consent of participants. Consent involved seeking written consent for all participants using a standardised format attached to a detailed information sheet (See Appendix B). There were two slightly different consent forms with one being a declaration of agency approval for anyone under the age of eighteen years and in the care of the Department of Communities, Child Safety which also required verbal approval to confirm the voluntary nature of participation, receipt of the \$20.00 and confirmation that an information sheet had been provided to all participants. Both consent forms included information about the management of ethics complaints and contact numbers for the Manager, Griffith University Human Research Ethics Committee and confidentiality requirements of myself and the caveat if I suspected harm or abuse I was obligated to report this. I planned to discuss this with participants should this have occurred the course of action in supporting participants. If participants wanted information on counselling or support services as talking about personal experiences may invoke distress, this was provided. This wasn't sought from any participant nor was any reporting of abuse and or neglect. Agency consent was sought with the statutory authority Department of Communities, Child Safety who could have been the legal guardians of participants in group one where there was a current in out-of-home care status. Approval was sought on the 18 November 2007 and approval was granted on the 25 January 2008. I was provided with a summary of conditions which included the disclosure of harm or suspected harm and a formal agreement to sign which included providing an annual update and preservation of anonymity of all identified information as per statutory requirements. Annual reports were provided to Department of Child Safety and copies of the publication completed as part of the research.

I used pseudonyms which were assigned with the participants consent to ensure no sibilings, middle names or other sensitivities existed .Participants were made aware of the use of the findings and results which were distributed in presentations, publications and the thesis. I made available a publication to participants which outlined the research with positive feedback. I used pseudonyms throughout the

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thesis, in presentations and in publications which protected individual confidentiality. There was one location which had the original data coding and participant names and all consent forms were scanned and password protected on an electronic file. Hard copies were destroyed after four years. It will be my intention to keep one electronic file with this information stored using a password and kept in a locked cabinet until the thesis is completed and examined.

### *The limitations*

The sample size was small and therefore the results cannot be generalised. No rural participants and metropolitan and greater metropolitan even though some of the participants resided in rural areas at times. The strength of using three groups was the diversity in age and demographic information however I concluded the value of having group one was not overall successful as it confirmed young people in out-of-home care had higher and further education aspirations and had a limited understanding of the potential barriers they may face in pursuing this. I concluded future research to use groups two and three and seek male participants to consider diverse experiences across genders as well as richness in a larger pool. This was an outcome learning which came out of the analysis.

## Section 3.9: Conclusion

In this chapter, I described the design I adopted to achieve the aims and objectives as stated in Chapter one. The aim of the research was to explore the perspectives of care experienced young people which include the facilitating and constraining factors on higher and further education attainment . The methodology I used for this qualitative study was systems theory because this provided a systematic approach to the collection, analysis and reporting of the data in a way which would uniformly explore and account for the complexities associated with education and out-of-home care. Using systems theory proved to be an effective way of gaining consistency throughout the thesis and enabled a mechanism of accountability to ensure all aspects of the topic were covered, explored and examined in depth.

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The study was organised in four stages including the participant recruitment, conducting of interviews, reporting of results and lastly analysis of the findings. Participants in the study were recruited to using probability sampling which were gained through advertisement and word of mouth with various agency newsletters and websites in order to identify potential participants. In depth semi-structured interviews and qualitative design were chosen in preference to quantitative approaches such as questionnaires or telephone surveys. The qualitative approach was used as a way of exploring the complexities which can exist on the topic requiring deep examination of experiences, observations and interactions of both the individual and their environment. Interviews enabled an exchange of information which explored participant views in a non-linear way in understanding what their journeys had been and how they had reached a point in their lives which was centred on care and education experiences.

The procedures used were based on Denscombe's (2007) stages of qualitative data analysis. Firstly, I prepared the data using the interview transcripts and preliminary organisation of the material in electronic folders. Secondly, there was the development of data familiarity which including organising the material into key ideas, preliminary codes and systematic structure. Thirdly, I developed codes, categories, concept and then themes derived from the data to interpret the data. Fourthly, I verified the data using the substantive literature and identifying commonalities, differences and outlying information which would be further analysed and interpreted. The method of agreement was also used to compare participant experiences with respect to their care and education information. Lastly I completed a representation of the data by presenting information on an Excel spreadsheet, the use of flowcharts to track information such as pathways, matrices such as pre-care, in-care and post care outcomes to identify patterns of association or nuances in the material. This task was a time consuming process which was completed over a two year period and required extensive use of supervision to discuss and revisit the data at each stage.

The ethical considerations for this research were outlined and included working with a vulnerable population group and needing to address possible implications of talking

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about the lives and experiences of those who have been in out-of-home care. A decision was made to support participants in accessing counselling should they become distressed or have ongoing challenges as a result of discussing their lives, although this was not needed. I also had to reconcile the issue of providing a small gift of \$20 as a show of good will for appreciation of participant time and sharing their stories. Also provided was the process of gaining agency approval to conduct research with statutory services such as Child Safety.

The limitations of the research including a small sample size within a metropolitan region. The lack of generalisation is a limitation to this study. Participants were also all female which was also limiting as male participants may have provided varying views and chosen different careers which may have assisted in the richness of data and provided useful information about how to improve education attainment for males in out-of-home care. In the next chapter the themes in relation to the literature and the research question are detailed with discussion on the findings.

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## Chapter 4: Results

### Section 4.1: Introduction

The aim of this study was to explore the perspectives of care experienced young people which include the facilitating and constraining factors on higher and further education attainment. The purpose of this chapter is to outline the results of the research. As such the interpretation and analysis of the data identify five key facilitating factors which include:

- 1) Children having someone who showed an optimistic interest in their education
- 2) Children having someone who had positive expectations of education
- 3) Children having flexible pathways to higher and further education
- 4) Transition from care planning occurred
- 5) The importance of having available supports after leaving out-of-home care and the impact this has on higher and further education

Conversely the constraining factors include:

- 1) an absence of transition from care planning which includes education as a specific area
- 2) lack of availability of enduring after care support including the practical and emotional and practical supports ie accommodation, personal support, emotional support to manage birth family contact and post-care needs
- 3) a lack of positive expectations with young people in out-of-home care bound for aspiring into higher and further education from those around them and

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4) flexible pathways into higher and further education

This chapter will discuss these results against the research question. This will then be used as a basis for the next chapter, which will be a discussion on these results.

## Section 4.2: Key Results: Themes

As identified in the methodology chapter, the researcher used systems theory to organise the research and analyse the data. Table 10 identifies each constrainer and facilitator as well as those aspects identified as both. An example of a result being both a constrainer and facilitator was contact with birth families. While some participants identified this as a positive, others indicated this was adversarial toward their education. This also included contact with a birth sister that may have been helpful and supportive with her education; however, contact with the birth parent was less helpful and hindered engagement and sustaining the course in higher and further education.

It is important to note that all participants described their care experiences as unfortunate and having unstable care histories. The one participant who remained in kinship care faced her mother having a palliative condition through alcohol use and for others who had higher rates of stability endured significant abuse and neglect before coming into out-of-home care which all were acutely aware of and had this history of maltreatment. Not one participant had an enduring placement without hardship. An example was an aspirer who had a relatively stable placement from the age of 10 months and who had experienced her carer passing away at the age of 16 years. This group of participants have all experienced significant adversity and endured hardship of significant proportion.

**Table 10: Results;contstrainers ,facilitators and both**

<b>System</b>	<b>Constrainers</b>	<b>Facilitators</b>	<b>Both</b>
<b>Group 1: Aspirers</b>			
Micro	<ul style="list-style-type: none"><li>• Transition from care</li></ul>	<ul style="list-style-type: none"><li>• Wanted a better life for</li></ul>	

<b>System</b>	<b>Constrainers</b>	<b>Facilitators</b>	<b>Both</b>
	<p>difficult without assistance</p> <ul style="list-style-type: none"> <li>• Contact with birth family</li> <li>• Sustained abuse and managing court afterwards</li> </ul>	<p>self and future</p> <ul style="list-style-type: none"> <li>• Pathways from school likely</li> <li>• Optimistic about future and opportunities</li> </ul>	
Meso	<ul style="list-style-type: none"> <li>• Support from welfare</li> <li>• Lack of financial means</li> <li>• Inadequate School support</li> <li>• School changes</li> </ul>	<ul style="list-style-type: none"> <li>• Encouragement from foster carer and future planning</li> <li>• Encouragement from teachers with doing a certificate while still at school</li> <li>• Encouragement from workplace in casual job</li> <li>• Support from foster siblings</li> <li>• Birth family – siblings support</li> </ul>	<ul style="list-style-type: none"> <li>• Contact with birth family</li> </ul>
Macro	<ul style="list-style-type: none"> <li>• Had not yet left out-of-home care and engaged</li> </ul>	<ul style="list-style-type: none"> <li>• Transition From Care Program had commenced with practical planning</li> </ul>	
<b>Group 2: Engagers</b>			
Micro	<ul style="list-style-type: none"> <li>• Personal finances in paying higher and further expenses</li> <li>• Financial stress with paying for independent living expenses</li> </ul>	<ul style="list-style-type: none"> <li>• Parental background with higher and further education exposure</li> <li>• Resilience and returning later with additional supports</li> <li>• Wanted a better life for</li> </ul>	<ul style="list-style-type: none"> <li>• Parents and the role of low or poor expectations</li> <li>• People who did not believe in capability</li> </ul>

System	Constrainers	Facilitators	Both
	<ul style="list-style-type: none"> <li>• Managing academic demands of higher and further education</li> <li>• Coming to terms with being in care</li> <li>• Abandonment by the systems – education and welfare</li> </ul>	<p>self and future</p> <ul style="list-style-type: none"> <li>• Education is power and improves life chances</li> </ul>	
Meso	<ul style="list-style-type: none"> <li>• School changes</li> <li>• Placement changes</li> <li>• No access to basic essentials in school or in higher and further education</li> <li>• Contact with family was difficult after leaving care</li> <li>• Attending to legal matters i.e. court</li> <li>• Transition from out-of-home care into independence planning limited after care support-financial and personal/practical</li> <li>• Sustaining the course</li> <li>• Managing dual independence and adult learning demands</li> </ul>	<ul style="list-style-type: none"> <li>• Financial supports</li> <li>• Expectations from those around</li> <li>• People who talked or encouraged</li> <li>• Scholarship access with teacher and principal in private school facilitating application</li> <li>• Transition from out-of-home care planning</li> <li>• Expectations</li> <li>• Pathways existed</li> <li>• Remaining with kinship carer</li> </ul>	<ul style="list-style-type: none"> <li>• Not accessing or engaging in supports</li> <li>• Contact with birth family</li> <li>• Access to financial and practical support</li> <li>• Being independent and not wanting to seek help- self reliance</li> </ul>

<b>System</b>	<b>Constrainers</b>	<b>Facilitators</b>	<b>Both</b>
Macro	<ul style="list-style-type: none"> <li>• No leaving care provisions</li> <li>• No formalised support</li> </ul>	<ul style="list-style-type: none"> <li>• After care supports</li> <li>• Campus supports and programs</li> <li>• Legislation to enforce ongoing supports</li> <li>• Dedicated educational funding</li> </ul>	
<b>Group 3: Completers</b>			
Micro	<ul style="list-style-type: none"> <li>• Personal finances in paying higher and further expenses</li> <li>• Financial stress with paying for independent living expenses and academic costs</li> <li>• Managing academic demands of higher and further education</li> <li>• Managing cost of education</li> </ul>	<ul style="list-style-type: none"> <li>• Parental background with higher and further education exposure</li> <li>• Resilience and returning later with additional supports</li> <li>• Wanted a better life for self and future</li> <li>• Finishing was worth it</li> <li>• Would do it again</li> </ul>	<ul style="list-style-type: none"> <li>• Parents and the role of low or poor expectations</li> <li>• Contact with birth families</li> <li>• Self-reliance</li> <li>• Survivorship</li> <li>• Identity reformation</li> <li>• People who said they were not going to do well</li> <li>• Focus on independence rather than education</li> <li>• Pride in finishing</li> </ul>
Meso	<ul style="list-style-type: none"> <li>• School changes</li> <li>• Placement changes</li> <li>• No access to basic essentials in school or in higher and further education</li> <li>• Contact with family was difficult after leaving care</li> </ul>	<ul style="list-style-type: none"> <li>• Financial supports</li> <li>• Positive Expectations</li> <li>• Support from employer in casual work while in higher and further education</li> <li>• Workplace support</li> <li>• People who talked or encouraged</li> </ul>	<ul style="list-style-type: none"> <li>• Being independent and not wanting to seek help- self reliance</li> </ul>

<b>System</b>	<b>Constrainers</b>	<b>Facilitators</b>	<b>Both</b>
	<ul style="list-style-type: none"> <li>• Attending to legal matters i.e. court</li> <li>• Transition from out-of-home-care into independence planning limited after care support-financial and personal/practical</li> </ul>	<ul style="list-style-type: none"> <li>• Scholarship access</li> <li>• Welfare and education Personal Education Plans and working collaboratively</li> <li>• Transition from out-of-home care planning</li> <li>• Expectations</li> <li>• Pathways existed</li> </ul>	
Macro	<ul style="list-style-type: none"> <li>• No leaving care provisions</li> <li>• No formalised support</li> </ul>	<ul style="list-style-type: none"> <li>• After care supports</li> <li>• Campus supports and programs</li> <li>• Legislation to enforce ongoing supports</li> <li>• Dedicated educational funding</li> <li>• Interdependence models</li> </ul>	

In undertaking the analysis, five key themes were identified and are now discussed in detail.

### *Key Themes*

#### Facilitating Factors

- 1) Someone who showed an interest in education (Aspirers). Having contact with someone paid an interest and encouraged education was facilitating.
- 2) Expectations were nurtured and encouraged with optimism (Aspirers). Having contact with someone who demonstrated a nurturing approach and encouraged through showing optimism.
- 3) Pathways to higher and further education existed (Engagers and Completers). Having opportunities to follow a range of educational

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pathways which are flexible and accommodating of the various needs and experiences of those in out-of-home care.

- 4) Transition from care planning included education (Aspirers had evidence of this had started). Young people who had experiences of care planning which featured education in the leaving care plans.
- 5) Access to variable ongoing supports during transition and after care was available (Engagers and Completers). Young people who could access enduring supports whilst transitioning and after leaving out-of-home was important.

Constraining factors for engagers and completers were also identified consistently and included:

- Access to ongoing personal supports after care was variable and required increased availability and duration
- Practical resources such as financial resources acted as a barrier which made higher and further education difficult to sustain
- Enduring accommodation options were a challenge for all (except one who remained with her kinship carers during study)
- Academic support in managing academic load and requirements was a challenge

Factors which were both constraining and facilitating:

- Managing contact with biological family members when still in out-of-homecare and after leaving out-of-home care which was challenging
- Schools were both supportive and unsupportive with some schools showing significant interest and planning
- Self-reliance refers to participants wanting to be independent and not accept supports or engage with services as a result of being independent from a young age. This also refers to reticence to accept assistance due to feeling vulnerable or disappointed that assistance will not help
- Access to ongoing practical supports, with this being limited in nature, and for some both helpful

**Access to practical support which was and a barrier as it was time limited in some cases and in others required intensive advocacy to receive the support as it was not routinely provided**

**Table 11: Summary of facilitating and constraining factors in themes**

<b>Key Factor</b>	<b>Aspirers</b>	<b>Engagers</b>	<b>Completers</b>
<b>Facilitating Factors</b>			
Someone showed an interest in education and discussed the value of education Having contact with someone paid an interest and encouraged education was facilitating	X	X	X
Expectations were nurtured and encouraged with optimism Having contact with someone who demonstrated a nurturing approach and encouraged through showing optimism	X	X	X
Pathways existed into higher and further education Having opportunities to follow a range of educational pathways which are flexible and accommodating of the various needs and experiences of those in out-of-home care	NA	X	X
Transition from care planning involved education Young people who had experiences of care planning which featured education in the leaving care plans	X	X	X
Access to some support during transition and after care Young people who could access enduring supports whilst transitioning and after leaving out-of-home was important.	NA	X	X

<b>Constraining Factor</b>			
Access to ongoing personal supports after care was variable and required increased availability and duration	NA	X	X
Practical resources such as financial resources acted as a barrier which made it difficult to sustain	NA	X	X
Enduring accommodation options were a challenge for all (except one who remained with her kinship carers during study)	NA	X	X
Academic support in managing academic load and requirements was a challenge	NA	X	X
<b>Both Constraining and Facilitating</b>			
Contact with birth families	X	X	X
School support	X	X	X
Self-reliance	NA	X	X
Emotional and ongoing supports beyond leaving out-of-home care	NA	X	X
Access to practical resources after leaving out-of-home care	NA	X	X

As seen in Table 11, there are five facilitating factors, four constraining factors and five which were considered both facilitative and constraining. These are now discussed in detail for each group (aspirers, engagers and completers) and then as a collective group of participants.

#### Section 4.4: Someone who showed an interest in education

##### *Facilitator Aspirers*

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The results show that aspirers had a range of people who took time to discuss education and their futures directly with participants. As aspirers were still in out-of-home care, all four had variable schooling experiences and had all been able to nominate someone who had paid an interest in them and specifically talked about education. Even though Sally had been excluded from school and was attending a flexible schooling program, she was working in a retail store as a casual staff member. The quote from this participant shows that, not only did someone talk with the participant, but he also stated the importance of having a qualification. This participant's employer had undertaken a retail traineeship and talked about the benefits of being able to travel between stores and increase his salary by having qualifications. It was also stated that she was going to be left behind in the absence of higher and further education. As an inspirer, Sally's boss had told her she needed a backup plan and to make sure she gets a qualification of some sort:

*I was told I needed a backup plan so I wasn't going to be left behind (Sally).*

The second quote from Gina illuminates how people in her family, namely her sister, as well as her teacher had already engaged in a course while at school and wanted to do further study after school. This was reinforced by her teachers and sister whom she believed wanted her to do well through education and this was what she intended to do. This was important because having someone's support to do well and progress in education was critical to Gina's experiences:

*I was doing a certificate at school and was going to gain a TAFE qualification before I had left school. My teachers and my sister want me to do well (Gina)*

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### *Facilitator Engagers*

For engagers, having someone to support their education through taking the time to discuss, plan and show genuine interest in education and themselves made a contribution to their lives. Retrospectively, participants such as Simone and Trudy reflected on how a mentor and welfare worker encouraged and talked about their futures and the importance of education. This was important as both participants recall having very difficult lives while being in out-of-home care and were encouraged and motivated by positive influences, which shaped their engagement in higher and further education. The following quotes highlight the importance of having someone drawing the participants' attention to education:

*Having someone sit down with me and talk about something different apart from moving or the fact my parents did not want me was encouraging. I did not think I could afford or be smart enough to go to university and had no idea that you could go to TAFE first and then university. I liked this worker as she was genuinely interested in me and my future and did not want to just get rid of me off her books or talk about leaving care. (Simone)*

*I had a teacher and she was a great mentor, she was young and mature and seemed very satisfied with her life and mentored me through books. This teacher and principal encouraged me to attend a university information session and apply for a scholarship. (Trudy)*

*My youth mentor have me a sense of hope and kept telling me to stick to it and challenged me a lot to prove people wrong and finish the assignments. (Sarah)*

Other engagers talked about people showing an interest in what they were going to do. Stacey's quote highlights a combination of her kinship family having expectations of her, which were akin to what they expected from others within the family. This was reinforced by the welfare worker who also discussed and facilitated practical and financial resources to make it happen. The significance of expectations and support from those around this young woman pursuing a nursing career as did other members of her extended family. While she did not gain direct entry into university, she was studying at TAFE

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and knew the pathway which would lead to gaining entry into a Bachelor course:

*I felt like becoming a nurse was something everyone did and it was just a normal thing to do. My gran had done an assistant in nursing course and all my aunties and uncles were working as nurses in hospitals and this is what we spoke of at birthday parties and Christmas occasions. The Child Safety Officer made it happen by supporting some of funding of the courses and I was encouraged by her persistence to make sure I was doing well and passing the course. (Stacey)*

Another engager, Trudy, had a different experience with teachers who had encouraged her to apply for a scholarship, but it was the encouragement and academic praise she received that was motivating and that balanced out the difficult experiences with her birth family. When things were not going well at home, going to school was a place of calm and encouragement and this participant learnt early through contact with her teachers that she had capabilities, and that education was important in securing a better life for her:

*I wanted to do something good and be successful with my life. My stepfather used to abuse me and argue with me and say I would make a good lawyer. I was not allowed to go to school but when I was taken into care, I was enrolled in school and became better at reading. I learnt academic praise was the only praise I received. I got a part time job and saved up to go to a private school for my final year and had no stigma of being in care and learnt that education was power which the teachers encouraged. Education is not just a degree, its learning how to talk to people and education is broader than textbooks, and you learn interaction and social skills and knowing how to treat people. I was never not intelligent; I just needed textbooks and a chance to do my homework in a home environment. Education feels like a dream, it's the one thing I can control and was escape. (Trudy)*

### *Facilitator Completers*

Completers strongly associated education with future life chances as they had completed their studies and found themselves starting to reap the benefits of completion. For instance, Jane was able to outline that she loved to learn and obtained confidence out of learning and achieving. She was able to have choice in her life as she had completed a nursing degree and gained employment and

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was able to return and complete a psychology degree and further engage in post graduate studies. As an outcome, Jane secured stable employment and access to economic stability, which helped in raising her own children. The two following quotes show the association between education and future life chances for other participants:

*I always wanted to work with people and help them and as I graduated I learnt a love of teaching which I why I went into a university course. I have finished this and work part time while raising my children. I have had choice in where I work, what grade I teach and supporting a family while still having a career. This would not have been possible unless I had a degree. (Renee)*

*I thought that going to TAFE was going to be positive and was the only way to stand on my own two feet. My foster parents were not able to support me beyond the care years and I was going to have to live independently and did not want to work in a low paid job when you have no choice of the rosters or who your boss is. Going to TAFE was a way of securing an opportunity to go onto learn and see what possibilities there are. (Melissa)*

#### *Significance for all participants*

All participants had someone they could identify who shaped their aspirations. This included positive forces for inspiring participants in their education and providing a sense of possibility to access higher and further education. Despite some of these relationships being short term in nature (n= 6/16), that is, under two years in duration, these conversations led to actions which provided a belief and motivation that education was an option and for some, a necessity after leaving care. The range of people included foster carers, foster siblings, teachers and school principals, workplace chiefs and child safety officers, all of whom had taken the time to discuss with them and encourage higher and further education as an opportunity or necessity beyond an aspiration for this group (see Table 12). One engager and completer both cited biological siblings as a main source of motivation for pursuing higher and further education. The basis for this was trying to provide a source of inspiration and hope that education was important as a role model for younger siblings. Both participants identified the desire to show that education was achievable and that it was important to demonstrate participation and having goals after leaving out-of-

home care. Two aspirers who cited a foster sibling as a source of motivation believed it was important to show older foster siblings that they also wanted to do something positive with their lives and follow in the same pursuits as their older foster siblings who had also engaged and completed in higher and further education. Having both biological and foster siblings to look up to or be the role model for younger siblings was a source of motivation and influence for higher and further education attainment.

Participant experiences of having someone who showed an educational interest in them and provided a source of encouragement to engage in higher and further education were important in developing aspirations, planning and ultimately engaging in higher and further education. Despite a majority of participants (11/14) experiencing instability in placements, carers, schools, social environments and moving frequently (that is, between six and sixty placements), identification of someone who showed an interest in education transpired into developing educational aspirations for themselves and the belief that this was important because of this demonstrated interest. Participants then interpreted this interest into an understanding of education as something that was important and realistic. Such people encouraged participants to consider careers, pursuits and opportunities beyond the care years while concurrently planning for independence and leaving out-of-home care.

**Table 12: Range of people who inspired participants and nature of conversation**

<b>Participants</b>	<b>The range of persons who inspired participants in their educational pursuits (n=16)</b>	<b>Specific conversational content in all cases</b>
Group 1 Aspirers	1.Older foster sibling 2.Foster mother (temporal under 2 years) 3.Sister 4.Teacher (under 2 years)	<ul style="list-style-type: none"> <li>• Having a conversation about education</li> <li>• Promotion of education and role of education in future life opportunities</li> <li>• Encouragement to</li> </ul>
Group 2 Engagers	5.Teacher(under 2 years) 6.School Principal(under 2 years) 7.Sister	

	8.Youth Mentor 9.Child Safety Officer 10.Aunties and Uncles 11.Grandparents	progress in higher and further education <ul style="list-style-type: none"> <li>• Showing positive role modelling that education engagement can be achieved</li> <li>• Education expectations were positive</li> </ul>
Group 3 Completers	12.Pharmacist boss 13.Foster mother 14.Foster parents(under 2 years) 15.Child Safety Officer (under 2 years) 16.Older foster sibling	

While it was also important to have a conversation about education, having someone talk to about the *importance* of education was equally important. Conversational content outlined education transpiring into security, economic prosperity, lifelong learning and reducing disadvantage with having employment opportunities. Each participant was able to identify not only a conversation on these topics, but also how they understood the value placed on education and the significance of not getting an education. This ranged from learning that education is power and education can change one’s life and social status and provides opportunities. Participants thus understood that education could reduce the legacy of the care years and provide stability, independence, economic prosperity and an improved future state. Having a connection with the young person, making the time to discuss education and heighten the significance or value of education were markers or facilitating factors in shaping the education attainment. Participants indicated that with a combination of factors someone who paid an interest in education and an awareness of what education can yield through discussion with both of these as significant force in shaping the aspirations and motivations of this group. When someone showed an interest in education and spoke of the value of education, educational aspirations were considered and progressed for aspirers and completers.

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## Section 4.5: Positive expectations were present

The second theme identified in the participants descriptions of key factors in considering higher and further education was threefold: participant's perceptions of what others expected of them, participant's expectations of themselves, and finally the interactions between these distinct sets of expectations that contributed to believing higher and further education was important and achievable.

### *Aspirers*

Aspirers developed optimism through discussions with those around them as identified previously, and had people who encouraged these aspirations with future planning. This was important as aspirations alone without encouragement or someone to assist was viewed as something difficult to sustain as evidenced below:

*I wanted to do something I was good at, as I can be creative but know that this alone won't get me recognised and I needed to get something behind me which meant going to TAFE and then who knows where that will take me. My sister thinks I can do it and my school has encouraged me to start thinking about a part time TAFE course while still at school (Stacey)*

For Gina, clear expectations of herself were encouraged by her sister and school. They seemed to support an expectation that TAFE was a realistic option and encouraged her to pursue these aspirations; this was significant for her in considering her future. As Gina and those around her seemed to have positive expectations of her future and what could be achieved, this started the planning towards achieving this before leaving school. The expectation Gina had of herself was positive and those around her were also positive which resulted in her believing in herself. Her aspirations to attain higher and further education and one day owning her own business were something she saw as a possibility.

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Other aspirers were able to articulate positive expectations of themselves in aspiring to pursue higher and further education. This is illustrated below by two participants.

*I was told by my manager I needed a backup as I wasn't going to finish school and needed something to fall back on. This got me thinking about my future. I had foster sisters asking me all the time what I am I going to do and talk about the options and how to start planning. I left school. I had one teacher who was very supportive of me and wouldn't get frustrated if I did not understand something however I am not academic and the school had expectations that were too high. I had the sisters who encouraged me and had done well themselves and I did feel I had to do something with my life as they had done (Sally)*

*I had my foster mother talking to me about what am I going to do after school and what I could do. I had no idea as I was just trying to get through the day. After a while I did start to think about life after school and started asking around as to what I can do and how to get into TAFE which I discussed with my foster mother who encouraged me and thought I could do it.( Brigitte)*

### *Engagers*

Engagers identified that their own individual expectations were generated from having discussions and hearing from others what they had expected or thought about their futures. Engagers had diverse experiences both in developing their own expectations and what they described as expectations from those around them. For example, expectations of themselves could refer to proving people wrong when they did not support participants in their educational pursuits. Education aspirations developed out of determination to do well and show others that capability and educational achievement could be achieved even without support. Both Imogen and Trudy did not have positive support around them, and while there was presence of positive expectations, there were also negative aspects which both participants identified, including the lack of aspiration and challenge in front of participants. However, these obstacles were used as a motivating factor in doing well in education.

*I wanted to prove the department wrong and I wanted to live with stability and have more out of life. The department did not want me to succeed deterred me from*

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*education and gave me nothing without fighting for it. Going to university was a way I could achieve and prove them all wrong. While I had a youth mentor who challenged me in my thinking about what I can do, I still wanted to make sure I was going to be a success. (Imogen)*

*I had a stepfather who used to hit me and as I argued he told me I would make a good lawyer and then that's what I did. Came to do law. I wanted to become smarter than him and I wanted to show my siblings you can do anything you set your mind to and going to university is one of those things. (Trudy)*

Having expectations developed out of 'proving' people wrong was not common (n=2/13). However, this was important for the two participants who described it, as this demonstrates that there was an experience of individual expectations that going to university was important. While there was support from at least one person, overcoming negative views was something additional which had to be reconciled. Both Trudy and Imogen however had positive aspects around them which reinforced their own expectations of themselves. As a result, it would appear the expectations were not solely derived from wanting to prove people wrong or overcome abusive situations.

- *I had carers who were supportive even though they hadn't been to university. I also had a teacher as a great mentor and principal who believed in me and had encouraged me to apply for a scholarship so they must have thought I could do it. (Trudy)*
- *I had a youth mentor stretch and challenge me and was very supportive of my aspirations and university enrolment. (Imogen)*

The impact of having someone who did not support aspirations or expectations could be compensated by having someone who provided support in that direction as a mechanism for overcoming any negative or unhelpful forces.

Engagers also identified carers, schools and welfare workers as important features in supporting expectations. Simone and Lynette spoke about the significance of carers who had talked with them about their futures and how teachers strengthened this by also talking about expectations of students rather than those in out-of-home care. Lynette talked about her kinship carers having

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their own children who had gone onto higher and further education and she was simply expected to do same. Expectations from her kinship carers were described as *'this is just what we do'*. This was an aspect that was simply part of the normative experience; however this was isolated to the kinship care experience where one participant remained living in the kinship care home beyond care. Positive expectations was emphasised by the welfare worker who talked about education and shared this expectation that she would pursue higher and further education.

Simone also had a similar experience with her teachers as she was treated like a student rather than someone in out-of-home care, which she liked. All the other students were planning their futures and were encouraged to do a TAFE course while still at school, and they thought that going to university was a natural progression. Engagers had emphasised the importance of not being treated like a student or child in out-of-home care. This sense of anonymity in higher and further education and in adult learning environments was considered important as they were expected to do the same and be like everyone else. Hence, all engagers were able to identify someone who had positive educational expectations and this contributed to their own beliefs and expectations that they would move onwards.

### *Completers*

Developing expectations was something that participants had not done in isolation. Completers all had someone who had expectations whom, after completing higher and further education, were positive that this contributed to making decisions about going into higher and further education and sustain the course while it was challenging. These expectations had assisted in not only getting there but staying there, as exemplified below:

*I wanted to make my foster mother proud and go to uni just like my older sister. Everyone around thought I could do it and I was confident and excited and did think how I am going to afford this and actually do it at times. (Renee)*

*I was lucky I could hang in there knowing things would get better and I just clung onto thinking things would get better by reading and educating myself. While I was*

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*working at the pharmacy shop, the owner offered to pay for me to go to university but I was too proud to accept this help and too determined to get there by myself and show my foster mother who I had in the early years she had helped me in my reading and had changed my life. (Lucy)*

Completers described their expectations of themselves developed through interactions with someone at work, school or in the family. This included foster carers, employers, teachers and extended family. Foster carers featured high on the list of people who had shown positive expectations of education, particularly foster mothers who had supported all five completers as people who had shown positive expectations to pursue higher and further education. Completers did not have any experiences of ‘proving people wrong’ as identified among engagers; however, all completers shared stories about wanting to do well for the people who had helped participants and saw education as a marker of achievement for that purpose. Completers were very proud of their completion and while all discussed challenges with sustaining the course, the desire to fulfil expectations from those around them was very strong. Some of the relationships were very short in nature, for example, some carers were only present for periods under two years in duration and some were more temporary in nature like under three months. Teachers were often present for a particular year in school however both teachers and foster mothers featured very highly in participants’ narratives on creating positive educational expectations.

#### *Significance for all participants*

Participants in groups two and three described situations where there were people who challenged any negative expectations of themselves or self-reported concerns about higher and further education. This was not observed by the aspirers. Some (n=3/13) indicated that they did not initially have high expectations of themselves and it took others around them to ‘challenge’ or ‘stretch’ them in considering their potential or overcoming financial barriers. This was the case for Imogen who described a low point with ‘couch surfing’ and failing at university; her mentor encouraged her to continue and reminded her that she could achieve her goals and should keep going despite having a

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difficult family encounter and not thinking that she could sustain university life. The following two quotes illustrate concerns about financial capacity and perceptions about young people from out-of-home going to university:

*I just thought TAFE would be a good option for me as university was expensive and I wasn't that good at school. It was a worker who challenged me and told me I could go to university if I wanted to as there was HECS system and kids in care can do whatever they set their mind to. This got me thinking but I still did not believe I could afford it so went to TAFE then eventually into university (Susan).*

*I did not think university was for people in out-of-home care as it was expensive and I did not have support and knew I had to move out on my own after leaving care.*

(Imogen)

Both quotes indicate concerns about financial capacity but also a stigma and perception that university is not for children and young people with out-of-home care backgrounds. It took support from those around these participants to work with them in overcoming these perceptions and providing an alternative view by encouraging and expecting young people to pursue similar goals to their peers. This was emphasised with the importance of education by all three groups in improving their lives and futures through education.

A common theme from all participants was the view that education improved life after care and was something that was valued highly to succeed in life. For all engagers and completers, having an education was highly regarded with expectations of themselves in completing the course, which was even evident once in higher and further education. For instance, Trudy described an experience of feeling privileged for being at university and finishing the course was very important to her as she had been given this opportunity. This aspect was common amongst participants who described expectations of themselves to stay in the course or (if they had to disrupt their studies) to defer and return at a later stage.

Once in higher and further education, it appears that participants had high expectations of completing the courses and despite some (n=4) deferring or withdrawing, all returned later to complete their program or continue at another

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institution, or re-enrol in a different course or with a different study mode. The commitment of participants (engagers and completers) to complete their studies indicates high expectations of themselves; all were determined to follow through with their educational pursuits despite having a range of high academic demands, financial burdens, family and psychosocial challenges during their studies. This quote below summarises common experiences from groups two and three who had been in higher and further education and identified positive experiences once enrolled:

*Once I got a taste for the university life, I loved it. Making friends, going to the markets and learning new things was just amazing. It was hard but worth it. Every time I passed an assignment I relished in the achievement and knew it was all going to make a difference when I finished. It was so hard to get here and no one knows my background and what I had to overcome to get here and the hours I am working on the weekends to pay my rent, but I never thought about giving it up or giving in. This was the dream. (Melissa)*

Furthermore, Lynette indicated that as her family had all been in similar situations before, she felt it was incumbent on her finishing, given that she also had financial assistance from the department. It was important that she completed the program and did not disappoint anyone's expectations. This was similar for Trudy who received a scholarship. As expectations to get into or pursue higher and further education was evident, even more so once in higher and further education. She was determined to complete or re-engage when unforeseen circumstances arose. All engagers were on track to completing their courses; where they had re-engaged, they had commenced this successfully and were on target in pursuing their aspirations. Expectations of themselves did not change over time and all thought they would finish the courses, and for some completers, return to complete post graduate studies.

Self-expectations and expectations from those around them were important features for all participants forming views about their futures and their educational pursuits. Participants outlined how when positive and optimistic expectations of themselves were mirrored in those around them, considering higher and further education was something they 'felt' was possible and

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achievable, despite in some cases, not having positive forces or support around and taking a longer pathway to achieve this. Having someone to support their own expectations or aspirations was a marker for participants' 'assuming' their aspirations were valid and achievable despite having some reservations about how or what lay ahead in managing the journey into higher and further education. This situation also increased participants' confidence in having future opportunities and seriously considering these as a possibility rather than pure aspiration.

*I wasn't sure about going to university but I wanted to be a teacher and knew that you had to go to university. My carer believed in me and once I 'felt' that she believed and thought I could do it, I wanted to make sure I tried to get in (Susan).*

*I knew my friends were thinking of going to university and TAFE and when I started talking to my foster siblings and carer they all said, for sure you can do this and we would have thought this is what you would do with yourself once you finished school (Melissa)*

All participants had a positive view that education was important; they had expectations that this would be something they needed to strongly consider and that was expected of them. While engagers and completers had all faced difficulty in pursuing higher and further education the results indicate the persistence and determination in meeting their own expectations or others' were important signals of education's significance and how participants viewed themselves and their futures which was shaped by those around them. While there were two participants who wanted to pursue higher and further education to prove people wrong, there was evidence that positive influences existed and were also significant for these participants in progressing, as both participants identified this may not have eventuated in absence of positive influences.

#### Section 4.6: Having flexible pathways to higher and further education

As shown in Table 13, there were variable pathways planned or undertaken into higher and further education across all three groups. Pathways mean entry points into

higher and further education to understand how participants managed to engage and, for some, re-engage or use alternative methods of gaining enrolment requirements.

**Table 13: Pathways to higher and further education**

<b>Groups</b>	<b>Pathways</b>
<b>1. Aspirers (n=4)</b>	<ul style="list-style-type: none"> <li>• Planning to go to TAFE, currently attending flexible schooling program after exclusion</li> <li>• Planning to go to TAFE , currently not in school</li> <li>• Planning to go to TAFE from school</li> <li>• Planning to go to university directly</li> </ul>
<b>2. Engagers ( n=4)</b>	<ul style="list-style-type: none"> <li>• Completed year twelve (no overall position), TAFE then university and deferred university now back at university</li> <li>• Completed year ten and TAFE entry</li> <li>• Direct entry from school completion to university (scholarship received)</li> <li>• Completed alternative schooling program, TAFE and now at university</li> </ul>
<b>3. Completers (n=5)</b>	<ul style="list-style-type: none"> <li>• Completed year twelve, (no OP) TAFE then into university</li> <li>• Completed year ten, work-based nursing traineeship at work then into university</li> <li>• Completed year twelve (no OP) TAFE then into university</li> <li>• Completed year ten, TAFE then into university,</li> <li>• Completed year ten then into TAFE</li> </ul>
<b>Summary</b>	<ul style="list-style-type: none"> <li>• N=1 direct entry from year 12 into university</li> <li>• N=1 work based traineeship then into university</li> <li>• N= 6 TAFE entry then into university</li> <li>• N=1 completed year 10 then into school</li> <li>• Completers n= 3/5 completed year 12 n=2/5 completed year 10</li> </ul>

Groups	Pathways
	<ul style="list-style-type: none"> <li>• Engagers n=2/4 completed year 12 and n=2/4 completed year 10</li> <li>• Aspirers n=3/4 planning to go to TAFE with 2/4 not in mainstream school. N=1/4 planning to go to university from school.</li> </ul>

Pathways were seen as a significant factor in facilitating flexible options to access education, with opportunities aligned to what was going on while leaving out-of-home care or supporting an alternative route into university. This was identified in the meso system with having educational system support alternative entry and re-entry and returning options.

Pathways described by participants were circuitous and required flexibility and persistence. At the same time, they experienced post care experiences that disrupted studies or sought breaks in between their studies to facilitate varied experiences which included resource acquisition, meeting academic entry requirements, taking unplanned deferment due to family and home circumstances, dealing with the post care events which for some included moving into independence such as living in rental accommodation, living with friends or at times being homeless. Higher and further education pathways were varied. The events which occurred simultaneously in the lives of participants meant that traditional routes via school into TAFE or university were less common as many participants described concurrent situations of financial stress, disruption due to biological family engagement and trying to establish themselves in independent living at a young age with variable support around.

Experiences of hardship, temporary disruption and at times desperation were common, with some describing being homeless, broke and completely devastated with coming to terms with their pre-care, in-care and post-care for engagers and completers. As these experiences were common, even when living with kin carers and having enduring support, the very reason for entering care was confronting at a time when trying to enrol in and sustain higher and further education was at the

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forefront of participants tribulations to manage additional academic demands. Having pathways which accounted for some of these experiences were important markers in having opportunities. Children and young people who did not finish school or who were excluded and who did not obtain necessary entry requirements into university from school were provided a degree of flexibility in managing the higher and further education demands concurrently with significant life events.

### *Aspirers*

While the aspirers had not yet engaged, plans were underway to enrol in TAFE or to use TAFE as a stepping-stone into university. This group was optimistic that they would have no difficulty in managing entry and enrolling into higher and further education. Three of the four aspirers had started or were planning to start a TAFE course while still at school or work and were encouraged by this opportunity as it assisted with recognition of prior learning and supported entry to TAFE or university at a later point. Aspirers were positive that the school had such partnerships and identified this as an important opportunity, as some were not eligible for an 'Overall Position which is a primary determinant for gaining entry into university. Aspirers were confident that gaining entry into their preferred course or institution was not going to be a challenge. They had support from school, flexible schooling programs and family to assist in the enrolling process to facilitate this. Aspirers identified no barrier in having pathways available to them in pursuit of higher and further education. One aspirer had identified she was completing subjects which would provide eligibility into university directly and that she may not get the first course on the list but would be able to get into another then change after completing a year.

### *Engagers*

The majority went about engagement into university via TAFE as a stepping-stone. There was only one participant who gained direct entry from school into university, yet had to relocate 800 kilometres and move away from her foster family and siblings. For this participant, access to educational opportunities thus came with significant sacrifice and hardship in the form of leaving siblings and carers behind, as well as the school where there was a lot of support and a concurrent transition to independence.

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*I had a teacher and principal both strongly suggest attendance at the university information day held at school. Our school, a private Grammar School had a long association with a university and each year they gave a student a scholarship to attend university. That year the principal and teacher completed an application on my behalf and I was the successful recipient. I was so humble that they gave it to me and I was excited. I was the first in my family both foster and birth family to go to university and I thought it was such a privilege. I had to move away from the area and relocate 800 kilometres away which was very hard and I did think about giving up a lot. I missed my family and younger siblings who were still in care and I had to work long hours in a bakery to pay for the essentials. (Trudy)*

Despite receiving a scholarship and direct entry into university from care, a significant level of adjustment with relocating and being separated from family was required. This at times placed significant pressure on Trudy who was isolated, struggling financially and missing her family. Concurrently, she was in an environment where she could meet the academic load but was working to fund her accommodation and this propelled her into early adulthood and independence. This was also the case for other participants who had a steep transition into independence while managing the academic workload but had different pathways.

Using TAFE as the pathway to university was viewed as a positive as it facilitated academic preparedness for most by easing the transition from school to an adult learning environment. Engagers had all enjoyed going to TAFE and talked about the practical skills they learnt there and the support they received such as encouragement and personal support from teachers. While participants did not want to have continued experiences of hardship as experiences of out-of-home care years and be known as a care leaver and start afresh with anonymity of their care experiences. All four talked about making friends and having teachers who they disclosed some of their background in particular, when having to seek extensions or managing personal challenges such as accommodation or preparing for court matters from their care years. Some participants accessed support on campus such as counselling services and career advisors to manage difficulties, particularly when potential failing or not managing academic demands was on the horizon. The pathway to TAFE was viewed as achievable in the absence of an OP. Participants pursued careers such as teaching and nursing by doing entry level courses which had recognition of prior learning and natural progression into university. Going to TAFE was experienced by

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all except one who went directly to university. Participants all spoke fondly of having this opportunity and for two, graduated exposure to university. One participant who had enduring support and accommodation from her kinship carers also spoke of managing the academic demands at TAFE and being able to do this well before she entered university as she had to deal with an issue with her birth family and come to terms with her mother who was in palliative care, as illustrated below.

*I had gone to many schools and did not do well academically but my gran and aunties and uncles were expecting me to go to TAFE then to university which was hard as my mother was ill and while I had family around my brother and I still did not have a mother or father to help and we did worry about our mum who had alcoholic liver disease and was going to die. (Lynette)*

### **Completers**

Completers also used TAFE as a stepping stone into university with four all progressing into and completing university level courses. No completer had received an Overall Position or Tertiary Entrance score. The option to enter TAFE or complete a work-based traineeship and use this to apply for university was critical in successfully enrolling into and completing university studies which all five undertook. Completers emphasised the significance of having different pathways and routes into university as they recognised that for some, having the confidence and meeting eligibility criteria for direct entry was not possible or desired. Those who desired to go to university spoke positively about going to TAFE first, similar to aspirers, to support preparation and exposure to adult learning environments while at the same time transitioning from out-of-home care. Four completers had gone onto finishing university and one had finished TAFE and all indicated that going to university would not have been possible without this option and while completing TAFE was a positive experience, higher education would not have been undertaken and life outcomes would be substantially different. Careers such as teaching, law and social work all require a university qualification, which participants could not have completed without going to TAFE first. This is the case for Susan who had a work based traineeship which provided a TAFE equivalent as a recognised course into university to complete a nursing degree then finish a psychology degree later in life.

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### *Significance for all participants*

School was challenging for all participants. All participants experienced changes in schooling due to the carer or environmental changes. The changes in school stood out as a significant barrier in managing and maintaining continuity of the curriculum and ultimate gaining of an OP required for direct entry into university. As outlined, one participant was able to gain direct entry with this being an exception from a private school that nurtured and supported university entry as a normative experience. However, pathways beyond the schooling years require opportunities to cater for this cohort who have experienced disruption and required alternative preparation and support in order to facilitate access and completion at TAFE and university. Engagers and completers described the pathways into TAFE, and children and young people who progressed into university, as sustained. Seven participants have sought pathways using TAFE or work based traineeships as the entry route into university whereas two were engaged in TAFE and did not plan on enrolling in university. The routes to university, using the TAFE pathway was the common strategy identified by participants. In seeking explanations for this, participants described experiences of TAFE being more affordable and accessible with the overall experience of being at TAFE positive and providing exposure to further study opportunities as a starting point or foundation to the adult learning environment or while transitioning into independence concurrently.

As an example, Simone drew on her experience of going to TAFE initially and learning how to write assignments and manage her responsibilities as she had just moved out of home. Finishing TAFE was a positive outcome, which gave her entry into university. While Simone enjoyed the transition into university, her life became challenging with contact with her biological family and resumed court proceedings with her father, resulting in him entering a correctional facility. As this was occurring concurrently with the university coursework, managing the academic demands was too much for Simone who deferred her study until things were more settled and she had increased support to re-engage with university load:

*I always wanted to be a youth counsellor however the university wasn't flexible with the assignments and while some deadlines were extended, they had no idea that I was giving*

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*evidence of what had occurred with my father and my family disowning me. I just couldn't finish the semester but they let me defer and I am planning to return. (Simone)*

*TAFE was a good pathway where I landed on my feet and was able to learn how to use a library and see how you learn in a post school in an adult learning environment. (Rebekah)*

Being able to defer and alter enrolment status is one area identified in maintaining a pathway into higher and further education. While admission to a full time status or into a particular course was chosen by participants (n=4) but completers and engagers identified the lack of flexibility in adjusting enrolments during the semester due to personal difficulties, causing two participants to cancel enrolment. Two other participants deferred as a direct result of dealing with post care issues. Participants identified difficulty with the university not understanding the challenges associated with exiting care. The challenge of identifying as a care leaver was thus a challenge. Understanding the nature of this identity and developing strategies to support such students would be required for universities to offer more flexible arrangements. Such strategies will be further outlined in the discussion chapter. Two participants explained the difficulties of sustaining the course:

*Here I was working 20- 30 hours a week to pay my rent and bills while studying full time. I considered dropping to part time or three subjects to enable me to work more hours but then my Austudy will drop and I lose either way. I had no one to support me and the books, stationary, computer and student fees add up. I knew it wasn't going to be cheap but the cost of independent living with going to university made university life difficult and not enjoyable at times. (Lucy)*

*I came here from school and it was such a big privilege to be here and no one knew my care background. People here such a good life and I have met some wonderful people. While I love university, I miss my younger siblings who are still in care and I struggle to pay the rent and have to work a lot. I did not know anyone here and it has taken a long time to adjust coming from school and my foster family. It does get difficult and you can't tell anyone here about the care experiences, some people do and they are very supportive but everyone has parents to support them and that can be tough as I feel alone and keep going to show my younger siblings what you can do from care. (Trudy)*

Melissa, Renee, Susan, Simone, Imogen and Trudy all moved into independent living either before commencing higher and further studies or for the purposes of relocating

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to engage in university. These experiences had a deep impact on the pathways available to people with a care background with managing both the academic demands concurrently with living independently.

Conversely, apart from Trudy who gained direct entry into university, going to TAFE provided an alternative in pursuing university completion. Participants described positive experiences at TAFE of developing social networks which provided exposure to alternative entry points into university and learning vital study skills. For instance, Lucy explained:

*I always wanted to go to university but thought it was out of my league as it was too expensive and you needed an Overall Position from school. Then I met someone who told me she was doing our course to get her into university and was saving to pay for it. Once I had heard this I was very interested in this pathway I did enjoy going to TAFE and thought I would not have been able to manage going straight into university as I had some major family issues at the time and may have failed and not finished if I had of applied directly.*  
(Lucy)

In summary, pathways need multiple entry and exit points as well as flexibility for re-engagement at later stages, depending on the circumstances following the care years. Flexibility in accessing these pathways is important as is awareness of all available options and increased flexibility for care leavers to counter the lack of preparedness and coexisting challenges associated with leaving out-of-home care

#### Section 4.7: Transition from care

Transition from care planning is designed to assist, guide and support young people to successfully leave care into independence, and is often done at the same time as leaving school and engaging in higher and further education.

Table 14 indicates the range of transition from care planning undertaken which supported education and includes a diverse range of planning which occurred.

**Table 14: Transitioning from out-of-home care**

Groups	Transition From Care Planning
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Group 1 Aspirers	<ul style="list-style-type: none"> <li>• Life Without Barriers Service engaged at age 15 and started a leaving care plan which included education</li> <li>• Flexible schooling program undertook education planning by goal setting and career planning</li> </ul>
Group 2 Engagers	<ul style="list-style-type: none"> <li>• Child Safety officer and grandparents supported fee payment while young person remained at home</li> <li>• School supported the scholarship application and entry</li> <li>• Carers provided emotional supported during relocation to university</li> </ul>
Group 3 Completers	<ul style="list-style-type: none"> <li>• Leaving Care Program was defunded with no formal leaving care plan in place</li> <li>• Very little identified with planning</li> <li>• An employer-provided accommodation</li> </ul>

### *Aspirers*

While this group were in the prime age of transitioning from out-of-home care, none had a formal leaving care plan. Despite this, all aspirers were optimistic about the future and were all indicating they were going to be living independently at the age of eighteen. Aspirers did not seem to be concerned about the dual processes of transitioning at the same period as enrolling and participating in TAFE. Aspirers were not concerned about the support they would need and if these would be available. They considered their opportunities of pursuing higher and further education as achievable although they also recognised a few barriers which might make it difficult. The constraints aspirers thought may be present included financial support and being able to afford rent and pay for TAFE expenses. Aspirers did not know what expenses would be involved apart from rent, and thought this could be overcome by working part-time. There were no other significant barriers to higher and further education identified by aspirers, despite some having older siblings who

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had progressed into higher and further education and the resulting level of exposure to what life could be like in managing that transition.

### *Engagers*

For this group, planning seemed to be done without coordination, if at all. When it was done, the focus was on accommodation and practical support with independent living rather than education. All engagers and participants except Lynette were living independently one year after leaving care and described situations of desperation and a similar experience to the in-care periods as demonstrated below:

*I was couch surfing at age 17 and no one cared from the department. I could go back to the Flexi School where the teachers lobbied for a place to stay and CREATE wrote to the minister's office to get me a washing machine. My family were disruptive and I lived in refuges to escape my father. I was alone and had no idea that approaching 18, no one cared. I did have my mentor who stayed by my side who throughout never game up on education (Imogen)*

*At 17 no one cared. They just wanted to be ready to live independently and on your own. I went into Child Safety when I had just turned 18 and heard a man say I have left care so there is nothing they can do for me. There was no planning from the department. I had a carer who was sympathetic however she had many kids to look after and the support wasn't there although she wanted me to get an education still. I moved out at 17 and drifted while starting to study and had no one to support the transition. I look back now and wonder how I did it as it was hard to keep your head above water. I had friends who were all living at home and having cars bought for them and they had a great life. I worked and worked and very little help was in place. (Melissa)*

*I moved from place to place when I was in high school with carers changing all the time. The carer agency put me in respite for weekends where I wasn't allowed to take my computers and it was awful. After everything I had been through, I felt punished as I wasn't punching walls or doing anything like the other kids. Planning was something that they did without me and for me, certainly wasn't with me. If there was any planning, it was up to me, myself and I. (Simone)*

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Transitioning from out-of-home care without accommodation and support was a major constrainer for all engagers except for one who had enduring support with her kinship family. There was little preparation and planning which was routinely and systematically conducted, let alone including educational options. Only one participant, Stacey had an experience where education was planned for with support and featured as part of transitioning from care. Such support acts as a facilitator to higher and further education in the lead up to turning eighteen as identified by Lynette:

*I was at school and applied for TAFE and the welfare worker was great and she helped me to apply for TAFE and asked the Department to pay for the TAFE fees as my grandparents could not afford them. I was able to plan for this as I wasn't getting ready to move out even though at times I wanted to live independently but knew I wasn't going to be ready or be able to pay for that and go to TAFE. The department paid for two years of TAFE fees but I had to pass or pay the money back. (Lynette)*

The above quote highlights that if planning is done well and includes education when transition from care, then it can be a facilitating factor.

### *Completers*

None of the completers identified adequacy in transition from care planning which featured education. All completers reflected and gave examples of themselves having to take charge of their transitioning and making it happen without much support or planning around. An example of this included going to open days and signing up with the paperwork to apply and attending orientation events in a facility where they had never been before. All talked about how hard this was particularly when their peers were at home and had parents assisting. Nevertheless, they tried to remain focussed on education. Four participants had finished school and had moved into independent living both within a short period of time. Lucy graduated from high school, moved into independent living away to attend university and left the foster family. Melissa was living independently two months before she finished high school in a granny flat and enrolled in TAFE within a month of finishing school, with little assistance from anyone. This was common for engagers and completers with

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transitioning out-of-home care, finishing school and starting in higher and further education within close proximity to each event. This was very common amongst completers who were able to cite very little transition from care preparation or planning, let alone education support at this time.

### *Significance for all participants*

As can be seen, for the majority of engagers and completers, transitioning from care was a significant challenge and constrainer in pursuing their education goals. Being concerned about washing clothes, having a roof over their head and moving frequently is not conducive to schooling education or planning for higher and further education. In contrast, with good planning and support, one participant was able to concentrate on her studies, stay focussed on her education plans and had the support from her family and welfare department in providing every opportunity to engage and transition out of the care system successfully.

A formal Transition from care plan was not done formally with any of the completers or engagers. One (n=1) aspirer had commenced leaving care planning with a dedicated leaving care service, while one engager had the support of a child safety officer who supported her TAFE fees being funded while remaining with her kin carers. For most, leaving care occurred in the absence of any formalised leaving care plans or after care support. Leaving care was described as steep, fast and often with no one around. Planning to leave occurred with discussions about accessing files and moving into independent living however, this was not coupled with formal support and many participants described situations of feeling ‘dumped’, ‘abandoned’ and ‘on their own’ well before leaving care. These feelings most certainly heightened after turning eighteen.

Formal planning which addressed accommodation, health, education and leaving care aspects was an area neglected for the majority. Navigating through the journey of preparing to leave care was seen as steep and hazardous for the majority of engagers and completers (n=8). While there is emerging evidence that the aspirers have access to a formal transition from care service, it was an exception. Experiences of trying to source accommodation, access education and manage the pre-care years with contact

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with biological families all occurring without adequate supports or planning was a significant constrainer.

Planning that was sequential, formalised and involved the participant was lacking. The planning that did occur seemed to be in response to the immediate needs of accommodation borne out of a crisis situation, as exemplified below:

*I was told I had a conduct disorder and mental health couldn't do anything, child safety did not do anything and I was moved from youth shelter to youth shelter. In preparing to leave care the only information I got was how to access my files and that was it. I had so many caseworkers no one knew me or what to do. My existence became going from place to place and being homeless with my dreams of education their still. Once I did get into a share house, I was able to leave care and then start having stability, but it was not with any help.*  
(Renee)

*Once I turned 16, the department wiped their hands of me. They did not care and never returned my calls yet they sent me a letter when I was eighteen congratulating me for being out of care. What a joke to be congratulated after they did not help at all. They relied on my carers for supporting me and while they were wonderful, they did not know about what was out there to hope and how to manage in the world out there.* (Susan)

These experiences were in contrast with one care leaver (Stacey) who described her experience as very supportive as she had a worker who seemed to understand her plight:

*I had a good young worker and she asked how I was going. She cared for me. She rang up to see how I was going and I felt she was supportive. While my Nan and her talked, I felt that between them and the school, I had supports behind me that supported my transition.*  
(Lynette)

Preparation and coordinated efforts were not identified by any engager or completer (except for Lynette who remained with her grandparents) with all finding preparing to leave care as lacking in support. For the majority (n=8/9), they felt that the lack of planning was a significant challenge when time to leave care arrived which was

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strongly attributed to making their educational pursuits even more difficult. All cited that if there had been better planning and preparation, moving into independent living and studying would have been easier and sustainable. This served as a significant constraining factor where trying to engage in higher and further education alongside finding somewhere to live, negotiating contact with biological family members and having limited financial resources all at the same time. In the absence of a plan or support to plan, transition from care was difficult and at times compromised educational engagement and attainment.

The experience of many of the participants was very little support was instituted as participants were preparing to or transitioning out- of-home care. There were many aspects including lack of practical preparation, emotional readiness, financial resources and preparation for the actual exit point which resulted in significant hardship for participants. As all participants except one was living independently within a year, skill acquisition, financial resourcing and readiness to cope with the demands of being independent and for some (n=6) managing contact with biological family members, were all additional stressors. All (n=9) identified significant opportunities missed due to lack of preparation for the event of leaving care. For Lynette, she still described 'leaving care' as a significant part of her life as she had to face the reality that her mother was not going to be there and one day she would be on her own as she was suffering a palliative condition.

The results indicate afterthoughts from those who experienced significant hardship in their lack of preparedness in leaving care. This cohort of care leavers were not a group of elite leavers who had an abundance of support around them and were destined as high achievers. In spite of not having a high degree of support, overcoming disadvantage was achieved with more support required as identified by those who overcame adversity. There is considerable opportunity to remediate what occurred for these participants and better support the next generation of care leavers and more importantly, develop and sustain successful engagement in higher and further education.

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One dedicated leaving care service was involved with an aspirer in supporting a range of activities including connections with biological and foster families, obtaining a learner's permit and learning to drive, budgeting, and accessing education. While this is important, education needs to feature rather than overlook the practical or immediate needs such as accommodation, living expenses, accessing case files and managing on your own.

*They were very keen to discuss where I would be living and focus on getting possessions together to support me and apply for public housing. I did not have much opportunity to talk about my education as I was already in a flexible schooling program which I wasn't attending and I thought I my living arrangements were the priority. We went around and applied for all of these houses and this became the important issue. It was my sister who kept on about going to TAFE and secured the funding to do so, however they did help me find somewhere to live so I could go to TAFE. (Sally)*

In summary, transition from care planning is an important facilitating factor in supporting higher and further education attainment. In the absence of quality planning, care leavers are subject to concurrent experiences of transitioning into independent living while navigating as adults often without enduring support to ensure educational pursuits remain that. Where there was planning, it seemed to be undertaken and supported by a select few including teachers, mentors, youth workers, carers and, for one participant, a child safety worker. This support stood out as a significant and resounding feature of having better preparedness for higher and further education.

#### Section 4.8: After care supports

While leaving care is described as an event marked by turning eighteen, participants described this occurring much earlier on (n= 6/8 for both engagers and completers), that is, where there was an expectation participants would transition out irrespective of their financial capacity and ongoing need. This was summarised by Melissa:

*Once you reached 16, no one kept in contact with you to make sure you were doing ok, let alone plan or support you. It was up to you and you had to make it on your own or not at*

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*all. Being in care was that. In care and lucky if you had someone who cared but it was your responsibility to look after yourself. Not much different to being in care really.*

As aspirers had yet to transition out of care, I will report results for engagers and completers together and as one group.

After Care support for aspirers and completers were identified as important facilitating and constraining factors which include:

- 1) Having enduring accommodation*
- 2) Access to Financial support in managing academic and accommodation expenses*
- 3) Managing contact with biological families*
- 4) Managing the academic demands*

These domains were identified as significant in managing the transition into independence but also pursuing higher and further education attainment. Participants described experiences after care as difficult, isolating and having less than ideal conditions for progressing higher and further education. A majority (n=8/9) had little preparation, planning and after care support in the lead up to transitioning from care. After care was more difficult with even less support coupled with unfavourable experiences of periods of homelessness, poverty, transiency, limited access to any after care services with an exception who had the option of remaining supported by her carers or a significant person upon turning eighteen.

### *Engagers and Completers*

#### *1. Somewhere to live while studying*

Turning eighteen was a transition point for participants and a time where concurrently participants were engaging in higher and further education. Imogen summarises her experience which was mirrored by many participants; she received a letter congratulating her from exiting care which was followed with an abrupt end to any support or concern for her wellbeing. This was a common experience of ‘feeling’ abandoned by child safety services and the lack of support after turning eighteen. Couch surfing, homelessness, nowhere to live and transiency was also a common experience for participants. Difficulties in securing, ongoing and affordable accommodation were a significant constrainer in pursuing higher and further

education. Conversely, the one participant who had enduring accommodation with kinship carers outlined the importance of having safe and secure accommodation as a facilitator while trying to learn about going to TAFE. Participants described a high volume of experiences of having to source accommodation, locate alternative accommodation when the cost was too high or moving to be closer to the location of study to reduce travel and expenses. Having secure and ongoing housing was a significant factor in pursuing and maintaining enrolment in higher and further education. A summary of data below indicates the diverse journeys of leaving care (N=8/9, except for Lynette who remained with her kinship carers) into independent living within a year of leaving care. This is particularly concerning for the aspirers who all believed their accommodation would be available and not be a barrier to engaging in higher and further education.

**Table 15: Accommodation Expenses**

<b>Group</b>	<b>Accommodation</b>
Aspirer	<ul style="list-style-type: none"> <li>• Living with foster sister , planning to move out upon turning eighteen into public housing</li> <li>• Living with foster carer and planning to live with sister upon turning eighteen</li> <li>• Living independently at age sixteen and moved three times since leaving carers</li> <li>• Living in youth accommodation</li> </ul>
Engager	<ul style="list-style-type: none"> <li>• Remained with kin carers</li> <li>• Moved into youth accommodation then homeless and couch surfed until public housing</li> <li>• Moved into private rental with relocating , to attend university from a regional area</li> <li>• Moved around significantly in and out of youth accommodation and now rents a room in private rental</li> </ul>
Completer	<ul style="list-style-type: none"> <li>• Moved into share accommodation and moved three times in first year</li> <li>• Moved into employer funded accommodation while training</li> <li>• Moved in and out of youth accommodation then private rental</li> </ul>

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	<ul style="list-style-type: none"><li>• Moved into public housing then private rental</li></ul>
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Having somewhere safe and affordable to live was something many participants yearned for while studying. Moving was undertaken frequently while studying for many except two participants who resided in kin carers or staff quarters, with all other participants citing cost and moving closer to where they were studying as reasons for moving. Another reason expressed in relocating was attributed to avoiding biological parents or going to a particular campus. Relocating was seen as something unavoidable in all cases. Where there was accommodation in youth shelters (n=4), these were time limited and not conducive to study arrangements, that is, being quiet or resourced with computers or desk spaces. This was common for the four participants who indicated there was an expectation that they were out each day with no youth workers there during the day. This was not conducive to studying or completing assignments as it was expected they would be at TAFE or university all day which is not the case. The following quotes highlight the experiences once leaving out-of-home care and trying to engage in or complete higher and further education:

*There was a night watch person there but they hadn't been to university so did not understand the demands or requirements. It was noisy, people wanted to fight and there was no computer let alone space to study. You had abed and if you complained you were seen as a trouble maker. No one was there to support any education. I couldn't stay there even if I was allowed to. It was a three month maximum stay and it was awful. (Imogen)*

*The staff were nice but not encouraging and it was always somewhere for a short time, certainly not where you would call home. (Simone)*

Moving closer to the study campus was also a reason for relocating cited by participants. Trudy identified a significant sacrifice in moving away from her foster carers and siblings:

*I had to move almost 800 kilometres away. When I got there the rent was very expensive and I had to work long hours in the bakery to pay for this. I had friends who were living on*

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*campus with all their meals and accommodation paid for on campus and they had a wonderful life. I had to go home and cook my meals where they went home in their lunch breaks and had a great service and buffet style food. I always envied them as they were supported and I felt someone was looking after them. I would have given anything to live on campus and have someone help me in that way. (Trudy)*

Others also concurred that living arrangements had an impact on their studies and wished for different options:

*I had friends who went home on campus in the study breaks and ate their meals. They could study whenever they wanted and go to the library without the stress of getting there. Living on campus would have been a dream. Having someone to look out for you and staying on campus would have made life so much easier. (Imogen)*

*I had a foster cousin who lived in the residential. This was indulgent with all your meals done and somewhere to sleep and do your laundry on campus so you can study and get all your resources at hand. When I asked how much it was, that idea came to a grounding halt. I remember the bus going past and just dreaming of how much easier it would have been to live there. I was always envying the students who lived on campus. (Susan)*

Student accommodation was not easy to locate or find. Accommodation was a significant barrier in being able to sustain studies with participants trying to locate more affordable and enduring accommodation with limited options that supported their studies was within their means and avoided excessive travel. Accommodation close to the campuses were seen as much more expensive and not attainable without excessive crowding which two participants identified as good short term options. However, these options would not work in the long term as people moved in and out all the time, had partners stay over and the lease was always being reviewed. Having to supplement student allowances to sustain independent living was a common challenge (n=8/9) with many working casual jobs with substantial hours in an effort to maintain rents and funding the education costs.

Having secure and stable accommodation after leaving out-of-home care was viewed by participants as important. Firstly, for the participants who had experienced

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enduring accommodation either in kinship family or had located a more stable rental accommodation, the focus on education remained without the worry or time required to source and organise accommodation. Secondly, where there was a need to relocate, this was expensive, disruptive and was synonymous with the often in-care experiences of moving frequently and not having stable and supportive accommodation. This detracted from time away from study as well as making it difficult to plan and organise daily life. Thus, relocating, unaffordable, inadequate and unstable accommodation can be viewed as a constrainer to pursuing higher and further education after care. Evidence of homelessness, frequent moves and financial stress were evident in many engagers and completers which placed them at a significant risk of deferment, exclusion and withdrawal of study for some.

## *2. Financial Support*

Educational expenses were a significant constrainer for all participants who were residing out of home (8/9). Aspirers had some reservations but were optimistic about the options and fee deferment plans that could be instituted upon engaging in higher and further education. Perhaps what was less known or predictable for the aspirers were the associated costs to accessing education, coupled with funding independent living which all contributed as a significant barrier. Despite all participants receiving government assistance to study, they identified the range of costs which hindered the capacity to support full-time studies with (n=4) opting out to study part-time for a period of time or to work full-time before commencing study as a buffer to prepare for the cost of studying. Costs such as student fees, books, stationery, computer and specific course equipment were significant barriers to maintaining the study, as explained below:

*When you have no roof over your head, a textbook isn't going to save you from being homeless. Uni is a sink or swim place and everyone assumes you have a great family. I needed a laptop or a computer for the basic essentials and had no way of affording this.*  
(Imogen)

*I had to work 30 hours a week just to pay for the rent and textbooks. Law textbooks are \$180 each and you can't not have this as it's a course requirement with older versions not*

*accepted. I worked in a bakery which was good with getting some of my food, but going to university is expensive and I have had to make choices and at times live with no money and food to pay for uni. No one knows here what it would be like as they are all very privileged here with good families. I have not eaten a lot of meals at times so I can stay here. (Trudy)*

*I had to work 30-40 hours a week on top of my study and at times was broke and lived week to week most times. I had no computer and had to stay in the computer lab until all hours of the morning so I could finish the assignments. I don't know how I did it. (Susan)*

The experience of being impoverished while in higher and further education was common among participants. While student life is known to be coupled with low incomes, these participants described more than low income status and lived through some very difficult periods including the following outcomes:

**Table 16: Financial difficulties experienced**

Participants	Experience
Engagers	<ul style="list-style-type: none"> <li>• Homelessness through periods and living in refuges and having no money</li> <li>• Giving money to family and going without while at university</li> <li>• Going without meals to remain at university</li> <li>• Working 30 hours a week to pay the rent while at university</li> <li>• Reducing study enrolment from full time to part time while saving money (X2)</li> </ul>
Completers	<ul style="list-style-type: none"> <li>• Working 20-30 hours a week while in higher and further education (x3)</li> <li>• Living in suboptimal conditions including overcrowded accommodation</li> <li>• Returning to partner's home where there had been domestic violence as a means of paying for accommodation and studying</li> <li>• Going to the 24 hour computer laboratory at night (10-</li> </ul>

	<p>6am) while working during the day, in order to complete assignments</p> <ul style="list-style-type: none"> <li>• Working two jobs in addition to full-time study</li> <li>• Working full-time for a year before commencing study to pay for essential items</li> <li>• Going without food to pay for study expenses</li> </ul>
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The above captures the poignant experiences of those who have been in care and how participants balanced the financial demands of living independently and studying. Some had to choose basic essentials such as food to cover expenses such as textbooks or living in impoverished conditions or putting safety at risk to complete assignments and keep up with the academic load. While scholarships can be seen as a mechanism for facilitating increased participation, they do not account for all the additional and extra expenses particularly with courses that are more expensive such as law. For Trudy who received a scholarship, these funds did not include accommodation, day-to-day expenses or study costs and she had significant difficulties in managing financially despite receiving some assistance.

Lynette who remained with her kin carers identified that she would not have been able to go to TAFE unless there were two things in place: the department funding the TAFE fees for two years upon successful completion and remaining with her carers after leaving care and while studying. Lynette identified that learning was a demand in itself, let alone having to find accommodation and support herself. This indicates that in the absence of financial support, care leavers will continue to be disadvantaged further as students in higher and further education. Financial assistance is a strategy requiring significant consideration for this group with a variety of options including bursaries, residential access and remaining with carers as areas of improvement noted by this group.

### *3. Managing contact with biological family and aftermath of pre-care experiences*

Other factors which were less common included managing contact with biological families both while still in out-of-home care and after leaving. Some participants

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believed they were unprepared for contact with their biological families and shared experiences which suggested contact made leaving care more difficult and their educational pursuits even more so. Half of the engagers and completers indicated that contact with biological family made being in higher and further education very difficult. These quotes summarise these experiences which were diverse and included different degrees of difficulty with maintaining contact and for others eliminating contact:

*I had my younger siblings still in care that I wanted to keep in contact with and some of them lived with my former carer. This was ok but my other siblings who were with my mother still and interstate, I couldn't have contact with them regularly as it meant my mother and her family would be difficult and it was all just too much. I would have rather not known my biological parents as it was very hard. (Trudy)*

*I had my dad contact me after many years and it threw me into chaos. I had to go into hiding and seek refuges from his domestic violence ways. This was a major setback and disrupted my studies and I had to withdraw and re-enrol when things had settled down. (Imogen)*

*I had my mother and grandmother approach me after I left care after years of disowning me for telling the police what my father had done. Even after he was imprisoned they still supported him and just because I had left care they thought they could come back into my life. This was very hard and when my grandmother was dying they all thought we could just move on. This was not the case. I couldn't forget what had happened, yet I was so lonely and on my own, I had no one to turn to for help. (Simone)*

*After years of on and off contact, I wanted contact and it worked for a while but then the old issues resurfaced and my parent just wouldn't take responsibility and be a better parent. I had a major setback for a while but then after finishing my education, I learnt to stand on my own feet and accept my care background and try to avoid contact again. (Susan)*

Managing contact with birth families was viewed as something that was problematic for all engagers and completers (n=9) irrespective of what had occurred or the nature of relationship between participants and their families. No participant identified a

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positive situation where reunification, contact or ongoing communication was a positive force in leaving care or education journeys. Participants identified a range of reasons they believed contact or re-engagement with birth families being difficult, with many citing support to help them understand and even communicate with birth families would have made this transition easier and allowed an improved understanding of what occurred so participants could adjust to leaving care with support around them. Participants identified having contact with birth families made the transition out of care more difficult and intolerable at times while coming to terms with why they had been in care and for some, reading their family history and child safety files was a landmark set back in whether they would continue in higher and further education. For instance, Simone explained:

*I was trying to do my assignments while thinking about why my parents had done what they had and how am I going to get on with my life on my own. I look around at university and could see people happy whereas I struggled and had to fight to stay on track in dealing with the care years. (Simone)*

*No one cared, once you were eighteen no one wanted to know you, let alone assist with the whole care thing. At times you felt liberated by the department not being your guardians then you would then think I have no one to help me and all the other students don't have these worries. Trying to study when you come out of care was very hard and if I had of had parents and been able to stay with them and have their support, it would have changed things substantially (Lucy)*

Coming to terms with the pre-care and in-care experiences and relationships with biological families was a difficult encounter amongst engagers and completers. While the nature of entering care was varied, participants described situations of abuse, neglect, parental misuse of alcohol resulting in palliative conditions with birth parents, acceptance of abuse from parents, ongoing abuse and situations where younger siblings were involved. These past circumstances made the current situations difficult in terms of having contact. Whether it was self-initiated or parental initiated or siblings who had returned, managing this contact was seen as a constraining factor in education, without the availability of support to understand and manage this contact. Contact was re-engaged for purposes of eliciting money, denying abuse,

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reconciling relationships and even in court cases for pre-care experiences which occurred after leaving care. Without support to navigate around these complex issues, it was seen as difficult, distracting and for some, a major setback in progressing their educational pursuits. All participants identified support to manage contact as overwhelmingly failing, with many left to 'fend' for themselves with perpetrators and situations of remembering neglect and abuse with families who had been subject to significant disadvantage and poverty.

#### *4. Managing Academic Demands*

Managing academic demands was a challenge for the majority of engagers and completers (n=7/9). In addition to accommodation and financial issues, transitioning into an adult learning environment was a major challenge and indeed, a significant leap for most (except one who had direct entry). While this could be the case for their peers, participants endured significant disruptions and difficulties in the schooling years which left them ill-prepared for the demands of higher and further education. Learning to write assignments, completing work to a standard expected in university took perseverance for some but not all were able to persevere (n=7/9). The lack of preparation and exposure to tertiary education environments and demands was striking. Writing assignments and doing presentations beyond schooling required a different level of skill and capability. Schools play an important role in supporting and preparing students for higher and further education with graduated opportunities lacking for participants. Most described experiences of having to learn very quickly or expect failure. Participants described situations where they felt thrust into a world where it was 'sink or swim'. There was also a perception that university was for the elite or smart people and it had its own culture to assume. This is evidenced by the following statements made by participants:

*Uni is a sink or swim place. I needed to learn the Uni language. I had assignments due and I struggled with learning to write what was required. (Imogen)*

*At university I needed tutoring support to understand the assessments and how to approach them. I had not learnt to do that and had a break from school then went to TAFE then worked before I went to university. It had been a while since writing an assignment and at*

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*the university level; I had no idea and just worked really hard and got better each semester. It was hard though as I felt I had to teach myself what to do and it wasn't until I made friends and I had study groups that I learnt and mastered the assessments. (Trudy)*

*I changed universities as things were really bad when I was in the first one. My family were causing a lot of difficulty and I had asked for extensions and for some it was granted but in the end the university was not very supportive. I dropped out and then had to start again and tried somewhere different and that seemed to be better when things settled down. I still struggle with the load still but it's getting easier. (Melissa)*

Being able to manage the academic demands when having absences from study, past schooling difficulties, and concurrent family difficulties were highlighted by some participants as key challenges. Other participants described situations where they had gained experience and confidence through alternative pathways with TAFE (n=5) however, they still identified going to university as a significant change in academic requirements and meeting the levels to pass was something participants had to work hard to achieve. They found that university requirements were high and the volume of work, including the readings, study, assignments and preparing for exams required a high degree of motivation and enlistment of support. Academic support was not routinely provided or available or something participants accessed in university. Participants who went to TAFE identified this was easier and provided some preparation before going into university.

Support included teachers spending time with the student providing feedback on what was required or on a piece of assessment marked, as well as a significant reliance on peers who were studying with the participant which was viewed as positive. For all participants in groups two and three, gaining confidence over time was observed with their academic abilities and managing the demands. All participants identified strategies which would have aided their early days of higher and further education and included access to tutors, preparation in assessment requirements, academic writing courses, time management training and visiting university before actually enrolling to familiarise themselves and understand university life and what was available.

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## Section 4.9: Conclusion

In this chapter results reveal there were many factors which served to both constrain and facilitate higher and further education. While participants had varied experiences throughout their lives, commonalities were evident with having someone who paid an interest in education and spoke about the value of education as a facilitator. Having someone around you showing educational optimism and participants having optimism about their education was a facilitating factor. This included someone being positive about education, having a conversation about educational opportunities and the future. Participants also identified that for themselves, having an optimistic approach toward their education was something that contributed as a facilitator to higher and further education. In contrast where there was not optimism where people showed a lack of positive encouragement or did not demonstrate optimism, this acted as a constrainer to young people developing educational opportunities and believing that they could succeed educationally.

Another facilitator was the existence of flexible pathways into higher and further education. Transition from care planning and support was both a facilitator (where good planning and support in the lead up to transition was present) and constrainer (where planning and support were lacking or limited). The results also show that the provision of support after leaving out-of-home care is a facilitator however its value depends on the existence of the degree of support. Academic support, support to manage contact with biological families and coming to terms with being in out-of-home care as well as the practical accommodation and financial support were all constraining factors where this support was lacking or limited. Where there was evidence this support existed, it improved opportunities to remain in higher and further education.

Another facilitating factor was the educational endurance. The ability of participants to manage both the transition from out-of-home care into independence alongside higher and further education engagement required endurance. This endurance also extends into subsequent period where education enrolment may be interrupted or

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temporarily change. Endurance was identified as a facilitator which enabled sustained education focus and an ability to withstand the difficulties of both transitioning into independence and higher and further education amid coming to terms with the challenges associated with being in out-of-home care.

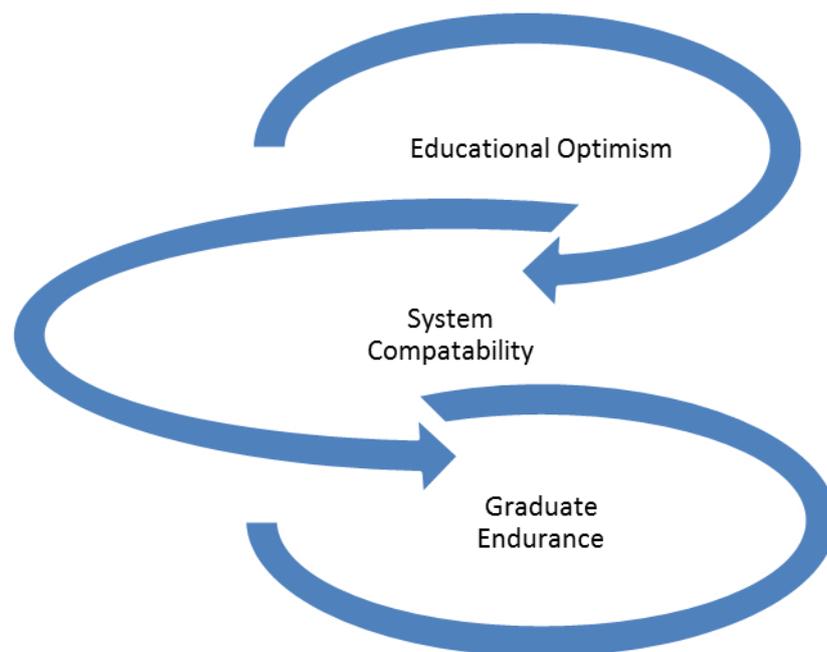
Clearly, there are factors which serve to both facilitate and constrain engagement in higher and further education. In the next chapter a detailed discussion on these themes and how they relate to the literature and answering the research question is provided.



### Section 5.1: Introduction

This chapter contains the discussion of the results using systems theory as a framework. In answering the research aim, there are three factors that stand out as crucial to educational success both as facilitators and constrainers to higher and further education attainment. These are system compatibility, optimism and graduate endurance. Where system compatibility does not exist, it shows as a constraining factor for higher and further education attainment. Educational optimism has been outlined as a concept as a facilitating factor in the meso and micro level. Graduate endurance has been included as a way of building theory at a micro level, as a quality that participants used in managing successful engagement and completion of higher and further education. These three factors as shown in Figure two are used both in the discussion and conclusion chapters to illustrate the three major themes developed in this study.

**Figure 2: The three essentials for higher and further education attainment**



*System Compatability (Meso)*

The literature review identified education attainment for children and young people in out-of-home care is influenced by the role of the welfare and education system. In this section the system influences are outlined using the results and show how the system operates as a constrictor and facilitator of higher and further education for children and young people in out-of-home care. This will identify what system compatibility is and how it worked or did not with incompatibility as a constrictor. Evidence of how the system operated and how this relates to the literature is evaluated against the aim. In recognition of this, the term system compatibility is used to describe what these factors are and how they relate to the research aim.

System compatibility refers to firstly to welfare and care system. A system is defined as a complex whole formed from related parts. Compatibility is defined as harmonious, able to exist and work together without conflict, consistent, able to be used together and pollinate together. This concept of the welfare and education systems and how compatible they are in supporting education attainment was a facilitating factor. To illustrate what is meant by the welfare and education system and who is involved, Table 17 provides a summary. These system elements and why compatibility is important to education attainment of those in out-of-home care.

**Table 17: System facilitators**

<b>System</b>	<b>Welfare /Care</b>	<b>Education</b>
<b>Meso</b>	<ul style="list-style-type: none"> <li>• Welfare workers</li> <li>• Foster Carers</li> <li>• Mentors</li> <li>• Youth workers/advocates</li> </ul>	<ul style="list-style-type: none"> <li>• Teachers</li> <li>• Educational staff</li> <li>• Schools/ Flexible education programs and pathways</li> </ul>
<b>Macro</b>	<ul style="list-style-type: none"> <li>• After Care supports</li> <li>• Leaving care policies, legislation</li> </ul>	<ul style="list-style-type: none"> <li>• Education Planning ESP</li> <li>• Scholarships</li> <li>• Higher and further education support children and young people with care backgrounds</li> </ul>

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## Section 5.2: Systems compatibility

### *Macro level*

At the macro level in Queensland (where the study was undertaken), the Department of Communities, Child Safety and Disability Services includes Child Safety, with the Department of Education a separate department covering, TAFE colleges and the Queensland Tertiary Admissions Centre. Both agencies espouse a commitment to the education of children and young people in out-of-home care in the adoption of Personal Education Support Plans and working together. At a Commonwealth level, the States have committed to the implementation of the Commonwealth of Australian Governments, National Framework for Protecting Australia Children and have introduced the Transition to Independence Allowance as outlined in the literature review. There is State legislation, a National Framework being developed and an allowance of \$1,500 made available. Higher and further education facilities outside of TAFE are funded by the Commonwealth Government and provide some assistance with scholarships for disadvantaged youth such as equity scholarships. Each university is managed independently and the primary entry pathways are conducted through the Queensland Tertiary Admissions Centre for the majority of courses. How this is operationalized is in the meso level which is now discussed.

### *Meso level*

At a local level, the welfare system has regional and local area offices that oversee the implementation of child protection orders and undertake the role of the state in managing guardianship and child protection. Child Safety employs welfare practitioners who undertake this function. This may or may not be qualified social workers. The carer forms part of this system in the provision of alternative care. Carers can be employed directly from Child Safety or non-government agencies such as Anglicare who undertake this function under a contractual arrangement with Child Safety. Carers can also be assessed as kinship carers in providing alternative care to family members. As part of a wider welfare system there are advocacy and support agencies such as youth services, legal support, housing, and financial services which are funded and governed by various government and non-government providers.

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The education system has regions and is responsible for the public administration of public schools at a local level for primary and secondary schools. Teachers, support and administration staff are employed by schools to deliver education services. The higher and further education institution has teaching staff at both TAFE and universities. Access to welfare services such as counselling and career advisory services on campus with accommodation services exist in some universities and TAFE colleges.

There are many parts which make up the care and education system. How they work together and influence education has been shown both in the literature and this study. Improving educational outcomes requires a systems perspective that views the child situated within a broad ecological framework that includes the caregiver, family, school child welfare system and the broader community (Dill, Flynn & Hollingshead, 2012). A commitment to better education outcomes as corporate parents, working together collaboratively in prioritising education through planning and decision making, using strategies such as those considered within a sociological framework and providing enduring support to create sustainable educational attainment for this group are the focus of this chapter. These are now discussed in detail.

### Section 5.3: Commitment to education as corporate parents

It has been observed in Australia that there is a lack of commitment to the concept of corporate parenting, with a whole of government approach in meeting the needs of children in out-of-home care. To remedy this requires collective responsibility to support the physical, psychological health and education of children in its care (Cashmore, et al., 2007). While both Australia and United Kingdom have different legislative frameworks, both countries have failed to provide the range of in-care, transitional and post-care supports and services required to ensure improved outcomes (Mendes & Moslehuddin, 2004). At a macro level, researchers are identifying a need for a fundamental shift in official attitudes and assumptions about what children in care have a right to expect from the state as a parent. Changes have occurred in United Kingdom the however with caution that it has taken over twenty years to achieve and a concern that it should not take another twenty years before this

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is reflected in practice (Jackson, 2007). Changes have progressed in the United States with the introduction of legislative support for education which has improved college enrolment numbers of those in out-of-home care. What is still required is support for non-financial needs such as academic support, housing affordability and social and emotional support which require changes in policy and practice (Dworsky & Courtney, 2010). These socio-political issues and paradigms require greater attention and consideration in improving the education achievement of young people in out-of-home care (Dill, Flynn & Hollingshead, 2012). Even those who argue the care system alone is not inherently damaging to education, still identify there should not be complacency or acceptance that the current standards of the care system are adequate (Berridge, 2012).

All three countries do not have comprehensive system responses to support the needs of those in out-of-home care. This is consistent with this study with the macro system having constrained many of the participants' pursuit of higher and further education as a structural disadvantage to education. Experiences of this structural disadvantage were prominent as a constraining factor for the majority of participants. Many of the participants described situations where they had no formal supports during and after leaving out-of-home care. Support which was present was derived from kinship family or through the good will of informal relationships which had developed. For the majority of participants there was little facilitation at a macro level to support the pursuit of higher and further education. Where there was support from within a kinship family arrangement, there appeared to be increased supports from the welfare system in the provision of financial aid and planning for education after leaving out-of-home care. While this was limited to one participant experience, it demonstrated parallels to the United States and United Kingdom in the provision of financial aid and ongoing support at a macro level which facilitated positive engagement and aided completion of higher and further education.

The welfare system offered very little response to participants transitioning from out-of-home care or beyond. In Australia, there have been variable changes in legislation to extend the support provisions beyond the age of eighteen for example in Queensland, the leaving care age remains at eighteen with discretionary assistance after this period. It has been identified the state as a parent should be seeking to

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approximate the support that a typical parent in the community provides to young people leaving out-of-home care up until the age of twenty-five (Mendes & Moslehuddin, 2007). All engagers and completers except Lynette were living independently by the age of nineteen. Experiences of homelessness, isolation, poverty along with no family support was common among engagers and completers. Finding somewhere to live, trying to pay for food and rent were significant challenges while managing the often simultaneous task of enrolling and funding higher and further education.

As identified in the literature review chapter, support from the system operates in a way that is in stark contrast to parents who provide support to most young people who remain in the family home to their mid-twenties, while at the same time engaging in higher and further education. It was recognised in the literature that the United States has adopted Extended Care and Maintenance models with extending the provisions of support until at least twenty-one for children and young people in higher and further education. United Kingdom has also started to introduce extended care models and supporting young people leaving out-of-home care longer. There was evidence that the aspirers were engaged with a dedicated leaving care service, however this participant identified an emphasis on becoming independent over supporting education aspirations or planning. Despite a commitment by the States to introduce a national approach to child protection including transitioning from out-of-home care and an election commitment from the Liberal Government to better supporting those who are leaving out-of-home care, there is yet to be changes in the macro systems in supporting the transition from out-of-home care or after care including education. What was common among engagers and completers were the experiences of managing the transition from out-of-home care into independent living while concurrently managing the transition into higher and further education. As these two situations coincide with each other, it was a major barrier in progressing and maintaining engagement in higher and further education. A key factor in the literature has been young people leaving out-of-home care do not have a safety net to which young people can return home over a considerable period of time with the continuation of social, practical, emotional and financial support (Mendes & Moslehuddin, 2004). The State failed to adequately support these young people in the

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lead up to the transition in leaving out-of-home care. This failure extends further into providing support once having left out-of-home care and while there were trying to engage in higher and further education and establish themselves in higher and further education. Similar experiences from those in out-of-care in the United States where without legislation and policy to support beyond the age of eighteen, care leavers who lost access to all the services and support that made it possible for them to pursue their education goals and addressing base needs including the need for housing was a barrier to obtaining higher and further education (Dworsky & Courtney, 2010). This study was consistent with other findings which indicate while those in out-of-home care may be academically successful they may be vulnerable in other areas which include presence of financial difficulty psychological distress with an inability to access health care and services ( Merdinger, et al. 2005; Samuels & Pyrcce, 2008).

At a macro level, the education system introduced the Individual Education Support Plans with education as the lead agency as identified in the literature review. While Queensland had introduced Education Support Plans, none of the participants, aspirers or engagers recalled having completed one or being involved in one. This was consistent with other findings where the evidence of doing Education Support Plans was variable (CREATE, 2006; Tilbury, 2010). It was accepted these were introduced after the completers had left school however not one participant had completed something that was indoctrinated at a policy level by both state departments. This demonstrated that for nine participants who had aspired to go onto higher and further education along with four who had left school and engaged in education did not have the opportunity to meet with teachers and welfare staff in discussing, planning, organising or facilitating plans or opportunities to pursue higher and further education. In 2010, working group comprising of a consortium of agencies was established in Queensland as a call for action to improve education participation, retention and attainment for children and young people in out-of-home care in Queensland with recommendations at a macro level including systematic evaluations of education support plans, establishment of a forum for policy coordination and program development and a centre of excellence for education for children in out-of-home care. Reporting on the Education Support Plans and

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evaluations may identify the system shortcomings with the translation from a macro level down to the meso level in its execution. Such evaluation and reporting on is yet to be agreed to by the government.

In pursuing higher and further education there was no facilitating factors in the form of scholarships, tuition waivers or reserved access for care leavers into higher and further education routinely provided by the State. Such measures are adopted in other countries such as the United States or United Kingdom. In pursuing higher and further education, there was one engager who experienced the support of a private school and university working together. A scholarship was made available by a private school and a private university as a partnership. This annual scholarship was awarded to Trudy who entered a law course. The allocation of a scholarship facilitated direct entry into university and provided a form of financial support. Financial supports such as the Education Training Voucher in the United States and the *By Degrees* financial assistance program in the United Kingdom has increased higher and further education participation rates children and young people who were in out-of-home care. The one case where a scholarship was provided proved to be very successful and act as a facilitator for higher and further education enrolment into law in a prestigious university. Such scholarship and dedicated education support can be a facilitating factor in education attainment as evidenced by this case. Confirmation that provisions such as scholarships, tuition waivers and dedicated placements for children and young people in out-of-home care in Queensland to support access into higher and further education are means to overcoming barriers to higher and further education access. The introduction of such policy and provisions could increase higher and further education attainment children and young people in out-of-home care.

Pathways into higher and further education which were accessible and flexible are important to those who access education. Cashmore, et al (2007) identified pathways to further education and training may be circuitous and take time and support to negotiate. Five pathways were identified as typical in higher and further education attainment across five countries in the YIPPEE research review (2012). Many young people in out-of-home care did not progress through a typical route through school in

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line with the age cohort rather, many repeating years, retaking courses, starting university later, starting with vocational pathways to university, and importantly ‘yo yo’ pathways which were described as enrolling and dropping out of courses, frequent change in direction (Jackson & Cameron, 2012, p 111. ). The schooling and higher and further education systems operate independently. There one exception in a private schooling arrangement that had a partnership as identified to provide a scholarship. While this was not a designated scholarship for someone from out-of-home care it did demonstrated a system which supported education attainment directly into higher and further education. All other participants used the route of vocational pathways leading to university for engagers and completers who went into university. Almost half the engagers and completers experienced consideration of withdrawing due to hardship with limited provisions for deferment or re-engagement strategies which supported retention or identification of the needs of this group being special or different to other university students. There was however two participants who finished a level three certificate at TAFE while still at school and who then went on to progress into a diploma level course at TAFE and then into university in the absence of an Overall Position usually required to meet university eligibility guidelines. Pathways into higher and further education need to be flexible and account for the needs of this group. At a macro level, policy and legislation could support this better as it is a constrainer and facilitator in supporting the educational needs of this group.

It became clear at a macro level there are both constraining and facilitating factors which influence higher and further education attainment. These include having legislation and policy in place to assume the role of a typical parent in extending the support to young people leaving out-of-home care and provide comprehensive support including emotional support, health and education supports akin what the typical parent provides into the age of the mid-twenties. Where there was financial support provided by the welfare service and a scholarship was allocated with direct entry, there was recognition that these are facilitating factors which support education engagement. Education departments have indoctrinated education planning measures however there was evidence that these had not been done nor has there been an evaluation or systematic reporting of these. Where there is evidence that education

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support plans were not done and where no underpinning oversight or reporting framework exists, systemic problems are highlighted. This demonstrates disconnect between the macro and micro systems which serve to directly impact on education attainment of those in out-of-home care in a constraining way.

What the results indicate is there was little evidence at a macro system education attainment was facilitated. This includes the limited support provided in the lead up to transitioning out of-home care and after participants had exited. The state expected these young people to co-manage the transition into higher and further education and out of the care system with little support from welfare, limited financial support at a state and national level and very limited support beyond turning eighteen. The policies which do exist on education planning are not evaluated or reported on. The state legislation is left to welfare offices to interpret with evidence that this is done well in some areas with care leavers having TAFE fees paid and in contrast another care leaver not having a washing machine. At a macro level there is very limited legislation or policy which supported these participants engage and maintain enrolment in higher and further education. This represents a significant system incompatibility where there were minimal factors which were underpinned by sound policy or legislation. Where there was evidence of facilitation, it was good fortune rather than good planning by the state in the example of the welfare officer who seemed to go the extra mile for Lynette and supporting her TAFE endeavours. For Trudy it wasn't the state that facilitated her education rather a private school and university with the support of her carers which among all there were compatible in facilitating her successful school completion and direct entry into university. The actions of those involved in the lives of children and young people in out-of-home care with policy options or discretionary legislation were used to facilitate access and encouragement to higher and further education. These are now discussed within a meso system to include the interactions and dynamics at this level and include a wider group involved with those in out-of-home care as shown in Table 17.

### *Meso*

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It has been recognised in the literature many young people have experienced inadequacies in state care including the constant shifts in placements, carers, schools and workers (Mendes & Moslehuddin, 2007). Understanding the ‘dyad’ between the welfare and education system in improving the quality and quantity has been proposed as a strategy for making the system work for young people in out-of-home care (Pecora, 2012). This part of the system is now discussed with reference to the meso level.

#### Section 5.4: Care and Welfare System - Meso

The relationships between school and child welfare have been identified as an ‘impervious’ barrier to educational progress with discord. This was identified in the literature and characterised by a lack of cooperation and mutual trust, with hostility between both and a lack of concern for or a commitment to the children in their care (Ferguson & Wolkov, 2012). Collaboration between child welfare systems and school systems has been well identified as a barrier to educational progress. In this study, identified experiences from participants highlighting lack of collaboration, planning and support for education from both included examples such as placement stability and continuity in schools. Simone described an experience where she was moving frequently and changing schools without anyone talking to her. At one point she recalled having to move schools as the next placement was too far to travel. This was a significant setback in her education as she was in the middle of exams, was on the student council and had felt this school was very supportive. The welfare agency and carer agencies did not seem to take the location of placement into consideration and this move was a barrier to continuity and progress in high school attainment. To make it worse, Simone had to go to a respite home every weekend and she wasn’t able to take her computer which meant she couldn’t do her assignments or be in a place where she was comfortable or familiar when studying on weekends. Placement changes, continuity of schooling and academic planning were not conducted well with any of the participants by the welfare and education system. Even Lynette stated she had to change schools when her kinship carers were no longer able to afford to keep her at the small catholic school she was attending. Placement and school changes were very frequent and were seen as disruptive in progressing school.

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Timing of changes and locations did not account for the young person's views or educational interests.

In this study, the average length of time in care was 12 years. On average, each participant had seven placement changes with one participant experiencing thirty five changes during this time. School changes were also experienced by participants with all changing primary schools and all except one changing high schools on average 4 times. The literature well identified the association between placement changes and the impact of schooling. It was identified that the more placements young people have the fewer years of high school they complete (Cashmore & Paxman, 1996). Moving placements and schools were occurred for all three groups, except for one participant. One aspirer, despite having a relatively stable home, was excluded from school and had to move to a flexible learning school. When her foster mother was unwell, she also had to change placements. Participants described the experiences of moving as feeling unprepared, often not knowing the change in placement or schools was going to occur until it was occurring and often having no one discuss or sit down with them to plan or consider their educational needs.

The literature identified an impact of placement and schooling instability on education. Specifically, when transfers occur at critical times in assessment periods there is a disregard for the timing or frequency of transfers, those in out-of-home care often miss large portions of the school year and experience problems with re-enrolment, lose academic credits and experience a general school disruption (Ferguson & Wolkow, 2012). However it was also identified not all young people in out-of-home care had educational adversity following school transfer and factors such as how well it was handled and what the original school experience was like (Berridge, et al. 2008). The way the system handled participants schooling and placement changes was not conducive in involving the young person or having continuity in their school. Imogen identified to me that she had more school uniforms than her normal clothes and just as she got settled she was told she was on the move again often in the middle of the school term. There were no meetings organised between welfare and the school with the young person to discuss any moves or changes, no consideration as to the impact of any change or education support plan

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conducted or transferred between schools from what participants said. Put simply, participants described many situations as welfare not talking to schools and schools not having any idea about their care status. An example of this was highlighted by Simone who indicated the school only realised she was in out-of-home care when the police turned up to interview her about my biological family.

For the majority of participants in this study the interactions and decisions made about education and placement was done on behalf of the young person without involving them or consideration for their education needs or their own views or regard for the timing or impact of a placement move and consequent school change. The lack of collaboration between welfare and education in communicating and involving the young person in decisions which impact on their education is a constrainer. This is most notable in the lack of continuity in curriculum, examinations and access to study materials which aid education attainment such as computers, social networks and familiarity with teaching staff and the environment. It also suggests a lack of priority to education by the state as parents in what Berridge (2007) identifies as something the state could do differently if society genuinely wants to children in out-of-home care do well at school. Such differences include the adoption of strategies affluent families use like planning their lives around children's education and including timing of housing relocations to avoid changing schools mid-year or mid-term (Berridge, 2012).

Prioritising education for children and young people in out-of-home care is something that wasn't evident from the experiences of participants. There has been criticism of child welfare lacking emphasis on the crucial role that education plays in a child's life and a serious obstacle to collaboration was the lack of clear guidelines of responsibility for children and young people's educational progress in out-of-home care (Ferguson & Wolkow, 2012). How this plays out is both education and welfare having independent policies and practices with variability in how they are cared for and educated. This is evidenced by the varying nature of support provided to participants. Some participants talked about welfare workers focusing on moving into independent living rather than supporting education. A common experience was a focus on turning eighteen with contact between welfare and young people managing

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tasks such as accommodation or welfare related needs such as accessing case files rather than education. There were two participants however who identified the welfare staff being supportive in education and their educational futures. Susan and Lynette described welfare workers who asked about their educational pursuits, talked with their schools about their care backgrounds and had both visited the school and involved the young person. This was seen as a positive force in making education a priority with genuine interest in the planning and career by the welfare worker to connect with the schooling staff. Both participants felt they had someone who cared about their education and had made the time to go to the school to discuss what was going on at home and involve the young person in these discussions. An outcome of these interactions was the school encouraging the young person to pursue pathways into TAFE and had started to facilitate enrolment support to make this happen. These interactions stood out as significant life events in facilitating both care and education together, rather than separately or independently. This demonstrates the power of collaboration as opposed to antagonism between education and welfare blaming each other for the outcomes rather than working together having an impact on individual's lives. Both welfare and education can improve the education attainment by working together rather than seeing their roles and functions as separate. The participants who experienced welfare staff visiting schools and involving them in the education planning and decision making were very aware of the significance of this and how it contributed to their educational attainment. The degree of cooperation in making time to go to the school, obtaining consent from the young person to enter their education place, talk collaboratively about what was going on at home and importantly seeking opportunity to better support the education attainment. This included talking about enrolment to TAFE, access to guidance officers and talking with teachers about what could be done to better support educational progress with special help and support in undertaking specific subjects and if there was going to be a change in school when this should occur. This was a standout signal in the research when the welfare and education system work together well it can facilitate improved education planning, engagement and progression into higher and further education.

Conversely, the lack of collaborative planning involving the young person and decisions made on their behalf was highlighted by almost all participants in all three

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groups. An avenue to conduct collaboration is the Education Support Plan. As the literature review highlighted, Education Support Plans have been identified as a vehicle for welfare and education to meet and discuss education, raise the profile of education and meet in the interests of the children they are responsible for (Hayden, 2006). None of the participants recalled having completed a formal Education Support Plan despite this being a requirement in policy of both agencies. Having no Education Support Plan reflected a situation where education was not prioritised, planned or collaborated on between the two agencies even when there were two examples where positive interactions occurred between welfare and education. A systemic issue has been recognised in previous research where welfare practitioners identified education planning was not the core business of a child protection agency and when they were completed, the child protection staff did not need to engage in the specifics of it (Crawford & Tilbury, 2007).

This study identified a high turnover of welfare staff with all participants experiencing changes in welfare workers. One participant highlighted she gave up with caseworkers in the end she indicated they did not know who you were or what your situation was let alone care about you. Another participant indicated she had so many caseworkers she couldn't remember their names and very few had contact with participants on a regular basis. One area of concern was the lack of communication which existed between welfare and participants. Many participants cited trying to make contact with their caseworker with phone calls not returned, a new one would start and participants would have to ask who the new caseworker was, there and no handover conducted as evidenced by participants having to retell their stories with caseworkers. Many participants did not rely on the welfare practitioners for support as there was little continuity in the management of their needs. It is therefore, not surprising that many participants did not turn to their welfare caseworker for support. The caseworker was responsible for the care and protection yet many had little contact with their caseworkers let alone having educational support or relationships which were conducive to prioritising education. There was however one participant, a completer who spoke fondly of her caseworker who in her view had gone above and beyond to make sure she was safe, discussed education and throughout two years in a turbulent period of her life, was a constant that made a significant impact on this

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participant. While the welfare staff was not cited as common significant influence in participant education attainment, the one case where it was more positive showed the power of having some stability, time invested and a relationship which existed and influenced education attainment. It is therefore important to recognise when positive interactions exist in the meso level as these can be an important part of the system which demonstrate system compatibility.

At a meso level, the experiences for participants not having education support plans conducted with them mirror the views of welfare professionals who have shown a lack of regard or priority to education. At an operational level it has been identified that there are vaguely defined roles and confusion exists with respect to accountability which can impede children's education needs. Until there is practice changes which include successful collaborative relationships with willingness for change and cooperation, barriers to educational progress will continue (Ferguson & Wolkov, 2012). At a meso level, constrainers to education have been identified in this study and the literature is associated with the way welfare and education operates. When both care and education operate independently, children and young people in out-of-home care at a practice do not have joint planning and decision making on important issues such as placement and school. Furthermore a lack of planning which prioritises is a barrier to higher and further education. While this study did not interview teachers and welfare practitioners who could have assumed a degree of planning behind the scenes, it was not evident that this occurred with the involvement or consideration of the young person's own views or educational pursuits and how decisions may impact on education. While all engagers and completers were able to finish school at year twelve, it was not the interactions between welfare and education which was seen to facilitate this, rather for the majority, it was the influence of carers, mentors and teacher and principal in a private school. The literature indicates the range of people who support educational progress have been identified as teachers and welfare workers. They have done this through motivating, provided study specific and emotional support. Teachers were identified as people fulfilling a supportive role as well as foster carers and welfare workers. Of significance, teachers, carers and welfare workers were also identified as people who also hindered educational progress for young people in out-of-home care by having

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negative stereotypes and lack of awareness about their care status (Harker, et al, 2004). The failure of caseworkers and teachers to understand problems, listen to their views and providing additional support and tutoring was identified as a something that would have assisted care leavers to stay on at school (Cashmore, et al. 2007). My study was consistent with teachers and welfare staff being both facilitators and constrainers except for carers who were mainly seen as facilitators.

### Section 5.5: Carers and the foster family - Meso

The role of the carer has been identified as very important in facilitating education attainment. The caregiver's roles were identified in the literature as being very important to young people's educational success. It had been shown consistently in the literature the importance of the role of the carer in children's education including as an obstacle to education achievement where there is little encouragement or support (Jackson & Cameron, 2012). While many of the participants in my study did not have stable placements, with all but one having more than two, carers who were involved in their lives for extended periods had a positive influence on education attainment. Six participants identified a carer who had supported educational attainment. This included reading, encouraging participants to stay at school, instilling a positive education ethic and relaying information about the importance of education. Carers were important sources of positive support. Trudy indicated she had relocated to enrol in university and her carers who had been encouraging while she was still at school and supported and congratulated her entry to university. They also maintained phone contact as they were still caring for her four younger siblings. While Trudy recognised they couldn't do a lot for her over the phone and they did not understand what it was like to go to university, they were still a source of praise, encouragement and support to start and continue in pursuing her educational pursuits.

Participants also identified that not one foster carer had been to higher and further education themselves. In spite of this, carers were still viewed by many as important sources of support to their educational progress. This was the case children and

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young people who maintained contact with foster carers once they left care (n=4) and who also remotely provided some form of emotional support and demonstrated care and positivity to participants who had conquered higher and further education attainment. This finding is consistent with other findings where caregiver provision of academic support at home, more encouragement in homework, a literacy favourable environment and higher educational expectations exist improve education for this group. (Cheung, et al. 2012). One completer identified her carer instilled a love of learning with reading a lot of books up until the age of thirteen when the carer died. This study identified in the absence of the carers educational qualification, the support and educational encouragement was still another facilitator to their education attainment.

The background of the carer and influence of carers own education level has been identified in the literature as something which may contribute to educational attainment. Carers act as substitute parents in the role of carer for this group. Berridge (2007) identified the role of social class with parental occupation as a strong influence on academic achievement with those from non-manual occupations achieving a higher number of grades A-C in the General Equivalent Secondary Education in the United Kingdom. This has formed an expectation that foster carers who themselves are better qualified, of higher social status, more engaged and confident with children's schooling and learning to be more effective educationally alongside of other important aspects of care such as love and understanding (Berridge, 2012). While the focus of this study was not to examine parental background, it was a result that not one participant identified a birth or foster parent who had gone onto higher and further education however, it was still an important and valuable source of educational support in the pursuit of higher and further education. The consideration of parental background adds to the complexity of this issue as it was already identified in the literature that even when the home environment was characterised as advantageous with stability and with middle class carers it did not seem to improve educational progress. However, if carers did have a high level academic qualification, reading tests improved for children in out-of-home care (Heath, et al. 1994). This demonstrates that single parts of the system alone do

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not always improve the education attainment and the problem and its solution is much more complex.

What has not been well identified in the literature is the relationship between foster siblings and the influence this has on education attainment. Seven participants identified a positive influence from foster or biological siblings as part of who supported their education attainment. Many of the participants (n=7) identified with both an older and younger sibling/s who had influenced school completion and higher and further education access. This ranged from wanting to be a role model to younger siblings by completing school and progressing into higher and further education to trying to keep up with the expectations of siblings or kinship family members. This opens up the discussion about educational optimism and how it influenced participant's higher and further education attainment. Before this is started, I will summarise what has been discussed from a systems perspective to bring about compatibility as a facilitator or areas of incompatibility which constrained education attainment. At a macro level, there were five key facilitators and constrainers which were associated with education attainment for this group. Firstly the role of the state assuming what any good parent would do in supporting education is lacking in legislative and policy provisions. Specifically, the lack of priority and attention to education is given to this group in legislation and policy. Secondly, the transition from out-of-home care policies and legislation operate on the basis that care concludes at the age of eighteen which overemphasises the priority to leaving care and establishing independence over education and activates the cessation of support from welfare at a State level. A small sum of \$1,500 is provided at a Commonwealth level. Thirdly, there are few provisions or enduring support provided at a macro level for this group at all, let alone to support education. Fourthly, where policy exists such as the Education Support Plans, there is no reporting mechanism or evaluation. Finally, there is no provision for educational scholarships, financial support or reserved places for higher and further education for young people from out-of-home care. All of these factors at a macro system level operate as constrainers. In some cases where there was, for example, discretionary assistance provided for TAFE fees, this demonstrated the power and influence of the macro system in education attainment for this group. At a meso level, there was evidence the welfare

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and education systems did not work collaboratively in the decision making, planning and delivery of education and care as a shared commitment and responsibility. Where there was some evidence of collaboration, it did serve to facilitate better education outcomes as evidenced by the actions of select welfare staff that went into schools to discuss the needs, plans and future of those who they were responsible for. There was evidence that the education support plans were not done routinely and the responsibility and accountability for this not clear to participants who had not been involved in any such plans. Placement stability disrupted continuity in schools with changes occurring mid-term and midway through the year with no evidence of planning or involvement with the young person to discuss or consider the impact of such changes on their schooling and overall education. There was however significant people who did make a difference and carers who stood out as people who provided educational encouragement, praise and support. This was also evidenced by teachers and welfare staff. At a meso level there was evidence that the system did not operate consistently or collaboratively. There are constraining and facilitators identified in this level. In revisiting the research aim, the constraining and facilitating factors do include system. When the system is compatible at a macro and meso level, it facilitates education attainment. When it is less compatible at a macro and meso level it constrains education for this group. Compatibility is defined as harmonious, able to exist and work together without conflict, consistent, able to be used together and pollinate together. The system was defined as a complex whole formed from related parts. System compatibility is required as a significant factor to improve education and higher and further education attainment for children and young people in out-of-home care. Another factor which is critical to education attainment is educational optimism which is now discussed.

## Section 5.6: Educational Optimism – micro and meso

Scientific definitions of optimism focus on expectancies for the future with optimism being an individual variable that reflects the extent to which people hold generalised favourable expectancies for their future (Carver, Scheier & Segerstron, 2010).

Optimism has been linked to better emotional wellbeing, more effective coping strategies and even to better outcomes in physical health. Moreover, while optimism

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has been seen as a relatively stable trait over time, change has been documented even if this quality was resistant to change (Carver, et al. 2010). Measuring optimism has been done by directly asking people whether they expect outcomes to be good or bad as well as measuring optimism on the idea that peoples expectancies for the future stem from their interpretation of the past (Peterson & Seligman, 1984 as cited in Carver, et al. 2010). Academic optimism has been identified as a characteristic of individuals, teachers and schools that provide a perspective to a question about how to support academic achievement for all students (Hoy, 2012). In a study about academic optimism with teachers, schools and students, it was identified academic optimism is a malleable characteristic which is not a stable trait but can be learned and has been used as a model for connecting positive education outcomes (Hoy, 2012). Research shows that when teachers, schools and students hold favourable views about the future and evidence that teachers, schools and students can possess or develop optimism has been linked to improved education attainment. In this study there are parallels to the literature with participants and teachers, carers, welfare workers and mentors in having displayed educational optimism and the development of higher and further education aspirations and subsequent engagement and completion in higher and further education. In this discussion, educational optimism is referred to as being positive and expecting favourable outcomes in school and higher and further education.

Two areas of results stood out as contributing to more positive education aspirations and attainment; someone paying an interest in education and having positive expectations from those around participants. When considering the interactions which occurred between participants it was described as someone having optimism that education attainment could be favourable and the participant demonstrating characteristics such as educational optimism in their aspirations and subsequent educational journey. At an individual level and meso level, educational optimism was present and is proposed as a facilitator to higher and further education attainment. This is now discussed. This study identified characteristics at a meso level and macro level which demonstrated optimism towards education. This will be done by discussing this at a meso level then at a macro level with considerations to how a

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culture of educational optimism can work at both levels to influence education attainment.

### *Meso*

Teachers, carers, welfare workers mentors and extended family were all cited as people who paid an educational interest in participants' lives. This coupled with espousing positive expectations was viewed as important influences on how participants developed higher and further education aspirations and for engagers and completers, how they sustained this beyond leaving school and leaving out-of-home care. To understand what exactly occurred to develop aspirations, participants were all able to identify someone who had been a positive influence on their education, someone who talked with them, gave positive messages about education and the future. Such interactions were viewed by participants as very important in developing higher and further aspirations which they believed were possible as well as someone else believing education was possible and who had a positive outlook for them in education. Evidence of the association between teachers' academic optimism for their students and student achievement has been identified. The more academically optimistic a teacher was, as characterised by having goals for themselves and their students with taking responsibility and having mutual goals, students were motivated to exert strong effort and persist in difficult tasks and more resilient in the face of problems and failures (Hoy, 2012). While there has been limited systematic work explored on specific interventions on how one creates optimism, there is an accumulation of evidence that anticipating good outcomes rather than bad is linked to core processes that underlie behaviour and the way optimists and pessimists differ in their approach to the world has substantial impact on their world (Carver, et al. 2010). An influence of optimism and pessimism on how people feel when they encounter problems with optimists expecting good outcomes when things are bad even if optimism may set people up for disappointment. An example of this would be young people in out-of-home care having people optimistic about their futures but not being realistic. Such situations may occur when someone hasn't finished high school and wants to enrol in a university course. Being optimistic is important however being realistic about the pathways and requirements to get there need not

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only optimism but practical supports and opportunities. People who are confident about their eventual success continue trying even when the going is hard (Carver, et al. 2010). As we now know, the education attainment has been poor for decade for this group. If teachers, carers and welfare workers have a pessimistic view of education and the futures of those in out-of-home care, this can be a significant facilitator as anticipating poor outcomes has an impact on behaviour and how you approach the world. Participants had at least one person who held positive views about the future and education and took the time to talk about these views. This was done in a variety of ways. Firstly challenging pessimistic views of participants that education attainment was not possible, talking about opportunities rather than the bleak past of abuse and neglect, forward thinking with creating a positive future and a focus which was positive rather than on the problems of being in out-of-home care or what the literature tells us about the future for this group. Setting goals and role modelling not only a brighter future can be possible but expected for some.

Having positive expectations was regarded by all participants as an important influence in wanting to go to higher and further education. In addition to participants own expectations of themselves, the high expectations of other people was regarded by all participants as an important influence in wanting to go to higher and further education. These positive expectations were focussed on education and this being favourable in the future even in the face of overcoming ongoing challenges. The literature confirmed having low or negative expectations and aspirations from parents is an obstacle to education attainment (Connelly & Chakrabarti, 2007; Jackson & Martin, 2006; Tilbury, et al. 2011). Professionals and care providers also having low expectations or negative stereotypes are also a barrier to educational success (Cheung, et al. 2012; Jackson & Martin, 2006). One care leaver described a missing expectation of excellence from those around her (Stadler, 2007). In contrast, the literature identified having positive or high expectations was associated with educational success for this group (Cheung, et al. 2012; Dill, et al. 2012; Happer, Mccreadie & Aldgate, 2006). What adults believe and what they expect of children and young people in out-of-home care gave powerful messages which shaped participant views, attitudes and beliefs about themselves. This was consistent with other studies which identified when important adults had high expectations, this

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contributed to success in education (Happer, et al. 2006). When adults set positive expectations and model optimism for the future and education, this demonstrates the impact of other's expectations which influence what and how they can approach education taking into account, the potential and changing the past where disruption, separation, instability, and experiences of abuse and neglect were present at some point in participant lives.

Having positive expectations was developed through both direct and indirect interactions with significant others. For some it was the subtle messages which were important. For Trudy, having a teacher present an application for a scholarship and the principal endorse the application was something that Trudy recalled as someone who showed optimism in her future and people promoted this optimism in this form. For Lynette, going to TAFE was expected of her. Her extended family were all nurses and she wanted to be a midwife so going to TAFE first was something that everyone expected her to do. When the family got together, they all talked about what she was going to do and this was something that everyone in the family just did and did not expect otherwise, including her brother who was also in university. This family talked about higher and further education as it was a normative experience and did not show any sign that Lynette would be any different. This was also reinforced by the welfare worker who also promoted this course of action though an expectation that this is what is done. Other participants described discussions occurring about what they wanted to be in the future and realising those identified had an optimistic outlook on their education. While this was limited in numbers of people who were considered to have such an outlook compared to the many caseworkers, teachers and carers participants had in their lives, it was one interaction which was highlighted as showing an optimistic outlook which, was regarded as significant. This is echoed in the literature which affirms a message that believing in our youth in out-of-home care can achieve extraordinary things is an essential ingredient when encouraging them to succeed in school and beyond. If we do not instil a sense of confidence and spend time with young people talking about their goals, aspirations and struggles, the system is not working for the young person (Dill, et al. 2012). This is supported further by Tilbury, et al. (2011) who found case workers and guidance officers were

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pessimistic about the prospects for a successful school to work transition for young people in out-of-home care.

What this means in answering the research question is, having someone who is positive with signs of educational optimism signals a facilitating factor in supporting young people in out-of-home care develop aspirations and contribute to having an outlook that the future can be different to what it might have been if there was no optimism shown. How this worked was when participants had exposure to someone showing optimism about their education, this seemed to create a situation where the participant either also developed optimism or it had this heightened if it was naturally occurring. In considering this further, I turned to the psychology literature on optimism which indicated evidence that while optimism appeared to be trait linked and relatively stable over time, change was possible. Further research was sought about whether an optimistic view could be induced either by intervention or by structured practice has the same benefits as being derived natural. It was found that mechanisms such as reframing and reducing patterns of negative cognitions which taught skills to decrease negative automatic thoughts increased more constructive thoughts and behaviours. It has been shown in the literature people who demonstrate and hold positive expectations for the future respond to difficulty and adversity in more adaptive ways than people who hold negative expectations (Carver, et al. 2012). It is important that these young people have exposure to at least one person in their life which did not have to be long lasting that showed educational optimism as a means to influence how young people think about their futures and manage how they get there and sustain this optimistic view on education. This is supported in the literature where a special relationship with at least one person who made the time to talk and listen and the presence of a positive adult role model have been associated with fostering resilience and improved education outcomes (Jackson & Martin, 2006).

Being optimistic, despite what is known about the poor outcomes, is a significant resource as a facilitator in education attainment. If those around the child in care do not have positive expectations and optimism, it could be argued this contributes as a constrainer. The problem of low attainment needs to be approached with optimism

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with views and interactions being positive. This is not to say that optimism alone is the solution, rather it is part of the solution, part of the system response that can be part of way to improve education. A drawback to optimism was considered in a study where researchers questioned whether optimism lead to problems for people who fail to recognise what they cannot accomplish (Carver, et al. 2012). This same research team concluded while there was persistence, optimists gave up on tasks they could not master and to turn to a similar task that they could do and re-engagement of another goal was re-established. This is important as optimism has a role in influencing actions and decisions particularly when situations do not work out as planned and reorientates someone to try again or something else. For participants in this study, approaching higher and further education required optimism with the pathways to get there. Only one engager and completer went directly into higher and further education with the majority of completers and engagers experiencing ‘yo yo’ pathways and returning and re-engaging was common. Deferring university and re-engaging in TAFE then reapplying for university was something that required optimism in the pursuit of university attainment. While pathways into higher and further education were ‘circuitous’ as observed in other studies (Cashmore, et al. 2007) it was important not to reduce optimism that future higher and further education attainment could be achieved. In reviewing the five countries approaches to education in the YIPPEE project, Jackson and Cameron (2012), identified young people in out-of-home care were often steered into vocational routes rather than academic ones as a means of becoming self-sufficient earlier, rather than building upon their achievements and progressing into more advanced studies. It is important that this group has people around them who supported them, they not only showed optimism but nurtured and cultivated an optimistic outlook on their education as a facilitating factor that does not cut off educational opportunities or chances to return to education later in life.

Mallon (2007) argued it is pessimistic to presume there is no possibility of progression from that situation of underachievement in education. Furthermore, actions which supported education occurred largely by chance and not because of any planned actions from teachers or social workers, which included a clear interest and investment into the welfare and education. This was consistent with this study at the

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meso level where the intentions of teachers, carers, mentors and welfare staff were seen as undertaken by the personal investment and commitment to the individuals rather than as part of routine systematic approaches such as completion of education support plans. Cultivating educational optimism could be achieved by collective system. Welfare, education and carers could use optimism as a powerful force at the meso level in supporting improved education attainment by having shared views and optimism about the futures which are a facilitating factor. Collective optimism from teachers, welfare and carers could be used as has been shown with teachers, schools and students in this study. The literature supports academic optimism as ‘a culture which uses the strengths of the students, developing trust and a climate of shared goals with students, caregivers and having an academic emphasis with understanding student needs and having high standards, instilling excellence, exerting efforts, being persistent and resilience and collaborating to learn and improve as a team’ (Hoy, 2012 p95). If the Education Support Plans included educational optimism, with expecting things to be brighter and support plans to facilitate this, you can see at a meso level how educational optimism could contribute to better educational opportunities and act as a facilitator by the very means of collective optimism, involving the system in out-of-home care. What has been shown is participants identified one person who demonstrated optimism which had a significant facilitating influence on their education attainment. This alone needs the participants to also develop or strengthen an existing optimism to facilitate entry into higher and further education and complete it. It is with this conclusion that the discussion turns its attention to optimism at an individual micro level.

### *Micro*

The literature highlights when young people in out-of-home care are asked, they seem painfully aware of the negative perceptions teachers, social workers and peers have of them (Ferguson & Wolkov, 2012). In contrast, the Dusseldorp Skills Forum (2007) found young people in a national sample aged between eighteen and twenty-four years were optimistic, confident and fearless about their futures and positive about school, work and study. While the literature supports low expectations as a hypothesis for poor education attainment, having high expectations does not always

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result in better outcomes. Low education attainment is more of a consequence rather than a cause and in a study of teachers who had high expectations, results were no better (Heath, et al. 1994). Having someone show optimism as a single factor in developing aspirations for higher and further education and making a decision to progress educationally was a positive factor however was this alone sufficient to support the participant. The answer to this was it took both people around to show optimism but also the young person to have or develop optimism which facilitated a positive outlook about education. Aspirers showed significance signs of optimism in having an optimistic outlook on their higher and further education aspirations. Aspirers spoke about their futures in a positive way showing they expected that they could pursue higher and further education once they completed school. How young people thought about their past and early experiences of adversity is important and their perceptions of themselves were important to the pursuit of higher and further education for engagers and completers. Participants each showed signs of optimism despite having significant challenges in their lives. Engagers were in the difficult position of managing higher and further education at the point of interviews, with many describing difficulties in coming to terms with their in-care lives and still having financial difficulties and balancing the demands of leaving out-of-home care and academic requirements. In spite of these challenges, engagers were optimistic about their futures and had all described situations where they are expecting their lives to improve once they complete education and looking forward and positive to this occurring. An example of this was two participants who outlined they had both wanted to discontinue their studies due to financial hardship and mental health difficulties associated with one participant leaving her carer and siblings. However, using optimism by reflecting that one day things would be better and retained a sense that higher and further education was possible and in fact they had already engaged and some were well on the way to completion, influenced sustaining the course. This is similar to findings in another study on optimism with students who were starting college. This period was recognised as a stressful period however students who had higher optimism at the start of the semester were found to be less distressed at the end of the semester (Carver, et al. 2010). Engagers seemed cautiously optimistic at the time of interviews as evidenced by the existing hardships in their lives and still having a view that life is going to work out and improve upon completion of higher

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and further education. It is not unsurprising that this group were showing signs of cautious optimism while experiencing a higher degree of difficulty in their lives at the time of interview compared with the aspirers and completers. Evidence from the literature shows optimism can vary from the moment to moment and over extended periods (Carver, et al. 2010). This was the case for participants in this group however they were still seen as optimistic about their futures in the very act of retaining engagement in higher and further education despite extraordinary challenges for most.

Completers showed signs of optimism both in education and in other parts of their lives. As they had already completed higher and further education, the fruits of the labour of acquisition had come to fruition. All five completers had employment in their chosen careers, all five had families of their own and described situations where they were optimistic about their children's futures because of their achievements. Completers were also not in financial distress, had stable accommodation and had experienced the benefits of optimism with realising their life is different to the time in out-of-home care. An example of this was improved stability in accommodation and increased financial security with stable employment and a higher income. Completers had conquered higher and further education and were still optimistic about their lives.

Another dimension to educational optimism was the significance of education in contributing to a better life as part of improving expectations for the future. Participants spoke about education being power, changing social status, improving financial prosperity which was part of what the carer, teacher, welfare worker and mentors had included as part of talking about future outcomes and expectations. Engagers identified while for many they were lacking in practical and financial support before finishing, once education was completed this would change their life. Completers had started to enjoy the benefits of their higher and further education and had progressed into employment which gave increased financial capacity and stability in accommodation. Where participants had faced difficult situations in accessing higher and further education or trying to complete this, they often recalled these messages that education changes lives and a desire to approach difficult

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encounters with persistence and endurance. Retaining optimism in light of difficulties with finances, accommodation, personal adjustments and managing academic demands required long term optimism over a sustained period. An example of this was the tension between paying for academic items and paying for essential items such as food and accommodation. At times, participants described situations where they had less optimism during such times however, in contrast, one participant described a situation in which she indicated she had nothing, no family, no financial buffer and all she had was her enrolment and knowing life would be better someday with her education. Sustaining optimism required ongoing reflection from participants in persisting with the study and expecting things would improve through education. This is similar to the *By Degrees* study which showed participants were acutely aware that educational success was the only chance of escape from disadvantage and had a personal motivation to engage in higher and further education (Jackson, 2006).

An influence on optimism and pessimism put simply is how people feel when they encounter problems (Carver, et al. 2010). The literature has well identified a large number of obstacles to education attainment for this group creating problems which young people in out-of-home face. In summarising, the meso system level needs to impart educational optimism in what it does, how it operates and has a common goal to be optimistic about the education of the children and young people they are acting on behalf of, working for and with and caring and educating. It is proposed when optimism does not exist and positive education messages, discussions, plans and interactions occur they can all be constraining factors to higher and further education. When there is optimism about educational opportunities, options, expectations through discussions, plans and interactions at a meso and micro level young people in out-of-home care can start to develop their own optimism about their futures or strengthen an existing optimism.

Having expectations and optimism was in isolation not the only factor which assisted engagers and completers fulfil their aspirations. It was the endurance of participants which assisted them to sustain the course and for some complete it. At a micro level, having endurance was a significant factor in overcoming what had occurred in their

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lives before , during and after leaving out-of-home care and successfully managing education engagement and completion required endurance. Endurance as a facilitator is now discussed.

## Section 5.7: Graduate Endurance - micro

The literature affirmed many young people leave out-of-home care do not complete high school, leave school early or without qualifications and between 1- 6% engage in higher and further education compared to peers at a rate of approximately 40% (Jackson & Ayaji, 2002). The research question sought to identify constraining and facilitating factors which support higher and further education attainment. There is a third concept proposed as a facilitating factor which assists in understanding how young people in out-of-home care manage to engage in higher and further education, sustain this access and for some complete their educational pursuits in higher and further education. Graduate endurance is referred to as a quality of enduring an unpleasant or difficult process or situation without giving way despite presence of limited protective factors once young people leave out-of-home care. This reaches beyond the risk and protective factors used within a resilience framework and seeks to understand how endurance enabled overcoming adversity to successfully engage and completing higher and further education. Put simply, the quest for understanding not only what occurred but how this achieved as an underlying process. In the quest for education attainment, what was it that facilitated such endurance. How this quality facilitated education attainment and what is the significance for supporting others in out-of-home care to develop or learn from such processes. In considering the many hurdles participants faced, engagers and completers did not give up easily. The quest for higher and further education was an important one that participants endured and kept going. How they kept going is important to consider as there may have been system facilitators and optimism but that did not stop the hardships, prevent challenges or soften the realities of the transitions which were confronted. Participants experiences of the pre-care, in-care and after-care period and successful engagement in higher and further education is similar to that of a competitor in an ironman event. Years of training in three distinct disciplines, managing injuries and setbacks, progressing through three transitions in an event, and finishing long

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distance events that require endurance. Finishing an ironman event requires physical strength and endurance. These events are known as endurance events because swimming four kilometres, riding one hundred and eighty kilometres and then running forty two kilometres. Successfully engaging in higher and further education from out-of-home care also requires endurance. In sport, endurance is defined as the ability to last especially despite fatigue, stress and other adverse conditions. Engagers and completers displayed endurance in their quest for higher and further education.

Engagers and completers were not an elite group who had done well in school, had stable placements and had enduring and favourable support systems in place. This was a group who had experienced successive hardships, extraordinary loss and hardship prior to entering out-of-home care, during their time in out-of-home care and once they left out-of-home care and entered higher and further education. The average age of entering out-of-home care was 7.8 years, average placement number was 7.69 and the reason for entering out-of-home care was abuse occurring for 7/9 engagers and completers. Furthermore all except one were living independently by the age of nineteen and even for Lynette who remained with her kinship carers had to come to terms with her biological mother's palliative condition upon turning eighteen. No one in the biological or foster carers had gone on and completed higher and further education apart from some who had extended family and all described financial stress while in out-of-home care and after leaving out-of-home care. What this means, is participants are not an elite group who had unique situations of stability, enduring foster care arrangements or who had done well at school.. Engagers and completers had endurance which stood out as critical to their educational success. Both engagers and completers described themselves with this stubborn durability quality which existed while in higher and further education. Many talked about education at all costs and being able to withstand the pressures of trying to cope with the transition from out-of-home care into independence while enrolling in an environment many were unfamiliar with and were unprepared for.

Stein (2005) suggested typologies of care leavers which included movers on, survivors and victims however, participants did not fit neatly into these. To recap, victims experienced high levels of unemployment, loneliness, mental health

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problems and difficulties in managing accommodation were common experiences for engager and completers. Similar to the survivor group, engagers and completers saw themselves as survivors however had the absence of personal and professional support after leaving out-of-home care. Participants seeing themselves as tough and having done things off their own backs and had become self-reliant. While a discussion on self-reliance is reserved for later in the chapter, it became clear that engagers and completers were both victims and survivors and may have been seen as movers on once they had completed higher and further education. Movers on were characterised as having more settled education and placements and welcomed and coped well with the challenges of independence and are highly resilient (Stein, 2005). While in this study, participants did not attribute their educational success solely to their endurance, it was another important dimension that even with system compatibility and optimism existing as a facilitator, the young person still had to experience the transition of leaving out-of-home care and manage another transition into higher and further education that required durability given the difficulties and challenges encountered with reconciling their pre-care lives, in-care experiences and now assuming a new identity as a care leaver. Some had a heightened sense that graduate endurance was a more prominent facilitating factor with showing determination and durability in persisting despite significant hardship. This was similar to the *By Degrees* study where a few participants had the impression that going into university had been done all by themselves (Jackson, 2006).

Resilience theory can be used to explain better outcomes children and young people in out-of-home care in education (Jackson & Martin, 2007; Mallon, 2007; Samuels & Pryce, 2008). Resilience was identified as not a fixed state and involved three processes, good developmental outcomes despite high risk, sustained competence under stress and good recovery from trauma (Masten, et al. 1990). It is the sustained competence under stress which was highlighted as an important factor in managing the higher and further education which stood out as a signal of importance as a facilitator as all engagers and completers had multiple risk factors which could have arrested their educational progress at any point however did not in light of limited protective factors.

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Understanding what assisted this group to sustain, endure and complete higher and further education against the odds of financial stress, recovery from abuse and trauma, limited after care supports was important. In another study vulnerability existed with financial difficulties, possible psychological difficulties and inaccessibility of health care at the same time of academic success (Merdinger, et al. 2005). Participants demonstrated concepts of self-reliance and independence which accounted for a thirst to preserve and stay engaged with education at all costs approach. Self-reliance is defined as reliance on one's own judgement, own capabilities, resources and the independence to manage ones own affairs and be self-sufficient. These concepts were all evident with engagers and completers and were attributed to how participants instituted endurance to succeeding in education. Self-reliance has been found in other studies with those in out-of-home care (Cameron, 2007; Samuels & Pryce, 2008; Tilbury, et al. 2011). Others have used self-reliance as a concept with having two dimensions 1) having the confidence in oneself to manage one's own affairs and preferring not to have help (Cameron, 2007). This was evident in this study as many of the participants described common experiences of maintaining independence and having to manage their own lives as they had done this to a high degree while in out-of-home care and furthermore when they asked for assistance, it was rarely available or adequate. This was significant as many of the engagers were suffering financial stress and at times being homeless while studying and enduring significant hardship with one describing bouts of depression in being separated from her siblings and local area. While completers were more optimistic, they also endured significant hardship while engaging and suffered in silence with many ex-carers and welfare professionals having no idea of what they were forced to deal with in navigating in leaving out-of-home care, thrust into independence and in a new adult learning environment many were ill-equipped or unprepared for. Participants endured higher and further education using self-reliance. Self-reliance may emanate from feelings that there is no one to rely on, and can be negative if young people strive to do well and if they do not succeed then could blame themselves (Tilbury, et al. 2010). Using self-reliance had its shortcomings as identified but also in the form of being a loner and at times, isolated as a care leaver. Some care leavers suffered in silence and enduring things in isolation and the experience of engaging in higher and further education was a

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means to an end and not enjoyable for some. Having endurance may support attainment but self-reliance may not always be a facilitator or something that is positive.

Self-reliance as a strategy for facilitating endurance was positive in managing to stay the course and complete higher and further education. There is a risk that the other factors such as the structural shortcomings and system will not be seen or regarded as needed as part of improving educational attainment. This is supported in the literature where Cameron (2007) identified a need to guard against an interpretation that self-reliance and self-advocacy as a valued normative concept and implying that support is not required. Participants had become largely reliant on themselves particularly once they established themselves in higher and further education, with many seeing themselves as principal agents of what sustained and contributed to completing such attainment. In understanding what self-reliance is Cameron (2007) identified while there are close connections with Stein's (2005) resilience model in terms of overcoming the odds and capacity, self-reliance was viewed as a more active dimension and refers to the young person's own sense of agency in decision making and action taking. This was consistent to this study where participants described how they endured the engagement in, sustaining of and completion of higher and further education with self-reliance strategies. Another pitfall of promoting self-reliance as an answer to increasing the durability of higher and further education engagement and completion is that it can promote a rejecting approach in seeking help from professionals.

Samuels and Pryce (2009) developed a theoretical framework with survivalist self-reliance in understanding higher and further education attainment. This is a view that self-reliance can be a source of resilience but also a potential risk in facilitating the very connections to supportive relationships that research suggests can produce positive outcomes in adulthood (Samuels & Pryce, 2008). Not seeking help or accepting help was a common strategy in this study where participants had described situations where they prefer to do things on their own even if that meant financial and personal hardship and risking educational goals. Trudy had received a scholarship and having received that meant she would prove that she was capable and

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independent in achieving higher and further education on her own without asking or seeking further assistance. Trudy was of the view that she was privileged to be at university and she needed to make the most of it even it meant suffering or working thirty hours a week to fund the textbooks, food and living expenses. Simone had sought help at a great cost for a washing machine and gave up seeking assistance in her education and just thought it was easier to do it on your own. Susan has also been similar as a completer who indicated she got nothing when she left out-of-home care and did not expect anything from anyone so got on with something she could manage on her own. Such context was similar with other care leavers who had been self-reliant in the absence of supports for education particularly heightened once in higher and further education and bearing the responsibility of both education and housing costs with many care leavers self-reliant on themselves (Cameron, 2007; Samuels & Pryce, 2008).

Participants showed a high degree of endurance with the use of self-reliance in managing themselves with organising their enrolments, balancing the demands of working and studying, completing academic requirements with very little support once they had entered out-of-home care and had left the foster family or contact with the welfare professionals. Many participants described that at times they had needed assistance yet did not ask or seek out this help. Asking for assistance could be seen as vulnerability and posing a risk to ones independence of living up to the optimism or expectations of others around them before they entered higher and further education. A drawback of having self-reliance can be a way of fostering an identity which does not always facilitate seeking support even when self-identified needs exist such as becoming homeless ( Samuels & Pryce, 2008). This was consistent with participants in this study who expressed times of high need, living on the streets, couch surfing, going without food or working excessive hours to support yourself which hampered their educational efforts such as completing assignments and meeting the requirements of coursework. Participants may have had endurance in the many demands in fulfilling their pursuit of higher and further education however doing this by using self-reliance can also is a constrainer. An approach to survivor self-reliance was ‘Undertaking the role of ‘self-advocate’ and disavowing dependence on others and young people specifically identifying their pride or stubbornness as their only

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barrier to success with some even indicating they are their own worst enemy' (Samuels & Pryce, 2008 p1206).

As a theoretical construct, survivor self-reliance was useful, as a child's development does not wait while the system constructs his or her permanent family, alignment of recruiting key adults to comprise the long term context for development. Furthermore this framework suggests those around for people in out-of-home care need to communicate and accompany youth throughout their time in foster care so they do not endure even unavoidable trauma on their own including removal from a parent, foster care placements and transitioning out-of-home care (Samuels & Pryce, 2008). Enduring the inevitable need not be something participants and future care leavers do on their own with self-reliance a skill in managing one's self but equally the skill of seeking assistance and having the system provide it is argued an equally facilitating attribute for care leavers and acquisition of higher and further education.

Graduate endurance is a quality participants had in managing the successful engagement in higher and further education. While there are varying levels and for some it may not exist to the degree needed for higher and further education attainment, it is a quality that with support can be fostered. Endurance was a quality that facilitated successful retainment of staying the course and completion in the absence of system compatibility and where optimism may have been lower in difficult periods of engagement in higher and further education. Three important facilitators and constraining factors are shown which contribute to successful higher and further education engagement and completion.

## Section 5.8: Conclusion

Firstly, systems compatibility was used as a theoretical framework to discuss the findings at a macro and meso level. This has shown where system compatibility exists, this is a facilitating factor. Where system compatibility does not exist, it is a constraining factor for higher and further education attainment. Secondly, educational optimism has been outlined as important to education attainment and a facilitating

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factor as evidenced by the optimism shown at the meso level and micro level.

Thirdly, graduate endurance has been included as a way of building theory alongside of systems, in understanding a quality which participants showed in managing the successful engagement and completion of higher and further education to improve the situation for children and young people in out-of-home care in pursuing higher and further education. The next chapter considers what can be done to support higher and further education attainment from the factors system compatibility, optimism and graduate endurance.

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## Chapter 6: Conclusion

This final chapter summarises and reflects upon this research that has explored pathways to higher and further education for young people in care. To recap, the research aimed to explore the factors which facilitate and constrain higher and further education attainment for children and young people in out-of-home care. Through consultations with three groups of children and young people in out-of-home care – termed aspirers, achievers and completers – it was revealed that successful higher and further education attainment can be achieved with the right factors. Taking a systems perspective, new information was generated about positive strategies for improving access at a micro, meso and macro level to higher and further education attainment for children and young people who are in out-of-home care.

Firstly, the research found that system compatibility is an essential factor in facilitating higher and further education but it also acts as a constraining factor when compatibility is absent. System compatibility requires the care and education systems to collaborate effectively at the macro and meso level with shared goals and investment into positive education attainment for children and young people in out-of-home care. Systems theory was useful overarching framework to explain and describe what is contributing to the problem of low attainment. This study has added evidence about what occurs in all three levels including, at a macro level legislative and policy provisions. At a meso level the integration and implementation of policy and how this is applied with relationships, interactions and dynamics which are both positive and negative. The concept of optimism is seen as a feature of the meso system. Where people including young people in out-of-home care are optimistic about education, attainment can be achieved and therefore a facilitating factor as it signalled a contributor to knowledge that optimism can and did influence education attainment in a positive way. While system compatibility and optimism are important, graduate endurance was also found to be an important facilitator at a micro level. This micro-level concept of graduate endurance is consistent with resiliency theory which can be seen as an adaptive quality, however endurance

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accounts for the reality that care leavers will transition out-of-home care with variable supports and come to terms with their care status in different ways and may not do this with support. Endurance is about maintaining focus and not giving way with managing the transitions and retaining the educational optimism and having access to system support as a sum of three essential facilitating factors. While the system support may be available and optimism present, care leavers going onto higher and further education will still need to endure certain hardships as part of the course and understanding what improves endurance has been an important facilitating factor.

This research brings new information to the field where a gap exists by showing what facilitated and constrained people from out-of-home care who managed to go into and complete higher and further education. It shows how the environment at macro, meso and micro levels influences education attainment in both positive and negative ways. How this occurs is through functioning parts of the system, labelled in this thesis as system compatibility, educational optimism and graduate endurance. Specific evidence was found which provides a foundation for developing strategies to improving education attainment. This research shows when there are three facilitating factors operate well as the sum, education attainment for children and young people in out-of-home care can improve and provides the basis for the implications of this study. The next section will outline the recommendations.

### *Recommendations*

In moving forward, action is recommended in three areas of legislation, policy and practice.

Three legislation changes are recommended for Australia. Firstly, as part of the National Child Protection Framework Out-Of-Home Care Standards, legislation should be enacted to extend the support provided to all young people leaving out-of-home care until the age of twenty-one years, and twenty-four years if engaged in higher and further education. In some states the age has been extended, however this needs to be nationally applied as a priority. Secondly, legislative provisions for

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education specific financial support via tuition waivers at TAFE, reserved enrolment places and scholarship provisions are made available. Thirdly legislative provisions for carers to receive carer remuneration until the age of twenty-one years or twenty-four years if in higher and further education which can be reinstated at any point under a boarder parent model where the young person and carer agree.

Policy changes are recommended at a meso level to support increased system compatibility, as follows:

- Having a policy which includes educational outcome measures which are consistently reported on and evaluated against including Education Support Plans and made available to the public which is similar to health service report cards and access to hospitals performance agreements.
- Young people where possible are able to remain with their carers under a boarder parent model until the age of twenty-one or longer if in higher and further education which is reflected in policy and planning.
- Establishment of specialist leaving care services in each State and Territory. Education used as a reporting measure and included as a key performance indicator for these with a key Executive responsible for reporting to Cabinet the performance measures.
- Establishment of dedicated education professionals employed by Education, similar to nurses employed by health in schools, within statutory child protection services to champion education attainment. This position would have a core function of case planning, liaison and monitoring and coordination of education support plans with specific reference to flexible higher and further education pathways.
- All information regarding the National Literacy and Numeracy results and school report cards and transferred and provided to respective schools and carers with a lead person established at each school for facilitating transition of education support plans, report cards and National Literacy and Numeracy results in primary school.
- School principals are made aware of all children and young people in out-of-home care by the statutory child protection agency and undertake an

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education support plan within thirty days of transfer with the child or young person, teacher, welfare worker and carer.

- Foster carers are partners in education with dedicated funding to provide additional education support in the home as part of the education support plan with recruitment and professional development of carers to support this practice.
- Higher and further education facilities undertake targeted strategies such as open days with child welfare and teachers to increase exposure and joint partnerships with career planning activities with annual reporting of education engagement strategies in each local child protection service published as part of local performance.
- CREATE Foundation or similar funded service is established to provide a national follow up contact service for all children and young people transitioning out-of-home care with an emphasis on education with engagement and reengagement strategies through local leaving care services.

Practice changes are identified in support of increasing system compatibility and increasing optimism and endurance for children and young people's education:

- Education is integrated as a priority for all practice including carer training, child welfare and education professional development using the evaluations from the Education Support Plans.
- Children and young people in out-of-home care access information which is positive about education and education planning involves a wide range of career planning activities which includes campus visits, engagement with other care leavers who have completed higher and further education similar to those strategies adopted in the United States and United Kingdom.
- At every school year completion, child protection departments acknowledge academic progress and provide a recognition certificate to the child or young person.
- Upon completion of primary and secondary school, the local child protection service provides a letter of congratulation to the child or young person.

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- Any essential school changes are only made mid-term with all other changes deferred or not made at all.
  - Any placement changes accounts and strives for education continuity with a plan for education as part of all placement decisions.
  - All young people are contacted by from care services at three, six and twelve months after leaving out-of-home care as a minimum by the leaving care service, with education a feature of engagement.

### *A Survival Kit*

One strategy is that all young people leaving out-of-home care have a survival kit provided to them which includes a range of items. These include five key elements. Firstly, an Education Support Plan that is given to the young person and is placed in hard copy and placed on the case file signed by the Chief Executive of Education. Secondly a leaving care plan is provided in hardcopy and placed on the case file signed by the Chief Executive of the statutory child protection agency. Both of these strategies would enable a greater prominence of education and leaving care plans with having signage from the senior accountable officer and having one completed as routine practice which forms part of the young person's resources. Thirdly the young person is provided with access to a leaving care service as safety net which includes ongoing financial, accommodation and emotional support akin to what parents provide their own children. This information and support is accompanied by specialist educational support such as access to academic tutors, career planners and advisors, tertiary preparedness courses and re- engagement support services and pathways. This support is underpinned by access to an emergency financial fund from the leaving care service in support of higher and further education expenses targeting access and completion of education.

### *Study limitations*

This study was a small sample size involving women in a metropolitan area. It would have been advantageous to interview carers, welfare workers and teachers. This

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would have provided the opportunity to examine constraining and facilitating factors with respect to the education attainment from multiple perspectives. This has complemented the views from the receiving end with participants to add to the knowledge base on this topic. Future directions in research could be expanded to include this as part of larger scale research. Longitudinal studies would also be advantageous particularly at certain transition points including the lead up to leaving out-of-home care, leaving and entering and finishing higher and further education with both correlational data quantitative and qualitative. While systems theory has been useful to examine and build upon, other theoretical contributions such as self-reliance and concepts of optimism in expanding the resiliency literature would be useful and lead to a steady growth in our knowledge of how to assist in an effective way, young people in out-of-home care and education attainment. Nevertheless, by accessing participants from various age groups, some still in care, some at university, and some having completed university, this research provides important insights about how to improve pathways to higher and further education.

In conclusion, this research has revealed that with the right factors, children and young people from out-of-home care can go into and complete higher and further education. Having these three factors of systems compatibility, educational optimism and graduate endurance in place can lead to improved education attainment which reduces disadvantage and social exclusion. This is important because children and young people in out-of-home care are one of the most vulnerable members of society and improving their life chances through education should be a priority for everyone who is involved with this group.

In order to improve the prospects of young people who leave care going on to higher and further education, and the improved life chances that are associated with higher levels of education, we need to ensure the care and education system function better at all levels and fundamentally take opportunities to improve education as a key priority. Further, we need to promote educational optimism as an underlying philosophy to show education is possible and expectations in education for the future can be higher and greater so young people themselves can also have higher expectancies for their futures including education. We also need to support graduate

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endurance and recognise all young people will face different challenges and manage it variably and need a safety net when challenges risk giving way to education. It is hoped that this research has made a contribution to knowledge and further that it generates discussion and ideas for more action on this important issue of equity for children and young people in care.

In closing, as a PhD candidate from out-of-home care, I have learnt more about myself in furthering my education. The opportunity has a generational impact with my own son who has had strong exposure to parental higher and further education and has positive expectations and aspirations for his future from those around him. One day he will learn his heritage and benefit from his mother's educational opportunities. Care to education has not become easier with ongoing life challenges including my foster mother passing away, assuming a new kinship care role and managing a separation during candidature which kept me grounded and committed to improving the situation for future foster youth. What I learnt from the participants was no one is lucky in out-of-home care, and they gave me inspiration to continue with this research with the candid experiences and struggles in overcoming hardships and tragedy.



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## Appendices

### Appendix A: Coding Sheet

<b>Initial Coding</b>	
<b>Demography/characteristics</b>	
Current Age	
Age when entered care	
Length of time in care	
Type of placement	Foster care, kinship care, residential, other
Number placements	
Regional Area	
Family composition and history	
Reason for entering care	
<b>Micro</b>	
Schooling experiences	Completion level, type of school, views on school, academic history
Education of birth parents and or foster family	
Pre-Care experience	Information about being about pre-care
In-Care experience	In-care experience
Post Care experiences	Post care experiences

Inspiring people	Nominated or designated inspiration
Influences on higher and further education aspirations	Nominated - what, event, who
Attachments/mention with significant others	
Event that entry to came occurred	
Accommodation	During transition periods – in care, post care and now and what age
Family – how the young people see their biological and foster family as and its influence	
<b>Meso</b>	
Relationships with significant others	Who and how
Access to financial or resources	
Enablers	What young people attributed as outlined by the YP
Barriers/constraints	What were identified barriers – who, what
Interaction with teachers or educators	
Interaction with welfare or statutory agencies	
<b>Macro</b>	
Access to formalised supports- transition from care	
Legislative provisions	

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Follow up and after care resources	
Explore any political environment noted	
Legal provisions	
Policies state care	

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## Appendix B: Research Information Sheet



School of Human Services

Logan Campus, Griffith University  
University Drive,  
Meadowbrook, Queensland, 4131,  
Australia

Learnt from those who Learnt  
INFORMATION SHEET

Telephone +61 (7) 3382 1201  
Facsimile +61 (7) 3382 1210

Project Title: Learn from Those Who Learnt: *Care Leaver Experiences of Higher and further Education*

Who is conducting the research: Reeny Jurczyszyn (PhDCandidate)  
School of Human Services

Contact: Reeny Jurczyszyn on 0434002454 to text or leave a message with your name and contact details or Email via [reenj@optusnet.com.au](mailto:reenj@optusnet.com.au)

Why is the research being conducted and who are the potential participants?

The researcher has a care background and has a strong commitment to improving outcomes for all future care leavers. Research conducted overseas reveals that very few care leavers access higher and further education. In order to better understand how we can improve this, we need more research involving care leavers directly that seeks their views and experiences in order to better understand their journeys. The research hopes to investigate the experiences of three groups of young people which include:

- are currently in care and are aspiring to go to university or TAFE
- have left care and currently in university or TAFE
- have left care and have completed university or TAFE

What you will be asked to do

Interviews lasting approximately one and a half hours will be conducted with a small number of participants. Some will be asked to complete two interviews over a 6 month period. The researcher will travel to participants to conduct the interviews. With your permission, I would audio-tape the meetings so they can be typed up later.

To take part

Potential participants will be asked to contact the researcher direct. The researcher will discuss the potential participation.

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In order to take part, you need to give informed consent. The researcher will advise you of all the information about consent prior to any interview. The Department of Child Safety has provided consent as the guardian for anyone under 18 years of age and still in out of home care to participate.

#### Thank You Gift

A small thank you gift of \$20 is made available for each interview. This is in appreciation for your valuable time and efforts in sharing such information and participating in the study.

#### The expected benefits of the research

The anticipated benefits include the opportunity to provide valuable information that potentially benefits future care leavers. This research is the first in its kind undertaken in Australia with the researcher, a care leaver herself, attempting to better understand the education journeys of care leavers. The study outcomes will be made available to policy makers, Child Safety Officers, Education Department, other researchers, and a range of people who are responsible for children and young people in care.

#### Risks to you

During the interviews some general questions about your care experience will be asked. While the main focus is on education, there may be some difficulty for participants in discussing their care experiences. Support people are welcome and a list of counselling services will be made available to participants.

#### Your confidentiality

Confidentiality will be assured. This includes no identifying of your details in any part of the study. All information will be kept strictly confidential and anonymity is guaranteed.

#### Ethical Guidelines

Your participation in this research is entirely voluntary. You may withdraw at any time without providing an explanation. The information supplied by you will be strictly confidential and will not be disclosed to anyone but Griffith University researchers. Any written reports or feedback on the findings from the research will only describe information at a group level; therefore it will not identify any specific individual.

This research has been provided with ethical clearance from Griffith University Ethics Committee. Griffith University conducts research in accordance with the *National Statement on Ethical Conduct in Research Involving Humans*. If you have any concerns or complaints concerning the manner in which this research is being conducted it may be given to the researcher or, if an independent person is preferred, please contact (a) the Manager, Research Ethics on 3735 5585 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au) or (b) the Pro-Vice Chancellor (Administration), Bray Centre, Griffith University, Kessels Road, Nathan, QLD 4111 (Telephone: 07 37357434).

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### Feedback to you

A summary of findings will be made available to participants at their request.

### Privacy Statement

The conduct of this research involves the collection, access and / or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University's Privacy Plan at [www.griffith.edu.au/ua/aa/vc/pp](http://www.griffith.edu.au/ua/aa/vc/pp) or telephone (07) 3735 5585.

### Audio-visual recordings

The interviews will be taped to ensure accuracy and maintain the discussion between the researcher and participants. All tapes are de-identified and names are stored separately. All tapes will be destroyed after their contents are transcribed and will not be used for any other purpose.

### Questions / further information

If you have any further information or questions, further information can be directed to the researcher, using the mobile number listed above or direct inquiries to the School of Human Services on (07) 3382 1201

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## Appendix C: Consent Form under 18 years of Age



School of Human Services

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[www.griffith.edu.au](http://www.griffith.edu.au)

Research Project: Learn from Those Who Learnt: Care Leaver Experiences of Higher and Further Education

Verbal Assent - Participants under 18 years of age

Researcher: Reeny Jurczynszyn (PhDCandidate)

Griffith University- School of Human Services

Contact Phone: 0434 002 454

Contact Email: [r.jurczynszyn@student.griffith.edu.au](mailto:r.jurczynszyn@student.griffith.edu.au)

Written permission has been obtained from the Director General, Department of Child Safety to conduct research for this study. In addition, it is important to ensure your participation is voluntary and you understand the nature of the study.

By agreeing to participate, you will be confirming that:

- You understand what participation in this research entails –
- You will be interviewed for approximately one and half hours which can stop at any time
- The purpose is to seek your ideas on being in care and your education and schooling and aspirations for higher and further education
- There is a risk that we may discuss some experiences and you may get upset- people in care have diverse experiences and that may not all be positive. If you need to contact your support person or need information about support services this can be arranged. The researcher is trained to deal with sensitive situations and we can stop at any time all together or for a break.
- All information will be de-identified and remain confidential at all time.

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- Participation is voluntary and can be terminated or withdrawn at any stage without penalty. Any participant who commences is entitled to the gift of (\$20).
  - Benefits include the contribution to developing knowledge with the potential for all future care leavers. Identified in information statement.
  - Consent: I am seeking consent to record interviews and use transcripts for purposes. These will be destroyed after the study concludes. De-identified data and names to ensure absolute confidentiality and reduce risk of anyone cross matching or accessing taped information. Tapes will be coded and names will be stored separately.
  - Duty of Care Statement: As a researcher, the information provided will remain strictly confidential except in the case whereby information is disclosed that harm is being done to anyone under the age of 18 as we are bound to report abuse or neglect allegations. This will be discussed with participants directly should this be a concern, before any reporting is done.
  - You have had any questions answered to your satisfaction.
  - You understand that if you have any additional questions you can contact the research team.
  - You understand that you can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 3735 5585 (or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)) if you have any concerns about the ethical conduct of the project.

Researchers Name: Reeny Jurcyszyn

I have read the verbal statement to the participant and am satisfied they are making an informed decision to participate in this study.

Date

Participant Name-----

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## Appendix D: Consent Form over 18 years of age



School of Human Services

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Meadowbrook, Queensland,  
4131, Australia

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Facsimile +61 (7) 3382 1210

[www.griffith.edu.au](http://www.griffith.edu.au)

### Written Consent Form

Research Project: Learn from Those Who Learnt: *Care Leaver Experiences of Higher and Further Education*

Researcher: Reeny Jurczyszyn

School(s) / Centre(s) Griffith University- School of Human Services

Contact Phone: 0434 002 454

Contact Email: [r.jurczyszyn@student.griffith.edu.au](mailto:r.jurczyszyn@student.griffith.edu.au)

By signing below, I confirm that I have read and understood the information package and in particular have noted that:

- I have had any questions answered to my satisfaction;
- I understand that there will be no direct benefit to me from my participation in this research apart from a thank you gift of \$20.
- I understand that my participation in this research is voluntary
- I understand that if I have any additional questions I can contact the research team;
- I understand that I am free to withdraw at any time, without comment or penalty;
- I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 3735 5585 (or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au)) if I have any concerns about the ethical conduct of the project; and
- I agree to participate in the project.

The conduct of this research involves the collection, access and / or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University's Privacy Plan at [www.gu.edu.au/ua/aa/vc/pp](http://www.gu.edu.au/ua/aa/vc/pp) or telephone (07) 3875 5585.

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Authorisation of Participant: I understand this consent form and agree to participate

Participant Name  
Signature

Date  
Researchers Name and Griffith  
Signature

University Human Research Ethics  
Committee Approval to Conduct  
Research

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## Appendix E: Griffith University Human Research Ethics Approval

GRIFFITH UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE

18-Dec-2007

Dear Ms Jurczyszyn

I write further to your application for ethical clearance for your project "Learn from those who learnt: Care leavers experiences of higher and further education" (GU Ref No: HSV/18/07/HREC). This project has been considered by Human expedited review 2.

The Expedited Ethical Review Panel resolved to grant this project conditional ethical clearance, subject to you resolving the following matters:

Please note that this application could have been submitted via the online expedited ethical review process. In light of the nature of the research and the research design features intended to address the potential ethical issues (such as confidentiality and professional reputation), this project has been redirected for review via the E2 pathway.

It is recommended that the verbal assent process for participants aged under 18 be supplemented with a written information sheet that is offered to individuals at the end of the interview.

Provision of the approvals of the participating agencies, once these are available. However, you may be authorised to commence this research once the other matters outlined here have been addressed.

The applicants are otherwise congratulated on an excellent and thoughtful application.

This decision was made on 18-Dec-07. Your response to these matters will be considered by Chair.

The ethical clearance for this protocol runs from 18-Dec-07 to 31-Dec-09.

Please forward your response to Dr Gary Allen, Manager, Research Ethics, Office for Research, as per the details below.

Please refer to the attached sheet for the standard conditions of ethical clearance at Griffith University, as well as responses to questions commonly posed by researchers.

It would be appreciated if you could give your urgent attention to the issues raised by the Committee so that we can finalise the ethical clearance for your protocol promptly.

Regards

Dr Gary Allen  
Manager, Research Ethics  
Office for Research  
Bray Centre, Nathan Campus  
Griffith University

## Appendix F: Approval to Conduct Research Child Safety



Our reference: PPD00654

25 JAN 2008

Ms Reeny Jurczynszyn  
69 Homestead St  
MOOROOKA QLD 4105

Department of  
Child Safety

Office of the  
Director-General

Dear Ms Jurczynszyn

Thank you for submitting to the Department of Child Safety an application for *Approval to Conduct Research* for your project '*Learn from those who learnt: care leavers' experiences of higher and further education*.

The focus and aims of the proposed research are relevant to the Department's research strategy and priorities. The potential findings will contribute towards increased understanding of how young people transitioning out of care engage in higher and further education opportunities.

I am pleased to advise that you have been granted *Approval to Conduct Research* at this time.

This approval is conditional upon you agreeing to, and signing, the attached *Conditions of Approval to Conduct Research* form and returning it to the Strategic Policy and Research Branch. No research may commence until this document, endorsed by you, is received by the Director, Strategic Policy and Research Branch.

This approval is also conditional upon you agreeing not to publish any identifying information on young people who participate in your research study in future publications as outlined in s189 of the *Child Protection Act 1999*.

In the first instance please contact Jatinder Kaur, Strategic Policy and Research Branch on email [Jatinder.kaur@chilfsafety.qld.gov.au](mailto:Jatinder.kaur@chilfsafety.qld.gov.au) or by telephone on 07-3232 3490 to initiate your research project with the Department.

Please contact Lone Keast, Acting Director, Strategic Policy and Research Branch on telephone 3404 3502 or email [lone.keast@chilfsafety.qld.gov.au](mailto:lone.keast@chilfsafety.qld.gov.au) should you have any queries in relation to the approval processes regarding this matter.

I wish you well in this research project, your liaison with the Department and in your ongoing work in education. I look forward to reading and considering the outcomes of your research and any recommendations that are made as a result of the research.

Yours sincerely

A handwritten signature in cursive script, appearing to read "N Deeth".

Norelle Deeth  
Director-General

7th Floor 111 George Street  
Brisbane Queensland 4000  
GPO Box 806 Brisbane  
Queensland 4001 Australia  
**General Enquiries:**  
Telephone +61 7 3224 8113  
Facsimile +61 7 3225 8833  
Email [info@chilfsafety.qld.gov.au](mailto:info@chilfsafety.qld.gov.au)  
Website [www.chilfsafety.qld.gov.au](http://www.chilfsafety.qld.gov.au)  
ABN 59 966 314 841