



# EDUCATION MATTERS

**A call for action to improve  
educational participation,  
retention and attainment  
for children and young  
people in care in Queensland**

Working Group on Education for Children and Young  
People in Out-of-home Care in Queensland

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# Executive Summary

Research into the educational experiences of children and young people in care identifies many of the challenges they face in relation to their educational outcomes:

- Instability in school – multiple school changes and disruptions to schooling
- Problems at school – being unhappy, not having friends
- Limited educational participation – not attending, attending part-time, early leaving, truanting, suspension and exclusion
- Lower academic attainment and aspirations
- Repeating grades
- Co-occurrence of health and educational needs
- Financial barriers to accessing further education – TAFE and university.

The impact of these challenges has far-reaching consequences for academic achievement and subsequent employment opportunities for those in care. Educational disadvantage affects the social, emotional, behavioural and mental health domains of their development. It also severely limits their access to an acceptable quality of life. All children should be able to enjoy school and the learning opportunities it provides. Many children enter care having already experienced educational disadvantage, so it is important that extra attention is paid within the care system to opening up children's opportunities.

Education is a key contributor to a person's quality of life. Access to an education is a fundamental right of all children and young people and more attention is required at both policy and practice levels of the education and care systems to ensure that these children's legal and moral rights to education are safeguarded. Unfortunately, time in care can often exacerbate educational problems. For the state, the guardian of children in care, education needs to be a greater priority.

Some children require standard educational attention and guidance, while others need extensive specialist support to stay in school. This specialist support requires effective collaboration between the government departments of health, child safety and education. The consequences of the child safety, education and health systems not working properly include:

- there are children who coast along, have no major problems at school, but do not achieve their full potential
- there are children who attend school most of the time, but do not enjoy it, and learn very little
- there are children with very disrupted schooling and hence negative attitudes towards school
- there are young people with no educational program – not learning or earning, not placed or 'self - placed', very disengaged and disenfranchised.

All these children need and deserve educational assistance. Experience shows that with the right supports they can re-engage with education and achieve their goals.

The aim of this report is to:

- (a) highlight the nature and scope of educational needs of children and young people in care, and;
- (b) outline the resources and actions that are required to move from pockets of good practice to sustainable solutions.

The report makes four recommendations that support a strategic investment in the education of children in care.

## **Recommendation 1: Establish a forum for policy coordination and program development**

Policy coordination across government, and with non-government service providers, is urgently required. Communication needs to be improved between all stakeholders. Quarterly meetings are recommended in order to achieve a greater level of policy coordination and program development between government departments representing child safety, education and health, and non-government service providers. The policy forum needs to be led by a senior 'education champion' for children in care within the Department of Communities – a specialist who can drive policy and program development.

## **Recommendation 2: Establish a centre of excellence for education for children in care**

A centre of excellence, with a state-wide role, would bring together evidence about improving educational outcomes for children in care and disseminate knowledge about effective strategies and practices.

The role of the centre should include the provision of professional development and the production of best practice guidelines and advice to child protection workers and teachers so they are adequately skilled to support children and young people in care.

### **Recommendation 3: Introduce systematic and regular program evaluation and development**

Currently the only substantive education initiative for young people in care is Education Support Plans (ESPs). There are major problems with the operation of this program. A comprehensive evaluation of the creation, implementation and outcomes of ESPs, their problems and possibilities, is recommended.

### **Recommendation 4: Implement frontline practice improvements**

A pilot program is proposed, consisting of a team of educational specialists supported by EREA Youth+ and funded by the Queensland Government to work with service providers embedding educational services for the most marginalised young people in the residential care system.



# Introduction

This report has been commissioned by the Working Group on Education for Children and Young People in Out-of-home Care, a group of service providers from the Queensland education and out-of-home care sectors. (See Appendix 1 for a list of working group members.) The Working Group has been meeting regularly during 2010 to exchange information to better understand the needs, barriers and issues associated with the educational needs of children in care. There are complex, multi-system challenges to be overcome to improve educational attainment for these children. The working group is seeking to establish a proactive partnership with government to make a real difference for this client group.

Children who have a good educational experience and are well connected to school have much better quality of life outcomes than those who do not. Staying engaged at school is a protective mechanism, which enhances child and adolescent development across many domains. In Queensland, there are several excellent pilot projects underway that focus on improving education for children in care. These include:

- Youth+ and United Synergies partnership to deliver an integrated (wrap around) case management service for young people in care
- Lifeline Community Care Educational Specialist for residential care services
- Youth + and Life Without Barriers - Education Consultant project.

These projects have resulted in major benefits for the children and young people involved, but the programs are small, their scope and coverage need to be extended. Access to both specialist educationalists and external special assistance schools needs to be expanded in order to meet the needs of children and young people in out-of-home care.

The *Partnership Agreement: educating children and young people in the care of the state* was negotiated in 2004 between the then Queensland Government Department of Child Safety and Department of Education in response to poor educational outcomes for children in care. However, the agreement has not been nurtured over time, resulting in a major disconnect between policy and practice. There are poor understandings about the roles and responsibilities of education and child safety personnel on the ground. Additionally, the collaboration between key stakeholder agencies in developing and then implementing individual education plans is difficult and overly bureaucratic. The stakeholders in this process include: the client; case manager; child safety officer, carer, Education Queensland liaison officer and school based personnel.

Schools, teachers and support staff need assistance when working with children and young people in care. Teachers are generally sympathetic to the developmental needs of these children, but their work needs to be better resourced. Schools tend to rely on punitive behaviour management techniques rather than embracing positive behaviour support. Moreover, the budgets allocated to Education Support Plans are very limited, with direct consequences for the quality and appropriateness of the education available to children in out of home care.

The aim of this report is to highlight the nature and scope of educational needs of this vulnerable group of children, and to outline the resources and actions that are required to move the few examples of good practice towards more sustainable solutions. The report provides a way forward and focuses on investments that will achieve educational success for children in care.



## Educational needs of children in care

As at 30 June 2009, there were 7093 children and young people in out-of-home care in Queensland. 73% of these were school-aged (5 years plus); 60% were in foster care, 34% were with relatives, 6% were in residential care. The responsibility for the education of children and young people in care is shared across government. The Department of Communities (DoC) administers the *Child Protection Act 1999*, and the guardian of children in care is the Director-General of this Department. The Department of Education and Training administers the *Education (General Provisions) Act 2006*.

The working group's research identifies many of the challenges faced by children and young people in care. It specifically identifies the barriers to achieving good educational outcomes. There are six main reasons why children and young people in care are disengaged from education:

- Instability in school
- Problems at school
- Limited educational attendance
- Poorer academic performance
- Co-occurrence of education and health problems
- Financial and other barriers to accessing education.

These challenges are discussed below.

### Instability in school

A history of disrupted school attendance is common for children and young people in care. Instability in school occurs due to placement changes, suspensions and exclusions plus challenges associated with disability and learning, emotional and behavioural difficulties (Australian Institute of Health and Welfare, 2007). School is frequently missed due to statutory interventions such as contact arrangements, specialist appointments or a move to a new school in the middle of a term (CREATE, 2006; Martin & Jackson, 2002). Multiple changes of home and school disrupts regular school attendance, and negatively impacts on children's potential for academic achievement (Evans et al., cited in Australian Institute of Health and Welfare, 2007).

Reports compiled by the Commission for Children and Young People and Child Guardian in Queensland, about children in residential care (CCPYCG, 2009) and children in foster care (CCPYCG, 2008), find that five or more primary schools were attended by 30% of young people in residential care, and that 26% of children in foster care attended more than three primary schools. Some children in foster care reported having attended up to 20 primary schools. Further, disruption to school meant that many children and young people in residential care did not attend school for around 12 months, leading to lower levels of attainment compared to peers of the same age. Similar levels of instability in schooling were found in a Queensland study of 40 children in foster care, with the median duration for attendance at any one school being 3.1 years (Tilbury, in press).

School disruptions often result in children losing their place in the curriculum, repeating some curriculum components, whilst not receiving others (CREATE, 2006). As children move through the stages of education and development, they fall further behind, potentially limiting their educational outcomes, future employment prospects and ability to participate successfully in mainstream society (Australian Institute of Health and Welfare, 2007). Moreover, changing schools may mean that friendships are lost and supportive teachers left behind, which may further reduce the chance of an individual's success (O'Sullivan & Westerman, 2007).



### Problems at school

Children and young people in care face a multitude of problems at school, compounded by their family circumstances and maintained in an often unsupportive social environment. 'Normalisation' in daily life – being the same as everybody else – is one of the most important factors in improving education opportunities for children in care (Martin & Jackson, 2002). Yet the social stigma of being in care, inflicted through negative stereotyping and discrimination, is routinely experienced. 40% of children in residential care in Queensland reported having been made to feel different all or most of the time because they are in care (CCPYCG, 2009). Peers regularly assume that children are in care due to a deficit of character or behaviour and many children are made to feel they have lower intelligence (Martin & Jackson, 2002).

The CCPYCG reports (2008, 2009) find that the most common problems experienced by children and young people in residential care and foster care are being a victim of bullying and aggression; not being listened to or understood by teachers; and needing access to additional learning support to keep up with school work. In addition, children and young people in care who had a problem that they were not getting help with were more likely to complain of ill health (CCPYCG, 2008 and 2009).

Children and young people in care often experience learning and behavioural difficulties at school (CCPYCG, 2009). As a consequence of their backgrounds and experiences, many children suffer anxiety, depression, or low self-esteem. They are more likely to have limited motivation, behaviour problems, social skill deficits and reduced attentiveness, any of which may have a detrimental affect on their educational performance and social development (Veldman & Brown, cited in Australian Institute of Health and Welfare, 2007). Consequently, falling behind in school work is common and additional learning support is essential to fill the gaps. Missing school also means missing out on being able to do the things other children not in care are able to do such as school excursions and school camps. This inevitably restricts the formation of friendships, aspirations, exposure

to diversity, new experiences, and learning new things and further ostracises the child or young person in care.

Following routines, managing themselves within formal structures and sets of rules, following guidelines and being responsible for their own actions are highly challenging for these children and young people. The CCYPCG (2009) found that 76% of children in care wanted to have more support from teachers and wanted school staff to be involved in their lives and attend their case conferences. In general, teachers and school staff do not fully appreciate their needs or possess the necessary skills to manage the impact that trauma and poor attachment can have on children and young people in care, nor do they have adequate training to understand how this may contribute to inappropriate behaviours.

### Limited educational attendance

Difficulties in engaging and retaining children and young people in the mainstream school system often results in compounding wide-ranging social issues and self-harming behaviour. This makes it difficult for young people to get back into education and potentially difficult to re-enter community life (Wise, Pollock, Mitchell, Argus, and Farquhar (2010).

The educational opportunities for young people in residential care are particularly concerning. The CCYPCG (2009) found just 72% of young people in residential care reported they were attending school. This is confirmed by local service providers. Of the 65 children in Lifeline's South East Queensland residential care facilities as at April 2010, 4 of 13 children in emergency residential care were engaged in education; 21 of 27 children were engaged in education for non-emergency residential care. Overall just 62.5% of the children were engaged in education. Similarly, United Synergies advises that only 7 of the 17 children and young people in their Residential and Supported Independent Living programs as at July 2010 attended school for some time during their support period, and that none of these children and young people were able to maintain their educational participation for the duration of their stay.

As children and young people in care progress through the education system, disengagement with schooling becomes even more evident. The CCYPCG found 40% of 16 year olds did not participate in school (compared with 20% of the wider population) and of those, two-thirds were not involved in any other training or education (CCYPCG, 2009).

Truancy is more commonly found to be an uncorrected issue for children in care, than for those not in the care system (Martin & Jackson, 2002). A Victorian study of 228 children and young people aged 4 – 17 years in foster care and residential care found that 18% of the respondents were not attending school on any days and that 31% had

refused to attend school in the last year (Wise et al., 2010). Similarly, almost one third of the children and young people surveyed for the 2006 CREATE report card reported not attending more than 10% of regular school days.

Children in care also experience a high risk of suspension and exclusion from school.

Over half (57%) of children and young people in foster care in Queensland reported that they had been excluded from school at least once (CCYPCG, 2008). Life without Barriers in South East Queensland found that 61% of children in placements had been suspended from school at least once and multiple suspensions had occurred for three 8-year-old children (Tilbury, in press).

Repeated cycles of entry, negative experiences and then exclusion for these clients compounds their issues and reduces their chances of attaining sufficient levels of education and qualification to support them towards a more productive and independent life. Teaching and other school based support staff are often ill equipped to cope with the needs of young people in out-of-home care. A lack of theoretical understanding of the issues associated with trauma and attachment contributes to inappropriate interpretations and responses for many of these young people.

### Poorer academic performance

An Australian Institute of Health and Welfare (2007) study highlights the effect of educational disadvantage experienced by children in care. Children and young people in care scored significantly lower in the National Assessment Program – Literacy and Numeracy (NAPLAN) tests in years 3, 5 and 7 than other children. Moreover, even lower test scores are experienced among Aboriginal and Torres Strait Islander children on guardianship and custody orders than other children on orders. This level of disadvantage is notionally equivalent to the absence of around 8 – 12 months of schooling (Australian Institute of Health and Welfare, 2007).

A high proportion of children and young people in care receive exemptions from NAPLAN tests. CREATE (2006) reports that a significant number of children in care in Queensland receive exemptions from the tests (14% –18%) compared with the general population (2%). A marginally higher number of children in care are absent from the tests compared with others nationally.

Children and young people in care are impacted by a range of environmental factors which may affect their ability to perform in these standardised tests. The level of education of children and young people entering the care system is often low, and this may have a cumulative effect on children as they progress through developmental and educational stages (CREATE, 2006; Evans, Scott & Schultz, cited in Australian Institute of Health and Welfare, 2007).

Children and young people in care also generally come from families with a low socio-economic status, which has been found to correlate directly with poorer educational outcomes (Social Exclusion Unit, cited in Australian Institute of Health and Welfare, 2007).

They are also often further impacted by low expectations of carers and teachers (Martin & Jackson, 2002) and by decisions that are made regarding their educational needs. In a longitudinal study in the UK over a four year period it was found a high proportion of children in care in mainstream schools were directed to special units which offered limited academic opportunities and which were ultimately stigmatising (Galloway, Armstrong & Tomlinson, cited in Martin & Jackson, 2002). In the report, a statement of special educational needs was more common amongst children and young people in care (13 times more likely) and all of those with statements were in special schools; whereas the majority of children with statements who lived in their own families went to regular schools (Evans, cited in Martin & Jackson, 2002).

Repeating grades occurs more frequently for the out-of-home care group of children and young people than in the wider population despite the research demonstrating that this intervention is the least effective means of supporting a child's development and learning. In the CCYPCG (2009) report, 10% – 30% of children in residential care reported having repeated a grade, compared with 5% of the wider population. Similarly, a higher proportion of children and young people in foster care placements have repeated a year: 32% of young people aged 9 to 18 years and 19% children aged 5 to 8 years (CCYPCG, 2008).

### Co-occurrence of education and health problems

There is a higher incidence of behavioural, learning and intellectual difficulties amongst children in care (De Lemos, cited in CCYPCG, 2009). Many in this group take medication for disabilities and have needs for which they are not receiving additional support. Children with multiple diagnoses may also have functional limitations due to a long-term health, behavioural or medical condition (Wise et al., 2010).

In the Queensland study, 50% of the children in residential care were found to have behavioural and emotional difficulties and 9% had significant mental health problems (CCYPCG 2009). The most commonly cited disabilities were intellectual and learning difficulties, with 26% in care reporting having a disability and 20% taking medication for ADHD. The percentage of persons on medication is twice the general Australian child population average. Intellectual and learning disabilities were also commonly reported for children in foster care; other disabilities included visual, hearing and speech problems, epilepsy, cerebral palsy, Down syndrome and foetal alcohol

syndrome. Other medical concerns included not being up to date with immunisations (50% of the population surveyed); vision issues (20%); dental problems (30%); skin problems (21%); and respiratory and ear infections (12%). Two thirds of under-fives failed their developmental tests and half of under-fives had delayed speech (CCYPCG, 2008).

Life without Barriers found in their sample of 40 children, that a range of physical and mental health concerns were experienced with some children having multiple diagnoses. Medications were prescribed for ADHD and depression and included anti-psychotic drugs (Tilbury, in press).



### Financial and other barriers to accessing further and higher education

The transition to independent living from school is more rapid for children and young people in care and often occurs at a younger age than mainstream peers (CREATE, 2009). Peers have the option to return home repeatedly; an option not open to children in care. Many young people leaving care face hardship and trauma in the journey to independence and experience poorer social and economic outcomes (CREATE, 2009). When already facing the handicap of lower educational outcomes and unresolved emotional and physical problems, children and young people in care experience a greater risk of homelessness, unemployment, poverty, early parenthood, substance abuse, poor mental and physical health, and involvement in crime (CREATE, 2010; Cashmore and Paxman, cited in CCYPCG, 2009).

Extra financial support is required to meet the challenges of attending higher education facilities. Martin and Jackson (2002) found that 74% of high achievers who had journeyed through care and had gone on to complete

higher education, stressed the need for more financial help when moving into higher education. 45% highlighted accommodation problems and not having sufficient money to cover living costs all year round. In addition, 32% expressed the need for continued emotional support and encouragement through higher education.

## Positive impacts of school on children and young people in care

School has the potential to have a protective and preventative influence on children and young people in care, playing an important part in the social development of their students (Gilligan, 1998). School factors which promote positive behaviour and achievement in children and young people in care include: high expectations for completion of school work and responsible behaviour, good role modelling by the teachers, respect shown for children and their efforts, opportunities for children to participate in the school as a whole, clear disciplinary rules, encouragement of desired behaviour and sparing use of punishment, positive teacher-child relationships, and a supportive and coherent structure for teachers (Cox, 1993, cited in Gilligan, 1998).

The risk of behavioural and emotional problems may be reduced by positive change in the school system, where opportunities, through multi-disciplinary approaches to social development strategies, exist (Cox, cited in Gilligan, 1998). School achievement has been found to be one of several protective factors for children and young people who are at risk of depression (Fombonne, cited in Gilligan, 1998) and for children recovering from abuse or neglect. Queensland research conducted into the contributing factors to the mental health of adolescents finds that school connectedness makes up 49% of the child's likelihood of developing or avoiding mental health issues, in contrast to the impact of family (28%) (Shochet et al., 2008). Positive school experiences can provide a pathway to friendships, opportunities and support young people to develop resilience (Wise et al., 2010).

Positive relationships with teachers may compensate for a lack of supportive relationships with other adults in the children and young people's lives (Galbo, 1996, cited in Gilligan, 1998). The sheer normalcy, routine and safety of school can be powerfully therapeutic for a vulnerable child (Gilligan, 1996). Children in care often suffer very low self-esteem partly due to their experiences of abuse and rejection; and teachers have the potential to help children recognise their potential as valued individuals. Attending

school is not just important for educational reasons. School is important socially. Children build relationships with other children and adults. They enjoy sport, art, drama, dance, excursions and other recreational activities. Most children highlight these aspects of school as memorable and enjoyable, and these experiences ought to be available to all children in care.

Good educational achievement has also been identified as a protective factor within Detention Centres (CCYPCG, 2008). In a report collecting the views of young people in Queensland Youth Detention Centres, just over half of the respondents surveyed (54.7%) feel that educational programmes were most helpful in preventing re-offending.

### CASE STUDY1 Amanda's story

Amanda (pseudonym) is a 13 year old who was placed in the care of the Department in 2006. The initial case plan centred on reunification with her mother within the 18-month time frame of the order and included having a stable placement where Amanda could feel safe and have access to therapeutic services. Although Evolve accepted a referral, they lacked an available case worker for Amanda. At the same time, Amanda's mother and partner were required to develop their parenting skills. Initially there was a willingness to do this, however, over time, meetings became difficult to arrange and eventually both mother and partner moved interstate. Amanda was placed in the long term care of the Department.

Amanda has aggressive and violent outbursts, and experienced seven placements with foster carers within the first twelve months of being in care. She changed schools four times; starting off at a small school when first in care, and returning to the same school within the year. Amanda frequently stated that she wanted to be able to return home to her mum and little sister.

Amanda has had a difficult journey through mainstream schools. The first school indicated Amanda was socially isolated and not attempting peer relationships, was very unhappy, and no longer sought out teachers with whom to talk. Stealing, telling "untruths", truancy and property damage was also reported. The school expressed difficulty in managing Amanda's challenging and disruptive behaviours. Disruption to classroom time and ongoing levels of abuse towards staff and peers meant that Amanda completed much of her school work without support near the Principal's office. Over time, the school felt that it was no longer able to provide for Amanda's educational needs. Alternative options for programming were suggested to the Department; none of which included continued enrolment at the school. At eleven years old Amanda was required to make a start at a different school, commencing a pattern of instability that remains to this day. Subsequently, several primary schools, with the support of the Department, developed alternative programs

for Amanda; however, her behaviour continued to be problematic and a barrier to her learning.

At the beginning of this year, Amanda began her first year of high school at a mainstream school. After two suspensions in the year Amanda is at serious risk of being expelled before the year ends. Two months ago, she was placed in residential accommodation with United Synergies due to the escalation in violence and threats to carers. The Department, Education Qld and United Synergies have implemented an alternative education plan designed to keep Amanda engaged in learning, to reduce the level of risk of expulsion, and to enable Amanda to re-enter mainstream education. Despite missed opportunities and ongoing truancy Amanda is a bright young woman and has huge potential to achieve her dreams of owning her own business.



## Current system responses

Current responses in Queensland to the educational needs of children in care include Education Support Plans, Flexible Education programs, and specialist personnel such as Education Specialists. Some local initiatives exist, and some national partnerships have been created to support educational attainment and successful transitions of children in care.

### Education Support Plans – focus on the child

The main vehicle for responding to the educational needs and supports of children in out-of-home care in Queensland is the Education Support Plan (ESP). All children in care must have an educational plan, whether an ESP, Individual Education Plans (IEP), or Senior Education and Training (SET) plan, to detail educational, social or behavioural goals and desired outcomes. The ESP has the potential of being an effective support device, but the current implementation of the ESP is inadequate. There are problems with the

plans themselves, and insufficient funds to implement many plans.

ESPs need to be developed and implemented by stakeholders including the young person, their Child Safety Officer and school personnel. In practice, plans are often left to the school to develop, and although informed, the Child Safety Officer, due to high caseload demands, may fail to attend ESP planning meetings. Carers are often too overloaded in their care duties, limiting their capacity to participate in educational planning meetings. Some carers feel ill-equipped in their understanding of education systems and processes, which negatively impacts on their involvement with schools. Also, the young person for whom the plan is being developed is often not present, although this is recommended practice. Without the input of the young person, too often the plans concentrate on behaviour management, with little or no attention given to the child's educational goals and aspirations.

Overall, the funding allocation for ESPs falls well short of the demand and has not kept pace with need. Hours and hours of work may be required to develop the individualised plans which often result in a very small budget to support the plan (less than \$1000), or even non-approval of funds. In some cases, an assessment of the young person's needs is done, but without sufficient funding or resources to provide the necessary support, no further action is taken. When funds are approved, they are allocated directly to the school, not to the child. In the event of subsequent expulsion, the school retains the funds. There is currently no monitoring process in place to ascertain if funds are spent as intended.

### Flexible education programs – focus on customised responses

Re-entering a standard education setting after experiencing disruption in itself presents challenges for children and young people in care. A lack of flexible learning options, alternative education venues and appropriate therapeutic placements for children and young people in care, whose school attendance has been disrupted, is evident.

The Queensland Department of Education and Training supports flexible educational programs for students who are at risk and require alternative placements and pathways to the regular education system in order for them to reach their educational goals. District education offices employ a variety of strategies to support students at risk of disengaging from learning, including:

- Positive Learning Centres (PLCs) are one type of regional service that aims to provide an alternative program for some students who may require intervention beyond the capacity of a mainstream classroom. The overall aim of PLCs is to reintegrate students into mainstream schooling or into more appropriate learning or vocational pathways.

- District-based Centres. A small number of district-based services, programs and centres throughout Queensland also provide alternative and flexible programs for students at risk.
- Flexible Learning Services focus on programs to re-engage disengaged 15 to 17-year-old youth. The program has been successful in re-engaging previously disengaged young people, retaining students who were at risk of disengaging from learning, and assisting young people to attain qualifications.

Whilst these programs are worthwhile, for many children in care they are not suitable. They generally rely upon behavioural rather than therapeutic models of care. Gaining entry into a mainstream or flexible education program is the biggest challenge faced by support staff of children in care. Young people are often excluded from both mainstream and alternative schooling options at the point of entry. Reasons cited typically include staff concern for the safety of other students or themselves, or they need a guarantee of specialist support before considering an application, or there are insufficient structural supports such as withdrawal areas. Distance education options have been useful for a small number of children, but there has been a misuse of distance education for children in care. Children who have been refused school enrolment have been 'enrolled' in distance education, but this is an isolating experience and often a very poor standard of education is provided.

There are also some limited non-state school flexible options. Edmund Rice Education Australia *Youth+* Flexible Learning Centres offer flexible learning choices for young people. Programs offered at the centres focus on individual needs, and encourage and support critically reflective learning, the development of a community through relationship development and the cultivation of a culture of success. A values and relationship education program complements this framework and relates to the life experiences of young people. Timetabling is flexible, learning groups are small, strong staff/young people relationships are supported and relevant, accredited and creative curriculum delivers to the individual young person's education needs. Learning experiences are holistic and promote well being, develop cognitive and academic skills, and address the social and emotional needs of young people. Instruction is linked to the educational outcomes of Education Queensland curriculum frameworks in middle school and senior subjects in addition to nationally accredited vocational education and training courses.

Currently EREA Youth+ has six Flexible Learning Centres in Queensland offering over 600 young people access to socially inclusive educational pathways. EREA Youth+ is also funded by the Queensland Government to operate a resilience based bridge program to support the re-engagement of young people in care and the juvenile

justice system in the following communities; Mt Isa, Townsville and Deception Bay. To date the program has evidence that re-engagement strategies employed are successful and indicate that with extra support, very disenfranchised young people can link to sustainable educational pathways.

## Use of educational specialists – focus on skilled support personnel

At *Life Without Barriers* (LWB), the role and function of the Education Consultant is central to the implementation of the Education Support Model, a major part of LWB's specialist national service delivery. LWB works in collaboration with the relevant State and Territory education departments and community based education providers by improving the engagement, communication and working partnerships between the teams; improving the educational support provided by the LWB care team that would normally be undertaken by the child or young person's parent; and addressing the experience of trauma and abuse within an educational context to breakdown barriers and encourage engagement with learning opportunities. Key areas of the role include: developing individual education plans; attending case conferences as an educational advocate; attending regular meetings with the education providers; providing specialist education advice and mentoring to carers, staff and management; and maintaining regular school contact to maintain close relationships, with the goal of diverting problems and discussing alternative options. LWB and Youth+ combined forces for a pilot project in 2010-2011 to employ an education consultant to undertake a range of project activities including: direct educational support for children; educational consultancy services to LWB staff and carers; and educational consultancy, research, advocacy and liaison with external stakeholders to promote improved educational outcomes for children in care.

A pilot education program within *Lifeline Community Care* has been trialled across three residential services in South East Queensland for the past 12 months: Goodna Therapeutic Residential Service, William's House, and Harrison House. The purpose of this program was to establish an education team which facilitates and improves the educational outcomes for the children and young people living in these residential care services. Furthermore, it aimed to improve the gaps that exist within Lifeline's management of the education of the children and young people in its care; improve the approach and management of education within residential care services and; refine the relationships between these and the educational institutions through supporting schools, teachers and their communities. Some of the activities the Education Team has engaged in are:

- Initial and six monthly diagnostic testing of young persons in numeracy, literacy and specific learning difficulties.

- Establishment of collaborative partnership programs between schools and the residential to create clear lines of communication and support.
- Providing professional development for schools and their staff.
- Securing of ongoing funding support from the Brisbane Catholic Benefit Fund.
- Establishment of ACE (Accessing Catholic Education) Program for children in the care of Lifeline.

Since its short inception the education team has had many successes. The most prominent has been in placing and sustaining into school five young people who were previously not engaged in school and/or not having their educational and pastoral needs met. All five of these young people have now engaged in their new schools with high enthusiasm and a renewed sense of identity, self worth and belonging.

and/or recreational activities, such as sporting, cultural or community activities. It is imperative that Queensland government agencies take action to ensure that proposed standards become a reality.

### CASE STUDY 2 Tom's story

Tom (pseudonym) is a 13 year old who was placed in care in 2008. Tom was assessed by Child Youth Mental Health Services with anxiety, depression, post traumatic stress disorder and attention deficit hyperactivity disorder. In November 2009 after moving to Lifeline Therapeutic Residential Services, Tom informed his carers he was adamant about not attending any school. They were aware of his previous school history, for years six and seven:

- permitted by the school to attend only three days per week for two hours per day with carer in attendance.
- three changes of school during this time.



### **Developments at the National level**

The National Partnership on Youth Attainment and Transitions, established in 2009 obliges the Commonwealth and Queensland Governments to work collaboratively to increase the educational engagement, attainment and successful transitions of young people from school to work. The national partnership provides part of the legislative context (and entitlement) of access to education for young people in care.

Under the *National Framework for Protecting Australia's Children 2009-2020* which was endorsed by the Council of Australian Governments in 2009, there is a commitment to develop and introduce National Standards for Out of Home Care. The draft standards include: that individual education plans are developed, implemented, and reviewed regularly; that 15 to 18 year old youth be supported to be engaged in appropriate education, training and/or employment; and that support be given to enable participation in social

- each day would see him in class for approximately ten minutes and then being sent to the behaviour management unit for behaviours such as swearing, throwing chairs, assaulting staff.
- there was an unsuccessful attempt to at home schooling.

In February 2010, a casual meeting occurred at Centre Education Programme Flexible Learning Centre (CEP) where Tom "just happened" to come along for the ride. While the Education Officer and the Coordinator were talking, Tom "accidentally" met the Indigenous teachers who showed him around their culturally rich classrooms. He also "bumped into" the music teacher who had a chat and gave him a tour of the music studio, and he met a few of the young people who invited him to have a game of basketball. That evening, he was insisting to his carers that he be enrolled at CEP and the next day he was shopping for school supplies. Since enrolment, his attendance has been 100% (with a few days missed due to meetings with the

Department). He attends for the full school day 5 days per week.

Tom's engagement with classroom core literacy/numeracy activities is improving. When faced with tasks he finds challenging, he is able to change to a drawing/painting/computer activity. However, these episodes are becoming fewer. Noteworthy is his enthusiastic engagement in the following:

- Indigenous cultural activities: He has performed in the school's Indigenous dance group in public at NAIDOC celebration and Memorial Day. He involves himself wholeheartedly in traditional painting with the cultural tutor each week.
- A six-week after-school music performance program.
- Solo vocal performance (he was the winner!) of the Centre's Got Talent concert for Youth Week
- He regularly offers to chair the school's morning meeting at which everyone is present
- He has taken the initiative to mentor and befriend a younger student who has ASD and who often has explosive outbursts. Tom assumes the role of calming him and successfully involving him in a distracting activity. This is social participation of the highest order.

Tom still has outbursts of frustration but these are becoming less frequent. They normally take the form of walking around with a cross look on his face. Generally, he returns to class or his activity and continues to participate. He has never assaulted anyone at school. In the holidays at the end of Term 2, he was informed that he would not be returning to his mother's care but would be in long term care with the Department. CEP staff and his carers were apprehensive about how this grief and disappointment would manifest itself. However, Tom is demonstrating that he is becoming able to manage his behaviours around the school's operating principles of respect, safe and legal, participation, and honesty. To assist this, CEP staff are consistent in ignoring the negative attention-seeking behaviours and promoting and honouring the positive behaviours. Tom has commented in November 2010 to the Coordinator that he likes being at school now because "people here understand me."

The partnership between CEP and Lifeline has been instrumental in this successful school placement including thorough information sharing at pre-enrolment and ongoing throughout the placement. Communication between carers and key school personnel is frequent – daily, when required.

### **CASE STUDY 3 Leon's story**

Pyjama Foundation volunteers can visit children in care, in their home, for one hour per week (depending on the child's age) and read to them, assist with homework, play educational games, do craft or any activity which will assist the child with their literacy and self confidence. A

kinship carer writes: "The academic struggle continues for Leon (not his real name) ... his reading is improving slowly .. but every afternoon I battle with him to get through his nightly reader. He will not do the 'writing' homework until Thursday when Pete arrives ... and there they sit, two blokes working through the math problems .. I cannot help but feel so blessed ... a fully qualified engineer who is magical, patient but also, most importantly, persistent getting through ALL his homework for the week ... and then the final reward, a game on Pete's phone." Leon is 9 years old now and Pete has been reading with him for about five years.



### **CASE STUDY 4 Kevin's story**

Kevin (pseudonym), in his first year of high school, is 14 years old and is the fourth of eight siblings taken into care in 2004 as a result of parental neglect. His parents were both dependant on illegal substances and his father has served a number of jail sentences for drug related offences. Kevin's parents are immigrants and English is their second language. Kevin only speaks English and has no knowledge of his heritage. Kevin has a strong attachment to both parents and 'hero worships' his father. His eldest two siblings, now 22 and 23 years old, are living independently and have not had contact with him for the past four years.

When he was 8 years old, Kevin and five siblings were placed with foster carers supported by a Life Without Barriers. All the children were enrolled in a private school. Kevin found the structure of school difficult and the work was considerably beyond his academic ability; having been enrolled in many different primary schools and often missing school when with his parents. Kevin has ADHD and he was prescribed dexamphetamine. An Occupational Therapist recommended therapy for visual motor integration, handwriting, auditory processing and sensory processing.

Moving into adolescence, rather than lose face with peers due to lower academic performance, Kevin preferred to develop social notoriety. Frustrations spilled over into the foster home resulting in a fight with his elder brother.

Kevin was removed from the home and siblings and placed in temporary foster care. He continued to attend the same school, but his behaviour deteriorated. A Clinical Psychologist was engaged to support Kevin on a fortnightly basis. The LWB Educational Psychologist worked with school staff to develop a Education Plan, which included weekly in-school support from two LWB Youth Workers, as well as extra-curricula activities focusing on social relationships. Challenged daily by staff for not conforming to the dress code or the behaviour code in class, Kevin was excluded before the plan had time to be fully implemented.

In 2010, Kevin was enrolled at a local high school with a request that he be allowed to join their sport program and pursue his passion, soccer. The level of support negotiated in the previous education plan was offered to the school upon enrolment. A mentoring opportunity for Kevin was agreed in an ESP planning meeting of stakeholders, and additional training for staff was offered by the LWB Educational Psychologist. Youth Workers were maintained for regular support. Kevin was happier at this school and demonstrated that he was proud to be a member of the school, wearing the uniform and calling his peers 'my people'. He formed friendships quickly and played football for school and club.

As the year unfolded, Kevin has had to deal with many emotional challenges. His father and mother are now both in jail, and he has learned of their intention to divorce. Kevin renewed contact with some of his siblings and was introduced to his grandparent and uncle of whom he was not aware. More recently, Kevin's carer has been given notice to move as the landlord is selling the property. The school environment has also provided challenges. On one occasion, Kevin failed to take his medication and his behaviour at school led to a five day suspension. On another occasion, Kevin intervened when witnessing a boy being bullied, and angrily assaulted the instigator. A Functional Behaviour Assessment and an application for

exceptional funding under the EQ Mental Health initiative were commenced by LWB Educational Psychologist in an effort to keep Kevin at school. However, initiatives recommended within the education plan were not funded. Some teachers felt that resources and school time were being wasted on Kevin. Kevin was allowed to attend learning support lessons but could only return to class with the proviso that he 'learned to behave' first. Subsequent to another suspension and continued behavioural difficulties in class the Principal has transferred Kevin to the school 'Annexe' joining a class of 12 young people, all with challenging behaviours. The program allows minimal access to mainstream activities and access to the football program is denied.

#### CASE STUDY 5 Leah's story

In her final year of primary school, Leah was suspended three times in one semester. The Lifeline education officer ran a professional development workshop for teachers in the region about educating traumatised children. There were no further suspensions for Leah after the workshop was run.

## Ideas for further action– what works?

A scan of the international literature shows that many jurisdictions are taking creative steps to improve educational outcomes for children in care. Ideas for action include:

- The use of education specialists (such as teachers and educational psychologists) to directly provide services to children and to provide specialist advice to caseworkers.



- Practical and financial supports such as financial bonuses for school attendance in the post-compulsory years, education grants and scholarships, flexible education and training programs and personal advisors and financial support for care leavers in higher education.
- Minimising placement and school moves. Authorities should be required to report on the number of children in care who are suspended or excluded or otherwise without a school place for more than 30 days. Children with frequent placement moves should be provided with extra tutoring as they are likely to need significant help to catch up on missed work.
- Education needs to be higher on the agenda for children's social workers/caseworkers – education for children in care cannot be the sole responsibility of education providers – caseworkers must encourage children, find resources to enable them to further their aspirations, take school into account when making placement decisions, avoid disrupting the school day for contact visits or specialist appointments etc.
- Encourage and support foster carers in their commitment to education for the children and young people they care for. Carers should encourage children to achieve, express interest in children's education, actively assist children with their schooling.
- Placement in a school where achievement is the norm rather than the exception is more likely to cultivate learning.
- For some young people, a modified curriculum tailored to their needs is required. This should include work experience and less formal classroom time. Life skills training (including budgeting, nutrition and self care) should be a fundamental part of any educational program for young people in care (CREATE 2009).
- Educational scholarships – children in care who want to go to university should be able to apply for ongoing financial assistance for living expenses as well as educational costs, otherwise this goal is out-of-reach. This needs to be available in the post-care years, not just immediately after completion of year 12, especially because so many children in care are on pathways that do not make them OP eligible.
- Young achievers from care have recommended having access to finances for outside interests and hobbies such as scouts, sports, outdoor pursuit courses and social clubs. It means being able to purchase the same clothing, being able to mix in with friends. And it delivers encouragement, freedom and support to pursue educational interests (Martin & Jackson, 2002).
- Reinforcing the 'corporate parent' responsibility – for example, the Children's Guardian could send children on completion of Years 7, 10 and 12 or attainment of a TAFE or other relevant qualification some formal recognition – such as a letter of congratulations, or incentives such as a dictionary, atlas or educational game like a chess set. This is a small thing but many

children in care do not have these items and it is a message that their education is important and their achievements are acknowledged.

- Use of practice tools to assist professionals and carers to work with young people and their education. Many of these resources have been developed, such as learning reviews, independent life skills assessments, employment review tools and agency data collection tools (Centacare 2009).
- Improved data collection so that workers and carers have up-to-date information about educational attainment and needs. The AIHW (2007) recommends a national study of children and young people in the care system that tracks their individual educational performance over time. Administrative data collections held by the state and territory child protection and education departments, in combination with data linkage methodology, has the potential to provide an important contribution to these issues.

## Moving Forward

Education is a key to improving the future life opportunities for children in care. Greater attention to keeping children and young people engaged in education will also improve their day to day quality of life.

In Queensland, there are pockets of good practice, and good outcomes are being achieved for some children. However, there needs to be an investment in sustainable solutions that improve educational success for ALL children in care. Attention to education should be central to looking after these children and their future.

Developing a sustainable foundation of practice for all children and young people in care will require action at the levels of policy, program development, and frontline practice.





protection workers and teachers so they are adequately skilled to support children and young people in care.

### **Recommendation 3: Introduce systematic and regular program evaluation and development**

Currently the only substantive education initiative for young people in care is Education Support Plans (ESPs). There are major problems with the operation of this program. A comprehensive evaluation of the operation and outcomes of ESPs, their problems and possibilities, is recommended.

### **Recommendation 4: Implement frontline practice improvements**

A pilot program is proposed, consisting of a team of educational specialists supported by EREA Youth+ and funded by the Queensland Government to work with service providers embedding educational services for the most marginalised young people in the residential care system.

## **Recommendations**

Taking action to improve educational participation, retention and attainment for children and young people in care in Queensland will take time, resources and commitment at all levels. The following strategic actions to move to a more sustainable footing are proposed.

### **Recommendation 1: Establish a forum for policy coordination and program development**

Policy coordination across government, and with non-government service providers, is required urgently. Communication needs to be improved between all stakeholders. Quarterly meetings are recommended in order to achieve a greater level of policy coordination and program development between government departments representing child safety, education and health, and non-government service providers. The policy forum should be led by a senior 'education champion' for children in care within the Department of Communities – a specialist who can drive policy and program development, including the publication of data on educational attainment, suspensions and exclusions for children in care. Queensland needs a more comprehensive education policy framework involving the Department of Communities, Department of Education and Training and Queensland Health. While the Child Safety Directors Network is a cross-government senior officer group, education does not appear to be on the agenda for this group, and it does not include non-government sector representatives.

### **Recommendation 2: Establish a centre of excellence for education for children in care**

A centre of excellence, with a state-wide role, would bring together evidence about improving educational outcomes for children in care and disseminate knowledge about effective strategies and practices. The role of the centre should include professional development and the production of best practice guidelines and advice to child

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# Appendix 1

## Working Group on education for children and young people in out-of-home care



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