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Summary

Approximately 48,000 children in Australia are living in out-of-home care (OOHC). While there are many different reasons why children are placed in OOHC, most children who have been removed from their parental home have a range of complex needs and challenges. One of those challenges is the significant level of educational disadvantage they experience.

This review assesses the literature that describes the risk and protective factors for children in OOHC experiencing educational disadvantage. It describes evidence-based interventions that improve educational outcomes for children and young people in OOHC in Australia and overseas. In conclusion the review identifies opportunities for further research.

This review identified:

- Children in OOHC are struggling to reach national literacy and numeracy benchmarks. They need effective interventions to increase their literacy levels in order to reduce the risk of disengagement from school and subsequent lower levels of earning potential and financial dependency.
- Risk factors that pose barriers to children engaging well in education include trauma, poor stress regulation, low self-esteem and self-efficacy, a lack of fundamental language and pre-reading skills, poor access to books at home and schooling disruptions due to moving between care placements.
- Protective factors that support a child include developing literacy skills early in life, personal self-efficacy and resilience, family stability with a carer who is supportive of educational and extracurricular activities, and access to literacy materials. Protective factors also include having supportive adults (teachers, case workers, carers) who act as mentors or tutors for at least 12 months to build the child’s cognitive and social skills. Participating in extracurricular activities also supports children in OOHC to learn skills and engage in learning.
- Government policy around Australia acknowledges the importance of children being engaged in learning and education, yet a lack of effective communication and planning between carers, child protection and schools continues to inhibit effective interventions and outcomes for children in OOHC.
- Interventions play an important role in helping children to develop their literacy and learning skills; however, there are a limited amount of interventions that effectively strengthen all of the protective factors known to improve educational engagement.
- The interventions that have had some success are attachment-based, and utilise relational pedagogy by placing the human relationship (such as the mentor/mentee, teacher/student, or foster carer/foster child relationship) at the centre of the educational exchange. Effective programs are trauma informed with flexible learning contexts in order to support the creation of lifelong learners, not merely school completers (A. Morgan, Pendergast, Brown, & Heck, 2015).

Importantly, evaluating the effectiveness of interventions should be a high priority so that children in OOHC are provided with quality support that reduces their educational disadvantage.
Introduction and context

The Australian Centre for Philanthropy and Nonprofit Studies (ACPNS) conducted this literature review in collaboration with The Pyjama Foundation, a nonprofit organisation with a mission to improve the educational outcomes of children in foster care.

The review set out to determine what research exists concerning the educational outcomes of children and young people living in foster care/out-of-home care (referred to as children in OOHC) and the risk and protective factors that reduce or improve educational outcomes.

Relevant research was identified by searching the research databases for studies, with articles obtained primarily from Scopus, PsychINFO, MEDLINE, and ERIC. Literacy, education, self-efficacy, resilience, and attachment were the key words used alongside OOHC in the key word searches. Alternative terms for OOHC were also included in the key word searches, including: looked after children, foster children, and children in care.

To capture relevant unpublished research and government policy, a broad internet search was conducted. General interventions without published studies about their effectiveness were not included in the report.

The report concludes with a synthesis of the findings and key considerations about future research opportunities.

The problem: Children in out-of-home care and poor educational outcomes

Children and young people in OOHC are children under 18 years of age unable to live with their parents/primary caregivers for various reasons including experiences of abuse, neglect, or parents being unable to care for their children (AIHW, 2018). OOHC may be short or long-term and includes several types of care arrangements: foster care, relative/kinship care, residential care, and other arrangements (AIHW, 2018). The two main forms of OOHC are kinship care (22,639 children in 2017) and foster care (18,098 children in 2017) (AIHW, 2018).

In Australia, around 48,000 children are in OOHC nationally (AIHW, 2018). Indigenous children are nine times as likely as non-Indigenous children to be in OOHC (AIHW, 2017).

Table 1 breaks down the ages and gender of the OOHC population in Australia at 30 June 2017. There are slightly more males than females in all age groups. Most of the OOHC population are in the 5-9 years age bracket (30.81%) and the 10-14 years age bracket (32.28%). These are critical ages when children and young people learn language and literacy skills that predict their later literacy development, learning and earning potential (Arpino, Guma, & Julia, 2018; Nathan, Stackhouse, Goulandris, & Snowling, 2004).
OOHC is considered a last resort intervention (AIHW, 2018) as removing children from their family can mean the child will experience further challenges as they navigate the care system. A majority of children experiencing OOHC are also experiencing a care and protection order (AIHW, 2017). Such orders often involve the transfer of legal guardianship to an authorised government department or individual, as well as supervisory orders in which guardianship is not affected (Australian Institute of Criminology, 2017).

Studies show that the OOHC cohort are children and young people at higher risk of experiencing extreme disadvantage including socio-economic disadvantage, trauma, and poorer mental and physical health compared to the general population (Usher, Mills, Moss, & Tracey, 2018). Additionally, they may suffer from low self-esteem, low self-efficacy, behavioural and emotional problems, as well as difficulty bonding (Cepukiene, Pakrosnis, & Ulinskaite, 2018).

Without support and intervention, these outcomes are likely to continue into adulthood (Usher et al., 2018).

Education all too often takes a backseat to other, more urgent issues facing the OOHC child due to the crisis driven nature of OOHC (Parliament of Australia, 2015). Indeed, when they leave state care these children and young people are more likely to struggle in all areas of life (education, employment, income, housing, health, substance abuse and criminal involvement) compared to their peers from the general population (Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017).

Poor engagement in education is a particular concern as studies have established that children in OOHC are more vulnerable to adverse outcomes in the education system, and may experience higher levels of disengagement, suspensions, and expulsions than their non-OOHC peers (Townsend, 2011). On average

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>% Male</th>
<th>% Female</th>
<th>% age total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>1344</td>
<td>52.31%</td>
<td>46.95%</td>
<td>2.81%</td>
</tr>
<tr>
<td>1 to 4</td>
<td>9297</td>
<td>52.34%</td>
<td>47.56%</td>
<td>19.40%</td>
</tr>
<tr>
<td>5 to 9</td>
<td>14760</td>
<td>51.88%</td>
<td>48.12%</td>
<td>30.81%</td>
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<td>10 to 14</td>
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<td>51.42%</td>
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<tr>
<td>Total</td>
<td>47913</td>
<td></td>
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</tr>
</tbody>
</table>
children in OOHC struggle more with gaining an education and perform at a lower academic level than non-OOHC groups (AIHW, 2018; David & Wise, 2016; Tordön, Vinnerljung, & Axelsson, 2014; Townsend, 2011, 2012). OOHC students nationally meet fewer literacy and numeracy benchmarks compared to those not in OOHC (AIHW, 2018). An Australian study confirmed that children in OOHC scored significantly lower than the general population in literacy and numeracy tests and Indigenous children in OOHC score significantly lower in literacy and numeracy compared to all Indigenous children in NSW (Townsend, 2011, 2012).

Every year the National Assessment Program collect data and publish reports, referred to as NAPLAN, about the educational outcomes of Australian students. Usually, OOHC status is not identified even though data is collected about other demographic variables such as gender, Indigenous status, language background other than English status, parental occupation, parental education, and the location for every year level and test domain. In 2013 however, the Australian Institute of Health and Welfare (AIHW) published a report that linked the child protection national minimum data set (CP NMDS) with the NAPLAN data set for the 2013 testing year. The findings emphasise the academic disadvantage of the OOHC cohort, with these children achieving 13-39% points lower across the assessment domains for all year levels compared to all students in Australia (AIHW, 2013).

The career aspirations of children in OOHC are also reportedly lower than children not in OOHC and this can result in poor future employment outcomes (Creed, Tilbury, Buys, & Crawford, 2011). This leads to children in OOHC experiencing lower levels of earning potential, a higher chance of unemployment, and a greater reliance on social security (Wise, Pollock, Mitchell, Argus, & Farquhar, 2010).

Without career aspirations and social support, many young people who leave OOHC find transitioning from school to work very challenging, particularly because of additional changes being tackled, such as an abrupt end to the legal protection and formal state assistance between the ages of 16 and 18 (Creed et al., 2011). Compared to their non-OOHC peers those leaving care are significantly less likely to complete high school and more likely to become parents at a young age (Creed et al., 2011). This cohort are also more likely to face subsequent challenges as young adults such as suicidal behaviour, substance abuse, criminal behaviour, homelessness and dependency on the welfare system (Creed et al., 2011; Tordön et al., 2014; Vinnerljung, Tideman, Salinäss, & Forsman, 2014).

Higher education generally leads to social networks, positive citizenship behaviours, future employment opportunities and greater earning potential which is why educational attainment is so important (Tilbury, Creed, Buys, & Crawford, 2011). However, both national and international research reveals that only a small percentage of young people leaving OOHC undertake higher education (Cameron, Jackson, Hauari, & Hollingworth, 2012; Harvey, Andrewartha, & McNamara, 2015a; Harvey, McNamara, Andrewartha, & Luckman, 2015b; Mendes, Michell, & Wilson, 2014). This is partly due to
poor educational outcomes, but also due to inadequate social and financial support because this cohort are left out of the National Equity Framework 1990 as a disadvantaged group (Harvey et al., 2015a).

As a result of the current care and protection system failing to adequately prepare children and young people in OOHC for life beyond care (Mendes, Johnson, & Moslehuddin, 2011), there are documented social and economic costs placed on society. Without all the benefits of good literacy and the motivation to continue learning or earning, those leaving care ‘tend to make significant and ongoing demands on Australian income security, housing/homeless support, health and welfare, criminal justice, and other crisis intervention systems’ (Mendes et al., 2011, p. 1).

It is clear from the evidence that children in OOHC face many educational challenges (Pecora, 2012) so it is important to address the problems associated with poor literacy, disengagement from school and poor educational outcomes. Without effective early interventions that help children engage in learning and education, the literature suggests that children in OOHC may experience long-term social and economic challenges that interfere with achieving a successful life (Cunha, Heckman, & Schennach, 2010).

Children in OOHC and their educational outcomes: risk and protective factors

Learning is said to occur at the intersections of multiple arenas (Emerson, Fear, Fox, & Sanders, 2012), meaning there are many experiences within the home, school and broader community that intersect in a child’s life for learning to occur. The risk for children in OOHC is that they will disengage and fail at school due to home and school instability, as well as poor mental health and difficult attachments. All of these challenges inhibit their ability to effectively learn (Moffat & Vincent, 2009). Children in OOHC frequently have a complex personal history (ACWA, 2017; AIHW, 2018; O'Higgins, Sebba, & Gardner, 2017; O'Higgins, Sebba, & Luke, 2015) which makes it difficult for them to be available for learning. The OOHC population all too often face a variety of challenges relating to emotion regulation, prosocial abilities and self-esteem, which further decreases their ability to engage positively with learning opportunities (Mainwaring, 2014; Wise et al., 2010).

Due to the crisis driven nature of OOHC the focus is often on the negative risk factors. But, nurturing protective factors for the OOHC cohort have been recently emphasised in research as a helpful way forward instead of fighting risk factors and negative outcomes (Cepukiene et al., 2018). Gilligan (2004) states that focusing on building positive protective
factors can improve a person’s resilience. When a person has resilience it is understood that they can avoid the full impact of adversity (Gilligan, 2004, 2007, 2008). Additionally, when resilience is strengthened, it can bring about improvement such as better psychosocial functioning outcomes (Cepukiene et al., 2018).

Protective factors are associated with positive outcomes and help to mitigate the negative effects of risk (Murphy, 2017; Schoon & Bartley, 2008). In addition, if a protective factor is lacking, for example a supportive family, then the risk factor increases (Schoon & Bartley, 2008). Protective factors are essential to children’s development, supporting them to gain a positive identity and develop to their full potential (Coatsworth, Palen, Sharp, & Ferrer-Wreder, 2006). In the general population it is considered important for children to play and engage well with school, as these educational experiences have important implications as they mature and seek lifelong wellbeing (Park, 2004). Enhancing protective factors such as a secure home environment, possessing good self-esteem and having a sense of self-efficacy all play their part in strengthening resilience (Gilligan, 2004, 2007, 2008).

**Individual risk and protective factors**

At the individual level, several risk factors can be attributed to either the pre-care experience or the in-care experience. The experience of trauma and/or disadvantage in early life can result in many additional risks for a child in OOHC, including:

- trauma, poor stress regulation, a delay in social, emotional, and intellectual development (Gribble & English, 2016);
- exposure to less breadth of language in their early life putting a child at greater risk of a developmental language disorder. This disrupts the process of learning to read as reading is basically a linguistic task (Snow, 2018);
- not developing fundamental pre-reading skills such as phonological awareness; (Hancock & Hancock, 2017);
- confused identity formation (Wise et al., 2010);
- low self-esteem and low self-efficacy (Cepukiene et al., 2018);
- lack of bonding (Cepukiene et al., 2018); and
- greater susceptibility to various mental health disorders (Cepukiene et al., 2018).

Once in OOHC, additional risk factors include:

- being left out of the decision-making process about their own life, which can result in a lack of agency for the child (Grace, Miller, Blacklock, Bonser, & Hayden, 2018; McDowall, 2013a, 2016);
- professionals such as educators lacking skills and awareness to appropriately respond to the complex learning needs and styles of children in OOHC (Wise et al., 2010);
- lower academic achievement (Cepukiene et al., 2018); and
- the OOHC system’s inability to appropriately respond to trauma including lack of stability or unavailability of suitable placement (Wise et al., 2010).

Protective factors equip a child facing disadvantage and hardship to be resilient. At the individual level, protective factors include:
• literacy skills which enable a child to gain confidence to achieve in school (Stuart, Hill, & Radford Julia Olisa, 2004);
• engagement in challenging activities; and
• a positive identity, positive self-esteem, high self-efficacy, and social skills (Murphy, 2017; Park, 2004).

The two individual level protective factors highlighted in the literature are literacy skills and self-efficacy.

Developing literacy skills early in life is seen as a crucial protective factor because these skills form the foundation for learning and subsequent success in achieving an education and for doing well in life (Gilligan, 2004, 2007; Martin & Jackson, 2002; Murphy, 2017; Snow, 2018; Stuart et al., 2004). Attaining basic academic skills is further viewed as a protective factor that will lead to improved outcomes as an adult (Harper & Schmidt, 2012). Gaining the skill of reading is said to result in increased engagement as a learner (Coghlan et al., 2009). Literacy skills are fundamental to achieving other positive life outcomes such as wellbeing, employment and future income (Murphy, 2017). For these reasons, it is particularly important for the OOHC cohort to have ‘literacy-inducing care environments to ensure future success’ (Moffat & Vincent, 2009, p. 136).

A high level of self-efficacy is seen as another powerful protective factor and an essential component of developing resilience (Cepukiene et al., 2018). The strength of a person’s belief in their effectiveness in relation to a task will determine whether or not they will even attempt the task (Bandura, 1977). Efficacy expectations are important in determining the amount of effort a person will put towards achieving a task and their level of persistence, especially in the face of obstacles (Bandura, 1977). Self-efficacy is essentially the belief in one’s ability ‘to cope, manage and master different/various situations that precede developmental and change outcomes’ (Cepukiene et al., 2018, pp. 81-82).

Academic success is generally accompanied by high self-efficacy because the student expects to do well (Doménech-Betoret, Abellán-Roselló, & Gómez-Artiga, 2017). The complexity of a task also affects the relationship between self-efficacy and performance, so the relationship is said to be strongest with relatively simple tasks (Lane & Lane, 2001; Multon, Brown, & Lent, 1991).

Cepukiene, et al. (2018) conducted a study with adolescents in foster care researching how self-efficacy levels could be increased using a solution-focused approach. They note that:

• Self-efficacy is an important cognitive personal characteristic as well as a changeable one; and
• Increasing self-efficacy levels during an intervention can lead to better outcomes in adolescents’ psychosocial functioning.

Creed et al. (2011) also found that when comparing a group of adolescents in OOHC and a group not in OOHC, the OOHC group responded more positively than the other group when their self-efficacy level was increased. Specifically, they engaged more in career exploration when their self-efficacy and confidence increased. These findings suggest
that increasing the self-efficacy of children and young people in OOHC is a beneficial and promising protective factor.

These studies suggest that interventions that raise the self-efficacy level of children in OOHC are invaluable because as the child develops belief in their ability to undertake various tasks they will become more confident as learners. This has immense benefit not only for their educational outcomes but more broadly in their development of life skills and social interactions, and ability to navigate challenges in life.

Family risk and protective factors

Children in OOHC who have experienced instability in the home environment with little engagement from parents or carers often lack exposure to language and literacy; consequently they become easily disadvantaged as learners from the outset (Hancock, 2017). This may be the reason why OOHC students are typically two years behind in skills such as literacy and numeracy when they begin school (Flynn, Marquis, Paquet, Peeke, & Aubry, 2012; Hancock & Hancock, 2017). Some of the other risks attributed at the family level include:

- placement instability (Osborn & Bromfield, 2007);
- living in poverty and low parental education (Foorman & Torgesen, 2001; Sirin, 2005);
- difficult relationships with birth family members resulting in the inability to concentrate at school (Wise et al., 2010);
- inappropriate involvement behaviours such as giving children the right answer or completing the assignment without the child’s involvement (Patall, Cooper, & Robinson, 2008 p. 1043);
- less-rich language experiences and social conversation (Maier, Vitiello, & Greenfield, 2012);
- poor access to children’s books in the home environment (Zadeh, Farnia, & Ungerleider, 2010); and
- fewer resources spent on encouraging the child to engage in school (both financial and intangible supports) (Donnellan, Martin, Conger, & Conger, 2013).

While the risk factors are significant barriers for children, there are protective factors that the literature has determined can increase literacy and engagement with learning and school. They include:

- stability in the living arrangement and carer characteristics (e.g. socio-economic status, health, parenting style, social support) (Paxman, Tully, Burke, & Watson, 2014);
- warm, responsive, and consistent parenting styles (Watkins & Howard, 2015);
- living with a parent/carer who is supportive of educational and extracurricular activities (Murphy, 2017; Townsend, 2011);
- early exposure to literacy and literacy materials (Moffat & Vincent, 2009);
- exposure to oral language, through conversation and reading books with a parent (Hart & Risley, 1992; Sim, 2012); and
- access to a study space (Martin & Jackson, 2002).

The literature clearly indicates that a supportive and safe environment is fundamental (Martin & Jackson, 2002; Moffat & Vincent, 2009). Engaged parents and a supportive home environment activates intellectual and social development as the parents/carers show
interest in the child’s learning, by reading to and talking to children about books, films, and school (Emerson et al., 2012; OECD, 2012).

All too often however, the child in OOHC has lacked exposure to a literary environment prior to being in foster care and depending on OOHC environment, may have minimal such exposure whilst in OOHC. Promisingly, the Pathways of Care Longitudinal Study (Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, & New South Wales Department of Family and Community Services, 2015a) reported that 89 percent of 565 caregivers reported reading a book every week to children in their care aged 3-35 months and 94 percent reported reading a book every week to children aged 3-5 years of age. This indicates foster carers can increase some protective factors if they are intentional about reading to children and have books in their home for children to access.

Community risk and protective factors

Townsend (2011, 2012) reports that multiple transitions in a child’s life, either over a period of time or several occurring concurrently, has negative effects on a child’s ability to function and cope. In particular multiple changes of school (more than four schools in the study) were found to significantly decrease academic outcomes and overall behavioural functioning (Townsend, 2012, p. 7).

Further risk factors for children in OOHC are:

- schooling disruptions and lack of school attendance due to a change in placement, court appearances, or parental visits (Moffat & Vincent, 2009; Wise et al., 2010);
- truanting and dropping out of school. (Flynn, Tessier, & Coulombe, 2013; Townsend, 2011; Wise et al., 2010);
- education providers being unequipped for a student whose learning is mediated through a history of trauma and displacement (Gribble & English, 2016);
- lack of exposure to a high-quality classroom environment (Maier et al., 2012);
- poor communication, coordination, planning and commitment between the relevant parties (e.g. caseworker, carer, school) (Wise et al., 2010); and
- lack of participation in school-based opportunities and extracurricular activities (Wise et al., 2010).

In addition to these risk factors, many children in OOHC experience an abrupt end to formal care between 16 and 18 years of age, which also means an abrupt end to the support networks and housing they have had throughout their time in OOHC (Mendes et al., 2014). The loss of stable accommodation and financial support can make it feel impossible for a care leaver to consider higher education or employment.

These risk factors reiterate the importance of all stakeholders in the child’s life supporting them to feel motivated and confident about continuing their education and career pathway when they become a care leaver.
Community level protective factors that support a child to connect and engage with learning and education include:

- a sense of belonging to school and to the broader community (Murphy, 2017);
- flexible learning programs (A. Morgan et al., 2015);
- safe and supportive relationships with educators and adults who work in person-centred, trauma informed approaches outside the boundaries of traditional classrooms (A. Morgan et al., 2015; PWC, 2017);
- treating mental health problems that may act as barriers to classroom success (Pecora, 2012); and
- mentoring or tutoring interventions (Murphy, 2017).

Mentoring interventions discussed in the literature often describe the positive outcomes for children. Research has found many benefits to being partnered with a caring, supportive adult (mentor) who supports a child engage with learning (Duke, Farruggia, & Germo, 2017; Gypen et al., 2017; K. C. Johnson & Lampley, 2010).

Mentoring builds a consistent and secure relationship with a trusted adult (Hancock & Hancock, 2017), and is viewed as a powerful protective factor that can have far-reaching, positive impacts including improved self-esteem and attitude towards schooling (Chan et al., 2013; Converse & Lignugaris/Kraft, 2009; Herrera, Grossman, Kauh, Feldman, & McMaken, 2007). Mentoring is an effective way to improve language and reading skills (Harper & Schmidt, 2012; Rittner, 2002).

Mentoring has been described by Martin and Jackson (2002) as an important factor helping care leavers achieve higher education. The study interviewed 38 care leavers in order to better understand the factors that enabled them to be resilient in the face of adversity. Most of the interviewees highlighted that they had experienced a special relationship with at least one adult who had acted as a mentor or role model and had encouraged them to gain an education. They recommended mentoring relationships should be: consistent, supportive, understanding of the child’s strengths, weaknesses and needs, and the relationship should be ongoing for many years (Martin & Jackson, 2002).

The timeframe of a mentoring intervention is considered important. In a study involving 262 young people in foster care, Johnson, Pryce, & Martinovich (2011) found that improvement occurred only if the young people were mentored for at least 12 months. In contrast, an intervention of six months actually showed a decline in improvement.

The Pyjama Foundation’s Love of Learning Program (Knight, 2013) also established that the length of the mentoring relationship was important. An evaluation study investigated the correlation between the mentor relationship and the child’s literacy improvement and engagement. The findings showed that the factors which had a significant impact on the mentors’ perceptions of the children’s improvement in literacy skills were: the relationship with the child, the child’s engagement and tenure in the program, and the frequency of meetings. A positive relationship
with the mentor was found to have the most influence on the child’s engagement and improvement (Knight, 2013).

**Policy context**

Each Australian state and territory government is responsible for administering and funding child protection services. OOHC and family support services are delivered by a combination of government and non-government organisations, but most are funded by government due to the legal responsibility that government has for children in OOHC. Each state and territory, however, adheres to a slightly different framework. In New South Wales the non-government sector delivers OOHC services, and OOHC education coordinators are appointed to implement educational support planning for children (Australian Parliament, 2015). In Queensland, the Department of Child Safety, Youth and Women makes funds available, when required, under the Education Support Funding Program (ESFP) to the Department of Education and Training. These funds are not provided for any particular intervention or program, or consistently across the OOHC cohort. They are provided on a needs basis to enhance education support services for individual students in OOHC. When a school identifies a need, funds can be accessed for literacy and numeracy support, mentoring or coaching programs, life skills programs, carer support initiatives and flexible/alternative education options, etc. (Queensland Government, 2011).

What all governments agree on is the importance of educational participation, retention and attainment of children in OOHC. The Australian, state and territory governments worked together to design The National Standards for out-of-home care, a priority project as part of the National Framework for Protecting Australia’s Children 2009-2020 (Commonwealth of Australia, 2011). The purpose of these standards is to improve the outcomes and the experiences of those in OOHC. Education is included in the standards as one of the key areas, which are:

- health;
- education;
- care planning;
- connection to family;
- culture and community;
- transition from care;
- training and support for carers;
- belonging and identity; and
- safety, stability and security.

One of the standards states that children in OOHC should be able to access and participate in education and early childhood services and have the same opportunities as other children. The importance of early exposure to education is particularly highlighted as the most effective way to help children reach their potential. The effectiveness of services and interventions are measured by the proportion of children and young people achieving national reading and numeracy benchmarks and the number and proportion of three and four year old children who participate in quality early childhood education and child care services (Commonwealth of Australia, 2011).
A growing awareness and concern from policymakers about the educational welfare of Australian children and young people in OOHC was evident during a Senate inquiry about OOHC in August 2015 (Parliament of Australia, 2015).

A report published following the proceedings of the inquiry recommended that all children have updated education plans. Further, the report recommended that the National Framework develop and implement a nationally consistent approach to:

- provide additional education support for children and young people in OOHC; and
- increase participation by young people in OOHC in education and training opportunities.

At the state level, The Queensland Department of Communities, Child Safety and Disability Services (the department previously appointed responsibility of children in OOHC) published a practice paper in 2013. Titled ‘Valuing and improving educational outcomes for children in out-of-home care’, it explored the educational outcomes of children in OOHC (Queensland Government, 2013). The paper includes examples of interventions discussed in the literature that support children to achieve their educational potential. The report revealed that there is a lack of effective communication and planning between the core adults (teacher, case worker, carer) in the child’s life with regards to education and other needs, even though there is educational support planning available in Queensland. The report recommends that strategies to improve the outcomes for children should include proactively engaging all stakeholders in a child’s life and involving the child in the planning of their educational needs.

The Queensland Department of Child Safety, Youth and Women is now responsible for children and young people in OOHC. This department administers the Child Protection Act 1999 and funds the ESFP. The Department appoints Child Safety Officers as caseworkers for children in OOHC and collaborates closely with government and non-government organisations to deliver foster care and support services.

The Queensland Department of Education and Training published a policy statement in 2016 titled ‘Students in out-of-home care policy statement’ (Department of Education, 2016) which outlines a list of expectations for schools working with children in OOHC.

- Schools are expected to use a whole of school approach to implement evidence-based practices that improve educational outcomes for students in OOHC.
- Schools are expected to raise awareness of the special needs and vulnerabilities of children in care.
- A buddy/mentor should be appointed for each student in OOHC by the school to provide additional support.
- An Education Support Plan (ESP) should be developed for each OOHC student (who meets eligibility criteria). The ESP should be developed in partnership with the student, carer, Child Safety Officer and other key stakeholders. The ESP should be reviewed regularly to ensure it meets changing academic, social and emotional needs.
- In collaboration with the Child Safety Officer and other professionals, the carer should ideally be provided with support to be able to
actively engage with the child or young person’s learning.

No literature was found that examines or demonstrates the outcomes and impact of this policy and the collaborative relationship between the Department of Child Safety, Youth and Women and the Queensland Department of Education and Training.

There is only limited evidence that some state governments fund research and initiatives.

**Pathways of Care – New South Wales**

The New South Wales Department of Family and Community Services (FACS) is funding a large scale longitudinal study about Australian children and young people in OOHC (Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, & NSW Department of Family and Community Services, 2015b). It is being funded due to the lack of research on the contribution of various services and interventions to wellbeing in different care settings. Data is being collected in waves from 2011 until 2020. Focus areas include information about the safety, permanency and wellbeing of the OOHC population with particular focus on child developmental areas of physical health, socio-emotional wellbeing and cognitive/learning ability. The study is tracking the development of participating children from early childhood until they turn 18 years old (Family and Community Services, n.d.). Data collection includes accessing the database of child protection and OOHC records, interviews with children and carers, online surveys with caseworkers and online surveys with teachers. The study has released some initial findings which concur with other literature that the risk and protective factors in OOHC include: placement characteristics (e.g., type of placement, if placed with siblings, neighbourhood); carer characteristics (e.g., socio-economic status, health, parenting style, social support); the services and supports provided to the child or young person and their carers; and contact with birth family. The study has identified that while most 7–11 year olds appeared to have positive perceptions of their school life, a larger proportion of 12–17 year olds did not (e.g., close to half of 12–17 year olds ‘rarely/never’ or only ‘sometimes’ enjoyed being at school) (Australian Institute of Family Studies et al., 2015b).

**The Discovery Book Club – Western Australia**

The Freemantle and Perth Discovery Book Club is a project initiated by the Western Australian Department for Child Protection and Family Support (DCPFS) (Cain, 2017; Government of Western Australia Department of Communities Child Protection and Family Support, n.d.). When a child enters foster care DCPFS introduces them to the Discovery Book Club as part of the Education Service Intake model.

The program has reached children across Western Australia in partnership with organisations such as The Aboriginal Literacy Foundation (Aboriginal Literacy Foundation, 2017).

Table 2 provides an overview of the components of the Discovery Book Club. The first component involves book parcels being sent to the child, the second component provides educational support and resources to foster carers to be able...
to better support the child educationally, and the third component is a mentor program.

Table 2: Components of the Discovery Book Club

<table>
<thead>
<tr>
<th>The Discovery Book Club</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Book parcels</td>
<td>Four book parcels over 24 months</td>
</tr>
<tr>
<td>2. Foster Carer Support</td>
<td>Education session, morning tea’s, books and resources</td>
</tr>
<tr>
<td>3. Student Teachers Recreational Reader Support</td>
<td>One-on-one recreational reading with a child in care</td>
</tr>
</tbody>
</table>

Note. Adapted from “Discovery Book Club”, Government of Western Australia Department for Child Protection and Family Support.

The mentoring program component is called ‘Whale of a Tale: Reader Mentor’ and is delivered in collaboration with the University of Notre Dame Australia School of Education and the DCPFS. Research by Cain (2017) has reported that the program has a positive impact on the lives of the children in care.

Australian interventions

Australia research confirms that children in OOHC as a cohort are struggling to reach national literacy and numeracy benchmarks (Townsend, 2012; Australian Institute of Family Studies et al., 2015; Wise et al., 2010). Therefore, interventions play a vital role in helping children to improve their literacy and school engagement.

Interventions should cater to the child’s development needs (Gribble & English, 2016) and can be achieved through individually tailored learning programs (Mendes et al., 2014). Interventions that tackle literacy and numeracy deficits are particularly valuable as reading, in particular, is considered a foundation of learning (Gilligan, 2007; Osborne, Alfano, & Winn, 2010).

Interventions in Australia

Research about the effectiveness of interventions to improve educational outcomes of children in OOHC is scarce. However, the relevant interventions that have published some evidence of their effectiveness predominantly fall into two categories:

- interventions that use mentoring to improve literacy; and
- interventions that are collaborative and provide a range of supports to children in several contexts (school, the care system, and home) – also referred to as a wraparound intervention.

The interventions for children in OOHC that have published some research about their effectiveness are described in Table 3.

Mentoring/literacy interventions

The Love of Learning Program (Knight, 2013) and The Whale of a Tale Reader Mentor Program (Cain, 2017; Gordon-Smith & Cain, 2017) are the only two interventions identified as mentoring programs that focus on improving literacy. Both promote a love of reading through one-to-one reading sessions with a mentor.
Knight (2013) conducted a statistical data analysis based on survey data from 121 Love of Learning Program mentors known as Pyjama Angels. These mentors are recruited from the community and trained to be volunteers. The findings of the study emphasised the importance of building a positive mentoring relationship with the child. Notable strengths of The Love of Learning Program (The Pyjama Foundation, 2018) that actively develop protective factors for the child include:

- continuous mentoring relationship between the Pyjama Angel and the mentee (the mentor stays with the child even if they move placements);
- mentoring occurs in the child’s home, not in the school environment so learning can be play based if required;
- children receive literacy items as gifts, encouraging a sense of pride in their identity as a learner and the experience of owning books and other items;
- activities and affirmations deliberately promote the child’s self-efficacy;
- children are encouraged to be the decision-maker in the sessions and determining their own goals; and
- children are encouraged to role-play characters in books to support identity exploration as well as providing a sense of agency.

### Table 3: Australian evidence-based education and literacy interventions

<table>
<thead>
<tr>
<th>Name</th>
<th>Managed by</th>
<th>Location</th>
<th>Format</th>
<th>Who delivers content?</th>
<th>Reference</th>
<th>Research Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mentoring/ literacy interventions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Love of Learning Program</td>
<td>The Pyjama Foundation</td>
<td>QLD, VIC &amp; NSW</td>
<td>A mentor meets the child at the foster carer’s home for 1-2 hours weekly.</td>
<td>Trained volunteers (Pyjama Angels).</td>
<td>(Knight, 2013)</td>
<td>Quantitative. Survey conducted with volunteer mentors.</td>
</tr>
<tr>
<td>Whale of a Tale: Reader Mentor Program</td>
<td>Department of Communities: Child Protection and Family Support and the University of Notre Dame Australia School of Education</td>
<td>WA</td>
<td>A student teacher meets the child weekly at the child’s school for an hour a week for two school terms.</td>
<td>Volunteer preservice teacher students.</td>
<td>(Cain, 2018; Gordon-Smith, 2017)</td>
<td>Qualitative. Data collected via focus group interviews and online communication. Thematic analysis.</td>
</tr>
<tr>
<td><strong>Collaborative / holistic education interventions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative Education Program</td>
<td>Life Without Barriers and Edmund Rice Education Australia Youth +</td>
<td>QLD</td>
<td>Individualised interventions.</td>
<td>Educational Psychologists provide support to students.</td>
<td>(Mainwaring, 2014)</td>
<td>Qualitative case studies.</td>
</tr>
<tr>
<td>TEACHaR</td>
<td>Anglicare Victoria</td>
<td>VIC</td>
<td>Individualised interventions lasting for various periods if time (6 months; 6-12 months; and more than 12 months).</td>
<td>Qualified teachers deliver content / provide support to students.</td>
<td>(David, 2015; David &amp; Wise, 2016)</td>
<td>Mixed methods. TEACHaR Assessment and Outcomes Measurement Tool. Data collected every six months starting at service entry (baseline).</td>
</tr>
<tr>
<td>The Early Years Education Program</td>
<td>Children’s Protection Society</td>
<td>VIC</td>
<td>Children receive 25 hours a week high-quality education and care for 50 weeks of year for 3 years.</td>
<td>Highly trained staff.</td>
<td>(Jordan et al, 2014; Fordham, 2016)</td>
<td>Randomised Control Trial.</td>
</tr>
</tbody>
</table>
The Love of Learning program has an outreach of 1440 foster children each week across three states (QLD, NSW, VIC). The continuity of the program allows foster children the chance to develop a sustained meaningful relationship with their Pyjama Angel who mentors the child within the home environment each week.

The Whale of a Tale: Reader Mentor Program in Western Australia similarly uses mentors but this program is limited by the timeframe of weekly meetings for two school semesters. The program promotes a number of protective factors including:

- A mentoring relationship between the pre-service teacher (university students in their fourth year) and the OOHC student. The mentoring lasts for two school terms and is school-based; and
- Recreational reading in weekly sessions with a mentor to develop emerging literacy skills.

Cain (2017) conducted qualitative research to evaluate the effectiveness of the program. Data was collected from a discussion forum, focus group interviews and reflective journals kept by 25 volunteer mentors. The research design initially intended to also collect data about the children’s self-perception using a reading questionnaire, but it was later deemed inappropriate. Cain’s (2017) study reports that ‘it was felt that the program had positive impact of the lives of the children in care’ and it helped build the student’s sense of self-esteem (Cain, 2017, p.64). However, studies have yet to verify if this short intervention has achieved sustainable impact over time.

Collaborative/holistic education interventions

Holistic wraparound programs take on a collaborative approach given the multifaceted systems and environments a child operates within (McNamara, 2016).

An example of an intervention that uses this approach is TEACHaR, a program for children in OOHC in Victoria. The model was developed utilising evidence-based research, in particular research by Wise et al., (2010) titled ‘The Care System Impacts on Academic Outcomes (CIAO)’ which established the need for such an intervention.

Students in TEACHaR receive educational support from registered and experienced teachers (educators) in a combination of one-to-one tuition, group learning, informal learning, and other interventions specific to their educational attainment needs.

The TEACHaR team works with the Department of Education, schools, carers, and OOHC staff to develop appropriate plans for children in the program. Educators play a key role in the holistic and collaborative process and are ‘the voice of OOHC in schools and the voice of education in OOHC teams. They act as an informed communication bridge between systems.’ (David & Wise, 2016, p. 40).

The interventions key aims are to:

- encourage school attendance;
- increase self-belief and expectations (of self and of supporting organisations);
- utilise a strengths-based approach (focusing on the student’s strengths and interests); and
• bring carers and OOHC staff together and support them to prioritise the importance of education.

The program supports extracurricular activities and provides learning resources to the students. The length of the program varies between under six months, between 6-12 months, and more than 12 months. Outcomes have been measured using the TEACHaR Assessment and Outcomes Measurement Tool (developed specifically for the TEACHaR program). An evaluation (Anglicare Victoria, 2016) shows students increased their engagement in learning (54.7% to 73.8%), and improved their literacy skills (from 25.4% to 42.4% in six months, up to 53.7% in 12 months and 60.8% in 24 months).

Another intervention, The Collaborative Education Program was initiated by Life Without Barriers and Edmund Rice Education Australia Youth + (Mainwaring, 2014). In this program educational psychologists advocate for children in OOHC who are actively given a voice in the decision-making of their Education Support Plans. The program utilises a wraparound framework alongside various theoretical underpinnings including attachment-based interventions, relational pedagogy and a trauma informed lens (Mainwaring, 2014).

A third intervention that uses a collaborative and holistic approach is The Early Years Education Program. This is an early intervention program in Victoria targeting at-risk children under three years of age. The program is not solely for children in OOHC. Risk factors are assessed by the Department of Human Services and children experiencing significant family stress and social disadvantage are referred to the program, including children in OOHC.

Table 4: The Early Years Education Program model

<table>
<thead>
<tr>
<th>The EYP model (Jordan, Tseng, Coombs, Kennedy, &amp; Borland, 2014).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Infant mental health consultation</td>
</tr>
<tr>
<td>2. Early years education pedagogy</td>
</tr>
<tr>
<td>3. Wraparound family services</td>
</tr>
<tr>
<td>4. Parental involvement</td>
</tr>
<tr>
<td>5. Nutrition</td>
</tr>
<tr>
<td>6. Attachment framework</td>
</tr>
</tbody>
</table>

Note. Adapted from “Extending the reach of the early years education program: The EYEP: Q” by Fordham, L., 2016.

The Early Years Education Program is an early intervention program, so provides support for young children over a three-year period preparing them for school. Children receive at least 25 hours a week of high-quality education and care for 50 weeks of the year for three years.

The program utilises a trans-disciplinary approach (partnerships between educators and parents); high staff to child ratios; qualified staff; attachment-focused and trauma informed care; a child-centred curriculum; integration with family support services; and support from infant mental health professionals (Fordham, 2015).

The program focusses on relationship strategies to reduce the children’s behavioural and emotional dysregulation to allow them to be more available for learning (Jordan et al., 2014).

Strengths of the program include:
• it is early intervention for children under three years old when they enter the program; and
• a key person is provided for up to 3 years to work with the child and family.

An ethnographic study about the program noted that building trust with children (many of whom have experienced trauma and disadvantage) and having a sense of belonging is vital if children are to be open to learning. This takes time and requires skilled educators along with a holistic approach towards curriculum and relational pedagogy to support and enhance every child’s capacity as a learner (Fordham, 2015).

International interventions

Mentoring/literacy interventions

A 12 week literacy and mentoring intervention (Murphy, 2017) was developed in the UK with the aim of improving children’s literacy and resilience. Although conducted outside of school hours, the intervention utilised school facilities and class teachers as the mentors.

The intervention promoted the following protective factors:

• school teachers mentoring children one-to-one, providing them with individualised literacy activities;
• children were part of the decision-making process about the session content; and
• activities focussed on building relationships, peer relationships, self-esteem and resilience.

The study found marked improvement in the children’s confidence as a result of the mentoring relationship. However, a limitation was that the mentors were also school teachers and several mentors were the actual teacher for the same child during class times. In addition, as the program only lasted 12 weeks it is difficult to know if there any long-term benefits for the participants. Murphy (2017) reports that many of the mentors decided to informally continue the mentoring relationship after the program ended as they found it was mutually rewarding.

Tyre (2012) conducted a study in the US assessing how a school-based educational support model could, through the use of mentoring and advocacy, improve reading skills of children in OOHC. This model used an Educational Liaison (EL) approach, enlisting a professional such as a teacher or social worker as an intermediary communicating with both the school system and the social services system. The study focused on assessing the reading skills of students who were provided EL support by a private nonprofit organisation in the US.

The intervention:

• used stable adult mentors (a teacher and a tutor). Tutors are university students and made a minimum one year commitment;
• provided individualised sessions to address each student’s needs. Along with providing academic tutoring the tutors provided encouragement and empathy for the social, emotional, and behavioural challenges of the mentees;
• provided frequent weekly sessions, on average three times a week for one hour; and
• students receive either free or reduced-price school lunches as an incentive to stay engaged.
The students’ oral reading fluency (words read correctly every minute) and reading comprehension (based on number of words read correctly) were tested three times during the school year. The study found that in particular there were significant improvements in the reading and comprehension.

A limitation of the study however was there was no comparison or control group so the improvement could have been attributed to other factors.

**Literacy promoting interventions**

The Paired Reading Literacy Intervention is based on the structure of paired reading as discussed by Morgan (1976). The initial intervention took place in the UK and was evaluated by Osborne, Alfano and Winn (2010). The intervention has been replicated in Sweden with studies by Forsman (2017) and Vinnerljung, Tideman, Sallnäs, and Forsman (2014).

The intervention promotes the following protective factors:

- the carer reading with the child; and
- the child’s exposure to literacy materials.

Paired reading sessions occur within the home environment and involve the carer reading with the child in an interactive way. The sessions occur at least three times a week for twenty minutes per session for 16 weeks.

Studies by Osborne, et al. (2010) and Vinnerlung, et al. (2014) both used pre-post measures to measure improvement in reading ability. Both studies reported the program increased the child’s reading ability. However, a limitation of the intervention is the reliance on the carer as the person delivering the program. Additionally, although improvements were observed, the intervention only lasted 16 weeks. It is unknown if the participating children experienced long-term improvement.

Another program in the UK is the Letterbox Club (Dymoke & Griffiths, 2010). This intervention began as a joint initiative between the BookTrust and the University of Leicester. The Letterbox Club sends monthly packages to the participating children’s foster homes with the goal of improving their educational attainment. The packages consist of reading materials, story CDs, stationery and mathematic games.

Several studies have evaluated the effectiveness of the Letterbox Club (Dymoke & Griffiths, 2010; Hancock & Hancock, 2017; Roberts, Winter, & Connolly, 2017; Winter, Connolly, Bell, & Ferguson, 2011), with the strengths of the intervention being established as:

- children experience a sense of pride and ownership in receiving books and other literacy materials; and
- the intervention promotes a strengthened relationship between the child and their carer who is encouraged to read with and engage in literacy activities with the child prompted by the contents of the parcel.

Limitations of The Letterbox Club include confusion amongst carers who did not always realise that they could engage with the child as part of the intervention. This indicated that a mentor type relationship was not necessarily achieved. In addition, the intervention only lasted for six months (six parcels are sent each
month during this time), so it is unknown if this short timeframe has any long-term benefit for the educational attainment for the child.

Another UK program is ‘Catch Up Literacy’ (Clipson-Boyles, 2000), a structured one-to-one intervention for children who find reading difficult. It is delivered in schools by teaching assistants in 15-minute sessions, twice a week. The tutor reads with the child for three minutes, the child then discusses what they have read for six minutes, then they complete some linked writing for six minutes.

Studies that assessed the effectiveness of the intervention reported that students who received the program made double the reading age gain of a control group of children who received individual literacy support for the same amount of time (Catch Up, 2018). Importantly, a comparative experimental study that assessed the impact of the program on children in the Catch Up Group compared to children in the Matched Time Group and children in the control group identified that merely allocating extra time to a child was not enough to help these children make accelerated literacy gains. However, the additional time did reap a slightly better result compared with the group where no intervention was made at all. The greatest improvements were seen when systematic time was structured into an individually-focused teaching framework (Clipson-Boyles, 2000).

A year-long study adapting the Catch Up Literacy program for children in OOHC was conducted in England in collaboration with Compass (a fostering service). Foster carers were trained to implement the program with 10 foster children within the home environment (Fraser, Barratt, Beverley, & Lawes, 2008). The evaluation found that the intervention made a difference for children in OOHC and that it can be delivered effectively by foster carers in the home environment.

A limitation to the intervention involved the attitudes of the carers some of whom reported finding it difficult to deliver the intervention within the home environment. The results showed a direct correlation between committed and organised carers and high levels of success (Fraser et al., 2008).

Dialogic Reading Gatherings (DLGs) is a program developed in Spain. DLGs are discussed at length in a book by Flecha (2014) about educational and social inclusion in Europe (Soler-Gallart, 1999). The DLG approach helps children develop their self-esteem, overcome inequalities and promote social cohesion. The program involves students reading a classical literature book (as Romeo and Juliet, the Odyssey, Don Quixote) and then openly sharing their meanings, interpretations and reflections with the dialogic learning methodology (Llopis, Villarejo, Soler, & Alvarez, 2016).

A case study about the program has been published by García-Carrión (2015) who explains the approach has shown how significant relational experiences enable children to achieve more, to understand other children’s minds and confidently face challenges (García-Carrión, 2015).

While children in OOHC are not the primary focus in the studies mentioned, a study by
Garcia Yeste, Gairal Casadó, Munté Pascual, & Plaja Viñas, (2018) evaluated the effectiveness of DLGs with a group of OOHC adolescents in residential care (a foster care centre) between the ages of 12 and 17. The participants attended five sessions over five consecutive weeks (one hour each session).

Garcia Yeste, et al. (2018) conducted qualitative research using participant observation and semi-structured interview data. They reported that the DLGs provided the participants with an increased sense of community as a result of the adolescents reading together as a group. Language skills were also developed as a result of increased oral expression. Additionally, the participants expressed feeling a stronger sense of self as a result of interpreting the literature. One adolescent commented: “With this book, you realise what happens to everybody. This book is similar to what occurs to us.” (Garcia Yeste et al., 2018, p. 67).

While this study appears to yield several benefits for participants it is limited by the short timeframe of five weeks, making it difficult to assess whether the intervention has any long-term benefit for the children in OOHC.

**Tutoring interventions**

Teach Your Children Well (TYCW) is a tutoring intervention that follows a method developed by Maloney (1998). Two separate studies in Canada (Flynn et al., 2012; Harper & Schmidt, 2012) have adapted the TYCW model for OOHC children in recent years with slightly different formats.

The first study by Flynn, et al., (2012) used a one-on-one tutoring method with foster carers to deliver the program. Seventy-seven children aged six to 13 years participated in a randomised control trial. The foster carers had to meet certain criteria in order to participate including being able to read well themselves.

The study provided tutoring to approximately half of the children over a 30 week period. Results reveal that the children in the experimental tutoring group experienced improvements in sentence comprehension, reading composition, and maths, but did not make improvements in word reading or spelling (compared to a waitlist group).

The second study by Harper and Schmidt (2012) used a small group format (i.e., four children per group) and university student volunteers to deliver the program. Sixty-eight children (grades two to eight inclusive) in long-term foster care participated in the two-year randomised control trial. The findings established meaningful effect in the size differences, in the small-to-moderate range, in favour of the tutoring intervention with respect to reading, spelling, and mathematics skill development. The study found that children who received tutoring demonstrated significant improvements in reading and spelling scores relative to their same aged peers in a control group (Harper & Schmidt, 2012).

This study validates other studies that show generally, one-to-one tutoring is an effective intervention for children at risk for school failure or those with a learning disability (Elbaum, Vaughn, Hughes, & Moody, 2000; Flynn et al., 2012; Maloney Method, 2012).
Another intervention is the Skolfam model (translated into English as school-family care). It was initially implemented in 2005-2008 in Helsingborg, Sweden with 25 foster children aged seven to 11 years. It is an intervention that is based on an educational and psychological assessment supplemented by individual coaching plans that chart the child’s progress. The results of the program include improvements in cognitive performance, spelling, word comprehension, and reading speed as well as improved relationship and socialised behaviour (Tideman, Vinnerljung, Hintze, & Isaksson, 2011; Tordön et al., 2014).

Tordön, et al. (2014) reviewed the Skolfam model to see if the results from the initial Skolfam model intervention could be achieved in other cities. Twenty-four children were initially included in the study, with 21 completing the post-intervention test. The study focused on children in a fairly stable foster family placement that was expected to last a minimum of three years. Environmental factors were assessed regarding their influence on the child’s academic school performance. This included the carer’s ability and willingness to positively encourage the child’s schooling. The study revealed that the children’s self-concept increased significantly by 18.2 percent. Other improvement areas included intellectual capacity, literacy and numeracy skills. The study indicated the educational performance of those children in OOHC can be improved if children are provided adequate support (Tordön et al., 2014).

The Skolfam model has now been adapted in Finland into an intervention called the Sisukas project – it is also referred to as the “foster child at school” model (Pesäpuu ry, 2018). The Finnish word ‘sisukas’ broadly refers to resilience.

Similar to the Skolfam model, psychologists and special education teachers test the baseline psychological wellbeing and behaviour of participating foster children. The results are communicated to the child, their foster carer, teachers and social workers. This promotes communication and a positive working relationship between the child, who is considered a member of the team, and everyone responsible for the child. The psychologist and special education teachers act as mediators and rarely work directly with the child. Based on the test results an individualised education plan is developed for each child. After 24 months the child is retested and goals are adjusted accordingly. (Pesäpuu ry, 2018).

Pirttimaa and Välivaara (2018) report that participants of the Sisukas project experienced improvement predominately in the areas of mathematics and writing skills. Improvement was also observed in the participants’ individual wellbeing. The findings highlight the uniqueness of each child and their changeable needs over time. The Sisukas project promotes the cooperation of the various stakeholders within the child’s life in developing their individualised education plan and to achieve effective outcomes (Pirttimaa & Välivaara, 2018).
Discussion

This literature review has identified that the cohort of children and young people in OOHC frequently have poor educational outcomes due to a range of personal, family and community level factors that put them at risk of disengaging from school and not achieving the educational attainment needed to thrive in many areas of their life.

Despite the significant risks for children in OOHC and the negative lifetime impacts of poor literacy and educational attainment, extremely limited research exists about interventions that aim to increase the educational attainment of children in OOHC and improve established protective factors. There is also a notable lack of relevant government policy or practice research. This could be due to a research funding lack or due to the culture of relatively low educational expectations for care leavers (McNamara, Harvey, & Andrewartha, 2017).

The studies that have been conducted have confirmed a number of protective factors that can support children in OOHC and minimise the effects of the significant risk factors these children experience. In particular, interventions that have had some success strategically address either individual, family and community level factors, or a combination of these factors.

Studies suggest that interventions should consider:

- the child’s personal attributes and ability to engage and learn
- the carer’s ability to support the child’s development and learning
- the child’s support network working collaboratively with the child and each other, to achieve positive outcomes, and
- the intervention’s approach and duration.

Importantly, safe, kind and loving relationships with carers, mentors and teachers, which develop a child’s self-efficacy, their literacy skills and resilience while learning, could be the most important success factors. In addition, given the specific needs of the OOHC cohort, a trauma informed approach that builds trust and communicates effectively with these children is critical.

These are positive indicators and assumptions, but more research is needed to rigorously examine which approach can achieve the most effective outcomes.

Future research directions

The gaps in the literature suggest that further research needs to be conducted to gain a much better understanding of which interventions most benefit children in OOHC (Forsman & Vinnerljung, 2012; Hambrick et al., 2016; Tordön et al., 2014), and which interventions support and improve their protective factors most effectively.

There is no doubt that developing interventions to support children in OOHC to grow their self-efficacy and resilience is important and meaningful. Further research should explore what might be the best way to build these psychological skills and attributes. How improving social, cognitive and emotional
abilities and skills such as self-efficacy improves their engagement in school and learning opportunities should also be researched.

Current evidence suggests the Australian interventions are creating positive outcomes, but if further research were conducted, social investors and policy makers in Australia would be able to more reliably fund and support interventions that have proven to achieve significant social impact and identify factors that improve attitudes towards learning and school.

Future research would also be able to assess if school-based interventions represent a better possibility for supporting children whose home life may make them vulnerable, or, if children respond better to home-based interventions where they feel they are provided with individualised support from a mentor or carer.

Another issue is the lack of research about which interventions support Aboriginal and Torres Strait Islander children living in OOHC. Further research should pinpoint what approaches are most culturally appropriate and effective.

**Conclusion**

This review was conducted to explore the risk and protective factors that reduce or improve educational outcomes for children and young people in OOHC. It has examined interventions that aim to improve these children’s educational outcomes, and identified there is a need for further research so that policy makers and funders can reliably invest in interventions that show they are making a positive impact.

The review has established that children and young people in OOHC are at risk of a significant level of educational disadvantage, and this can make it much harder for them to achieve academic and life success. It is extremely important to provide effective prevention and early interventions so these children are supported to have good literacy and learning skills. When children have the disposition, motivation and skills to learn, they can become resilient lifelong learners. In the words of Dr Seuss (Seuss, 1978):

*The more that you read, the more things you will know. The more you learn, the more places you’ll go.* Dr. Seuss
References


