



The education of children in care

CHILDREN who grow up in local authority care, 'looked after' under the Children Act 1989, are four times more likely than others to require the help of mental health services; nine times more likely to have special needs requiring assessment, support or therapy; seven times more likely to misuse alcohol or drugs; 50 times more likely to wind up in prison; 60 times more likely to become homeless; and 66 times more likely to have children needing public care (Jackson & Simon, 2005). They are disproportionately likely to be seen by a psychologist at some point in their lives. It is therefore important to understand how the experience of being in care creates disadvantages and needs that psychologists, social workers and educationists should be working together to address.

Evidence from the British Cohort Studies shows that quality of adult life is closely related to educational qualifications. Each step up the educational ladder is associated with improvements in health, both mental and physical, employment, income, housing, family life, absence of addiction problems and lower risk of involvement with the criminal justice system (Jackson & Simon, 2005).

In this article we argue that the generally poor outcomes for people who



Educational failure is the root of many social problems; SONIA JACKSON and PETER MCPARLIN believe psychologists can help.

have spent time in care as children can be confidently linked to educational failure, and that the care and education systems must bear a heavy responsibility for this. Since 1998 the government has recognised the link between quality of care and educational outcome, but the problem has proved very intractable. The potential contribution of psychologists, as we show later, is undermined by organisational factors that fail to take into account the particular circumstances of children in care (Evans, 2000).

The problem

There is a massive gap between the attainment of children looked after by local authorities and their peers, even compared with other disadvantaged groups. Only 6 per cent achieve five or more GCSE subjects at grades A*-C, a figure that has remained almost static for many years, as opposed to 53 per cent of all children. Over half leave school with no qualifications of any kind (Department for Education and Skills, 2005), and among boys this figure rises to almost two thirds. The proportion accessing higher education has recently risen from less than 1 per cent to 5 per cent, but the figure is artificially inflated by the numbers of ambitious asylum seekers in some London boroughs.

Looked-after children make up a significant proportion of most educational psychologists' workloads. 27 per cent have

statements of special educational need compared with 3 per cent of all children. Children in care are at least 10 times more likely than others to be excluded from school (Social Exclusion Unit, 2003). Yet it is only relatively recently that their (mis)education has attracted any serious attention.

The importance of education for the future life chances of children separated from their families was well recognised in the 19th century and features quite strongly in the Curtis Report (1946), which laid the foundations of the present childcare system. But for most of the second half of the 20th century social work came to be dominated by psychodynamic theories, and later by a preoccupation with child protection. The literature of the time is concerned exclusively with placement and relationship issues and barely mentions school or education (Jackson, 1987). The bleak picture of life after care only came to attention as a result of leaving-care studies (Stein, 2002): care leavers were at far higher risk than their peers of a range of social problems, and of repeating the pattern in the next generation.

Explanations

Early research claimed that poor school performance and problematic behaviour could be attributed to the extremely disadvantaged families from which most children in care originate (St Claire &

WEBLINKS

DfES Education Protects website:

www.dfes.gov.uk/educationprotects

The Who Cares? Trust: www.thewhocarestrust.org.uk

Voice for the Child in Care: www.vcc-uk.org

Recent report on the education of children in care from NCH: tinyurl.com/bnsqr

Osborn, 1987), and to the fact that the majority have experienced neglect or abuse, or both, before coming into care (Heath *et al.*, 1989). However, during the 1990s this view began to be challenged, with ourselves and other authors arguing that the problem lay far more in the care and education systems than in the children themselves. Some social work practices seemed designed to exacerbate the problem rather than solve it. For example, there was often an ideologically driven attempt to place children in families similar to their own or in only marginally better socio-economic circumstances.

If early adversity were the main reason for low attainment, one would expect children who come into care at an early age to do better than those who enter later, but there is no evidence that this is the case. In fact until recently there has been an almost complete absence of empirical evidence to resolve the controversy either way. There have always been a few individuals who have been successful despite having grown up in care, but usually they have had to seek opportunities through adult education, or their achievements have been in areas where formal qualifications are less important, such as sport or popular music.

Pre-care experiences certainly play a part in depressing attainment, but so does the failure to address the aftermath of such experiences or the impact of separation when children are removed from their families. A case-control study in Wales found that looked-after children were far more likely than their peers to suffer from mental health problems, sometimes very severe, but were much less likely to receive any treatment (Williams *et al.*, 2001). Kate Cairns, a childcare consultant with many years' personal experience as a foster carer of abused and neglected children, suggests that some of these children may be suffering from undiagnosed post-traumatic stress disorder that has a tendency to erupt when they are in confined situations, such as school classrooms (Cairns, 1999). Teachers often know nothing of the child's history and their current training does not equip them to understand the care system or to manage the behaviour of looked-after children (Comfort, 2004).

Others argue that the difficulties have been exaggerated. Pithouse *et al.* (2002) accept that carers urgently need more training and support, including advice from psychologists, but point out that the overused term 'challenging behaviour'

obscures a wide variety of problems arising from the children's previous experience of life in chaotic and neglectful households, and the uncertainties and disappointments associated with being in care. They do not explain the underperformance of looked-after children at school.

Higher education experiences

One piece of research that does throw light on this question is the five-year longitudinal study of university students with a care background conducted at the Thomas Coram Research Unit (Jackson *et al.*, 2005). The 'By Degrees' study tracked three successive cohorts of university entrants through their degree courses and interviewed them in depth at regular intervals. The criterion for inclusion in the study was that the participant had been in local authority care at the age of 16, but most had been in care for at least five years. Detailed questions were asked about their families of origin and pre-care experiences as well as about care placements and education.

Despite their exceptional achievement in accessing higher education, their birth families closely matched the profile identified by Bebbington and Miles (1989), with a high proportion of single parents, many siblings, unemployment, welfare dependency and inadequate housing; and 60 per cent had come into care as a result of severe neglect or abuse, an almost identical figure to that in the general care population. Other factors were parental drug or alcohol misuse, mental illness and domestic violence, all common reasons for being in care. Among the 129 participants were some who had family or personal experience of murder, suicide, psychotic

illness, drug overdose, arson and even genocide. Almost all of the birth parents for whom information was available had left school at the first opportunity and had minimal educational qualifications or none.

This study highlighted many aspects of care that get in the way of educational achievement, but it also showed that, given a facilitating environment and personal motivation, young people are capable of displaying extraordinary resilience and determination.

The research participants in the study included 16 per cent who had come to the UK as unaccompanied asylum seekers and who differed from the rest in several ways. However among the participants born and brought up in England the main factor that seemed to differentiate their care experience from that of other looked-after children was that they had been placed in foster homes that gave high value and importance to education. This was expressed in practical ways, by providing good conditions for study, supervising homework, attending school events and liaising closely with teachers, as well as by offering advice and encouragement and celebrating achievement. The foster family had usually supported the student through GCSE and A-levels or further education, and continued to provide a home as long as it was needed. These findings suggest that high-quality, educationally oriented care can compensate at least to some extent for earlier adversity.

Quality protects

The Department of Health, under the last Conservative government, was extremely resistant to the idea that the educational failure of children in care could have

EDUCATION AND LIFE CHANCES

Jackson and Martin (1998) attempted to empirically verify the link between educational failure and quality of life for people who had been in care as children. They recruited a sample of 38 young adults who had been in care as children and had gone to college or university. They matched them by age, gender, ethnicity and care experience with a second group who had obtained fewer than five GCSE or O-level passes. They found highly significant differences in outcomes for the two groups despite their very similar families of origin. The post-care lives of the second group conformed closely to the typical profile of care leavers, and most could be described as experiencing social exclusion in terms of unemployment (73 per cent), poor housing or periods of homelessness, early parenthood, welfare dependency and addiction problems; 18 per cent of the men were serving custodial sentences. By contrast, the more educationally successful group were all in employment, most owned their houses or lived in privately rented flats, the majority were in stable relationships, none had been involved with the criminal justice system, only one was a lone parent. In general, they considered themselves to have a satisfactory quality of adult life. Interestingly, the successful group scored much higher than the controls on self-efficacy but not on self-esteem, although raising children's self-esteem is often claimed to be an important aim for caregivers.

anything to do with the quality of the care provided for them. They refused even to collect any statistics on educational attainment on the grounds that it would be too discouraging for the children or that it might imply criticism of the carers.

In response to vigorous campaigning on the issue, especially from the Who Cares? Trust and a small group of researchers and practitioners, this changed when Frank Dobson became Secretary of State for Health. He took the view that local authorities, in their capacity as corporate parents should, like any other well-informed parent, give education top priority. The Quality Protects programme (Department of Health, 1998) for the first time set targets for educational outcomes, placement stability and reducing time out of school. Two years later the Department of Health and the Department for Education and Skills issued the first-ever joint guidance on the education of children in public care (DoH/DfES, 2000). Local authorities began to appoint lead officers

with special responsibility for improving educational outcomes for this group of children. Many of these posts have been taken up by educational psychologists, who are uniquely well placed to bridge the care/education divide.

Underestimation of ability

Even if we accept the proposition that the ability of children in care may be skewed towards the lower end, that would still leave large numbers within the average or

‘Over half of children in care are not entered for any public examination’

above-average range and therefore capable of achieving much better educational levels than they do at present. Young people themselves frequently complain of the low expectations of teachers and social workers (Jackson & Sachdev, 2001; McParlin, 2001) and the stigmatising effect of being in care. On changing schools they often find themselves automatically allocated to low streams without any form of assessment. The Who Cares? Trust commissioned independent psychological reports on a group of children in care in Kent and found that some young people with reading ages of 16-plus had been allocated to remedial classes (Who Cares? Trust, 2004). Over half of children in care are not entered for any public examination, and the remainder are typically steered into vocational courses leading to low-wage occupations such as catering and hairdressing. In the past a high proportion of boys entered the army, but now few have sufficient qualifications even for this.

There is still a strong tendency to attribute poor academic achievement to the characteristics of the children, and the terminology used doesn't help. 'Special educational needs' is commonly interpreted by teachers and social workers to mean low intelligence. In relation to children in care these 'needs' are far more likely to refer to emotional and behavioural problems resulting from painful and confusing experiences and frequent moves between placements. Instead of addressing the underlying causes, however, schools generally resort to exclusion, or demand that the child should be transferred to a special school.

Once allocated to a special school or

pupil referral unit, where the emphasis is on keeping children occupied and improving their behaviour, they are unlikely to return to mainstream schooling and usually have little chance of obtaining qualifications or continuing in education after 16. Government backsliding on the issue of obliging schools to provide places for excluded children is therefore particularly unfortunate for those in care.

A number of researchers have identified features of the care system that undermine the academic performance of children separated from their families. Borland and colleagues (1998) point out that these were already recognised in the 1980s (Jackson, 1987), and findings of later studies have been remarkably consistent (Fletcher-Campbell, 1997). The main factors are: low priority given by social workers to educational matters, disrupted schooling due to frequent placement changes, low expectations of teachers and social workers, literacy problems and lack of access to books, unhelpful conditions for study, especially in residential care and the poor educational level of carers.

The Social Exclusion Unit report commissioned by the Prime Minister, *A Better Education for Children in Care* (SEU, 2003) endorses these findings and proposes ways of tackling them. The present government has attempted to address the underlying problem of the historic rift between the care and education systems by moving children's services from social services to education. This could be seen as a major advance, but there is still a risk that the needs of children looked after away from home will be overlooked because they form such a small proportion – less than 1 per cent – of the school population. The educational psychology service has an important task to ensure that this does not happen, and we make a series of recommendations in the adjacent box.

The psychologist's role

Considering the high level of contact between children in care and psychologists it is surprising that there is little research evidence on its effectiveness. An exception is Ian Sinclair's study of foster care, in which he examines the association between outcomes for children and forms of support other than social work (Sinclair *et al.*, 2005). Educational psychologists were involved in 23 per cent of the cases examined. In these cases placements were

RECOMMENDATIONS

- Foster carers should be required to have a minimum educational level.
- Foster homes should be selected for their ability to support and promote educational achievement as well as emotional well-being.
- Residential homes should employ qualified teachers or be remodelled on European lines to put education at the centre of care. All staff should have regular access to advice and support from a named psychologist.
- All children who come into care should have a detailed educational and psychological assessment as soon as possible after entry, not waiting until problems arise.
- Reading difficulties should be tackled as a matter of urgency.
- There should be specialist educational and clinical psychologists for children in local authority care who follow the individual child wherever he or she is placed.
- Referrals of children in care to mental health services should be fast-tracked.
- Negative labels should be avoided and previous ones challenged.
- Placement moves during exam years should be banned other than in exceptional circumstances.
- Children in care should be strongly encouraged to aim for the highest attainable level of education, claiming their entitlement to support under the Children (Leaving Care) Act 2000.

much less likely to break down provided the foster carer had a positive attitude towards school and thought it important to encourage the child and help with school work. Carers, especially when they felt they had been fully involved, generally rated educational psychology as the most useful form of special help in looking after the child. Educational psychologists are also highly valued as consultants to children's homes, but we have no evidence on how their intervention affects outcomes.

However, many psychology services are organised in a way that seriously reduces their usefulness to children in care. If psychologists are attached to schools and do not carry an individual caseload, they easily lose track of a child who changes school as a result of all-too-frequent placement breakdown (Evans, 2000). On average, children in care with a statement of special educational need have attended six or seven schools and have seen four or five different psychologists in the course of their school career (McParlin, 2001). This is particularly unfortunate since the psychologist may be the only person who is fully aware of the child's history. They are well placed to explain to teachers and carers that disturbed behaviour may be a normal reaction to abnormal experiences, and to suggest the most effective way of dealing with it.

There are other problems too. Some clinical psychologists refuse to treat children unless they are in a stable

PAULA SOLLOWAY, PHOTOFUSION

Local authorities now have a specific duty to promote the educational achievement of children in their care

placement and therefore fail to address the problems that contribute to the instability in the first place. Referral and waiting list systems are peculiarly ill-suited to the needs of looked after children, who usually need urgent help if they are to avoid school exclusion or placement breakdown. (Vostanis, 2005). These are interrelated risks, and being locked out of school is often the first step on the road to social exclusion.

Signs of improvement

Government initiatives that take a more positive approach to raising the educational attainment of children in care are very welcome and are beginning to make some impression on outcomes. The Children Act 2004 is the first legislation to include a

specific duty for local authorities to promote the educational achievement of children they look after and the Children (Leaving Care) Act 2000 extends local authority responsibilities for aftercare and makes further and higher education a practical possibility. There are also signs of improvement as a result of greater awareness among social workers and carers, and of measures put in place in schools, such as the appointment of designated teachers and the requirement for every child in care to have a personal education plan.

However there is still a long way to go. More research on the actual and potential contribution of psychology is badly needed. Until now, that contribution has been limited by the divisions between branches of psychology. To translate the policy agenda into action educational, developmental and clinical psychologists need to work together to bring to bear theoretical insights and practice experience on this long-standing problem.

■ Professor Sonia Jackson is in the Thomas Coram Research Unit at the Institute of Education, University of London. E-mail: Sonia.Jackson@ioe.ac.uk.

■ Dr Peter McParlin is a child and educational psychologist with North Yorkshire County Council. He grew up in care but despite 39 different care placements eventually achieved his ambition to go to Cambridge University.

References

- Bebbington A. & Miles, J. (1989). The background of children who enter local authority care. *British Journal of Social Work*, 19, 349–368.
- Borland, M., Pearson, C., Hill, M., Tisdall, K. & Bloomfield, I. (1998). *Education and care away from home*. Edinburgh: Scottish Council for Research in Education.
- Cairns, K. (1999). *Attachment, trauma and resilience: Therapeutic caring for children*. London: British Agencies for Adoption and Fostering.
- Comfort, R. (2004). *Meeting the educational needs of looked after and adopted children*. Bristol: Our Place.
- Curtis Report (1946). *Report of the Care of Children Committee*. Cmd 6922. London: HMSO.
- Department for Education and Skills (2005). *Statistics of education: Children looked after in England 2003–2004*. London: Author.
- Department of Health (1998). *Quality protects*. London: Author.
- Department of Health/Department for Education and Skills (2002). *Guidance: Education of young people in public care*. London: Author.
- Evans, R. (2000). *The educational attainments and progress of children in public care*. Coventry: University of Warwick Institute of Education.
- Fletcher-Campbell, F. (1997). *The education of children who are looked after*. Slough: NFER.
- Heath, A., Aldgate, J. & Colton, M. (1989). The educational progress of children in and out of care. *British Journal of Social Work*, 19, 447–460.
- Jackson, S. (1987). *The education of children in care*. Bristol Papers in Applied Social Studies No 1. University of Bristol.
- Jackson, S., Ajayi, S. & Quigley, M. (2005). *Going to university from care: Final report of the By Degrees project*. London: Institute of Education.
- Jackson, S. & Martin, P.Y. (1998). Surviving the care system: Education and resilience. *Journal of Adolescence*, 21, 569–583.
- Jackson, S. & Sachdev, D. (2001). *Better education, better futures: Research, practice and the views of young people in public care*. Ilford: Barnardo's.
- Jackson, S. & Simon, A. (2005). The costs and benefits of educating children in care. In E. Chase, A. Simon & S. Jackson (Eds.) *In care and after: A positive perspective* (pp.44–62). London: Routledge.
- McParlin, P. (2001). *Perceptions of educational motives, expectations and behaviours within long-term fostering*. PhD thesis, University of Leeds.
- Pithouse, A., Hill Tout, J. & Lowe, K. (2002). Training foster carers in challenging behaviour: A case study in disappointment? *Child and Family Social Work*, 7, 203–214.
- Sinclair I., Wilson K. & Gibbs, I. (2005). *Foster placements: Why they succeed and why they fail*. London: Jessica Kingsley.
- Social Exclusion Unit (2003). *A better education for children in care*. London: Author.
- St Claire, L. & Osborn, A.F. (1987). The ability and behaviour of children who have been 'in care' or separated from their parents. *Early Child Development and Care*, 28, 187–354.
- Stein, M. (2002). Leaving care. In D. McNeish, T. Newman & H. Roberts (Eds.) *What works for children*. Buckingham: Open University Press.
- Vostanis, P. (2005). Meeting the mental health needs of young people in care: Strategies and challenges. In B. Broad (Ed.) *Improving the health and well being of young people leaving care*. Lyme Regis: Russell House.
- Who Cares? Trust (2004). *Measuring progress: The role of the educational psychologist*. London: Author.
- Williams, J., Jackson, S., Maddocks, A. et al. (2001). Case-control study of the health of those looked after by local authorities. *Archives of Disease in Childhood*, 85, 280–285.