

Fostering education

Supporting foster carers to help children
and young people learn

Teresa Hinton
Social Action and Research Centre

November 2016



Fostering education

Supporting foster carers to help children
and young people learn

Teresa Hinton
Social Action and Research Centre

November 2016

How on earth can we have a system where a child, through no fault of their own, is behind and the school system and the department don't see that as being a priority to do anything about it? To say this child isn't valuable enough to invest in their education. There are answers but the schools and the carers don't have what they need to do the job properly. They are not looking at the lifetime costs of what they are doing or not doing. And it's so short-sighted.

(A Tasmanian foster carer)

©Anglicare Tasmania 2016

This work is copyright. Apart from any use permitted under the Copyright Act 1968 no part may be reproduced without permission of Anglicare Tasmania Inc.

National Library of Australia Cataloguing-in-Publication entry

Hinton, Teresa, author

Title: Fostering education: supporting foster carers to help children and young people learn / Teresa Hinton; Social Action and Research Centre, Anglicare Tasmania.

ISBN: 9781921267468 (ebook)

Subjects: Foster children--Education--Tasmania.

Children with social disabilities--Education.

Caregivers--Services for--Tasmania.

Foster home care--Tasmania.

For further information contact:

Social Action and Research Centre

Anglicare Tasmania, GPO Box 1620, Hobart, TAS, 7001

Tel: 1800 243 232

Email: sarc@anglicare-tas.org.au

SARC Blog: <https://medium.com/social-action-and-research-centre>

SARC Facebook <https://www.facebook.com/SocialActionResearchCentre>

Web: www.anglicare-tas.org.au

Acknowledgements

The author would like to thank the members of the Research Reference Group, Kim Backhouse (CEO, Foster and Kinship Carers Association of Tasmania), Noleen Carey (Education and Enrichment Program, Kennerley Children's Homes and foster carer), Susan Diamond (Director Program Support, Learning and Development, Children and Youth Services), Brooke Gregson (CREATE Young Consultant), Annie McLean (Office of the Commissioner for Children), Tenielle Moore (Tasmania State Coordinator, CREATE Foundation), Michael Paxton (Mental Health Worker, Anglicare), Shaun Pearce (Principal Policy Officer, Department of Education) and Lucy Watt (Office of the Commissioner for Children) for their guidance in doing the research and their advice on the final report and recommendations.

The author would also like to thank all those who participated in the research and particularly busy foster carers who committed time to attending focus groups, filling out questionnaires and talking about their experiences and how things can be improved. The research would not have been possible without them.

And lastly a special thanks to the young people who contributed their experiences. It is to them that this report is dedicated.

The research findings, conclusions and recommendations of this report are those of Anglicare and should not be attributed to any members of the Research Reference Group. Any errors in the report are the responsibility of the author alone.

Acronyms

ACF	Australian Childhood Foundation
ADHD	Attention Deficit Hyperactivity Disorder
AVREC	Anglicare Victoria's Research Ethics Committee
BYOT	Bring Your Own Technology
CCP	Case and Care Plan
CHYPP	Family Violence Counselling and Support Service Children and Young People's Program
CPS	Child Protection Service
CYS	Children and Youth Services
DoE	Department of Education
DHHS	Department of Health and Human Services
FKAT	Foster and Kinship Carers Association of Tasmania
FAS(D)	Fetal Alcohol Syndrome (Disorder)
FVCSS	Family Violence Counselling and Support Service
IEP	Individual Education Plans
LIFT	Learning in Families Together
NAPLAN	National Assessment Program - Literacy and Numeracy
NSW	New South Wales
OOHC	Out-of-Home Care
OT	Occupational Therapist
PLP	Personalised Learning Plan
PTSD	Post-traumatic Stress Disorder
QLD	Queensland
RADAR	Recover, Access, Design, Assist and Return
TEACHaR	Transforming Educational Achievement for Children in Home-based and Residential Care
UK	United Kingdom
UTAS	University of Tasmania

Contents

Executive Summary and Recommendations	1
1 Introduction	5
1.1 Background.....	5
1.2 What is happening in Tasmania?.....	6
1.3 Policy and service environment.....	7
1.4 Aims of the research.....	9
1.5 Research methods.....	10
1.6 Profile of research participants.....	10
1.7 Limitations of the research.....	12
2 Working with schools	13
2.1 Levels of engagement.....	13
2.2 Personalised Learning Plans (PLPs).....	16
2.3 Challenges.....	19
2.3.1 Information and assessment.....	20
2.3.2 Academic support.....	21
2.3.3 Support with behaviour.....	24
2.3.4 Withdrawal, suspension and exclusion.....	25
2.4 Changing schools.....	27
2.5 The views of young people about school.....	30
2.6 In summary.....	31
3 Working with Child Protection	33
3.1 Levels of engagement and collaborative working.....	33
3.1.1 Decision-making.....	35
3.1.2 School participation.....	36
3.1.3 Aspirations and expectations.....	37
3.2 Support for foster carers.....	37
3.3 In summary.....	38
4 Providing a learning environment	39
4.1 In-home support for learning.....	39
4.2 Challenges.....	40
4.3 Broadening horizons and raising aspirations.....	42
4.4 The role of foster carers.....	43
4.5 Impact on foster carers.....	45
4.6 Supporting the role.....	48
4.7 The views of young people about support at home.....	50
5 Good practice in supporting foster carers in education	51
5.1 Case studies.....	51
5.1.1 Effective engagement with primary school.....	51
5.1.2 Effective engagement with high school.....	52
5.1.3 Changing schools.....	53
5.1.4 Care Team Meeting and Personalised Learning Plan.....	54
5.1.5 Support from educational specialists.....	56
5.1.6 Therapeutic interventions.....	57
5.2 Initiatives in other jurisdictions.....	58
5.2.1 Supporting in-home learning.....	58
5.2.2 Promoting carers as ‘first educators’.....	59
5.2.3 Education specialists.....	60
5.3 Key elements of good practice.....	61
6 How should foster carers be supported to support education?	63
6.1 What do foster carers want?.....	63
6.1.1 Information.....	65
6.1.2 Support.....	66
6.1.3 Role clarity.....	66
6.2 Recommendations.....	67
6.2.1 Strengthening already existing mechanisms.....	67
6.2.2 Developing additional mechanisms to support students in OOHC.....	69
6.2.3 Supporting foster carers to support education.....	70
References	73

Executive Summary and Recommendations

Children and young people living in out-of-home care (OOHC) are at an increased risk of poor educational outcomes. At the same time there is a growing recognition that engaging foster carers in supporting education has a significant impact on raising aspirations and improving educational attainment.

This report outlines the findings from research conducted in 2016 about the experiences of Tasmanian foster carers in providing placements which support education. Using data collated from 113 foster carers, 8 young people and a range of other stakeholders including teachers, child protection workers, psychologists, occupational therapists and OOHC provider agencies, the research explores what has helped or hindered foster carers in this role and in working with the education system to improve educational outcomes. The report concludes by making a series of recommendations about how to better support foster carers to support and promote the educational progress and achievement of students in OOHC.

At a time of significant reform across Tasmania's OOHC and child protection systems, this investigation is timely. Foster carers know how children and young people are faring in the education system and what works well for them and what does not. Their expertise is therefore vital in providing an evidence base about the role of foster carers in supporting education and how best to assist them to perform it well.

The research found:

- **1,061 children and young people are currently in OOHC in Tasmania** with approximately 41% or about 435 living in over two hundred foster care households (AIHW 2016). The latest publically available figures demonstrate a large gap between them and their peers on NAPLAN testing for literacy and numeracy. This gap increases as they age and they face a much higher risk of withdrawal, suspension and exclusion from the mainstream classroom which impacts on school participation and engagement (DoE 2011).
- **inconsistency across the state in how far schools are meeting the learning and social and emotional needs of students in OOHC.** Although many carers reported very good working relationships with schools which were effectively meeting students' needs, others were struggling. Carers commented on a lack of comprehensive assessment, inadequate 'catch up' support for those with gaps in their education, and difficulties in managing behaviours in schools in the absence of adequate levels of understanding about trauma and its impact on learning and behaviour. The result was high rates of withdrawal, suspension, exclusion and part-time education, putting considerable pressure on foster carers and placements. Problems became more acute as students moved from primary to high school and carers described having to employ all their advocacy skills to improve what was happening at school.
- **an under-utilisation of existing collaborative mechanisms to support education.** A newly revised Partnering Agreement between the Department of Health and Human Services (DHHS) and the Department of Education (DoE) outlines a collaborative approach to supporting students in OOHC to achieve educationally (DHHS/DoE 2016). Key is requiring each OOHC student to have a personalised learning plan (PLP) as part of a Case and Care Plan. Carers who had been involved in these collaborative processes found them valuable both in supporting the education of students and in supporting them as carers in their educational role. However, other carers reported that they had not been involved in either the development of PLPs or in Case and Care Plan meetings or only sporadically involved. There were also instances where carers were not aware of either of these processes.
- **a spectrum of levels of support with educational issues from the child protection system.** Support levels were very worker-dependent. Some carers described good collaboration and assistance with educational advocacy and school issues, being allowed to make day-to-day decisions about school life and sharing high expectations for students. Others described being excluded from decision-making, fighting low educational expectations for OOHC students, difficulties in accessing additional funding for education-related expenses and not being treated as valued members of the care team. This mixed picture was unrelated to region, the carer's educational level, or the complexity of student need. However carers outsourced to OOHC provider agencies reported higher levels of collaboration and support with education than others.

Tables

Table 1. Proportion of Tasmanian students falling below National Minimum Standards (2009).....	6
Table 2. Highest educational level achieved by foster carers.....	11
Table 3. Ages of foster children.....	11
Table 4. Working with schools.....	15
Table 5. Carer involvement in Personalised Learning Plans (PLPs).....	17
Table 6. Challenges faced by carers in the previous 12 months.....	20
Table 7. Schools' ability to meet needs of OOHC students.....	31
Table 8. Working with the case worker to support education.....	33
Table 9. OOHC support workers supporting education.....	38
Table 10. Ability to provide a learning environment at home.....	39
Table 11. Barriers to providing a learning environment at home.....	40
Table 12. The most important role for foster carers in supporting education.....	44
Table 13. Barriers to supporting education and learning.....	48
Table 14. Type of support required.....	48
Table 15. Source of support for carers to support education.....	49

- **carers were committed to providing a learning environment at home despite a number of barriers.** Support could involve helping with homework, access to a computer, books and opportunities for reading, supporting hobbies and interests, broadening horizons and raising aspirations. In some instances carers were engaged in tutoring activities at home and delivering specific educational programs. However they also described barriers to providing educationally-orientated placements. These included a lack of money, a lack of time and a lack of knowledge or information. A number expressed frustration that with limited resourcing in schools carers were expected to fill the gaps. They described the pressures this created and the impact it had on their lives: practically, financially, socially and emotionally.
- whilst **foster carers saw their role in providing a stable home and a sense of security as a sound platform for learning**, they also identified encouragement and praise, being interested, providing a broad range of learning opportunities and raising aspirations as essential parts of the job. In order to be able to do this effectively they identified a range of supports which they would like to see available to them. These included better understanding about the impact of trauma, special educational needs and how to support learning at home, more involvement in collaborative processes and decision-making and support to be effective educational advocates. Almost two-thirds of carers identified specialist staff with educational roles as a key way of providing this support alongside access to ongoing training.
- **the views of young people reflected those of foster carers.** In their school lives young people wanted to see additional support available to them with their academic work and a better understanding from school staff about what being in the OOHC system meant. Like carers, they wanted to be routinely involved in decision-making and developing PLPs and be fully included in the mainstream school experience. At home they highly valued the encouragement and support of foster carers with their education and in pursuing their interests and broadening their horizons. Having carers who understood what a contemporary education looked like and what opportunities it offered was important and appreciated.
- lastly the research found **a range of models operating in other jurisdictions to support foster carers to support education.** These were operating both in the home and in assisting carers in their role as educational advocates and as crucial and valued members of collaborative processes. Of particular interest was the role of education specialists working to support both students in OOHC and those caring for them and peer support from Education Champions. These approaches can provide a bridge between carers, child protection and education staff to support education as well as offering a pool of expertise about how to tackle educational challenges.

Recommendations

Strengthening already existing mechanisms

Recommendation 1

That the Tasmanian Government acknowledge the importance of educational outcomes for students in OOHC and commit to improving them as a whole-of-government priority.

Recommendation 2

That the DoE and DHHS strengthen already existing collaborative mechanisms to ensure the involvement of carers by welcoming them into collaborative processes, supporting their involvement and providing a range of options to allow their participation in decision-making.

Recommendation 3

That the DoE lead on improving schools' understanding of the importance of PLPs for students in OOHC, the process of developing them and their implementation so that they are more effectively utilised to address individual need.

Recommendation 4

That the DoE and DHHS strengthen trauma and OOHC awareness programs in schools, among child safety workers and among foster carers to achieve consistency in responding to the needs of children and young people affected by trauma.

Recommendation 5

That the DoE and UTAS ensure trauma awareness, the impact of trauma on cognitive development and learning and tools for working with trauma become an integral part of teacher training programs in Tasmania.

Recommendation 6

That the DHHS and DoE ensure trauma-affected students are prioritised in accessing the assessments they need to promote their access to the curriculum.

Recommendation 7

That the DoE ensure that, where appropriate, a trauma plan sit alongside the PLP in the care planning process and include strategies to respond to the trauma-related behaviours of individual students.

Recommendation 8

That the DoE and schools ensure that every effort is made to take account of and facilitate the full involvement of foster carers in the implementation of school parental engagement strategies. These strategies might include training for teachers in how to support parental/carer engagement and education and learning at home.

Recommendation 9

That the DHHS support and encourage foster carers to participate in Launching into Learning programs with pre-school children as a key element of their professional development by identifying and overcoming any barriers they might face to their participation.

Recommendation 10

That the DHHS and DoE review the current Partnering Agreement to ensure more clarity about who is responsible for ensuring good collaborative processes and mechanisms for monitoring implementation of the Agreement.

Recommendation 11

That the Tasmanian Government ensure that data on the educational progress and outcomes of those in OOHC in Tasmania is publically available on an annual basis in order to highlight trends, identify gaps and promote positive action.

Developing additional mechanisms to support students in OOHC

Recommendation 12

That CYS conduct an internal audit to review how much is currently spent on education-related needs, the nature of these needs and where the shortfalls lie in this expenditure.

Recommendation 13

That the Tasmanian Government provide clarity about the relationship between assessment of educational needs as outlined in the PLP and the allocation of resources to address them. This requires a sum to be made available for each OOHC student dedicated to educational resourcing and scaled according to need.

Recommendation 14

That the DoE and DHHS give serious consideration to what models might be appropriate in Tasmania to ensure that the additional needs of students in OOHC remain visible and are addressed through effective advocacy and support both at home and in the broader educational environment.

Supporting foster carers to support education

Recommendation 15

That the Tasmanian Government acknowledge the central role of foster carers in the lives, education and recovery of the children and young people in their care.

Recommendation 16

That the DHHS identify support for education as a key role for foster carers and build it into foster care contracts and recruitment processes, whilst ensuring carer access to training, information, support and decision-making in their education work.

Recommendation 17

That the DHHS ensure that tenders for OOHC services include funding for education specialists who can provide expertise and support to foster carers and others about educational issues.

Recommendation 18

That the DHHS and DoE consider the role of peer support/mentoring and the development of peer Education Champions to assist fellow carers in proactively supporting education and learning needs.

1 Introduction

Research clearly documents that children and young people in out-of-home care (OOHC) can do well at school, but it also demonstrates that many are at a greatly increased risk of poor educational outcomes. The consequences of a lack of achievement at school can be far reaching with a higher risk of low income, unemployment, homelessness, poor self-esteem, criminality and a range of health issues in adulthood (Forsman & Vinnerljunga 2012). These are challenges which all Australian jurisdictions face, including Tasmania.

One clear message from the research is that foster carers have a significant role to play in improving educational outcomes by promoting and supporting the educational aspirations, progress and achievements of those they care for.

This report explores the experiences of Tasmanian foster carers in providing educationally orientated placements and what has helped or hindered them in working with the education system to improve educational outcomes. It identifies examples of good practice in this area and makes a series of recommendations about how best to boost the capacity of Tasmanian carers to perform this role.

Tasmania is currently in the midst of a significant reform of its OOHC system. An evidence base about carers' experiences in this area and how best to support them in this task will contribute to the reform process. In addition the research was conducted within a frame of educational optimism: that given the right environment and tools to overcome challenges, students in the OOHC system in Tasmania have the capacity to achieve educationally alongside their peers.

1.1 Background

Research across Australia demonstrates that those in the OOHC system run a higher risk of poor educational outcomes than their peers (Wise et al. 2010; AIHW 2007, 2011). Studies have found that children in the care of the state have poorer school grades, lower scores on standardised tests, developmental delays, higher rates of special education placements and repeating grades, behavioural and disciplinary problems, and higher absenteeism, truancy and drop out rates (AIHW 2011).

Exposure to trauma is increasingly recognised as a key factor driving poor educational outcomes. Most children and young people coming into state care do so after experiencing some form of neglect or abuse. At the same time entering care is a major upheaval and requires adapting to new environments and circumstances (McLean 2016). This double dose of adversity can give rise to a set of trauma-related behaviours which can manifest as attentional deficits, learning disabilities or cognitive difficulties which are often attributed to low ability or behavioural problems. This means that the normal cognitive, emotional and social skills required to function effectively in a school environment may be very challenging for traumatised children (Tobin 2016).

Achievement at school is influenced by many factors including the provision of a stable, nurturing environment in a child's early years, effective transition to primary and secondary school, regular school attendance and the successful acquisition of literacy and numeracy skills (AIHW 2007). The research literature, both national and international, also demonstrates that the aspiration of carers has a positive impact on educational outcomes and that those in OOHC do best when their placement is educationally orientated and there are opportunities for learning (Cameron et al. 2015; Cheung et al. 2012; Flynn et al. 2012). Active carer support has a strong impact on school results (Flynn et al. 2012; Flynn 2010; Briskman et al. 2012).

A recent systematic review of international evidence about the relationship between being in foster care and educational achievement highlighted that caregiver characteristics like aspiration, involvement and support with education were protective variables and predicted better outcomes (O'Higgins et al. 2015). An examination of how carers can support education found that high carer expectations and support were associated with better educational attainment. It also found that the educational attainment of carers is not as important to the attainment of those they care for as the support they provide (Rees Centre 2015). A study in England which linked care and educational data for those in OOHC showed that the longer in care the better the educational outcomes and that making progress educationally could partly be attributed to having supportive adults who persist and who genuinely care. The quality of the relationship with the carer can be crucial to thriving (Sebba et al. 2015).

These findings parallel research which has explored the involvement of parents in education (O’Hehir & Savelsberg 2014). It demonstrates that good educational outcomes are the result of genuine interest and active engagement from parents and good links between home and school. Engagement is perceived as a complex array of behaviours, attitudes and activities which can involve:

- participation in educational activities like homework support, attending school events and meeting teachers;
- active connection with children’s education like nurturing learning at home, reinforcing the school curriculum, and developing strong relationships with school staff;
- being advocates to help children navigate the school system, for example children with disability or special educational needs; and
- being a representative on behalf of other parents, for example in school governance.

The type of involvement changes as students age. At primary level it can mean involvement with the school community. At high school level it can mean continuing support at home and valuing education. These can be protective factors against disengagement.

This evidence is supported by the views of young people themselves about what helps them to succeed at school. A literature review of 97 studies identified that education is supported by having relationships which are trusting, loving, caring and which provide encouragement to achieve (Hadley Centre 2015).

Increasingly academics and policy makers emphasise that a truly effective education needs to be a partnership between families and schools where parents/carers are actively engaged.

1.2 What is happening in Tasmania?

There are currently 1,061 children and young people in OOHC in Tasmania (AIHW 2016) and, as in other jurisdictions, these figures have doubled in the past ten years and their numbers are continuing to grow. Approximately 41% of those in OOHC are in foster care, 28% in kinship care and 3% in therapeutic residential care. The remainder are living in a mix of family group homes, therapeutic foster care and under third party guardianship orders (AIHW 2016). In June 2015 there were 214 foster carer households with a placement. Half of these (51%) had just one placement, a quarter (24%) had 2 placements and 21% were supporting three or four children. There were 12 placements supporting 5 or more children and young people.

As the legal guardian of children in the OOHC system, the Secretary of the Department of Health and Human Services has a responsibility for ensuring that children in care achieve their educational goals alongside their peers. However, in parallel with national trends there is a large gap between the educational achievement of those in OOHC and other students, which increases as children age. It has been estimated that those on care and protection orders are up to five times as likely to be below the national minimum standards on NAPLAN testing for literacy and numeracy, five times as likely to be exempted from schooling and four times as likely to be excluded (DoE 2011).

Table 1. Proportion of Tasmanian students falling below National Minimum Standards (2009)

Numeracy Standards (year)	OOHC students %	All students %	Literacy Standards (year)	OOHC students %	All students %
3	29.3	8.4	3	19.3	6.7
5	25.9	6.6	5	40.0	10.8
7	34.2	7.1	7	43.2	7.9
9	27.3	5.9	9	34.4	9.8

Source: Australian Childhood Foundation website, Transforming Trauma (Tasmania) Forum, 21st July 2011

The most recent publically available figures demonstrate the size of the gap (Commissioner for Children 2013a). Table 1 shows that they are likely to be between 19% and 43% below National Minimum Standards compared with a range of 6% to 10% for other students.

Although small numbers prevent disaggregation by jurisdiction a national study linking NAPLAN data with child protection data confirms that students in OOHC are less likely to achieve national standards in literacy and numeracy than their peers (AIHW 2015) and that children fall further behind as they age. Those in kinship care do better than those in foster care. Those in foster care do better than those in residential care. The study concludes that those who do not achieve the minimum standards are considered to be at risk of being unable to progress satisfactorily at school without targeted intervention.

Seventy-nine per cent of those in OOHC in Tasmania are of school age and are spread across the primary, high school and senior school years. With over 62,000 students in 192 Tasmanian schools, those in OOHC represent just over one per cent of the school population in the state. This means that some schools will have only one or two or none at all while others may have a group of students in OOHC. Although 15% are only in care for a short period - under twelve months - most spend at least two years in care (85%) and half of these are in care for more than five years (AIHW 2016). This means that what happens to them in OOHC potentially has a significant impact on their education.

Concerns about how those in OOHC are faring educationally have been expressed anecdotally in a number of different quarters - among foster carers, social workers, teachers and young people themselves. These concerns have been voiced against the backdrop of a series of reviews of the Tasmanian child protection system which describe a system under pressure with overcrowding and high turnover in placements, limited placement options and trying to meet complex needs with limited training and support (Parliament of Tasmania 2011).

In 2014 a radical reform of OOHC in Tasmania was announced to develop a trauma-informed framework and therapeutic interventions to reduce demand, increase placement stability and improve outcomes (CYS 2014). The reform highlighted the need to address the continuing gap in educational achievement for those in OOHC including developing more intentional practice to improve educational outcomes through better placement management, more clearly articulated expectations of carers, strengthening the partnership between the care system and the DoE and exploring alternative educational options outside the mainstream. Most recently a Redesign Reference Group has been working to develop a comprehensive redesign of the child protection system in Tasmania. This has resulted in a report and implementation plan (DHHS 2016). The plan reiterates the need for a strong partnership between Child Protection Services and the DoE to respond to the needs of children at risk.

More broadly low educational aspiration and achievement have become key priority issues for Tasmania. This has culminated in the recent establishment of the Peter Underwood Centre for Educational Attainment to kick-start investment in this area. The Centre is a formal partnership between government and the University of Tasmania which aims to raise attainment and aspirations by changing the way Tasmania thinks about education and by considering causes, implications, impediments and solutions. The Centre is currently building a profile in the state and undertaking research about the value of parental engagement and education to employment pathways.

1.3 Policy and service environment

The educational issues faced by students in OOHC have been recognised in policy at both a state and federal level.

The National Framework for Protecting Australia’s Children 2009-2020 outlines a comprehensive approach to protecting children and recognises that despite significant investment across jurisdictions, many are failed by the system (COAG 2009). It has established National Standards for OOHC to improve the quality and consistency of services throughout Australia (FaHCSIA 2011). Of the 13 National Standards, four relate to educational outcomes. They require each child and young person to have an individualised plan detailing their health, education and other needs, to have their needs assessed and attended to in a timely way, to participate in education and early childhood services to maximise educational outcomes and to be supported to engage in education, training and employment.

In Tasmania the key policy frame for supporting students in OOHC in government schools is the Partnering Agreement between the Department of Health and Human Services and the Department of Education (DHSS/DoE 2016). The Agreement outlines roles, responsibilities and processes to support a collaborative effort and a shared partnership approach to achieving educational goals, improving attendance and attainment and monitoring and measuring outcomes. In particular the Agreement:

- prioritises continuity of schooling to minimise disruption;
- requires each student in OOHC to have a personalised learning plan (PLP) as part of a Case and Care Plan (CCP). The CCP and PLP are developed collaboratively by case managers and teachers and where possible with other relevant parties. Each PLP is regularly updated and a copy provided to the case manager. It is not compulsory for carers to attend CCP meetings or be involved in the development of PLPs but they should be informed of the outcomes;
- requires schools to understand the consequences of abuse and neglect and to have access to trauma-related training;
- under exceptional circumstances will consider additional support to address educational and/or therapeutic needs for some students. This will be considered on a case-by-case basis by both departments;
- requires schools to take account of the full range of circumstances when restricting access to the curriculum through sanctions or part-time attendance. These restrictions must only be applied with a high level of collaboration between carers, case managers and schools and recognise the additional pressures this puts on fragile placements; and
- requires departments to collaborate in the development of an appropriate data collection framework to monitor engagement and achievements.

Beyond the Partnering Agreement there is little additional resourcing or support specifically targeted towards students in OOHC. In the education system additional funding is available to students on the severe disability register (SDR) or who have an IQ of 72 or below. This can result in a range of supports including one-to-one teacher aide support in the classroom. Unless students in OOHC meet these criteria they are not eligible for additional funding. However the DoE is rolling out ongoing professional development to raise awareness and understanding of trauma and its impact. This is accompanied by a resource developed with input from young people in the care system through the CREATE Foundation.

Within the child protection system additional resourcing is available for complex need. Board Payments to carers are paid at three levels – standard, intensive and complex – depending on the particular needs of the individual child and what is required of the foster carer. Payments are considered adequate to meet most standard educational expenses and school incidentals like school uniforms, transport to school, levy payments and participation in extra-curricular activities. If the school or carer identifies additional needs – for instance funding for a school trip, out-of-school tutoring, a laptop, access to specific assessments – the case worker can put a proposal to the DHHS Funding Panel. However the budget is severely limited and in most instances educational-related expenses would be seen as the responsibility of the DoE.

There are also a range of services which work therapeutically with children and young people in out-of-home care and which can include addressing educational issues. The Australian Childhood Foundation (ACF) works specifically with children and young people in OOHC who are trauma-affected. They provide training to child protection workers, OOHC providers, schools and carers to build capacity in working with trauma. They also provide consultation on the individual therapeutic needs of specific children and a clinical intervention service which focuses on the capacity of carers to engage with the therapeutic process and provide therapeutic experiences.

The Family Violence Counselling and Support Service (FVCSS) provides professional and specialised services to assist children, young people and adults affected by family violence. The FVCSS Children and Young People's Program (CHYPP) provides therapeutic carer/child sessions, one-to-one counselling for children and group sessions for parents and children.

The DoE also operates a range of initiatives to support students who are struggling. Schools across the state are supported by three regional Learning Services. Each service has specialist staff including social workers, psychologists, language and speech pathologists, autism consultants and inclusive learning managers to support local schools. There is also a state support service with specialist teachers for those with visual and hearing impairments and Aboriginal Education services which supports schools through the Tasmanian Aboriginal Education Framework.

Options available to students struggling in mainstream schooling include:

- part-time enrolment accompanied by a Certificate of Part Time Attendance stating the period of attendance and the student's individual timetable. For students in OOHC a certificate must only be granted after very careful consideration of the circumstances and in close consultation with all those involved in making decisions.
- the Tasmanian eSchool. This provides online kinder to year 10 educational programs across the state. There are campuses in the North and the South and teachers develop and deliver online Australian curriculum courses through individualised learning programs. As well as a personalised timetable negotiated with the student, there is participation in online classrooms, information packs and newsletters to keep families updated. There are opportunities for face-to-face learning, individual student visits, camps and presentation days where students meet teachers, other students and participate in learning activities.

Launching into Learning, established in 2006, provides support and intervention in the years prior to kinder to improve educational outcomes for children from disadvantaged backgrounds. Key is the engagement of parents or caregivers. It works to strengthen partnerships between schools, parents and children and provide opportunities to play and learn together. Evaluative work demonstrates that regular participation has significantly improved educational outcomes and that those from lower socio-economic groups benefit the most (DoE 2013). This program has now been extended from kinder to year 2 by Learning in Families Together (LIFT). LIFT builds the confidence and skills of parents and carers to support children's literacy and numeracy learning at home.

Other generic initiatives include Kids Come First (a range of initiatives to support struggling students), Raising the Bar (additional staffing to targeted secondary schools to increase the numbers with functional literacy and numeracy) and Respectful Schools (to improve support for students and their families on the severe disability register). The latter is establishing a support team of the inclusive learning leader, school psychologist and behavioural teacher specialist for each student in Learning Services.

In addition there are a range of initiatives to work with students in danger of disengagement or who have disengaged. This includes RADAR (Recover, Access, Design, Assist and Return). RADAR supports northern Tasmanian students who have become disconnected from education via personalised learning plans and working towards a return to mainstream schooling or other appropriate option. There is also Launceston City Campus, a Big Picture school¹ providing personalised learning for a maximum of 150 students enrolled in grades 9-12. Most recently there has been the establishment of an alternative school in Hobart in partnership with Edmund Rice Education Australia. This will provide a non-traditional educational setting for students who have disengaged or are at risk of disengaging. All these initiatives see the engagement of parents and/or carers in education as integral to good outcomes.

The new Tasmanian Education Act will introduce new processes to assist schools to improve school engagement and responses to behavioural issues. It will also include a new requirement that student suspension means alternate educational arrangements must be made for the student for the period of that suspension.

1.4 Aims of the research

This research aimed to document the experiences of Tasmanian foster carers in supporting education and how they can be better supported to promote the educational aspirations and attainment of those in their care.

In particular the research aimed to:

- review the research and good practice literature in this area and any relevant and accessible statistical data;
- collate the views and experiences of Tasmanian foster carers in supporting OOHC students in their educational journey;
- explore examples of good practice in building effective partnerships between carers, students, schools, caseworkers and other stakeholders which promote education; and
- make recommendations about how best to support carers in Tasmania to promote educational outcomes and aspiration.

¹ Big Picture Education Australia aims to stimulate changes in Australian education by generating and sustaining innovative, personalised schools that work in partnership with their communities. Big Picture schools across Australia achieve high levels of student attendance and low drop out rates.

1.5 Research methods

The research used both qualitative and quantitative methods to explore the experiences of Tasmanian foster carers. It entailed:

- **a review of research, good practice literature, policy and service initiatives** and available **statistical information** via internet searches and conversations with key informants.
- **seven focus groups** across the state involving 33 long-term foster carers recruited through OOHC provider organisations and Foster and Kinship Carers Association of Tasmania (FKAT). Focus groups provided an opportunity for foster carers to explore their experiences of the school system, what has or has not supported them to provide educationally-orientated environments and to think critically about the kind of support which would be helpful in overcoming any challenges they face. Focus groups were conducted during school hours and in environments which allowed for the provision of child care if required. They lasted for two hours, morning tea was provided and participants were reimbursed for their time. Discussions were subsequently used to design and pilot a questionnaire for foster carers and to identify examples of good practice in supporting students' educational journeys.
- **questionnaire survey** of foster carers. The questionnaire built on information gathered through focus groups and aimed to quantify the kind of experiences foster carers have with supporting education. Questionnaires were posted to all long-term foster carers in the state and participation in the survey promoted through FKAT and OOHC provider organisations. The survey was also available online. Those who completed and returned the questionnaire within a given timeframe were able to enter a draw to win one of fifteen \$50 grocery vouchers. Questionnaires were completed and returned by 101 long term foster carers.
- **a focus group with eight young people** with experience of foster care to explore their views about the support they have received from foster carers with their education. Participants were aged 13-19 years and recruited through the CREATE Foundation. The focus group lasted for one and a half hours and all participants were reimbursed for their time.
- **six good practice case studies** to highlight the factors involved in providing educational placements which can improve educational aspiration and outcomes. Case studies focused on the key elements of effective collaboration or partnership to support education and how and why they worked. Each case study involved an in-depth conversation with the carer, the school, the young person (if appropriate), the case worker, OOHC provider organisations and any other relevant stakeholders. As well as interviews, compiling case studies involved the researcher attending a care team meeting as an observer.
- **interviews with other stakeholders** as appropriate including policy makers, OOHC providers and key informants about interventions and initiatives in other jurisdictions.

All those participating in focus groups and the compilation of good practice case studies were provided with information about the research and asked to sign a consent form. Focus groups and interviews were recorded and transcribed. Quotes from the research have been used throughout the report to illuminate experiences and perspectives, but all names and identifying details have been changed to protect people's privacy.

The research was guided and advised by a research reference group which met three times over the course of the project. Membership included representatives from Department of Health and Human Services/Children and Youth Services, Department of Education, Foster and Kinship Carers Association of Tasmania (FKAT), CREATE Foundation, an OOHC provider organisation, Commissioner for Children and Anglicare services. Membership also included a young person with experience of foster care as well as a foster carer.

Ethics approval for the research was received from Anglicare Victoria's Research Ethics Committee (AVREC). The research also received approval from the Department of Education's research approval process and a letter of support from Children and Youth Services.

1.6 Profile of research participants

As some focus group participants also completed the survey in total the research has collated the experiences of 113 long term foster carers. There are currently approximately 214 foster carer households with a placement in Tasmania (AIHW 2016). This means the research has been able to tap into the experiences of about half of the foster care households in the state.

Overall the profiles of those who participated in the research in terms of age, educational level and length of time caring matched what we know about long term foster carers generally in the state. The majority were female (90%) and 13% claimed Aboriginal identity. They were mostly middle aged with 64% aged 40-59 years. Over a quarter were older carers aged 60 years or more (27%). Younger carers under 40 were definitely in the minority (9%). Most had many years of fostering experience to draw upon. Over two thirds (66%) had been caring for six years or more. Only 13% had been caring for under two years. One carer had been caring for 48 years.

There was good representation from across the state. Half were from the South (52%) and the rest split evenly between the North (24%) and the North West (24%).

Although we know that the educational attainment of carers is not as important to the attainment of those they care for as the support they provide, over half of participants (57%) had post-school qualifications. One-third (33%) had only completed year 10 or less.

Table 2. Highest educational level achieved by foster carers

Educational Level	% of foster carers who had achieved it
University degree and/or post graduate qualifications	29
TAFE qualification or diploma	28
Completed year 12	10
Completed year 10	27
Not completed year 10	6

The majority of foster carers were contracted by the DHHS (71%). However 33 carers were working for other OOHC provider organisations - Glenhaven, Kennerley, Key Assets or Life Without Barriers. This matches proportions across the long-term foster care population.

Carers were, between them, caring for 250 children and young people of varying ages but with the majority being of school age. This range of ages meant that the research was able to draw on a broad spectrum of experience in working with primary schools, high schools and senior secondary schools.

Table 3. Ages of foster children

Age in years	% of foster carers caring for age group
0-3	15
4-6	41
7-11	88
12-15	48
16 +	24

Although most households had one or two foster children (69%), some had many more. Twenty-two households had three or four children and nine households had more than five foster children. When biological children were added some households were very large indeed. A third of households had one or more of their own biological children living at home.

Carers reported high rates of disability among their foster children. Although 41% said that none of their foster children had a disability, over a fifth of households (22%) said they had one or more children on the severe disability register. Among these the most commonly mentioned disabilities were autism, ADHD and Fetal Alcohol Syndrome Disorder (FASD). There was also intellectual disability, trauma-related behavioural issues and attachment disorders, vision problems and blindness, physical disability and a range of less common syndromes.

A further one third (31%) of carers said they had children with disability who were not on the register. In addition 7% of households were unsure whether their children had a disability or not. Like those with children on the register the most commonly mentioned disabilities were autism, ADHD and FASD as well as post-traumatic stress disorder (PTSD), behavioural issues and attachment disorders and physical disability. This meant that over half of research participants (53%) considered they were caring for children with a disability.

In terms of the kind of school foster children were attending 76% were in state schools, while a quarter (24%) were attending non-government schools. This is slightly lower than in the general student population in Tasmania where 28% attend non-government schools. Four households had foster children of school age who were not currently in school at all.

1.7 Limitations of the research

There are some limitations of the research methods which may have affected the size and characteristics of the research sample and hence the findings.

Firstly the aim was to recruit foster carers into focus groups using purposive sampling. This means that the sample is selected in a systematic way based on what is known about the foster carer population and the purpose of this study. The aim was to capture the range and diversity of experiences and for the sample to reflect what we know about the characteristics of this population and what might be important in thinking about the kind of educational experiences they have. This meant recruiting on the basis of the ages and numbers of children being cared for, the age of foster carers, their length of experience as carers and their educational level and the presence of disability or higher end needs among those being cared for. The focus groups did attract a diversity of foster carers but they cannot claim to necessarily be representative of foster carers across Tasmania.

Secondly purposive sampling was difficult to achieve. Those foster carers who participated in the focus groups and who completed a questionnaire were more likely to be educationally orientated or to have faced particular challenges in supporting education. Despite offering rewards and incentives to participate, the least educationally orientated were probably least likely to participate. Anecdotally there is a consensus that some carers do not see supporting education as part of their role and would not necessarily be involved in engaging and supporting education either in-home or in partnership with the school. There are also known to be literacy issues among this population which would make participation in any survey problematic. This means that the views of those least likely to be providing an educationally orientated placement are not necessarily reflected in the research.

Thirdly in 2015 FKAT conducted the first postal survey of foster carers in the state. This may have impacted on response rates for a second survey conducted six months later, especially as the results of the first survey had not, at that time, been released.

Lastly many of the good practice examples which were identified are operating in primary schools. It was more difficult for carers to identify examples of good practice in high schools and ongoing concerns were voiced about how individual students might fare in the high school system. This suggests that although primary schools are making headway in working with trauma issues, this can be more difficult in a high school environment where problems accumulate and rates of disengagement increase as children age.

2 Working with schools

This chapter describes the kind of experiences foster carers are having with the education system and with schools. Based on accounts from 113 foster carers it reports a range of positive and negative experiences dependent on the characteristics and needs of individual students, the schools ability to meet them and carer relationships with school staff and teachers. It identifies a range of challenges for carers in working with school, the nature of those challenges and whether or not carers were able to overcome them.

2.1 Levels of engagement

Many carers attending focus groups reported very good relationships with schools. They described regular open two-way communication, trauma-aware schools where principals, teachers and school staff were aware of OOHC status and the issues this could cause, a willingness to work with the carer to resolve problems and a respect for the carer's experience and judgement. They had been able to have daily conversations with teaching staff, put any difficult behaviours into a trauma context for teachers and foster structured environments which were supportive of children having difficulties.

The open communication is good, it's fantastic. They let you know what their behaviour is during the day and they give you messages about whether there's been a problem. It's both ways so if we've had a really bad experience in the morning, this child is off the show, I can text a message and say she might be difficult today. The principal is good and they get onto things straight away and let me know so I can come and pick her up if she starts interrupting other classes and being really angry. They say to me all the time if you need any help, if there is anything we can do we can have a meeting and discuss it. They are always inviting me to come to the school if I have any issues with schoolwork. I really can't fault them.

They have worked really hard with her all term. I don't want her labelled as a naughty kid. They are doing their utmost so that she has good connections and so her self-esteem will be better, she will be able to learn better, she will feel better about herself rather than being labelled the naughty kid.

This open communication allowed both carers and school staff to get on top of issues straight away to prevent them from escalating, fostered continuity in behaviour management between home and school and could prevent any suspensions and exclusions by nipping problems in the bud.

One of the important things is the uniformity of school response so everybody knows what's going on and what they're expected to do and we can then work with them. Part of the education we need to look at for foster kids is that you have to be able to mirror the boundaries from home at school somehow so there's continuity and that's very difficult unless you can get on board with the school.

I have worked with the school and said our little lad can come home if there's an issue. We have encouraged this because he can be extremely disruptive. Other children in the school have a right to education and he won't stop once he's hit that point. He will stop as soon as he's back with us. We don't want the school to be forced into suspending and suspending and he would have a terrible record till eventually they would have to expel him.

Carers commented favourably on the way some schools had tried to encourage and motivate children, especially those who were not achieving academically. Schools that had been able to foster alternative pathways to academic success were highly valued by carers and impacted positively on schoolwork:

The principal had a real heart for these children and he spent time finding out what this young lad we had was good at. He found he wasn't academically very good but he was good at sport. So he encouraged him one hundred percent in teams to see him having some achievements. Consequently he captained the team and they won their first premiership. This kid's chest was so big and he ended up getting awards at the end of the year. And the learning improved.



It could take some time to build up an effective working relationship with the school and a number of carers said that they had to be proactive in building a good relationship. This was easier to achieve in primary school than in high school.

You have to be really involved with the school, not just dropping off and then waiting in the car to pick up. I've had success with that because that gives the teacher confidence or some indication that I care. If you are consistent and you go there as often as you can I find they don't ring you as much. They will try and deal with it in their own way for a while until it gets to a stage where you know he's just about to blow his top. But with the high schools that doesn't work. I am really dreading enrolling him, it's going to be horrible.

Carers were very appreciative of any understanding in schools of trauma issues or a willingness to learn about them because it fostered a much more effective response to difficult behaviours or learning issues. It could mean carers acting to promote trauma awareness within the school. One carer described how the teacher has put it on her personal development plan to learn about trauma. Another carer had been a catalyst in initiating training across the school from the Australian Childhood Foundation (ACF):

We asked ACF to come in to speak to the school staff around a strategy for one of our guys. All the head of the primary area wanted to know was how do I stop him doing what he's doing? There was no let's look at that. The ACF worker was fantastic in saying a kid can be sitting in a classroom when there's been trauma in his world and the smell of someone's cordial might just set them off because that will be a trigger. Then they are off the show and they don't even understand why. If schools don't understand the way in which trauma impacts a child in their day-to-day living then we really have to struggle to keep them in school.

If you get the right teacher and they are willing to learn more about trauma they can better respond. These children have a lot of issues articulating their needs. That is a huge issue. The teachers need training so they have comprehension. If a child shuts down and you are still talking at them it's almost like a form of abuse to that child. It re-traumatizes them. If they feel in any way that it's scary or confrontational then they will shut down, disengage and disconnect.

The majority of survey respondents (70%) felt they had been able to build a good relationship with the school and teachers. Approaching three quarters (72%) said that regular contact with the school meant they were able to divert any difficulties and discuss alternative solutions to difficulties which did arise. Again three quarters (74%) said that they were able to make decisions about their foster children as they would for their own. However fewer felt that their views were always taken seriously and 39% said that this happened only sometimes or never.

Table 4. Working with schools

How far have you been able to:	All the time %	Sometimes %	Rarely or never %
Build a good relationship with the school and teachers	70	29	1
Attend parent evenings	48	32	20
Participate in school events	37	53	10
Have regular contact with school to divert problems	72	22	6
Make decisions about schooling as you would for your own children	74	17	9
Feel your views are taken seriously and are respected	61	28	11

A major constraint in engaging with schools and school life was time, especially for those with larger families. One fifth of carers (20%) said they rarely if at all attended parent evenings. Others had difficulties in attending school events.

The educational level of carers did have an impact on how effectively they were working with schools. Those carers with lower educational levels described more difficulties in building good relationships, in attending and participating in parent evenings and school events and in having regular contact to divert problems. They were also much less likely to have their views consistently respected by the school (46% as compared to 61% among carers generally).

Yet despite their efforts carers had not always been able to forge positive relationships with schools. Some had found the school had low expectations for their children, had labelled them as 'too hard' or 'naughty'. They described children being 'earmarked' as being in OOHC and this could lead to a vicious cycle of stigma, low expectations and discriminatory behaviour within schools.

Sometimes there is an acceptance that they are behind and that's all right. No it's not all right. She's beautiful, she'll get by, no she won't. I think in general they have lower expectations on them. With education it takes us doing everything we can but it still takes the school to be on the case and working with us all the way through and that sometimes isn't the case. Some schools put these kids in the too hard basket straight away and there is no way you can change their mind. If they don't fit into a little square box then it doesn't help.

We've had a school that thought it was the kids' fault they were in care and that they were bad kids. Everybody knew their business, they were a topic of discussion amongst the whole school. We were repeatedly asked to come and remove them from the school. They did behave very badly but they are kids that behave badly when they feel nobody cares. We went to repeated meetings at the school, tried to talk to them and when we asked what support the school was giving we were told we tell them to sit down and be quiet. This is when one of the children was trying to make disclosures about the abuse that had happened to her. It was very negative for them and they've missed a lot of lessons and learning and have gaps in their education now. They have no cognitive disability but they have gaps because they've spent so much time out of their classroom. The only support the school gave was to send the boy out with gardener and spend all day working with him rather than actually in class.

Carers could find themselves excluded from any involvement in decision-making or the development of strategies to work with the child.

It's a particularly bad school, it's probably not a typical example. The teachers get together and completely stonewall everything you try to do. They cut you out of everything and go straight over to the caseworker no matter what. The carers are the ones with the child 24/7 and have their best interests there and they should have more of a say but as foster carers we don't have the final say. The school will liaise with family services.

And many carers felt the school was doing all it could but their hands were tied because of a lack of resourcing and/or time combined with an absence of effective strategies:

I have no beef with any of the teachers at the school. They do their best within their limits and within the system but they are limited by rules and the lack of resources. They try, they include me in the learning plan and the meetings they have, they always let me know. I talk to them on a daily basis and we have good contact and they are very willing and open. It's just the lack of resources and their hands are bound.

2.2 Personalised Learning Plans (PLPs)

The national OOHC standards require that all children and young people in care have an education plan or Personalised Learning Plan (PLP). The partnership agreement between the Department of Education and Department of Health and Human Services identifies the PLP as part of the Case and Care Plan and a key mechanism for building a collaborative team around the child to ensure their educational needs are met and to monitor their progress. The Agreement stipulates that the PLP is developed and reviewed collaboratively by teachers and case managers and where possible with other relevant parties, although it does not specifically identify carers.

How far have carers been involved in developing plans and how satisfied have they been with their implementation?

Table 5. Carer involvement in Personalised Learning Plans (PLPs)

How far have you:	Yes %	Sometimes %	No %
Been involved in developing plans	64	25	11
Had your views taken into account in developing plans	60	31	9
Got a copy of the plan	54	19	27
Found being involved has a positive impact on education	72	18	10
Been happy with the way the plan has been implemented	56	28	16

The survey highlighted inconsistency in carer involvement in PLPs and a range of levels of involvement. Most respondents reported being involved at least sometimes in developing PLPs although 11% had not been involved at all. When they were involved the majority (91%) had had their views taken into account either all the time or some of the time. About half of the carers surveyed (54%) always held a copy of the plan but over a quarter (27%) did not have a copy.

Although a number of carers did not know or were unsure about the impact of the plan and its implementation most (72%) were positive about its impact on education. Others were more reserved and in some cases they felt it had been 'slapped together like an inconvenience'. There were also those who expressed concerns about the way in which the plan had been implemented (44%) and a couple questioned its relevance for those children operating within the normal range.

Those households caring for with children with disabilities described being more involved in developing PLPs, having their views taken into account and in holding a copy of the plan. Interestingly the higher the educational level of carers the more likely they were to be involved in developing plans and to hold a copy of the plan but the more critical they were about implementation. They were less likely to find involvement was having a positive impact on education.

Carers involved in focus groups backed up these findings and described a range of experiences of involvement in PLPs. Some carers reported that they were always involved in PLP meetings, consulted about decisions and had their advice and experience taken into account. They had found the PLP an effective mechanism to focus attention on educational needs. This was especially true for those caring for children with disability.

We do a plan every six months at school. We discuss how he's going, what things we're going to push and we monitor it every six months and what should happen next. I can say what I think about where more work is needed. The planning works well. I am asked what I think and if there is anything I want to discuss.

It's a good way [the PLP] because when they do that it means they are taking individual note of that child rather than lumping them in. Those schools that don't do it they just lump them in with all the other kids. If you get one of those plans that means the school is up and running reasonably well to have that child's needs looked at. PLPs work if people come with the idea that it's about supporting the child, not about this child is doing this or not doing that.

Others had had to fight against opposition from both the school and the care system to get involved. It was not necessarily an unwillingness to involve the carer but rather overlooking the need to involve carers or forgetting to invite them to meetings. A number of carers talked about being initially involved in developing plans but then no subsequent involvement in later years.

It doesn't feel like a team because they might forget to involve you in the PLP. I meant to ring you Jane but I just forgot. No, you chose to leave me out. I am involved in this child's life and I've been advocating for him all the time and you need to make me involved because I live with him 24/7 and you only see him 9-5 and when it suits you once a month. I need to be part of that team because basically I am the one who sees what he's doing and how he's coping at school. I try to make sure the child protection worker knows that.

I think my boy has one. I did go for a brief parent teacher interview earlier in the year and she flashed one in front of my face. I would have liked to have had a look at it and had some say in it but I didn't get that opportunity. She said we have a plan so I knew they were being strategic with him but I didn't get any say in it or a chance to see it. I have been involved informally in that I am often telling her what we do at home and what works and what doesn't work. I didn't realise that everyone in OOHC should have one.

We had an education plan for the children and I was involved in two of those for grade 3 and 4 and we would discuss their education. But in grade 5 and 6 which I would have thought were important years I haven't seen a plan and I've got no idea what's in it. I haven't even been asked to be part of it. That is slack. So in grade 3 and 4 we knew what they were going to do and what our role was and what they expected us to do, but not now.

Implementing the plan could be a problematic. Carers had found that what sounded good in theory had not been implemented because plans were not well developed, had not focused on the right issues or schools had not followed through. Carers commented that regularly plans were not done on time and that too often it was a document that was just forgotten. They doubted whether teachers themselves actually read it.

I have always been involved in plans. The big goal last year was to keep him on task for 10 minutes and that has not been achieved. He has a team of psychologists observing him for a day or two and putting in recommendations. There has been lots of effort, lots of talk but nothing really has helped. There just is not enough resources. They know if they put him in the classroom he won't last more than a few minutes and he will run out and get anxious. Yet they do it still nearly every day. I don't know why you do the same thing every day and expect different results. I think it's because they don't know how to get the resources.

We have only had two. The principal was involved but to be honest they've achieved nothing, I am still waiting. The plans we have had are too opinionated. It's not focused on the child, it's more focused on the school saying they haven't got the resources to help and the family services are saying we can't fund it. The workers are not as involved as the carer so they say we are too emotional. Of course it's emotional, it's a child you want to get to grade 7 and enjoy school and learn. These children should be given every opportunity that every other child is given. That's an expectation family services don't have.

Doing a PLP is a long process. It often wasn't done or wasn't done properly and not done in consultation with the kids or with us or the biological parents according to the policy we are supposed to follow. That wasn't happening and there was nothing we could see that showed they were actually treating them any differently to any other child. I said they need teacher aides, potentially help outside of school, speech pathologists and psychological help as part of their schooling and met with the school to ask what are they going to do to help. They said we'll focus on this but when I looked at the plan I thought that's not going to get them up to that level. The lady said that's all the school can afford to do. I said I would like you to write the PLP in a way that is about what the child needs not what the school can provide. She said we would never be able to afford that because you're talking about teacher aides and a whole range of things. It's like developing a plan and then doing nothing about it. So it wasn't the planning, it was the capacity to implement the plan that was not there.

One particular concern was about the role of the PLP in communicating necessary information between primary and high school as children transitioned between the two. There were also concerns expressed about how effective a tool the PLP was in high schools where specialist teachers might only have a child for one period a week and would not have the time to alter their approach for any one individual student or even to read the PLP.

You work on the plan through primary school but when they hit high school I was amazed the grade 7 coordinator wanted to do a PLP for this girl and had been to the primary school and got her plan. All the other children I've put through high school it stopped from grade 6 to 7 so that when they go to high school there is nothing about this child from primary school. It's a cut off. But there was nothing in the plan that was going to help her in her education or in any way at all.

High school teachers ignore the plan or choose not to moderate the students' work. I've had to be diligent to maintain accountability to ensure the plan is implemented. I continually request feedback and team meetings. Also plans are not revisited until March of the new year losing a term of understanding and reactive teaching.

Some carers had never been involved in PLPs. They did not know children in OOHC were supposed to have a plan and/or were unaware of whether a plan existed at all. As one carer said 'I have never seen a PLP, it's never come up'. Carers felt either the school had not done one at all or they had developed it by themselves with no input from others in the care team. This was a big issue for carers because it meant there was nothing to refer back to when things were difficult and no commitments had been made. As the survey demonstrated it was not uncommon not to have a copy of the PLP.

Really you should have a copy. It has their key outcomes for learning, their strengths and interests. And the key priority outcomes mean you can track it so it gives you an idea of exactly where they are up to. You can ask them for it, the education department. Once we realised it needed to be done we went to the school. We have got one but where is it?

2.3 Challenges

Survey respondents were asked what kind of school issues they had been dealing with in the past 12 months. Most commonly over two thirds of carers (70%) had dealt with behavioural issues at school and their management and a number described dealing with disruptive behaviour and outbursts of anger and violence towards others at school.

Many of the issues impacted on student access to the mainstream curriculum. A quarter of carers (24%) reported dealing with suspension or proposed suspension and 14% with exclusion. One tenth (11%) had been dealing with truanting and smaller numbers had been involved in part-time education (9%) and e-Schooling (4%). One third had students who were accessing alternative education programs (33%). Carers had also been dealing with a change of school and with enrolment issues. Rates of bullying were high and over half of the survey respondents (55%) identified situations where either the foster child was operating as a bully or where they were victims of bullies.

Table 6. Challenges faced by carers in the previous 12 months

Challenges	% of Carers
Behaviour issues and their management	70
Suspension (or proposed suspension) from school	24
Exclusion from school	14
Unauthorised absence or truanting	11
Part-time education	9
e-Schooling	4
Bullying at school	55
Alternative education programs at school	33
Change of school (beyond normal transitions e.g. primary to secondary)	18
Enrolment issues	13

Those caring for children with disabilities reported more challenges and issues at school. They were more likely to be dealing with behavioural issues, suspensions and exclusions as well as truanting, part-time education and bullying.

Carers who attended the focus groups were asked to describe their recent experiences and any challenges they had faced. They reported four key difficulties:

- a frequent lack of information and/or comprehensive assessment of a child's needs and capacity;
- inadequate 'catch up' support for those who had fallen behind academically;
- little or ineffective support with difficult behaviours in school; and
- the repeated use of withdrawal, suspension and exclusion in schools to deal with any difficulties.

Carers understood that many of these problems were underwritten by a lack of resources within schools and consistently emphasised that so many schools were doing all they could to try and support individual students. Nevertheless this was their practical, everyday experience of the education system.

2.3.1 Information and assessment

Carers expressed concern about a lack of timely, comprehensive assessment of a child's needs or capacity which meant both schools and carers were 'operating in the dark'. They saw thorough assessment as crucial to effectively meeting the needs of the child:

They should be tested when they start school or when they first come into care. You should be able to sit them down, have a program worked out, see where they are in their schoolwork, not just academically but emotionally and mentally. The teachers can identify it, we as carers who live and breathe these children can identify it. But it does not happen.

We get kids who have no assessment at all so the carers are in the dark. They are trying to juggle with so many issues. Really what we actually need is when the kids come into care they should be a priority to get every formal assessment you can think of so we know exactly what we're dealing with and we can support and heal them. You can't do it in the dark. We go round and round and in circles and try and put it all together ourselves.

It could be especially difficult for the quieter children who remained invisible but unsupported:

She will nod her head and say she understands but she hasn't heard a word you've said. If I hadn't gone in and spoken to one of the teachers they would not have realised that this little girl was not getting her work done. Now all the teachers are on board in every class and go up and say what can I help you with. We found out she is only really capable of following a one-step instruction but the teacher expects a three or four step instruction and she gets lost in the middle.

These difficulties were compounded by communication gaps within the child protection system and between the child protection system and the education system. As foster carers said, everyone involved with a child should have the basic information yet one family described struggling to support a child with no care plan and a very low IQ. Once the care plan arrived they found that he was described as having a 'severe mental disability'. Another family with a 12 year old in her first year at high school had had to terminate the placement:

We just couldn't handle it. She would gang up on others in the family, she was excluded from school. And then we heard from the department that she had never actually had a placement with a family before. She had to be in a group home because she couldn't handle a family environment. I was an absolute wreck after this, close to a nervous breakdown because of all the stuff which went on with her. It would have been useful to have been told.

One of my girls is in a class with a teacher who is diabetic. She saw him injecting needles and she instantly went off. He didn't know her history and it just triggered off memories. He should have been warned.

Carers reported long waiting lists to access assessments while children floundered and struggled in their daily school lives. Some, who had the resources, were prepared to pay for private assessments to speed up the process.

We recognise that she has learning difficulties so we knew we needed to get on to that. But even with a school that is super supportive the wait list is too long. I said to the school and the worker I am not prepared to put her on a wait list for a year because then the gap which is already significant by two years will be three years. The alternative was having to pay \$1200 to \$1300 for a private assessment that took two months. We got the answers we wanted but that's a lot of money to have out-of-pocket and there won't be many families that can afford that. It won't be an option for them and the child suffers.

Officially we are not allowed to self-refer to services. But in saying that I have always done that because I can't stand the fact that you go on these enormous wait lists because the department have too much to do. Why would you go through a system that's going to take months to feed back through to the service they need. Meanwhile they are just getting worse while they're waiting. Hopefully you get a worker onside who will work with you rather than someone who says well you shouldn't have done that.

Carers commented on the lack of child psychiatrists in the state and a shortage of speech therapists, psychologists and school social workers. They described difficulties in accessing mental health plans through GPs and psychologist assessments and support. Again, some carers were paying out of their own pockets for psychological assessments and support. They wanted to see a system that was able to appropriately assess and monitor the needs and capacity of each child in the OOHC system and the support they required in order to maximise their potential.

2.3.2 Academic support

A major issue for carers was a lack of support to make up for gaps in children's learning and where they were operating some way below their age or grade level, academically, socially, emotionally or all three. For example two sisters had effectively missed two to three years of schooling before they came into care because of their family's mobility and poor school attendance. In other cases there was a 14 year old operating at an 8 year old level or a grade 6 student with normal cognitive ability operating at grade 3 level with many years to catch up. One carer described a child who had entered the foster care system aged six with a history of running away from school within the first hour every day. Another carer said 'my little girl is 12 and she's only just started to show emotion'.

These issues become more acute as children aged and the gap between them and their peers widened. It could reach crisis point on transition to high school where the system had less resources for individual students and peer pressure and self-worth become significant factors impacting on academic progress. There was a consensus among carers that if basic skills had not been learnt by grade 6 the student would have difficulties in learning them at high school. This could also be applied to emotional learning.

They are coming in with really low literacy levels and they need support and help but there is not enough support at school to bring them up to the level. When you get them they are not at the level of their peer group and that is quite hard for them. It has a detrimental effect because they then say they're stupid and it's not good for their self-esteem. That can carry on into the rest of their life. The teacher has so many kids in the classroom and they don't have enough time. The school can only do so much and family services used to be funded for a lot of outside help but they are not now. My biggest fear is that she will go on to grade 7 next year and she won't have the experience of grade 6. That's the biggest worry.

The school has bent over backwards to help the girls. I did have to push for meetings so the girls could do some extra catch up after school so they will learn the things they didn't learn in their earlier years. I think the school has bent over backwards to assist them in every way they can. But it's not the education side of it, it's not a teacher issue but a government and a financial issue.

Even the kids who have been long term in foster care since very young miss so much. It stuns me over and over again what gaps our kids have. It's almost a memory thing. You need to keep going back every day and remind them, this is how you sound out a word. This is what frustrates teachers and causes some of the issues. They don't actually realise our kids tend to have very, very short term memories so they get labelled as being difficult or not bothering to listen. Then they end up in year 2 and they haven't learnt how to sound out words or the alphabet. It's not that they're not capable of learning. There are so many strategies you can use but it's understanding that it's alright to go back to basics and have a year five student playing alphabet games or memory and number games because you're filling in those gaps which are causing huge problems.

In some cases children had been held back to repeat a year and this had made a difference and enabled them to reinforce their learning and close the gap with their peers. In other cases it had served to reinforce the stigma and impact on self-esteem. Carers saw earlier intervention as key so that both the stigma of being behind and of receiving additional help was not so acute.

He is so far behind his peers. As children get older they are noticing that so he is struggling socially and academically because of his lack of schooling. This is the first year actually where he's been allowed to go on excursions with the school because there was no one to go with him and they were scared he was going to have a blow up. So they have been supportive in as far as their resources allow. But he is so socially backward. He has been at the school the same amount of time as other children but because he's been withdrawn from the class he hasn't developed those friendships from a young age and he doesn't know how to. He doesn't know how to be a friend.

Additional resourcing is only available for individual school students if they are on the severe disability register (SDR) or if they are assessed with an IQ of 72 or less. This attracts additional funding of \$5,000 a year which can mean one to one support from a teacher aide. Unless students in OOHHC fit within these categories there is no additional support even when they are unable to function adequately in the classroom. Carers found that many students in OOHHC were assessed as having IQs of 73 or 74 but with no account being taken of compounding trauma-related issues.

Their trauma is a disability and it does disadvantage them but there is no funding even for the traditional disabilities anymore. You can have five children in a classroom with significant disabilities or learning disorders and there is no help. Where does that put a foster child who does not meet any criteria? Having trauma, just being nowhere in that picture at all, not recognised at all, is a huge problem. It's not autism, it's not aspergers, it's not recognised. You can't go and say my child is ticking all these boxes – for PTSD, autistic tendencies, hyperactivity, sexualised behaviour – and is the same as this child who is getting the support and labelled as having a disability. You are constantly trying to fight for them and just because they don't have an official diagnosis does not mean that they don't meet that criteria because they do.

Schools tried to 'piggy back' support from one child to another so that a child with funding was put into the same class as a child not receiving funding.

I've applied numerous times but they don't fit into any funding category at school. The school are learning how to work with him and they try and cope with him in the classroom full of children but they can only go so far if they can't get any extra funding. They are unable to do much without an extra pair of hands. I have three children in lower primary with challenges that are not being met in the current system. The school have tried and we have provided numerous reports of a sensitive nature, psychological reports, and we still haven't met the criteria for disability funding.

They said we have so many kids with disabilities that all our additional funding goes to them. Your child is delayed. There are other children in the school who are at the same level, they are not necessarily foster children, they are just one of 100 children. The principal had to make decisions about how to use the funding and the child with a disability had more needs than a traumatised child who lives without their parents. To me it's the responsibility of the parent and the parent is the Minister who delegates that authority to the Secretary of the Department who then delegates it further. I sent an email to the team leader and the head of the department. He said we have an MoU with the education department and they must help you out. But I can't force the school to do it, so someone needs to do it. They said we will speak to the school but nothing happened.

Caseworkers together with carers were exploring alternative pathways to secure additional funding. These included getting the child onto medication which can elicit bigger board payments and using Aboriginal identity to access other funding streams. These approaches could be controversial for carers.

The caseworker is looking into whether there is some funding from the Aboriginal route. He identifies as Aboriginal and we keep saying this child is going to need a lot of help and funding. But unless he's identified as Aboriginal and we've been to the Council...! I said to the Department you do it, you have to work it, you have to get him identified, you have to push. But they haven't.

Our caseworker was focused on getting him on some medication because then she can justify us being on bigger payments. But that's not how I see it. It's good for her to go to school and be part of the PLP but he's a person and why should he have to be on medication to get more money.

It depends on which of the paediatric people you see. I have one who wanted our boy to be slowly weaned off his ADHD medication which we were very supportive of and something he wanted. We had another who wanted to up it to the most maximum dose which would have turned him into a zombie. He has now been referred to a private paediatrician because there are moral and ethical implications for us in giving children medication.

Carers talked about special programs which had been available in the past to help children acquire literacy and numeracy skills but which had now been discontinued due to a loss of funding. This limited the catch-up opportunities which OOHHC students could access. Carers also described situations where their child had not been able to access support programs because of a misunderstanding on the part of the school that additional resourcing was available through the child protection system to support the student academically:

They used to have special literacy programs but they only had vacancies for 10 children. We were told that she probably wouldn't get included in that program because we had other avenues to get the help. Your child is with the department and they should do something. They have no understanding that there isn't a pool of money to hand over. If there is we haven't seen it. Even when we do a care plan there is no offer of education money in there.

Where children had been able to access additional help it had proved invaluable. There were for instance examples of funding for specialist computer programs geared towards those who have suffered trauma.

The six year old had a speech impediment and massive behavioural issues in school. She had already been to two schools. They realised she had problems with her speech and reading but it wasn't until she moved schools that we got help with speech pathology. That helped a lot and it's very minor now and a good example of where early intervention makes a big difference because she seemed so different to everyone else.

A key issue was acquiring the ipads required for schoolwork. Carers reported a lack of consistency in who got help with purchasing ipads. Previously, if a child needed an ipad for school, it was provided by the Department. Now it often depended on who the caseworker was and requests were regularly knocked back. Many schools support a Bring Your Own Technology (BYOT) approach to ICT where those who opt not to participate have access to school-owned ICT. Carers could be critical of a student's dependence on school computers which could separate them out from their peers.

I consider the ipad is part of school like the pencils and books. If they use them they should be provided by the education department. It shouldn't be left to the foster care family. It's a costly expense. It's not consistent and it does seem to be who your caseworker is. They should have a list so it doesn't matter who your worker is, this is what we supply to a child at school who needs an ipad. Last year I signed the paperwork to say I will pay \$60 a year to use the school's. They come home every day saying I couldn't do my work at school because they couldn't access a computer in the library.

Overall this lack of funding was creating a financial burden for carers concerned to do their best for the child and prepared to use their own resources. They were paying for private assessments, psychological counselling, ipads and other education-related expenses. Some were also going into schools on a regular basis as volunteer aides to fill the gaps in in-class support available.

Carers constantly questioned the failure of a system which, although in theory recognising the impact of trauma on cognitive capacity and educational progress, did little to support students to close the gap with their peers or to provide the personalised education support that they needed.

2.3.3 Support with behaviour

The experience of trauma can result in difficult behaviour and behavioural management issues for schools and for carers. Triggers vary between individuals but can include contact visits with birth families, occasions like birthdays, Christmas, Mother's and Father's Day, being challenged academically, bullying and difficulties in relating to others in the class. One child from a domestic violence background would hurt, bite and scratch other children when they moved between classrooms. Another would shut down whenever he felt overloaded in lessons. A third would continually run out of classrooms whenever things got on top of her. The most effective responses to triggers and the behaviours they elicit vary between individuals. What works with one individual may not work with another.

Carers described how many teachers are not trained in dealing with challenging behaviours associated with trauma backgrounds. They might have had training about how to handle a child with ADHD or autism but not those with trauma. This can mean difficulty in understanding behaviours, in dealing with them appropriately and in being able to apply strategies to be able to work with students and engage them.

Some carers had very positive experiences of working with the schools including working with psychologists to develop simple strategies and solutions which were effective. They particularly appreciated those instances where their own experiences of the child had been used to develop strategies. This promoted consistency between home and school in how behavioural issues were managed.

Although the school don't have strategies in place for her they do have very, very strong pastoral care and she needs to feel cared for and she works best when she feels people care about her. They made her feel from the very first day that they listened to her, cared about her and were interested in her and that's why she thrived. She has occasional outbreaks but the feeling that someone cares is a very good strategy for her. So strategies have to be individual, they cannot be one size fits all because every one of these kids has a different needs.

I have had really good experiences with this little girl where we worked with CAMHS and the worker worked with the school to develop strategies with the teachers and run workshops so the school has strategies in place to address her trauma. She has also worked with me at home so I know what she's doing with the school so it's consistent. A trigger was moving from the classroom to go to assembly or music and she played up and was not coping. So the strategy was an egg timer and when it runs through we move to assembly. That gave the child time to sit down and get used to the idea she was going to be moving to another spot. This has made a massive difference.

However teachers are only able to do so much and without additional resourcing or a behavioural support person in the classroom managing their day becomes difficult. Carers were critical of lock down policies where if a child is acting up the whole class is removed. Isolation can have a negative impact for any child with significant trauma and as one carer said 'isolating a child with extreme trauma symptoms is just not the way to go. The school needs to lift its game.'

Carers were especially critical when the difficulties schools experience are thrown back onto the carer by withdrawing the child from the class.

All the children I have had in my care have extreme learning difficulties and behaviour problems at school. Despite the fact that they suffer from ADHD, FASD and trauma-related difficulties there is no funding available for school and for aides because they are not on the disability register. As a carer I am dealing with many behaviour challenges at home already and then I have to pick up the slack from school as well.

We have good relationships and I really understand their dilemmas. I think they are doing the best they can within the system. But one big drawback is that there is no way to get any effective discipline. So they ring me up for any discipline, for sanctions at home. This causes problems for me. I am the one who then has to say this afternoon there is no x-box and then there's a big sulk, there's another hole in the wall, whatever the reaction is.

2.3.4 Withdrawal, suspension and exclusion

Although the Partnering Agreement requires schools to take full account of the circumstances of OOHC students when considering sanctions or part-time attendance, a common school response to behavioural issues and difficulties in managing children in the school environment is withdrawal, suspension or exclusion. A quarter of our survey respondents had experienced this in the past 12 months. This can mean withdrawing them from the class or activities, sending them home, negotiating part-time education, suspension and exclusion. Forty-eight per cent of survey respondents commented that their foster child was often excluded from extra-curricular activities:

He didn't have the social skills and he wasn't allowed to participate in any after school activities and that sort of thing. They don't get included in those sorts of things. It's not offered. I said you have all these extra things like band, brass choir and my kids don't get into any of it. They miss out on a lot. He went to his first social this term which went really well. He struggles with knowing how to act in group settings and as he gets older he sees the difference in how he's treated and how the other children are treated.

Although some schools do all they can to be flexible and to be creative in trying to find solutions, others send them home. This response from the school can have big implications not only on the learning and education of the student but also on the carer and the stability of any placement. As one carer said 'there are a lot of talks and meetings but really, in the end, he gets sent home to me and I am the bottom line always.'

He has FASD and ADHD and probably trauma-related stuff. For the last three years he hasn't been full time at school because there are not enough staff to give him the one-on-one attention he needs. Nearly every day I get a call after one or two hours, please come and pick him up because we cannot handle him. At the moment he's only at school from 9 to 12 and the last 40 minutes of that is recess anyway. There is hardly any learning which really concerns me and when there are behavioural difficulties it's suspension. Of course they realise then if I play up I get to go home so that just reinforces his behaviour. It's happened for years now. He is now getting very angry about being suspended even though he does the behaviours. A lot of the behaviour is frustration, he wasn't being treated as normal. No one seems to be able to help me.

When he initially came to us he was in grade 1 and in school full time. His behaviours were quite bad, high needs. It got to the point that at the end of grade 2 he was spending more time at home than at school. We could see that the school just didn't know what to do despite all our meetings. They were tearing their hair out. So we had him at home for a long time and then he changed schools and started off full time but it didn't work for the school or for him. He went down to three half days a week with an aide in a classroom by himself and this year he's on three full days so we are getting there. But because of lack of funding they are trying to wean him off having an aide but without an aide he can't be at school.

Carers also reported their child being sent home during NAPLAN assessments so that their anticipated poor results would not impact on the school statistics.

Carers emphasised that their child was entitled to full time schooling and it was the school's job to engage them and keep them in the education system. Their view was that punitive approaches to behavioural issues like suspension and exclusion may solve problems for the school but do not impact on the behaviours and certainly have a very negative impact on academic and social progress. Children wanted to be sent home so despite all the efforts of carers to keep them at school, the school constantly reinforced the wishes of the child and reinforced their experiences of being excluded.

I had a little girl who was only allowed to go to school for an hour a day because she would run away. Don't ask me what they can learn in an hour a day, basically it was just damage control. The hour was just trying to keep her in the school grounds until I could come and pick her up. So I had her for 23 hours a day, it was really hard.

The education system can be quite adverse to children in the care system. He only goes for an hour of schooling a day for 15 months because of the trauma he's experienced. I found the school system itself was really supportive and in that hour they wanted to do what they could. But they don't seem to go out of their way to get them to the next level. They just accept they have bad behaviours and that's it.

Why send them home because that's what they want. The child I have now doesn't want to be at school, he would much rather stay at home with us even though he must be bored shitless. You need to be at school and we make it as boring as we can. But these kids, sometimes that's all they want, to sit there and be with you.

A number of carers spoke about the part-time education their child was receiving. This may be supplemented with e-schooling or the student may be entirely e-schooled. E-school can implement programs tailored to the individual student. However it can also require a lot from the carer in order to ensure that they engage with the program and to monitor their attendance.

We've had kids with that kind of disruptive behaviour and an inability to actually work within school. One in particular ended up attending e-school from 12 every day and then going into school once a week. So that kept them in education. It's a compromise and prevents their educational path being further disrupted and can keep their education going. But it requires constant supervision.

One of the issues was making her understand that it was real school and she had the same responsibilities as if she was at an ordinary school. But it was the only alternative for education for her because her social skills were so poor and her violence at school so intense. E-school were very, very supportive of her. They attended the meetings, the principal came one day and her actual teacher came which was great.

Although they might value part-time and e-School programs, it meant considerable additional pressures and responsibilities for carers at home.

2.4 Changing schools

If children are already established in a school when they come into a new foster care placement the Partnering Agreement prioritises continuity of schooling and every effort will be made to retain them there. This is especially true if there is still a chance of reunification with their birth families. The school may be the only stability in their lives and offer a community they know and where they feel safe and supported. This can be challenging for carers when the school is some distance from their home and longer travel times can make carers reluctant to agree to a placement.

If a child is already established in a school you want to keep them there but for carers this can present that extra challenge. The children didn't cope with the 10 minutes travelling to school. They were very highly traumatised and I would constantly be pulling the car over because it was dangerous and they were attacking each other. When we got an 18 year order we were given permission to move them to another school. It changed the whole dynamic of the morning. We didn't have to load into the car, put seat belts on, have fights and melt downs on the way to school. We could walk in.

However, under an 18-year order and once any chance of reunification has passed, changing the school becomes an option. This was one strategy used by carers who were not happy with the kind of support their foster child was getting in school. They described how a change of school had often been a very positive move, both academically and in terms of behaviour management and socialisation. In particular carers valued self-paced or personalised learning where children could work at their own pace rather than the pace dictated by their age and grade level as well as access to a smaller and quieter environment. This was considered to be especially valuable for foster children who had experienced large gaps in their education and had fallen behind academically but also in their emotional development. It could also work well in terms of giving the child a 'clean slate' with behaviour management and where schools might employ a different approach to discipline and to suspension and exclusion.

We took her from that school with family services support and put her into another school. She blossomed. It's not always about funding, it's also about having the right environment.

We changed his school because the type of learning did not suit him. He is now at a self-paced learning school. It's like home schooling and it's age appropriate. There is one classroom and from grade 4 to 6 there are 16 kids and he just does the level of the subject he can do and the differentiated learning really works. But the main strength of the school for him and us is getting on top of discipline. Previously if he was naughty he got to go home. But the principal here is very on board and said we need to reclaim the power.

The school that the children are at they work at their own pace. She has a learning disability and she doesn't do the work as quickly as the other children so they give her the amount of work she can cope with and that she understands. None of the other students in the class know where they are academically, only the teacher and that child. So she can go right through school with her peers and maybe end up 2 or 3 years behind academically but still have learnt everything along the way including social skills. She is doing really well and further than we expected her to behaviour wise, maturity wise, skills wise, academic wise. She is extending my expectations.

A number of carers had pushed for their foster children to attend non-government schools. This was either because their own children were already attending and they wanted their foster children to feel part of the family or because they considered the school would better meet the child's needs, provide more support and be more flexible. Unless a child is already in a non-government school when they come into the care system there is no assistance with private school fees. This means that carers are required to cover the fees and all the additional costs like school uniforms and books. Sometimes they can negotiate a reduction or waiver in fees or access scholarships, especially when they already have one or more of their biological children attending. However usually it means a considerable financial outlay from their own pocket:

None of the costs are covered. That's my choice but my biological children are already going there and I was not going to separate them out. They have taken a little bit off our bill and it has restricted our resources outside of that. That's not what we planned financially and I've stopped working as well.

Although some carers had been supported to move schools and there was a consensus that the move had benefited the child and better met their needs, others had faced opposition from child protection. They had to do battle with the child protection system to allow them to change:

We knew the girl needed to be in this school and all the caseworker had to do was sign the enrolment form we had filled out. We had got her a four-year scholarship which was worth an awful lot of money but he wouldn't sign the form. We got an email saying I would like you to take her to this state school. It would have been a total disaster to enrol her there. We actually had to go around him and get the team leader to sign the form. Why are we having to play games like that to help the kids? It's a huge mountain that we are facing to try and get even the tiniest amount of support for the kids. It breaks our hearts, it's so basic.

The children in my care had a horrendous time at the primary school they were at. They were earmarked as being children in care and treated in an extremely derogatory manner. Since then one of them is at a private school and flourishing and the other has moved to a nearby school and is doing better. An awful lot is dependent on the willingness of child protection to allow you to move the children. When you identify a problem with the school and you tell CPS it can only work when they support you as well and say yes you can move this child.

Carers often described their experiences in the private sector more positively. Children who had been unable to get teacher aides or assessments were now getting them in the new school. They also had access to differentiated learning and more flexibility in how behavioural challenges were dealt with. Both the child and the foster carer were able to access higher levels of support

We did have to fight really hard to get the foster child to go with our biological children to the same school. The government wanted to send her to the state school down the road but she wouldn't have coped. It's a bigger school and the school our kids go to is only about 140 students compared to 500 and she's very distracted by lots of noise. Getting her included and it being part of her identity in her growing up family has helped her a lot and the teacher has first-hand experience of fetal alcohol syndrome. There is no problem with her IQ, she's very clever. It's just the processing and the consequences she doesn't get. The school is very happy to assist her in any way.

We made the decision to take the children out of the public school and into a much smaller school. We had to pay fees. They were excellent, provided much more support and had a much better understanding of the child's behaviour and that they are not necessarily a naughty child. That made a big difference. Being in smaller classes she is able to get more focused attention and the teachers really try hard to work out what the child's capacity is and to encourage her in every way. So she gets additional attention from the teachers and an understanding about why she's at the level she's at.

We got to the point of saying the public schooling system is never going to help us. The non-government school ran a whole lot of tests. They got additional funding from the government which the state people could have done. They did that work and they worked hard to understand what her capacity is now, what it should be. Essentially neither the public education system nor the CPS were willing to do anything outside of normal school activity to try to work out what her capacity is or to catch her up.

One thing carers particularly valued about the non-government sector was a smoother transition from primary to high school. Being able to remain in the same school and environment from grade 1 to grades 10 or 12 meant fewer difficult adaptations for children who had already encountered so many changes in their lives.

Not everything was rosy in the private sector. Some carers described having to forge a path in non-government schools which were unused to catering for children in OOHC with trauma backgrounds:

They have very little experience with children in OOHC. Generally we are paving the way through our school system and that takes time. They are willing to work with us but generally there is nothing in place. I don't think they've quite got it so trying to set up strategies in the classroom is very hard. I will say this is what's been recommended by the occupational therapist and they try it or they can't or they won't.

Nevertheless among survey respondents with children in non-government schools there were higher levels of satisfaction with the school's ability to meet learning and social and emotional needs. They reported lower rates of suspension and exclusion, part-time education and truanting and lower rates of bullying. They also described better school/carer relationships with schools, higher rates of carer participation and involvement in decisions and having their views respected by schools.

2.5 The views of young people about school

We spoke to eight young people aged 13 to 19 with experience of living in foster care about what they felt had helped with their education at school.

Their comments mirrored those of carers. As well as feeling comfortable to ask for help they emphasised having extra support. This could entail extra time with teachers, having a teacher aide, being given additional time to complete assignments or a support person that they could go to. Also mentioned was teachers knowing about their background so that they understood why they might be stressed at particular times and, most importantly, being discreet about it.

What really helped me with my education is having extra time with the subject teacher in recess and tutoring after school. Sometimes I ask if I can have some help and they come and help me.

Last year up until about term 3 I did not hand in a single assignment because I could not do the essays. Every time I tried to write an essay my brain went. I knew the stuff and could answer all the questions in class but on my report it said Ds and Es and it recommended a parent teacher interview. We went along and we talked and they said about how I'm in care and going through a touchy time and sometimes there are lots of stressful things and because I'm so stressed I can't be focused or anything. My teachers automatically understood and they even suggested other ways I could do my assignments. I could power point or something easier. That really helped and it got me right through grade 9.

Although not all had been involved in developing PLPs those that had felt that having a plan was helpful to them. They also valued being fully involved in extra-curricular activities and excursions.

They were very clear about what did not help with their education and mainly commented on experiences of exclusion – being withdrawn from class, being in part-time education, not being able to mix with their peers, only having a limited curriculum or not being involved in developing PLPs. As one person said 'being excluded causes anger and frustration and you learn nothing'.

Throughout primary school I was a really stressed out kid and I didn't learn very well. Mostly the teachers sent me into the principal's little outside area to draw all day. That was my entire primary school education.

I didn't really get any education from kindergarten to grade 10. I was just doing art and child studies because I'd been in care for my entire school life. So when I got to college I realised I had to do maths and English and things like that. I was a very difficult child, I have very bad anger issues. They took me out of classes and it was just me and a teacher's aide and that was it. There was no other communication with other kids. It's pretty difficult to do that.

I did e-Schooling because I can't work with other kids. I can now but I couldn't. I did it for three months until I decided it was stupid. I found it boring because I could just get up and walk away from the computer and nobody would know. You don't have to commit to work everyday like in a classroom and you can just walk away.

They particularly disliked being given special treatment in front of other students. Several spoke about being singled out or being picked up by a government car or by caseworkers coming into school wearing name tags and pointed out that this could lead to bullying.

I don't like it when the teachers give me special treatment in class because it like excludes you. When they talk to you after class that's okay. But one teacher I've got walks up to me in class and says do you need any help. I say no, just go away. Everyone is staring at you and they know. The teachers shouldn't treat you differently because you're in care. Everyone stares and they come up to you after school and in recess and say are you in care. It's really frustrating.

I think teachers in school should be educated about what being in care means. When you tell people you're in care they say oh you're adopted. It's really annoying and then you get the bullies who get the completely wrong idea and think you don't have any mum or dad or anything.

They wanted to see more personalised learning or a recognition that everyone learns in a different way, more awareness from teachers about what being in care means and minimising exclusion from class.

That is one of the main causes of homelessness and poverty today that teachers have failed teaching their students, sent them out of the classroom so they can teach all the other students. The teachers need to focus not just on the whole class but individuals as well. I know everyone in my class has individual problems. But chucking one kid out, that is basically the teacher giving that kid the gift of poverty and homelessness. I am very passionate on this issue.

2.6 In summary

Fostering a child or young person in OOHC can mean managing a diverse range of challenges in order to support their access to education. Among examples of good practice carers were also able to identify a number of shortfalls in the current education system which made accessing education for their charges more difficult and their job as carers harder. These included gaps in information and assessment and in support for academic and behavioural issues, often underpinned by a lack of resourcing in the system.

Given this context, to what extent did carers feel schools were meeting the needs of students in OOHC? When asked how far the school was meeting the learning and the social and emotional needs of each of the school-aged children and young people they were caring for, carers considered that over half had their needs met by the school.

Table 7. Schools' ability to meet needs of OOHC students

Meeting needs	Learning needs %	Social and emotional needs %
Yes meeting needs	58	54
Partially meeting needs	27	30
Not meeting needs	7	8
Not at school	8	8

However for one third (33%) of the students their learning needs were only being partially met or not met at all. There was less satisfaction with social and emotional needs, where carers felt 38% of students had unmet or only partially met needs. Households dealing with disability were less satisfied than those that were not.

Overall carers wanted to see a change in the culture in schools and the resources available so that children and young people with trauma issues had their needs met and were no longer seen as 'naughty' and requiring punitive approaches which restricted their access to the mainstream curriculum.



3 Working with Child Protection

There are a range of supports available to carers through the child protection system to help ensure children and young people have access to education. This includes financial support for education-related expenses, assistance in working with schools and advocating for individual students and broader support to assist them in their day-to-day caring roles. How far had foster carers been able to benefit from these supports?

3.1 Levels of engagement and collaborative working

Carers were aware that in order for things to work effectively everyone had to be on board:

In the first year I tried everything and was having to go and pick him up all the time. So we got the child protection worker involved, had meetings at the start of the year and it worked really well. You have to get everyone on board, the child protection worker, the people who look after him at school, the PLP people and the plan. I find if you don't have that it doesn't work. I was invited in as what's working at home can often work at school, giving rewards and stuff like that. If you're not all on board it just doesn't work.

This could include working effectively with birth families. Carers described nurturing good working relationships with birth families and involving them, where appropriate, in the child's educational life and achievements. This could entail receiving school reports and photographs and attending school events and activities. When care was being shared with a birth parent this required forging some consistency towards educational issues between the foster family and the birth family.

Survey respondents reported a mixed picture of working collaboratively with the child protection system. Although some described a partnership approach there were also significant rates of dissatisfaction. One fifth (20%) were not comfortable raising their concerns about education with the case worker and a quarter (24%) did not feel supported in advocating for the student at school and/or having their views taken into account. There were high levels of dissatisfaction with the continuity of child protection workers (42%) and with high turnover rates among staff unsettling both carers and children and impacting on the ability to form an effective working relationship with them.

Table 8. Working with the case worker to support education

How satisfied have you been with:	Satisfied %	Not satisfied %	Unsure or don't know %
Feeling comfortable to raise concerns about education	73	20	7
Assistance with advocating for the child at school	59	24	17
Taking your views into account	62	25	13
Supporting you with your views about education	65	22	13
Continuity of child protection workers, change of workers	42	42	16

As focus group participants emphasised, having a good working relationship with child protection depended on the individual child protection worker. Some had very little contact with them and this suited them. As one carer said 'I have been told that I know best in relation to education'. Others had found that although additional resourcing for educational issues was not forthcoming, they had been able to develop excellent relationships which they had found very supportive and which had assisted them to get things moving, make appointments and decisions, access assessments, communicate information and generally keep on top of situations.

The child we have had for three years, his case manager is excellent, very supportive, pretty much asks for whatever we need and when they ask for extra reports she will get hold of those and is very good about attending to things. As far as being offered extra funding or anything like that it has not been forthcoming and I don't think they can offer it to you. In our case we desperately need tutors but we don't have the resources for that. They just don't have the funding. But my working relationships are good.

We have a very good case worker this year. She's new and she's tried very hard. I think she has tried every avenue and is still trying. I asked her to find out if there was any one-to-one support he could get at school to make life easier for us so that I don't have him at home all day. He has really high needs. She has tried very hard but she keeps running into walls. He's not on the disability register even though he's on the far end of the spectrum with FASD and ADHS and on Ritalin.

The case workers have been fantastic, absolutely fantastic, extremely supportive especially the last one, spot on. She did more visits than what was required, we were always emailing and talking and she was right up to par with everything. I have had no bad experiences whatsoever with case workers.

According to departmental policy every carer/child is entitled to attend quarterly care team meetings to monitor progress and identify any issues which need to be addressed. For high needs children meetings can be held every six weeks. Care teams also respond to any educational issues and oversee the development of the PLP. Meetings can involve the school principal and teachers, the child protection workers and team leader, OOHC worker, the carer, psychologist, speech therapist, behavioural therapist, respite carers and anyone else involved in the child's care. Although in practice carers are not always involved, when they are they found them to be very productive.

We have the care team meetings and I feel that should be an essential thing for all carers. They are very essential for us to support the children and myself to be supported to care for the children and their complex needs. They are held at the school and focused on the learning needs of the child in my case and the social side as well because the playground experience can be quite difficult. The school is a huge part of that so if you neglect the school in the care team meeting then you are neglecting a huge chunk of those children's lives. The assistant principal will liaise with all the teachers and get the information about how the children are going, their struggles, what are we doing at the moment, who they are seeing in the school environment. She will bring that to the meeting with a teacher and then we are able, as a team, to make plans for the children. That has been the biggest support. It's a positive experience and anything that comes up as an issue is immediately dealt with. You get the big picture.

However for carers working outside of the care team meeting it could prove difficult to collaborate and work as a team. As one carer said 'they are extremely busy or helpful or extremely unhelpful. It just depends who you get'. The high turnover among workers and constantly having to develop a relationship with a new worker took time. As one carer said 'my child has had at least 8 workers in the years he's been with us'.

They do change them all the time and that can be disruptive. We have a new worker for the past month and I'm training him nicely. He came in as mister high and mighty but we have a good relationship now. Mostly I've had positive relationships with them over the years. I arrange everything, medical, education whatever. If you know your stuff and know where to go if you want help. It's a lot easier once you know the system and can work it.

Early on we never had a case manager. Then suddenly someone would ring up and say I'm your case manager, I am going to come and talk to you. They would start from the beginning like when did you get him. I would think well don't you have that on record. A year later someone else would ring up and say I'm the case manager now. It was all very confusing and odd that they never seemed to have any records. A couple of case workers were young, they had no children, they had no idea, newly out of social work and no life experience.

Some case workers considered educational issues to be part of their job while others saw them entirely as the responsibility of the education system. Carers commented on three significant issues in working with child protection - their own involvement in decision-making, the impact of the care system on education in practical terms, and promoting higher educational aspirations and expectations.

3.1.1 Decision-making

Many carers were concerned about their ability to make day-to-day decisions about school for the children they were caring for. Carers described case workers who had little respect for them as a core member of the care team, were not interested in their opinion and who would actively exclude them from decision-making. They were thought to be 'only the carer'. While some case workers made it very clear that the carer was the main contact person for the school, in other cases carers were bypassed and any school communications or decision-making focused on the case worker.

My workers usually side with the school whereas as carers we know the children's needs are not being met. It's hard for the caseworker because their workload is phenomenal and I don't expect them to be at my beck and call but I would like to see the carer have more voice with the school. I can raise issues with the school but unless the department gets involved they don't listen to me and there isn't any help at all.

Child protection do not listen to carers, the person who lives with these children. They are resistant to it. The child's educational needs are not being met and everything goes pear-shaped to the point where there's a placement breakdown. They need to understand these kids are with us 24 hours a day. We are nurturing them, looking after anything that comes home from school whether it's good or bad. We are on the front line.

Carers could find themselves struggling to get consent forms signed by child protection workers for a child to join a school excursion or to sign paperwork to allow a child to be filmed or photographed. Until recently if a child wanted to stay at a friend's house overnight, the friend's parents were required to have police checks. This has now been waived so that one night is possible without any checks. But as carers pointed out they should be able to decide, as parents do, whether they were happy for their foster child to stay in another household. Carers in focus groups were unclear about what they could sign and what they could not and for many there was a general lack of clarity about what permissions were required when. Some carers had got around this by crossing out parent or guardian on permission forms and writing 'foster carer'.

There is a lot of unnecessary red tape. For day-to-day it's ludicrous to ring up and say can I do this or that. It's a bit demeaning. Give me responsibility for the child or don't. If you really don't trust me to make sensible decisions then I shouldn't be a foster carer. The trouble is they are strapped for carers and there are those that are not up to the mark and make bad decisions. So we are expected to be parents but we haven't got the power to do things. We should get rid of the red tape.

I have had children miss out on camps because the child protection worker hasn't got back in time. If it's a big medical procedure I can understand but even with dental I have taken time off work to take the children and the worker hasn't sent the permission form back. These are professional dentists who want to do an examination yet child protection have to sign a form. So four times off work and being told sorry the form hasn't arrived. You wonder why it has to be like this.

We have to take our son to the doctors to get his vaccinations. He couldn't have them at the school with all his friends because he was in transition from one case worker to another at the time. The vaccination forms were sent to the CPS but there was no one to sign them and they didn't get sent. That's a basic health right.

Not only did carers have examples of their own decisions and judgements being queried but also those of other professionals:

The behaviours our child displays with regards to trauma are extreme and she needs support from a psychologist. We weren't given a specific psychologist to get a mental health plan so the doctor decided he would ring the caseworker and ask. The caseworker had gone home so the team leader got on the phone saying does she really need this. There then ensued a five minute argument with the team leader to convince the doctor that it wasn't necessary. This organisation is supposed to support and care for children. I had to sit in a doctor's surgery with the doctor looking at me like I was an idiot because the team leader is telling him that this child doesn't really need this. It's atrocious.

The end result was OOHC students being excluded from the activities open to their peers and in some instances from health and support services.

3.1.2 School participation

Carers commented on the timing of contact visits with birth families which took place during school time. As well as withdrawing the child from class it could also mean the visible presence of support workers and case workers in the school which drew unwelcome attention to the individual student.

They are taken out for visits during the day. I feel uncomfortable that the worker comes and gets them and everybody knows. I don't think it's okay that they miss school because of contact. Maybe when it's reunification but not on an 18 year order.

The boys just want to be seen as normal at school. They don't like the fact they have to leave school every second Friday to have contact or to attend care team meetings.

Some carers talked about negotiating with the school and the child protection system to avoid this.

I don't allow the worker to go to their classrooms to pick them up, they need to meet them in the office. That is their safe space, the classroom, and I don't want other kids looking at the lanyard. This is a plan I made with the school that they don't wear their lanyards when they go to the school. It's not okay. They get isolated by other children because they are in care, it puts a stigma on the child. It's things like this that make their lives a little bit easier so they don't have to explain who the person is and it's a different person every time.

In some schools it could also mean that students in OOHC could never achieve 100% attendance records or receive their 100% attendance certificate.

3.1.3 Aspirations and expectations

Carers described case workers who had no interest in or knowledge of educational issues, little understanding of trauma or its impact on learning and low educational expectations for the student which did not meet with the expectations of the foster family in terms of educational attainment.

I was told by a department worker, your expectations are too high. I haven't got any expectation on these children, I want the best for them. What a wonderful world it would be if we could give these children the best education.

We had one child protection worker who said to us in an email maybe she's reached her full potential. No she hasn't reached her full potential, you are just trying to fob her off. She is entitled to as much education as any other 16 year old. The implication was she'd reached her full potential, just let her go and do what she wants. Who has reached their potential at 16, nobody has? The brain is not even fully developed. So we have had that kind of thing. It doesn't really matter, let them do what they want.

Countering low expectations among case workers could become a key issue for carers.

3.2 Support for foster carers

Carers wanted to see more support from child protection workers with educational issues. A number commented that this support had decreased over the years and was only available when the situation escalated or there was a crisis.

If things were not going well at school they wanted to see the case manager acting as an intermediary and helping to provide solutions in dialogue with the school. If the child required a referral to a service this should be the role of the case manager or at least they should provide the foster carer with information about services and how to access them. As one carer said 'the case manager has started to disappear into the background and more is placed on the foster carers, but when things go wrong it's the foster carer's fault'. They wanted to see the department being more proactive and helpful so that foster carers were not left struggling to access support which wasn't there.

I needed a mental health plan for one of my girls. They said ring the doctor and make an appointment. Go ahead and do it. Isn't that their job? In the past we would have got into trouble for doing that. It's hard to get the referrals into services that your children need. It's fine if they expect us to do it but at least give us information so you know what's available in your area and what their expectations are.

Table 9. OOHC support workers supporting education

How satisfied have you been with:	% carers satisfied	
	DHHS Carers	Outsourced Carers
Feeling comfortable to raise concerns about education	52	80
Assistance with advocating for child/young person at school	50	64
Having your view valued	51	76
Supporting you with your views about education	55	72

Beyond their foster child's caseworker, carers contracted to the DHHS can access 6-weekly visits from the OOHC support worker. However there were high levels of dissatisfaction with the support available from this source and several carers said they did not have a support worker.

Those carers contracted to one of the four OOHC organisations in Tasmania reported a significantly better experience of being supported generally and particularly with educational issues. They were more comfortable about raising educational issues, got more assistance with advocacy and were more likely to have their views valued than departmental carers.

They build a team, they always support people and they are one of the few organisations that have taken the educational role to specifically help children with that. They got a grant for tablets so all the kids could have them and programs specifically for them. [The worker] can also go to wherever the kids are and do tutoring out of school

I am outsourced so there is a structure there and I am supported. I need to with five children and to be supported not to condemn or to be judgemental. It's all about working on the same page for the benefit of the child and not fighting against the carer because she's a loudmouth or you don't agree with her. I don't think I could cope with the department unless I had a very supportive case worker and there are not many of them around.

When carers become guardians the relationship with child protection changes, with less involvement and less support. One family was seeking help with educational issues. They wanted help with accessing assessments for the child and moving them to a new school. They considered the placement to be in jeopardy because of the challenges they faced and the lack of support they were experiencing. They had been advised to rescind their guardianship in order to be able to access more support and this had become a serious consideration for them.

3.3 In summary

Overall many carers felt they were not treated as valued members of the care team on an equal footing with other members.

They do not value carers. I have been told you are just a bed and food, your opinion is not valid or needed. Yet I am supposed to guide these people into adolescence and adulthood and assist in the transition to reunify. We are not valued as a full member of the team. The department thinks of us as minions. We are just one of their resources and they kind of care for us because if they don't they'll lose us. They desperately need us but we're not valued.

In recent years this has been a key issue for FKAT. They have been advocating for a cultural shift which will enable a move away from 'you're just a carer' to a full recognition of carers as an integral part of effective collaborative working around individual children and young people in OOHC.

4 Providing a learning environment

Beyond the school environment, foster carers are also supporting the educational journeys of those that they care for at home. What does this support look like and what does it mean in terms of outlining an appropriate and feasible role for foster carers in supporting education?

4.1 In-home support for learning

Survey respondents were asked about their ability to provide a learning environment and about the key elements of that. The majority said they were able to provide a quiet space for study, help with homework, opportunities for reading and time to discuss the school day. Most were also able to provide access to a computer and the internet.

Table 10. Ability to provide a learning environment at home

How far can you provide the following:	All the time %	Some of the time %	Rarely or never %
A quiet space to study	77	22	1
Support with homework	80	20	0
Computer with access to the internet	79	11	10
Books, magazines, opportunities for reading	97	3	0
Time to read together	68	30	2
Talking about school on a daily basis	95	5	0
Tutoring/learning activities at home	63	30	7
Activities relating to the child's interests and hobbies	72	28	0

Carers attending focus groups saw supporting school and homework as a big issue. They were keen to impose regular routines at home which made life predictable and secure whilst placing a high importance on the completion of homework and praising children when it was done. Some were also being proactive in supporting the development of literacy and numeracy skills by reading regularly with children, working with them on specific programs, ensuring a wide range of reading and educational materials were available and offering a home environment where reading was the norm. This might entail using educational CDs and videos and playing educational games on a regular basis. They were also involving children and young people in the day-to-day domestic tasks like cooking, DIY or feeding the animals which allowed them to practice numeracy and other skills. Some carers commented that, with under-resourced schools, it was only at home that children were able to get this one-on-one attention with their work and the development of basic skills.

We have books everywhere and that's been a really important activity for us to do together. I have quite a few friends who are teachers and they have lent me word cards and readers so we do a lot at home. I have bought sound charts and alphabet charts, number charts. We try and foster his interests so when he was obsessed with lions after seeing the Lion King we watched YouTube videos of lions and documentaries. You can turn everything into a learning experience and that's how we do things at home. He can read sentences now and we are so proud.

One of the first things we did was feed the chickens. We got three scoops of this food out and she couldn't do the numbers. So lots of practical skills like that. She's not an academic so we do work on practical things. She's been helping me build shed walls. She marks them out and drills the holes for the screws. She knows how to use a spirit level and that's all education as well. It's just practical education and beneficial to her in the long run.

Not all carers had access to the internet but among those who did a number were using literacy, numeracy and other educational programs whilst also imposing controls on the amount of time spent playing computer games or accessing social media.

He loves playing his x box and lots of games which is not ideal but that is the only time he is occupied and concentrates. That is actually how he learnt to read and write, by talking to other kids who play the games. So there are ways of teaching. We have an encyclopaedia and he can choose a topic there that he wants to study. He will copy it and get pictures from the internet and do some extra research. It gives him some general knowledge about geography, about money and we find out what his interests are. He has FASD which means having a focus is difficult for him so we let him chose something that interests him.

4.2 Challenges

Although half the carers in the survey (49%) said they had no difficulties in supporting education and learning at home, others named one or more difficulties that they had encountered. For a quarter of carers (24%) this was due to finance. They described difficulties in providing laptops, ipads and access to the internet. They also identified difficulties in accessing extra-curricular activities like swimming due to a lack of money. Some had applied to the Department for help and been turned back.

Table 11. Barriers to providing a learning environment at home

Barrier	% of carers who identified barrier
Financial, lack of money	24
Lack of time	19
Lack of knowledge and/or information	15
Restrictions to the physical environment	3
Lack of confidence	2

A fifth (19%) said their difficulties were due to a lack of time, 'being run off my feet' or 'being too stressed out to keep a daily learning routine'. This was a particular difficulty for those carers who were working, where the family was large or when extensive contact time with birth parents ate into time at home. These kinds of pressures made it hard to impose routines, make time to read with children, assist with the completion of homework or more structured learning activities or to give any one child individualised support with their learning. Having children with a broad range of needs made it difficult to sit down with one for any extended period of time.

We have four children in care and two biological children. After school is chaotic, they all let go and are bouncing off the walls. It is extremely difficult, near impossible to do individual learning and I am basically behavioural managing these children from the minute we get in through the door. They are tired, worn out and they are all really needy and at some point I need to cook tea. Once they are all fed, bathed and about half an hour before bed I get time with them and they are all behind the eight ball. That only gives me 5 to 10 minutes with them and that is not enough.

We have three and in an ideal world we would have one afternoon to actually sit down and maybe spend half an hour on doing homework. The tricky thing is not that I haven't made time for that but because the older one has a lot of anger problems and the trauma response and if he makes a mistake that can ruin the entire homework time and I can't get him back. I struggle to find the time because they are all vying for your attention and you are trying to get dinner ready. The minute school is finished they switch off.

How do you enforce homework, how do you sit down and read to each child when you might have babies. The capacity isn't there. Part of the challenge with fostering is that you also have access visits, visits from the department, school visits, grandparents that might want to see them, there's sport. It's layer upon layer. There is not much time to focus in on one particular time or issue. You are heavily relying on the Department of Education to do the majority of the work.

Those carers with higher educational qualifications were more likely to identify difficulties in supporting education at home and particularly in finding the time. Almost a third (32%) of university educated carers identified time as an issue compared with a tenth (9%) of those who had reached year 10 or less.

A lack of knowledge and/or information was also an issue for carers (15%). This included a poor understanding among some carers about what a contemporary education looks like. They were confused by what was happening or not happening at school and different approaches to learning. Some were critical of school homework policies; either because there was very little homework or because there was no continuity or follow up at school with work completed at home:

When I went to school you used to have to sit there and say the tables over and over and if we hadn't I wouldn't know them now. The children don't do that now unfortunately. It's a computer now and they don't have that intimate connection with the teacher anymore. They don't have interaction, they have lost how to spell because the ipad is correcting the spelling for them. There is no more pen and paper. They never bring homework home ever and yet they can't read or spell a four letter word. When I went to school and said they can't read these words they said there's nothing we can do. They should have learnt that in primary school.

Our school has a homework policy and there is an expectation they will complete homework. It's emailed to us so we know what's expected. But they are not always good at following up if that's not completed. The child might say they've done it but they haven't. They are not always good at letting you know that until it's too late. Is it my job to follow that up? It's important for them to do it and who else is going to push them and how are they ever going to learn. But I'm not chasing them every five minutes.

And some were critical of contemporary approaches to learning

There used to be a huge amount of differentiation in education but the stresses and requirements on teachers are so huge that they cannot deliver it. They need their class to sit in the average level so they can get through everything they are required to do without a nervous breakdown. One of the worries for me is the death of imagination. We were taught to think and solve problems. Now everything is there in front of you, you just google it and you haven't had to think. The children don't have those skills that they can then apply to other things.

This meant that although carers were keen to support schoolwork, they could also find it difficult to be clear about the boundaries between home and school. In particular they were confused about how far it was their role, or within their capacity, to assist with education, especially without specific guidance from schools in how to support learning at home. Dealing with a child's negative attitude towards learning ran the risk of eroding home as a safe place and a refuge.

It's not fair on the child that they have spent all day at school and then you expect them to do stuff at home. I can't physically get them to do anything on paper at home, they don't like reading, it's boring. They just have their games downloaded and that's all they will do. I put time restrictions on that. When they come in from school they are tired and grumpy and they want some spare time. If you push the issue you get a child that resists that. I have personally learnt not to do that and to give them a rest when they come home.

Given these challenges and what many felt to be an expectation that carers should be providing the individualised support many children needed but which schools were unable to offer, some carers wanted to see access to additional help. This was especially true for those carers dealing with children attending part-time or who were regularly excluded. This help might be in the form of homework clubs, tutors to work with the children outside of the school day, or strategies to help them as carers work with the individual child.

When you get them in grade 5 and they don't know any of it, they can't read or write, know their times tables or tell the time, that is what we are trying to overcome as carers and the government is expecting you to do that. We are not teachers and we don't have the knowledge about how to do that. He is so far behind he needs an experienced tutor and this has not been offered at any time.

When he came to us he was 6 and he was hardly speaking. He was like a baby and pointing when he wanted something. So looking back I think we've come a long way. He was 13 in February. Sometimes both me and my husband have to sit with him to get him to concentrate for an hour which is the absolute limit. After 10 minutes he will say it's too hard. It's getting better but it's really hard work. The school doesn't have the resources but they are the experts, they are the educators, they are the teachers, they should have some strategies.

Some carers were paying privately for out-of-school tuition. One carer whose children were operating two years behind their grade level had enrolled them in Kip McGrath². This cost \$230 a fortnight. As she said:

You shouldn't really be having to sacrifice but there is nothing available for them at school and you know they're behind. They should be able to access extra learning after school and the department should pay for tutoring but they don't.

Overall carers expressed varying levels of frustration and resentment that too much was expected of them by both the DoE and the DHHS. They had become a 'dumping ground' for all the problems and challenges of caring, including filling in the gaps in their foster children's education, with little support.

The department expect us to do more and more and more. And the education part of it now just seems like another stress. There's a big shortfall there. I am happy to support the school and that's very reasonable and we should do that but I don't think the main problems should always be dumped on the carer.

We can't be expected to do more than to get them to school and to bring them back and to help with their homework. As far as trying to catch them up or any tutoring the expectation should be that you go to the parent interviews. Anything in addition to a normal child that is required to catch them up or get them to a certain level, I just don't think in most caring families there is the capacity to do that. There is also no incentive, not that you need one, but there's a disincentive because it costs money.

4.3 Broadening horizons and raising aspirations

Whatever their struggles might be in supporting school learning at home, carers did see a key role for themselves in broadening children's horizons and providing a wide range of learning opportunities. They considered that many of these opportunities and activities should be built into the care plan. They might include going on holiday, camping, fishing, visiting a zoo, bushwalking, keeping pets and looking after the goats or the chickens. They could also include extra-curricular activities like swimming, sport or dance and those relating specifically to a child's particular interests or hobbies.

For some carers covering the cost of these activities was an issue. Although Board Payments include access to one extra-curricular activity, resources could be stretched. However many carers were also prepared to cover additional costs because they could see the benefits, particularly in terms of offering alternative pathways to success beyond the academic and in developing skills like team work and trusting other people, self-regulation, socialising and the development of motor skills.

He played soccer last year, basketball, doing a bit of cricket. It's good because it releases some energy. He's not very good at following rules and I'm actually amazed that he can follow some rules. That's why we want him to play. I think that's a life skill, that's education.

I will chose things which cost very little money. The Aquatic Centre is a great place to go. If you get the kids active first thing in the morning they can then sit and do things and I can get a rest and then they're ready to do some cooking. We never go to the pictures because it's way too expensive, the same with bowling. I like to get them out and about, to the botanical gardens or the skate park. The more experiences I can give the kids the better for them because they see the bigger world.

At the end of the day it's not all about literacy. We can do our part at home with helping them to read but we are teaching them more than that. We are teaching them socially, isn't the moon beautiful, the simple things in life.

Lastly carers talked about raising aspirations. Several identified that many of the children they cared for had little idea about what might be expected of them or of what they might want to do in the future. A negative outlook on life and what it might have to offer them was common and they had few positive role models. To counter this some carers described how they proactively engaged them in conversations about future careers and jobs. The presence of older, biological children in the family could also set examples and broaden horizons as foster children watched them access training courses or go to university.

I ask them what do you want to do with your life? It's about raising the bar and showing them not everybody does this, smokes and drinks, not everyone cuts themselves. There are other options here and change the mindset, expose them to lots of different things, lovely friends and expand their horizons. That is part of caring.

They say I am going to go onto disability support or I'm just going to go on the dole. That's because they know no different. They have their parents' expectations. It's our job in a way to encourage them that that is not what it's all about and that you can work. They need to see that, that it's not about being at home not doing anything.

Carers considered that these conversations were valuable and potentially had a major impact on how children and young people perceived their futures. One long term carer felt that this encouragement had been significant and changed the life course of some of those she had cared for:

We are the type of family which says you have to go out and seize the moment. It's not about being an academic, it's about doing what you want to do and achieving your capability. I think some of the teenagers we've had have actually done that, not in the time frame you would expect but they've done their education as adults and at least two have done university. Some have had babies at an early age but then they've gone back into education.

4.4 The role of foster carers

Given their experiences of a resource-limited education system and a common expectation that they can fill the gaps, foster carers were asked to critically examine what they considered their role should be in supporting the education and learning of those they care for. They prioritised multiple roles but identified providing a stable, secure and loving home as the top priority followed by active encouragement and praise as sound platforms for learning. Beyond these it was difficult to prioritise and all were felt to play a part and to be important.

² Kip McGrath is a global franchise with over 130 tutoring centres around Australia. They help children to improve their English, reading, writing and comprehension and maths skills via qualified teachers and programs tailored to individual needs.

Table 12. The most important role for foster carers in supporting education

Role	% of carers who ranked this as top priority
Providing a stable home and sense of security	95
Praise, encouragement and celebrating success	71
Being interested in education and learning	69
Raising aspirations and confidence to achieve	68
Role modelling	68
Providing a range of learning opportunities	58

Many carers considered themselves to be like parents first and foremost. The child(ren) was a part of the family, this was their home and they expected to be treated as the child's parent. Many said that they wanted their foster child to have all the opportunities – educational, emotional, financial, social – that their own children had. It was about getting them up in the morning, getting them dressed, making sure their teeth are clean and their hair brushed, that they have their school lunch and that they get to school on time and if there is any homework or reading that they do it. It was about helping to raise children who could go on to be happy and successful adults. What they were doing was a lot more than just providing a bed, they were also helping children to heal and providing a therapeutic environment where they could do this. They emphasised that they were professional people and there was a skill and an art to what they did.

We know how to heal kids' brains from trauma and it's a slow, hard, long process. We are with them all the time and we are the ones who can do the healing through love and care and nurture and you cannot not get attached to them. You treat them as your own. They learn to trust other adults, to feel safe and secure because of the attachment with you. As carers we have to acknowledge that and work as hard as we do in caring and supporting and trying to heal and as part of that we work to make sure they succeed at education as well.

As parents they wanted to see themselves as the first point of contact for anything to do with the school and the paramount person in the care team. Some carers did say they were harder on their foster children than their own and operated with a different mindset because they anticipated more problems in the future and wanted to safeguard against them.

We just want them to do better. You just want to give them a normal life, like what you'd give your own family and be the same as everyone else in the class, not signalled out and people saying you're different. As carers our role is that we are setting these children up to be able to leave home and lead a productive life and have the skills to nurture, do practical stuff, be able to interact with other people, all the same stuff you want for your own children.

We might not have a PhD but ultimately we know these children because we live with them 24/7. We know how they tick. We are not babysitters and schools have to appreciate that if you're a foster carer you are advocating as the parent and they can't just say I want to talk to the experts, the caseworkers, you are not a professional.

You need to be active in all areas of the child's development and you need to understand that education is what provides children with choice in their lives. Without it they have no choices and they end up repeating cycles.

Carers were keen to demonstrate that they cared about the child's education, to emphasise the connection between education and future life outcomes, to instil confidence to achieve by praising successes and helping them to deal with failure and to foster practical skills and aspirations.

You hope you are providing some sort of example to them in your own life about the importance of having discussions, reading and writing and maths and teaching independence. How to have pocket money, how you spend it, how to make those decisions, those practical life type things.

A key role was educational advocacy. Many carers had learnt over time about the need to advocate for their foster children in the education system and how to best to do it to greatest effect. Some carers had not had to exercise their advocacy skills often because the school was open and supportive. Others exercised them on a regular basis.

They are entitled to education just like everyone else and I will do my best and work my hardest to make sure they get that and make sure they don't fall through the cracks. It is my role as the advocate to try to give them the best chance possible, not to pay for it or necessarily do it but to make sure someone is doing it.

The department are their guardians but we are the voice for these children. What can we do to try and improve things for them in the education system so that they get the same chances and opportunities that children who aren't in the foster care system get.

From what I've learnt from other foster carers and from my own experiences if you let it be it's not going to improve. You need an amazing amount of tenacity to aim for a lot higher. You can't be on them all the time, you can't sit down for six months and back off. You have to be on to it, encouraging, equipping and supporting them to learn because otherwise they are just going to float away in the system. I did back off for six months and nothing happened at all. My child was ostracised, bullied and intimidated.

Although some carers said they did not feel confident to advocate they still felt they had to do it for the sake of the child.

I don't feel confident at all because at the end of the day I'm a mum, not education in that area or anything like that. I'm just a mum trying to fight for my little boy to get an education that he deserves. I help at school, I am available and support them. That's how I see my role.

4.5 Impact on foster carers

What kind of impact does supporting education and meeting the challenges that this can entail have on carers themselves?

When carers were able to work as part of a collaborative team and the learning and social and emotional needs of their foster children were being met by the school, the impact of caring was minimal on their day to day lives. However many described a big personal impact on them and their families. This was particularly true for those supporting children with disabilities, where there were behavioural challenges and where the child or young person was not in full time education. This impact could be very significant and affect not only the primary carer but also the rest of the family. Some carers described caring as consuming all their energies just to survive.

I've had to give up my volunteering, my part-time private teaching. I've had to give up everything. I have to be available at any time every day because there is a crisis every day. I said to the caseworker I cannot live like this, every day waiting for a phone call and the child coming home, it's just too stressful with this education. He is at school for two hours a day and that is my only two hours when I can actually plan something and I don't want to go to school. I don't think it's fair on me. By the time they send him home he is already so agitated and throwing rocks or what have you that there is no way of settling him down and learning things at school. He has to come home, have something to eat, settle down, make sure the tablets kick in and then there is time to learn.

It's been a long time since he was in full time education, a really long time. It's had a huge impact on me and my husband. He is very full on, a very demanding child. We are left to deal with the issues he goes through by not being at school. He is very frustrated so he gets very angry and can't understand why he can't be there and why he isn't just like everyone else. We are day-to-day, it's tough. It's been really hard for five years but we are hanging in there for him. Enough people have rejected him and that's how he sees it. He's not good enough at school, he's not good enough to be accepted by friends.

Continual absences from school could put such pressure on a household that it threatened the stability of the placement.

I have had to sign an agreement with the school that I am available at 15 minutes notice to collect my child if he has a severe behavioural outburst. Effectively I am constantly on standby. I luckily do not work but would not be able to work given my requirements as a carer. The issues with schooling with numerous suspensions and part time school have meant that both of us could not have employment as one of us has to be home all the time to care for the child.

Carers described how it had affected their social lives, the kind of social activities they could get involved in, their social relationships and the lives of their biological children.

My social life it's hardly once a month I get to go out with my husband. We are pretty okay but it does impact definitely on my personal life.

I would love to take him to a football match but would he behave? So to do something with other kids or go to a barbeque or something, it's always a big risk. You always have to be on guard, on high alert.

Without a doubt our biological children have been negatively impacted in their education as a result. They have lost out. There is less time with your partner or other children or going on holiday.

And there was an impact on finances as carers paid out for a range of out of pocket expenses which could not be met through carer payments. The financial subsidy carers were providing could be significant but they considered it necessary to fully respond to the needs of the individual student.

It's very unusual in today's age just to have one extra-curricular. We try to keep it to one just to be manageable, not for the cost. But if you have soccer, swimming, music, singing, gym, youth group and if you don't provide those other opportunities, holidays and so on, they are not doing what their peers are doing. If you are after a typical middle class life style with one parent at home then the remuneration isn't sufficient.

Swimming is a life skill that all these kids should do. I have had to pay for swimming lessons. Because these children have developmental problems they don't click like normal children. My children go up a level in one term. With these children we are still two levels away from the top swimming and we've been doing it all the time for four years.

The additional expenses were not only in terms of extra-curricular activities. They included paying for private assessments or out-of-school tutoring or to purchase a car big enough for a large foster family or to have internet access at home.

She needs internet access at home but if you're surviving on limited funds things like internet access are extraordinarily difficult. I got funding from the Commonwealth Bank which has allowed us to allocate some money for internet access for the kids but otherwise it has to go through the caseworker and the funding panel who will decide whether it's necessary. It is part of school nowadays but our kids have to go through a whole process of applying for it and seeing if they can get approval. That goes for school camps and excursions as well. It's really, really difficult.

Carers described having to deal with a range of difficult emotions. While child protection required them to be 'just a tool, an emotionless tool', in fact to undertake the job effectively and develop positive relationships with the children required a level of emotional investment and attachment. As one carer said,

If you don't have those emotions and you don't show the children emotions then how are they going to have any? Child protection say it's just a foster care placement, you're not supposed to love them and nurture them and care for them. You are just a carer.

Sometimes to be the adult is the hardest thing. You think you're showing love but they don't get it. Their emotional bank is not intact. As a carer does it prevent you from caring one hundred percent? Whether there is a part you hold back subconsciously so you don't get hurt.

Carers described how difficult it could be when children were placed elsewhere or reunified with their families. They commented on the lack of support to deal with the ending of a placement and one carer described the process as inhumane.

They said I was too involved and took the children away. How ridiculous is that. The kids called me mum which was a no-no. I treated them as my own. I didn't put them in a corner because they were foster kids. But that means I'm too emotionally involved.

Commonly carers described feelings of frustration, embarrassment, failure and guilt when they were unable to effectively respond to the educational needs of the child despite their advocacy. This was combined with the experience of marginalisation in the care team where their skills and contribution were not recognised or valued.

It's very draining, it's embarrassing. You feel like a failure because obviously you're not doing something to build him up as a person who can cope in the education system. It's also sad because he's going to miss out on a lot. I actually get quite down about the contribution I'm making. I feel his behaviour reflects on my ability in parenting. It's embarrassing, a feeling of no control, helplessness. Because of his behaviour I feel I have failed as a carer and as a mother. I struggle to find ways to help him. Some days are overwhelming when he resists efforts to take him to school. I feel very alone and not supported. Some days I want to give up but I don't.

Sometimes you're in despair because you have these kids and you can see what they need but there are so many people you have to battle with to get it for them. At the same time there are very few people in those professions who will actually regard you as an expert in what you're doing in caring for that child.

You have workers coming into your home who don't understand what it's like to raise a foster child. It can be extremely frustrating for carers, the gap between working 24/7 with a child and someone coming into your home and trying to tell you how to raise the child but without any understanding of what it's like to be a foster carer.

I want him to have all the opportunity but the cost is just immense for me and I'm not sure if I can. If he was my own child I probably would homeschool him. I would have the energy and the reserves. So sometimes I feel guilty that I'm not willing to do that. On the other hand I know my limits. I just cannot do it.

At the same time there could also be very high levels of job satisfaction when outcomes were good and carers felt they had played a part in contributing to that.

I have been a carer for 26 years now and two of the girls always say I changed their lives, we wouldn't know what a family was like unless we'd come to you. They realised that the way they were living in their situation wasn't great and they both turned out really well. We are the only family they've known and the only stability they've had.

The time and the effort and the encouragement. We often don't see the outcome but sometimes it's good. This encourages the carer. You think of all the hard work and you think it's all going wrong and they are going down the wrong track. Then for some reason they pick up, they get focused on what they want. That can be attributed to what carers put into the young people and the consistency.

Many described how proud they were of what their foster children had been able to achieve. This made the job fulfilling despite all its challenges.

4.6 Supporting the role

Levels of involvement in education are determined by a carer's view of their role, how equipped they feel to support students and their motivation and capacity to respond to learning opportunities at home and at school. Carers were asked to elaborate on the barriers to fulfilling their multiple roles in relation to education. Although 10% of survey respondents identified no barriers, others identified a range of barriers with the individual characteristics of the child, time, and money as the most significant. They also identified a lack of knowledge and information and limited educational qualifications. Those who held lower educational qualifications were more likely to mention a lack of money and a lack of confidence in dealing with schools than others.

Table 13. Barriers to supporting education and learning

Barrier	% of carers nominating barrier
Characteristics of the individual child/young person	66
Not enough money	54
Not enough time	50
Lack of knowledge and information	35
Limited educational qualifications	23
Difficult educational experiences in your past	19
Lack of confidence in dealing with schools/teachers	18

Carers were then asked to identify what kind of assistance would be most useful to them in overcoming the barriers and challenges they encountered in supporting education. They emphasised the need to be better informed about trauma and special educational needs, strategies to support learning at home and educational rights. They also emphasised having more involvement in decision-making about education and more support to engage with schools.

Table 14. Type of support required

Type of assistance	Most important %	Not important %
More understanding about the impact of trauma and attachment	77	8
Information about disability and special educational needs	74	10
More involvement in personal learning plans	66	8
Having broader decision making powers about education	62	5
Information about post 16 opportunities and career pathways	61	12
Strategies to support learning at home	61	10
Information about education rights, roles and responsibilities	56	14
Assistance to liaise with schools	53	17
More training	42	16

When asked who should provide this support views varied. Most commonly mentioned were specialist staff with educational roles (62%) and organisations who recruit and train foster carers (43%). Some carers felt that this kind of support should be available across the board and as one carer said 'it takes a village to raise a child'. Some wanted to see the education department involved particularly in developing different teaching styles and environments. They had also found online materials helpful but often deficient in offering tactics and strategies and guiding action.

Table 15. Source of support for carers to support education

Source of support	% carers who nominated source
Specialist staff with educational roles	62
Organisations which recruit and support foster carers	43
Foster and Kinship Carers Association of Tasmania	39
Online materials and resources	39
Child protection	35
Other foster carers/local foster care support groups	34

Carers were asked how useful any training they had received had been with education issues. They reported a range of experiences. While more than a third of carers (39%) said it had helped a lot, just over one fifth (22%) said it had not been helpful at all.

They reported a range of experiences. Some had been offered very little initial training and what they had received had not been useful. They described it as varied and inconsistent and instead they had had to 'learn on the run'. Commonly educational issues had not been mentioned beyond emphasising that carers were expected to attend parent/teacher events and to be part of the PLP and there was also little ongoing training beyond the occasional email or good practice tips about how best to handle trauma.

There hasn't been much training and if there has I haven't accessed it. We went into this very blithely 14 years ago, very naïve. I like children, I have a nice home and Luke came for a weekend and never went home. You forget that these children are damaged and maybe they never come right although it's horrible to admit it. People really need to be aware when they are fostering what they are really taking on because I don't think you do. You just think you're doing a nice thing. The foster care training did not prepare me for the extreme difficulties I am facing regarding the children's schooling.

I have not been trained to deal with this level of trauma. What training I did get was far too late to be really helpful. By and large any training has been pitched at a lower level than what I and my child need.

Carers outsourced to OOHC provider organisations had more opportunity to access additional training and some had actively sought it out; for example about using tablets or how to deliver literacy programs or strategies for learning. Carers particularly valued training sessions run by outside agencies like the Australian Childhood Foundation about trauma and brain development and training sessions offered through the FKAT. They also valued information about practical strategies to work around educational issues both at home and at school and especially working with those with special needs.

It was very helpful to understand the effect of trauma on the brain and learning. It helps me to know what is fair to expect of her and understand a bit when things go wrong.

Training helps me to increase my abilities and awareness and to keep in my mind anything I can get support from. At these trainings and gatherings we get to talk to each other and find out a bit more about what they are putting into practice. It's useful to have carers sharing their experience of working with schools. If you have these problems this is something you could do and these are the people to go to. That kind of thing would be useful.

One key value from attending training was meeting other carers and sharing experiences. This can be hampered by strict guidelines about confidentiality with carers unable to discuss the particular trauma issues faced by individual children they are caring for. A number of carers disagreed with this:

I have never adhered to that as a breach of confidentiality. I believe strongly that saying these are symptoms of trauma is actually crucial to that carer or that teacher being able to manage that child. If you don't give any information because you're breaching confidentiality then that child is just going in there unprimed about potential disasters.

Carers wanted to see a range of training available on an ongoing basis: about the foster care role in relation to education, educational rights and advocacy, learning strategies and trauma and its impact. One carer wanted to see all foster carers undertaking the Cert 3 in Childcare so that they became familiar with early learning.

More training would be helpful in guiding us on what the expectations are because at the moment I have no idea. We need training about what our role is. Don't just throw us in the deep end. In the Department training education has never come up. We have never had any discussions on it at all. So we need training about what the carer's role is and what the children are entitled to in regard to their education.

For some carers, as well as training the notion of mentoring was appealing where older more experienced carers could mentor newer, younger carers.

If there was someone to walk them through some of those difficulties who has been there and this is how you handle it, no you don't need to worry about that. That would be really good.

4.7 The views of young people about support at home

There is a consensus in the research literature that active involvement and support with education from carers which nurtures and encourages is highly valued by young people. This was confirmed by focus group participants. When asked what they found helpful with their education and learning at home they emphasised having a home where they felt safe, warm, quiet, where they were not stressed and where they did not feel judged. They also appreciated having help with homework and described that help as having an after-school routine, someone who took an interest and who could encourage them whilst also helping in practical ways like proofreading:

Having someone who really cares about what happens at school and wants me to do well.

My carer is really helpful and really wants me to get an education. She tries to help me whenever she can. Her encouragement has been really, really important. If she didn't come in regularly to check up on me I probably would be watching movies online. So she watches me but not too much. She gives me my space and respects that and she trusts me.

They also appreciated other factors such as having someone who supported their interests and helped to pursue them, having after-school tutoring and having older siblings in the family as role models:

When I first came I was about to quit gymnastics and straight away they said we'll find you something new. They helped me to find out what else I'd like. I suggested football and she was looking into that and then little athletics. My carer had no hesitation about giving me the money for things I wanted to do.

They were very clear about what did not help with education and learning. This included having carers who did not understand what happened at school or what a 'modern' education looked like.

Some foster carers are in their 60s and they haven't had school for a long time. They should be more supportive to education and get involved in it and not just hovering over you. They should be providing help when you need it and maybe if you're struggling at school or with family, to be there for you. They should do school all over again. Just someone who cares really, that would be helpful.

They also commented on carers who were not flexible enough and who tried to control everything. They considered that having young people involved in the training of carers was an effective way of improving in-home support with education.

5 Good practice in supporting foster carers in education

Foster carers in focus groups were asked to identify examples of good practice where they had felt supported in supporting the education of the children in their care. When an example was identified permission was sought to talk to all the key players involved to build a case study - school and child protection staff, OOHC support staff, young people (where appropriate) and specialists involved like psychologists and occupational therapists. The case studies described here involved talking to 6 carers, 8 school staff (Principals, Assistant Principals, special needs coordinators, class teachers), 2 young people, 5 child protection case workers, 2 occupational therapists, 2 psychologists and OOHC support staff. They highlight the complex inter-related factors and relationships involved in collaboration and how this might be operating on the ground.

In addition information was sought about initiatives in other jurisdictions designed to support foster carers to support education. This has resulted in summary outlines of a range of models being employed elsewhere together with any evaluative material about their effectiveness.

5.1 Case studies

5.1.1 Effective engagement with primary school

Vicky fosters Declan who is 12 and also cares for six other, mostly younger, children. Over the years she has had a lot of experience of working with schools and building up effective working relationships with them. As she said:

It can take a while. We get phone calls all the time to pick them up. It's really important to have a relationship with the school otherwise they just send them home. Once we all start to work together it is much better. You have to get everyone on board, the case worker, the people who look after him at the school, the PLP people and a plan and what is working at home can often work at school. You have to all be on board because if you're not it just doesn't work.

Declan is described as having very high needs. He came from a special unit in a mainland school where he was disengaging. By the time he arrived he had not been in school for 7 months and in grade 5 was operating at a grade 2 level. He was very challenged socially, had not experienced friendships and was carrying a lot of anger. Re-engaging him was a struggle and it took a long time for the school and the carer to learn about his triggers, how to regulate his behaviour and to calm him.

From Vicky's perspective Declan's primary school has been excellent. The school has 500 children and about 20 are in the OOHC system. The school has built a number of structures to support them. The ethos is about inclusion and having all children participating in the mainstream classroom rather than attending alternative education programs. It is the designated role of two senior staff to look after and monitor those in OOHC and track their progress. The school has done a lot of training with teachers, aides and office staff about trauma and its impact on literacy and numeracy. A key support is the home/school liaison officer who is well-versed in trauma and who works with those who find mainstream classrooms challenging. He runs a breakfast club, can escort children to their classroom and works alongside them providing support in class. This means that if a child needs a break he can take them for a walk or find other structured activities for them until they are calmer. The school has not found the PLP process that valuable and described their own planning processes as more comprehensive and less prescribed.

Vicky is very appreciative of the school's understanding of trauma and the relationship she has developed with the principal. She has been fully involved in care team meetings and the development of PLPs and this has provided a vital insight into the home environment and how that might be affecting behaviour at school. Regular contact is maintained and Vicky is very happy to go straight to the school if necessary when Declan starts to get agitated in order to defuse situations. This has worked well in terms of regulating his behaviour. Vicky has also been able to keep the case worker updated with the situation and develop a good relationship. However she has also found it challenging to facilitate Declan's engagement with some therapeutic support services because of the limitations on her time. Overall, and considering how much schooling he has missed, Declan has come a long way academically in the past three years and he now participates socially, has a friendship group and plays in the football team.

However both the school and Vicky are concerned about his transition to high school next year. Vicky anticipates escalating suspensions and more time at home unless the right supports are put in place because she fears the teachers 'just don't get it'. Vicky's previous experience of working with high schools has not been positive. She has finally managed to get a 14 year old foster child onto a flexible learning program after months of exclusions and absences from school. She said the school did not know how to handle students with anxiety and trauma and were not prepared to listen to her as carer. The flexible learning program now meant she would need to spend time working alongside him at home, time that was not necessarily easily found.

The primary school has been liaising with the high school about Declan's high needs and what structures need to be in place for him to survive. They also noted high rates of disengagement for their ex-OOHC pupils at the high school. They believed that one factor was difficulties in developing trusting relationships with teachers as students moved from class to class. They wanted to see home/school liaison officers working in high schools to support disengaging students.

5.1.2 Effective engagement with high school

Sharon has been working as a carer for over 24 years and after the death of her partner is now working alone. Three years ago two sisters, Chloe and Maya, were placed with her. They had already been in care for almost two years and the placement with Sharon meant that they also changed schools. Chloe is now in grade 9 and Maya in grade 8. Sharon receives standard payments for the girls, although they had been receiving higher payments in their previous placement.

There were a number of issues at their previous schools including a difficult transition to high school with disruptive behaviour and suspensions for fighting. As Chloe said to Sharon when she first arrived 'Maya is the good girl and I am the bad girl, I run away a lot and I get suspended sometimes'.

However transition to the new school went well. The school has over 500 pupils but currently only half a dozen in the OOHC system that they are aware of or have been alerted to. Sharon described the school as welcoming and when the girls arrived any issues which arose were 'beautifully handled' and a psychologist and other support people put in place. This was very supportive for the girls and for Sharon and, unlike her previous experiences with other schools where she had had to put a lot of effort into developing a working relationship, this school was 'obliging from the word go'. What she especially appreciated was the absence of any assumption that Chloe would get into fights and struggle with friendships. There appeared to be a good understanding of trauma and its impact and enrolment meant a clean slate and a new beginning for the girls.

Sharon said that because they had been travelling well she had not been involved regularly in care team meetings. However she was very happy with the level of communication with the school. They kept her informed about issues as they arose, how they were dealing with them and asked for her input, usually through the assistant principal. This meant that she was able to say 'what happens at school stays at school and they deal with it' which reduced the pressures on her in terms of caring for the girls. They also consulted her about the PLPs. The school has developed internal mechanisms so that all staff involved with the girls are aware of the issues they bring to their learning and school life. Any suspensions have been internal and not required additional support from Sharon.

Two years into the placement the 'honeymoon period' ended and there have been difficulties with self-harming with the older sister as well as lying, stealing and truanting. Sharon has accessed some counselling for herself to help her deal with the issues but has also found approaches used by the school supportive. The self-harming has led to high levels of collaboration with the school and the case worker and access to the school's mentoring program and both girls now are benefiting from this. The girls' mentors see them once a week, take them out or do activities with them at the school. They have formed good relationships and Sharon sees it as a very positive approach. It means another involved adult in their lives, provides one to one attention and gives Sharon some respite. As Chloe said 'she is someone you can basically count on and you get away from all the bad stuff at school. Sometimes she helps me with my work but she takes me out too to do stuff'.

The other program which has been beneficial is SHINE. It is run by the chaplain, is small and intense and works on personal and social issues to build self esteem. Again it provides another person to connect with when some additional support is needed and has helped Chloe (and Sharon) through a difficult time in her life.

A key support for both girls has been developing trusting relationships with particular teachers at the school who will listen and act on their behalf. Chloe herself has been very appreciative of this and as she said:

Some teachers will stand up for you and listen and are kind. They try and help you with schoolwork and will give up their free time just to help you. I have bullying going on and one of my teachers who I talk to a lot usually deals with it.

However Sharon, the girls and the school can all identify some gaps in the support available, particularly given that the girls are behind their peers academically. Despite the fact that teachers have given up their time voluntarily to undertake one-on-one tutoring at lunchtimes it has been difficult to fill the gap satisfactorily. The school is unable to access any additional funding to support them with their learning and although Sharon did put in a request to the department for out-of-school tutoring it was knocked back because of a lack of supporting documentation. She would also like to access further assessments for Maya and a mental health plan but this has proved difficult. Sharon has now paid privately for a psychologist, which has been hard given that she is on a pension.

Chloe herself was concerned about her academic progress:

I've missed two years of learning, I'm set back quite a lot. I can do maths but with words you've lost me and I don't find spelling or even paragraphs and things easy. I need help quite badly. I should have simple work that I can actually understand and not being under so much pressure like all the others. They need somewhere where, if I get really, really angry, I can go and punch something. They need to help students like me a lot more. If I was to work with someone it would have to be with someone I trust and my trust isn't easily earned. Two teachers have earned it at school.

For Sharon a key support which she felt she currently lacked was an opportunity to debrief:

A nice person on the other end of the phone from the department to ring me up after they've gone to school and say how's your day Sharon, how are you doing today. Do you have anything you need to get off your shoulders. Every other day or even only once a week. I would get a lot out of that. It's very lonely being a carer because you can't tell your friends about the things they do. I think debriefing is the biggest thing.

5.1.3 Changing schools

Mary is an experienced foster carer who is currently caring for three siblings on 18 year orders in grade 3, grade 2 and in kindergarten. When they first came to her the older children were in a local primary school. Although there has been no formal diagnosis they are all affected to varying degrees by FASD and the oldest, Liam, by global development delay across a number of areas. He has a low IQ and learning difficulties, including a poor working memory and poor language skills. However his IQ is not low enough to attract additional funding.

Liam was lagging behind academically, not completing tasks in the classroom and not participating socially. Although he had a full-time aide in kindergarten, by the time he reached prep this had reduced to part-time and was shared with a group of six other children. This meant he was not getting the individual attention he needed. He was also the victim of bullying which Mary felt had not been effectively contained. The primary school had been unable to facilitate testing in a timely way despite significant behavioural issues as his needs were not high enough. This had made Mary very proactive in accessing assessment and testing for him. She found the school hard to work with and felt they were not prepared to be proactive in meeting his academic, social and behavioural needs. There was little home/school collaboration and his PLP had no goals which were achievable or realistic. Given these difficulties Mary made a decision to move the children into the Catholic sector and was able to access some reduction in fees.

The new school had little previous experience of working with children in OOHC although they did have a significant cohort of children with special needs who receive additional funding. When Liam first arrived he was very withdrawn and when faced with a challenge would curl up into a ball. There were many triggers and issues in the playground where he could be aggressive with younger children.

He was immediately assessed by the school as having high needs and they were able to get funding for him through the Catholic Education Office special needs pool to respond to his trauma issues and their impact on verbal and non-verbal skills. He now has an aide allocated for most of the school day to work with him one-on-one and assist him in the playground to improve his understanding of friendships and how to socialise with his peers. The school was careful about which class he went into due to his fragility and deliberately choose a particularly nurturing and caring teacher as opposed to someone with a more black and white approach. The school has concentrated on building his confidence, making him accountable for his actions and developing trusting relationships with staff. When he does feel frustrated and becomes disruptive they have effective measures in place to deal with it. The school psychologist has educated school staff about working with trauma and distributed a number of resources.

Both the school and Mary have noticed considerable changes in Liam. He is now more confident and happy with himself and there are no problems in the playground. He fits into the class, is developing good relationships with his peers, is now playing football and his independence is growing. He is still anxious but much more trusting although very low academically, especially with reading.

Overall Mary has felt much more supported with effective communication between home and school providing daily updates. She feels comfortable to contact them at any time. All the children are now getting the individual support they need and the PLP process is working well with goals that are realistic and achievable. From the school's perspective Mary is communicative, helps with school issues, is fully committed and always available, proactive and positive. She has also been able to access assessments that the school does not have the funding for so it has been a very productive collaboration. This has included accessing support from St Giles³ with handwriting and coordination and involving Liam in a range of extra-curricular activities which she has funded from her own pocket. From Mary's perspective the school is doing more so she is able to do less.

However neither Mary nor the school have found the child protection system responsive to Liam's needs. The school has had problems working with them partly due to the rapid changeover of case workers and the inability to form a good working relationship. Mary commented both on their refusal to grant higher payments for Liam and the low expectations they held for him. As she said:

At the end of the day I want him to be a confident adult, to hold down a job and not think the world owes them. His siblings are in youth justice already at 11 and 12. They don't attend school. He needs to be able to read, write, read a contract and be able to make choices otherwise I can see him getting manipulated. But child protection say to me just accept him for who he is. In other words they don't want me to do all this stuff with him. They say we know he has complex needs but just be happy for who he is. Whereas me, I want to make him the best person he can be. I want him to have tried stuff, achieved stuff and to feel good about something he's done. We have to invest in these children because if they don't get the proper education and structure and family environment they will cost us a packet in years to come.

She felt that child protection were too ready to blame genetic and environmental factors or past history rather than thinking what can we do here in this moment to get the best possible outcome. She was currently trying to access an assessment for dyslexia for him but the department view was that 'he has been assessed enough'.

Both the school and Mary identified that Liam requires intensive work on a range of foundational issues which he has missed. This requires one-to-one tutoring. The school wanted to see a consultancy service available to them to improve general trauma awareness in the school and provide expertise when it was required.

5.1.4 Care Team Meeting and Personalised Learning Plan

For the past three years Hayley has been caring for three siblings who were removed from their family after experiencing significant family violence over a number of years. Jayden aged 8, Ruby aged 7 and Isaac aged 4 years are all in receipt of higher payments given their complex needs and trauma history.

Currently Hayley is managing a number of issues with the children. They include difficulties with the youngest child's behaviour at a child care centre. Because of this and the Centre's response to it Hayley has decided to remove the child and seek in-home support instead and access to a playgroup. Jayden is also suffering from depression due to incidents within his biological family and has been demonstrating inappropriate behaviour at school. Hayley is now exploring how best to respond. She self-referred to the Children and Young People's Program (CHYPP) which works with those affected by family violence and has found their assessments of the children and therapeutic input invaluable.

About a year ago she became involved in regular 6-weekly care team meetings organised via the case worker. They involve the family (the grandmother and an aunt), herself, the school (the principal and the special needs coordinator), the case manager, the OOHHC support worker and an OT and psychologist from St Giles. The care team meeting has been able to explore options and approaches to these issues and assist with referral to specialist agencies and professionals who can help. Developing the PLP is an integral part of the work of the care team.

As a mechanism of support for both herself and the children Hayley has found the care team meeting extremely valuable.

What it does is bring every single person working with the children together in the one room so that everyone is on the same page. This is a huge support to me to know we have several other professionals that are all supporting me and the children and we can then share ideas and the struggles and get input from experts. Anything that is coming up as an issue is immediately dealt with. The school are truly amazing at those meetings. The assistant principal will liaise with all the teachers and get the information about how they are going and then bring that to the meeting. That has been the biggest support and their willingness to learn about trauma.

I have also had input into the PLP. I find it's good so you can track everyone's progress and see if we're meeting those goals and then speak with the teacher. What I love about Jayden's teacher is that she has the PLP but she also gives him a clean slate and doesn't restrict things just to the plan. He has actually made a lot of progress.

Other members of the care team identified that, as a mechanism, care team meetings were respectful to Hayley so she does not have to repeat the story and advice and guidance is immediate. In particular the process of co-construction of the PLP was seen as critical. Expertise in providing education does not mean expertise about the needs and quirks of individual students and the plan needs to enable and not inhibit. As the school said, there are teachers who see the plan and do not move beyond it. So there is also work to do in increasing teachers' understandings of the purpose of plans and their implementation. Carers' involvement and open communication with them is critical as they know the child better than anyone else, what they are good at and what they are struggling with.

Jayden's primary school currently has four other children in OOHHC. They have found that a consistent whole-school approach to positive behaviour support as well as restorative practice is critical for these children and brings about sustained change in behaviours. Key was tolerance and an understanding of the journey that children have been on and a no-blame approach which did not judge the child. Jayden's academic report now says 'approaching level required of a child in year 2'. This gives the school two choices - waiting for him to achieve the level or addressing the factors which are inhibiting him from doing so, like the trauma, which will then improve his academic potential. They have provided additional literacy support for Jayden from within their own budget. But he also needs ongoing support with his maths and the school has had difficulties in meeting this need. As they said 'we have very limited resources, so people get creative. Waiting for time to tick away is not a productive outcome for anyone so let's do what we know can make a difference'. They also felt he would benefit from more intensive short term speech intervention programs.

³ St Giles works with children with developmental delays and disabilities through teams of allied health professionals and support workers. They include psychologists, occupational therapists and speech pathologists.

Hayley has found the case worker very supportive and has frequent contact with her. Because Hayley is very proactive and as the case worker said 'will take on roles other carers won't' she has also accessed support from Kip McGrath⁴ and an in-home speech program for Ruby. Hayley was especially appreciative of two programs available through the school – Rainbows which works with grief⁵ and the MYTERN Program which is currently being implemented in a number of schools in northern Tasmania. The program teaches resilience and emotional intelligence alongside parent information sessions which keep parents and carers informed about what the children are learning.

Although departmental policy states that every carer is entitled to regular care team meetings and that all students in OOHC should have a PLP, foster carers are not always involved in these processes or satisfied with them when they are. What made Hayley's involvement with these processes valuable to her was:

- **consistency in membership** of the care team and especially the leadership. This consistency was supported by a commitment from members to be there which meant 'it's not too fluid and pretty much the same each time'. A change in leadership, for example the case manager leaving, can mean a much less effective team;
- **trust between members** and clarity about their different roles. As one member said 'I become aware of what the OT is doing and what Hayley's role is so that role clarity is really significant and special';
- **a chair** who can broker respectful challenging so it feels safe for members to disagree or ask for clarity;
- **having someone drive the process**. Here Hayley, the carer, has played a significant role alongside the case worker and taking the initiative to bring people in as and when appropriate. As one member said 'if you have a carer that is very proactive you will probably find that they will have a lot of services working with them'; and
- **beneficial to all members** so that everyone who comes finds it helpful and you then get that buy in from professionals.

As Hayley concluded:

It's a shame that not all foster carers have them (care team meetings) because even if the children are not high needs I still think it's beneficial regardless of the needs of the children.

The case manager saw her role as being collaborative and supporting input from specialists. But she was also aware that she was not an educational specialist. She wanted to see a dedicated education specialist embedded in child protection to act in a consultancy role and as a sounding board so that better educational support could be provided to carers.

5.1.5 Support from educational specialists

Some of the OOHC provider organisations in Tasmania have education specialists who are able to support the individual student, the carer and the school to promote the education of students. Foster carers contracted to these agencies are able to access higher levels of support generally as well as expertise in assisting with any education and schooling issues that they might be facing.

Education specialists can be vocal about educational issues. They can assist in negotiating with schools, smoothing enrolments and building relationships with both schools and students. They may get involved in improving PLPs or care team meetings and supporting a carer in school by mentoring and advocating for the child, especially around trauma-related issues. They also undertake broader work in raising awareness in schools of trauma and its impact on learning and in supporting carers to negotiate both the education and care systems and act as a bridge between departments. They can ease communications, smooth access to therapists and specialists and support in-home learning. Submitting funding applications to child protection for education-related expenses, extra-curricular activities and learning opportunities is an area carers can find difficult, both in terms of time and capacity and with poor outcomes. Education specialists can assist carers with applications and improve the chances of success.

⁴ See note page 42.

⁵ Rainbows supports children to grieve and grow after a loss with groups run by trained facilitators.

In some instances education specialists were also able to offer activity-based work with individual students and support transitions into high school and college. This may involve one-to-one support with literacy and numeracy in schools or supporting eSchooling arrangements and flexible learning programs. They might work with a student while an enrolment is being processed and they are not attending school. One agency has been producing packages of books and resources for carers to use at home as well as holiday activities. They had also been able to access funding for tablets and ipads for individual students.

They build a team and are always supportive and have taken the educational role to help children with that. They get involved in claims for funding and enrolments and can also do tutoring at the school so we are very lucky. They are always offering a lot of training in different areas so that personally helps me to increase my abilities and awareness. At these trainings we get to talk to each other and find out a bit more about what they are putting into practice. They also have expertise around trauma and can access ipads, dancing lessons and provide one-on-one support. They make things happen.

This support runs alongside higher levels of wraparound support which OOHC provider organisations can provide directly to carers in terms of respite, ongoing day-to-day contact from a support worker, supervision, after-hours support services and organised social activities. They provide pre- and post-approval training where educational issues and understanding of trauma and its impact are a core part. This might include training to understand how education begins at home and to assist with providing effective strategies that carers can use in the home to promote learning.

Foster carers who had access to this support had found it very valuable and had noticed significant gains in academic progress and in the student's confidence and the ability to work independently.

She [education specialist] goes to the school and takes them. It's a really good support. The teachers say this is what we're up to, this is what we'd like him to do and she follows through on that. She knows the children really well and what they are capable of being a teacher and her knowledge of trauma and doesn't let him get away with anything. She has given me a lot of input because she's a teacher and has the knowledge. She knows what areas need fine tuning.

OOHC providers without education specialists, including child protection, wanted to see this role implemented in their own organisation.

5.1.6 Therapeutic interventions

Georgia has a large family. She looks after three foster children, Jackson in grade 1, Noah in kinder and Archie in prep. She also has her own biological children in high school and a new baby. The foster children attend a non-government school alongside her biological children.

A key support for Georgia has been the care team meeting and especially the input from a psychologist from the Australian Childhood Foundation (ACF). Clinical intervention from ACF has been very supportive in engaging therapeutically with Jackson, in making sense of his story and experiences and in his development and growth. The ACF perspective has been especially useful in formulating Jackson's PLP and providing a layer of understanding about neurobiology and specific trauma recovery needs as they apply to his school and learning environment. This has been important in ensuring Jackson feels safe at school and is secure in his relationships – necessary steps before being able to successfully participate in any learning activity.

When there is a care team meeting it's a rare opportunity to be together without any distractions or any children, you've set aside that time, you can discuss all the current challenges, what's working, what's not working and where there are still difficulties. In Jackson's case you have his psychologist from the ACF, the principal, assistant principal, special needs coordinator, myself, the case manager and sometimes even a team leader from child protection. I can answer some things to do with his day to day life and what works in the home. ACF can work around strategies for helping challenging areas and why he's responding in the way he is, the science behind the way his brain is working. The teachers can say how he's presenting and speak up with what they can offer or not offer or what they think might help. The special needs coordinator can discuss funding resources and the case manager any history that would help the situation. You have a lot of people all in one room, all have different skills sets and can answer or ask different questions. This works well.

Georgia feels that with ACF input the school environment is supportive, nurturing and caring with a strong emphasis on respect for others, an empathy for Jackson's past and his needs and a commitment to supporting him. With ACF support Georgia herself has become highly skilled in supporting the therapeutic process and walking alongside Jackson to make sense of his story.

However Georgia is now concerned about a proposed move to Guardianship which means that the ACF referral will be closed.

ACF works wonders with trauma for carers to improve their understanding and improve the home/school environment and in educating carers about learning needs and trauma. I can't praise her highly enough. One of the difficulties for us is that once we get guardianship we will no longer be eligible to see her through ACF. It's only for children in care and he will not be classed as being in care anymore.

In anticipation of the move to Guardianship ACF has been working to build capacity among Care Team members and addressing the core set of needs so that they can continue the therapeutic work. It will be important for Georgia that the care team continues after Guardianship and that there continues to be a shared understanding of Jackson's needs in order to promote proactive and collaborative responses to his needs and trauma recovery.

For Georgia one of the big gaps in support available was at home. She wanted to see more readily available help with one-to-one tutoring or a program like the Pyjama Angels⁶ which could help her provide a better learning environment at home:

By the time you get to the end of the day you have readers, homework. You would love to be able to take a lot more time with each individual child. Having someone at the end of the day to sit down with the children and help them do their homework one-on-one. To be able to get one-on-one tutoring or even just to get help with homework. The older they get the more aware they are that they are behind and it becomes embarrassing so they end up saying things like it's boring or stupid, I don't want to do it. I believe some kind of in-home support is desperately needed in the form of physically having another person. Even an hour a day where someone came in to support homework. That would be tremendous.

5.2 Initiatives in other jurisdictions

Given the consensus that the environment which foster carers provide plays a crucial role in educational outcomes there are now a number of interventions in different jurisdictions which support carers to support the education of children and young people in their care. They are not numerous and the support provided to carers is often a small part of broader programs designed to improve education outcomes for OOHC students.

5.2.1 Supporting in-home learning

Tutoring by carers, England

Tutoring by carers can improve literacy and numeracy (Flynn 2010; Forsmna & Vinnerijung 2012). A paired reading project in England trained foster carers to read with their child for 20 minutes a day three times a week for 16 weeks. When the project was evaluated it was found to improve reading skills, engage the carer in a structured way with the child and the school and build positive links and relationships (Osbourne et al. 2013). There was also high program compliance because it was relatively uncomplicated to administer. The project has proved transportable across countries and been replicated in seven Swedish authorities with positive results. These include an average improvement in literature skills of 11 months (Vinnerijung et al. 2014).

Letterbox Club, UK

The Club was set up in 2007 and is now operating across the UK, managed by Booktrust, a large reading charity. Children aged 5 to 13 years are enrolled for the Club by participating local authorities or schools. A package of books, games, stationary and individualised programs arrives monthly to the child's home over a period of six months (Forsmna & Vinnerijung 2012). The parcels include items like a library joining card, bookmarks and letters from children's authors. Over ten thousand children in the UK received Letterbox Club parcels during 2015.

Evaluations have demonstrated that being a member of the Club improves educational achievement and engagement and has a demonstrable impact on standardised reading scores and on number skills. A randomised controlled trial conducted in Northern Ireland demonstrated impact but it was less significant than more structured paired reading approaches (as above) which also serve to build a positive relationship with the carer (Winter et al. 2011; Hancock & Leslie 2013).

The Club has been replicated in Ontario, Canada (as the Bookworm Club) operating across Children's Aid Societies and has been expanded to high school students (Brady 2013). It is also replicated in some USA states. Sweden is currently exploring its applicability there.

Pyjama Foundation, Australia

The Foundation was established in 2004 and offers a learning-based mentoring program called Love of Learning. The program matches one volunteer adult - a 'pyjama angel' - with one child in foster care. Angels visit weekly for one and a half hours to read books aloud, play educational games, help with homework and work on numeracy skills using a range of resources including digital resources. The program develops learning skills, demonstrates that the child is valued as an individual, broadens the child's support networks and provides some relief and support for the foster carer.

The program currently operates throughout Qld, NSW and Victoria with 1,128 children involved and over 4,000 trained volunteers. Some volunteers have been with the same child for up to eight years and have built very strong relationships. In 2011 Shell partnered with the Pyjama Foundation to develop the Shell Numeracy Module, expanding the program to include numeracy as well as literacy.

An evaluation of the program found high levels of satisfaction from volunteers and carers and improvements in children's ability to develop trusting relationships with adults, enjoyment of reading and learning and increased engagement at school (Knight 2013).

5.2.2 Promoting carers as 'first educators'

Fostering Achievement was a one year London-based project to address the educational gap between those in OOHC and their peers by seeing carers as 'first educators'. The project aimed to develop the confidence and skills of carers in supporting education and enrich the knowledge and understanding of schools to support OOHC students and to work with carers to improve educational stability and attainment, improve attendance and reduce exclusions through:

- 32 **training workshops** providing training to 1,200 carers in the educational roles and responsibilities of professionals, effective PLPs and how foster carers can support learning at home;
- **masterclasses** in special educational needs and disability, the impact of attachment and trauma on learning, post-16 opportunities and resilience;
- recruitment of 10 carers as **Education Champions** to share information/learning from the wider program and work alongside local support groups to boost carer confidence in supporting education. Champions received payment for four hours work a week;
- **Achievement Coaches** working intensively with pilot schools to close the achievement gap, change the way schools address behaviour and attendance issues and strengthen school relationships with carers; and
- a team of **Young Ambassadors** to promote the program, host and speak at events, develop positive messages and represent young people with care experience.

The project cost £498,000 and was managed by Fostering Network, the UK's leading fostering charity, working in partnership with Achievement for All, a charitable organisation working to promote educational change. The program was evaluated by Loughborough University and the Rees Centre for Research in Fostering and Adoption (Sebba et al. 2016).

⁶ See page 59.

The evaluation found the program had been ambitious with input spread thinly across London reducing the capacity for major effects in the short term. However the training had been well received and especially the mix of people on programs which led to better clarity about roles, services available to support children and knowledge of PLPs as well as more confidence about supporting children in education and being an educational advocate. There was positive feedback from schools about the contribution of achievement coaches, awareness raising and of changes to staff behaviour. However the attainment of students and their attendance showed little change in the short term. The Champions had the strongest impact in giving carers information, direct support and increased confidence. Barriers to progress were identified as staff turnover in child protection, cultural barriers in schools and placement changes. Facilitators of progress were high aspirations for children, effective support for learning (someone who takes an interest, a secure base at home, a support person at school), stability and carers and young people being involved in decision-making about education and attending PLP meetings. The evaluation recommended school sensitivity to students in OOHC, a wider implementation of the Champions model and better informed child protection workers about education.

5.2.3 Education specialists

Victoria

The state is currently setting up four regional LOOKOUT Education Support Centres. The Centres will each have a principal, teachers and health professionals to advocate and support OOHC students within the education system. They will work in partnership with schools and carers to take responsibility for enrolment, monitoring and evaluating students' progress, setting targets and co-ordinating resources and activities to support education at school and at home. It is anticipated that the Centres will help bridge the gaps between the education and care systems and stop those in OOHC falling between the cracks. This will improve attendance, engagement and achievement. \$13.2 million over 4 years is being invested to establish and operate the Centres for 6,000 students in OOHC. LOOKOUT will not provide a direct service to children/young people but rather its primary purpose is to track them through the education system.

The Centres will be combined with Navigator, a pilot program designed to support disengaged learners aged 12-17 to reengage with education or training. Navigator will be delivered by community service organisations through 8 pilot sites providing one-on-one support for reengagement in collaboration with agencies and schools.

Life without Barriers, Queensland

In partnership with Edmund Rice Education Australia (an alternative education provider) and Griffith University, Life without Barriers have established an Education Support Program to improve educational outcomes for those in OOHC in south east Queensland. The program commenced as a pilot in 2010 and has targeted 50 young people in OOHC who have experienced trauma.

Educational Consultants work with education departments and community-based education providers to improve engagement, partnership working, educational support and advocacy. The key role of the Education Consultant is to develop individual education plans, attend case conferences as an educational advocate, provide specialist education advice and mentoring to carers and teaching staff and maintain regular school contact to divert problems and discuss alternatives. Consultants provide educational consultancy to schools, teachers and carers to support the case management of individual students, improve the awareness of the impact of trauma and empower foster carers in their advocacy role with schools. The program has been successful in improving access to assessment, funding and educational support with varying levels of intensity for those at risk of exclusion in OOHC and especially those living in residential settings. The program is now being replicated in Sydney and in Tasmania.

TEACHaR Program

In 2012, using philanthropic money, Anglicare Victoria designed and implemented the TEACHaR program – Transforming Educational Achievement for Children in Home-based and Residential Care. The program employs experienced registered teachers or educators to support children in OOHC in their homes, in the classroom and in alternative education settings to improve educational outcomes through strengthening school engagement, attendance and attitudes to learning and improving literacy and numeracy skills. This includes employing a range of flexible interventions like one-to-one tuition, group work, informal learning, professional development for teachers, systemic advocacy, and assistance with health assessments. The educators assist with re-engagement and re-enrolment, and contribute to the development and review of individual education plans (IEPs). There is brokerage money to purchase access to assessments and specific interventions such as an external tutor. They also work with carers. Educators operate in Eastern and Southern metropolitan Melbourne and are located with OOHC care teams, where they become a bridge between care teams, carers and schools and a consistent point of support around school and placement changes.

The program has recently been evaluated (David 2015). The evaluation concluded that the operating model can effect positive change across a range of educational domains including significant percentage changes in literacy, numeracy and concentration skills and improvements in the number of students performing to their ability. There were also improvements in the numbers of students who had a student support group, learning mentor and IEP (an improvement from 65% to 88%) and also in attendance, participation, extra-curricular activities and enrolment. One of the most significant changes was raising awareness of care staff and schools about the way in which an individual's needs are understood and their behaviour responded to in class. There is also demonstrated progress for those coming from a particularly low base, for example those in residential care moving from no attendance at school to attendance two days a week. Once students enter the program there are fewer school changes, indicating improved school stability.

Key challenges in implementing the program have been establishing credibility in traditional school settings and exploring how best to work in residential settings with low staff ratios, inconsistent staff expectations about school attendance and achievement and difficulties in establishing homework and school routines. The evaluation has led to a number of recommendations about how the program should develop in the future. In particular there are questions about when to move students to a less intensive intervention or out of intensive support and how to define success – is it engagement or attainment? There are also concerns about re-conceptualising how a positive outcome is understood without reducing expectations.

The program has since expanded with government funding with two additional pilots focusing on specific cohorts, students with disabilities and students living in residential care. It is now offered in the North, West and East/South metropolitan regions and there is a grant application to extend it into Gippsland. Funding has been received from the DHHS to deliver it in Bendigo. Although it is currently unclear how it will work alongside LOOKOUT the two services are quite distinct.

5.3 Key elements of good practice

The case studies and models in other jurisdictions provide valuable insights into what foster carers found helpful in supporting them to support education and what is required to do better. Overall they clearly demonstrated the committed efforts of foster carers to improve educational outcomes, aspiration and progress, often in the face of substantial barriers.

It is clear that in no instance is there a final solution and further support was required as needs change and as individual students progress through the education system. Most case studies identified a key piece of the picture that was still missing. This might include debriefing for carers, supportive structures in high schools, resourcing to meet additional academic and behavioural needs, difficulties in building relationships with child protection workers or a mis-match between carers, caseworkers and schools in terms of educational aspirations and expectations.

However the case studies and models do identify a number of key elements required to effectively support foster carers to support education:

- Trauma-informed schools and/or a willingness to learn about trauma and attachment issues and their impact on cognitive ability, behaviour and social and emotional lives. Particularly relevant here is an awareness of the impact of punitive approaches to discipline and a willingness to engage in whole-school positive behaviour support.
- Trusting relationships and good lines of communication between the carer, the school and school staff, the student, the child protection system and other specialists involved. This could take some time to build. It can be fostered by investing in currently existing collaboration mechanisms – care team meetings and PLPs – to ensure they are available to all carers and work effectively to promote collaboration and support. This requires leadership to initiate and drive collaborative responses.
- Programs within schools which can foster the building of self-esteem and confidence, non-academic pathways to success, and broader support networks for students to reduce the pressures on carers; for example mentoring programs.
- Training and support to develop well informed and skilled carers able to be proactive in supporting education both at school and in creating rich in-house learning environments.
- Access to additional support and resources to meet the individual academic and behavioural needs of the OOHC student in a timely fashion. The emphasis here must be on early intervention to ensure unmet needs do not overshadow an individual's whole school career.
- Access to educational specialists to support and promote educational advocacy and provide expertise and consultancy to carers, child protection and education staff and act as a bridge between key stakeholders.

A basic foundation was recognition both by carers themselves and by those working with them of their key role in supporting education and the need to facilitate this.

6 How should foster carers be supported to support education?

This research has explored the experiences of foster carers in supporting education and the challenges this work can entail. What it has found is a patchwork of good and bad practice across the state in the ability of carers, schools, child protection and others to work together collaboratively to promote educational progress and achievement. Given current resource limitations across the education sector, it has also found additional pressure on carers to act as educators in order to fill the gaps in what the education system can provide.

When collaboration works it can be highly successful in supporting a student's educational journey and ensuring they get the same opportunities as their peers to succeed. When it does not work or there are too many gaps in effective partnerships, students fall through the cracks. This can mean a high risk of educational failure and disengagement.

The role carers perform as an integral part of any collaboration can be demanding. It requires a commitment from the carer and the ability to be well informed and actively involved in educational issues and educational advocacy. And although many carers are performing this role well, many others require assistance to be able to be more proactive and sustain their support for education.

6.1 What do foster carers want?

So many of the foster carers who participated in the research described the difficulties they had encountered in accessing an education which effectively met the needs of their foster children. Although in a small minority of cases this was attributed to schools which were unwilling to work with students in OOHC, most commonly it was attributed to a lack of resourcing. Schools were usually doing their best in an environment which did not have the understanding or the capacity to respond to the particular needs of those in OOHC. Carers wanted to see effective educational interventions which were able to halt the cycle of disadvantage and marginalisation so common among the OOHC population:

If we are not going to wipe off generations of kids and keep having it repeat over and over again we have to reform what happens to the kids in terms of education so that they end up having choices. Going into adulthood with no choices has to stop.

This meant that firstly they wanted to see a recognition of the damage trauma and attachment issues do and the development of trauma-sensitive schools which could respond appropriately. This was about being able to support students to stay in school rather than restricting their access to the mainstream classroom and suspending and excluding them. This just encouraged their disengagement from education, leaving the carer to pick up the pieces and pressuring them to 'become educators as well'. They wanted more training for teachers about the impact of trauma so that they could better deal with trauma related issues

In some schools they are judged as naughty children or bad children not damaged children. This means punitive punishments are meted out which don't support them. Suspension is not going to help any kid, ever. It may help the school and the other kids but not the kid who is suspended. We need trauma-sensitive schools. You don't even need funding for this, you just change the way you do things. But there is a need for funding to get more support into class.

Schools do not know how to deal with emotionally damaged children. If a child is in a wheelchair we build a ramp. If a child is emotionally damaged they're expected to behave without the repair of previous damage.

Secondly, they wanted to see more resources available in schools which would foster a range of different approaches to providing effective support with both behavioural and academic issues and which was not linked to IQ levels or being on the disability register. As one carer said 'it should be that all children who need help get help'.

The bottom line is all government policies say that every decision must be made in the best interest of the child but it's not. It's all about the dollar and the politics. He's not at school full time and we need support as carers to support the children educationally. They need tutoring and we would do that if we had the financial support. They need ipads to make them feel like everyone else. The schools need more funding for these children. They come into the education system already behind and a lot of them have so many problems emotionally. Making them stand out by not allowing them to be there and participate is making it worse for them. Damage is being done to these children by not providing them with what they deserve.

They wanted to see additional resourcing to provide comprehensive fast-tracked assessments when children entered the care or school system. This should be combined with 'catch up support' and earlier intervention for those who had fallen behind alongside behavioural support in order to maintain children in the classroom and reduce exclusions. The additional costs of assessment and then ongoing regular intervention were well beyond the standard funding provided. Given the added pressures educational challenges pose for carers if children are assessed with significant learning difficulties, carers wanted to see an automatic rise in the level of board payments available to them.

When these children enter the school system any challenges need to be noted. I strongly believe in having an assessment done before they enter the school system to see where they are at socially, emotionally, academically. The child should also be medically assessed. We had a psychologist involved with our eldest and that has been one of the most valuable key reports that we've used in the school system. It has been a key support for advocating for what is appropriate expectation wise, how to relieve pressure on him at times. It has been key to him succeeding. So more assessment and more in-school support.

Too many of our foster children are not receiving the help they need in their early school years. They are falling behind in their schoolwork and by the time they reach high school they have lost interest in attending school because they cannot or do not understand what they are being taught. There needs to urgently be some early intervention in these young people's education. If you are still illiterate in grade 7 someone should be working with you concretely.

Thirdly many carers were advocating for a discrete educational pathway for students in OOHC which provided automatic access to comprehensive assessment and additional resourcing, monitoring and tracking. The pathway should provide an approach to learning that did not always group children according to age but rather to ability and capacity and which could cater for those who were developing academically, socially and emotionally at a different pace to their peers. The absence of such a pathway was seen as a major flaw in the system and meant students with educational gaps found it very difficult to catch up. Carers felt it was critical to individually customise and fund educational support for students in OOHC. They also wanted to see schools which allowed for non-academic ways of learning and which recognised education as both a journey and a result which could adequately prepare children for adult life.

If they automatically gave an aide for the first term one-on-one. You might find some kids are okay. It would save so much money in the long run because you wouldn't have this interim time of a year with the kid going bananas and disturbing everyone. So if you enrol a foster child there must be an aide for the first term, even the ones who manage, so they can then assess how much aide time they need.

In an ideal world with lots of education funding having a department representative assigned to each school or cluster of schools. Once a month they connect with the school. They say we've got 12 foster kids in the system, identify them and make sure the teachers are aware of them and their needs and that this is the person to make contact with. To make that part of the support network so the department knows what's going on. This would allow nipping problems in the bud. Otherwise they just get bigger and bigger. So having a department person and a policy or procedure that was a national thing so that when a foster child is put into school there is a special procedure and they are not just locked into classes.

Suggestions included having an education specialist based in the child protection system or with OOHC provider organisations who could advocate for children in a knowledgeable and genuine way and work effectively with the education department:

We need specialist help for our children in care that doesn't add additional work or stress for carers and is at no cost to them. A paid worker to liaise with, assist and advocate for OOHC students in a cluster of schools. Teachers are there to teach. They should not be expected to solve these students' issues.

Any additional resourcing should provide access to include out-of-school tutoring and funded after-school homework programs.

Fourth and lastly carers wanted to see a lot more information and support available to them to assist in supporting education and more clarity and recognition of their role in education and learning.

6.1.1 Information

Carers prioritised having information about:

- **the child and their needs.** Many carers commented that when a child was placed with them they were not informed about their needs or background. This left carers (and schools) 'working in the dark'. They emphasised that carers need to be 'kept in the loop' about the educational needs of the child by both child protection and by schools:

The children are delivered to your door and you are left to figure it out, identify their needs, try and get funding and deal with what you find. I don't think they are withholding the information on purpose, they are just so snowed under. But it means we are working blind and thinking it's all trauma and neglect and then finding out there's a parent with a learning disability. We need to be forewarned so we make sure we don't trigger responses.

- **funding and services available** and how to access them. This includes information about help like tutors, literacy and numeracy programs or mentors or how to access a mental health plan, specialist services or early learning opportunities and clarity about access to funding. It should include information about Post 16 opportunities and career pathways so carers are able to advise those they care for.
- If you're new and don't know the systems it's hard and isolating and the kids don't get the opportunities they should have. Everything you do is trial and error. You need knowledge about resources, tools that are available so we know how to deal with these things.
- **educational rights and entitlements** so that carers can become more effective as educational advocates.
- I initially struggled with knowing my rights. A lot of carers do not understand what they can do and leave too much to workers and then wonder why nothing is happening for their children. All carers should have a requirement to vocalise strongly and appropriately when there are major learning disorders identified. If we are to break the cycle then we need to make sure they get the best education they are capable of achieving.
- **information about trauma, developmental needs** and special educational needs. Carers wanted more information about how trauma impacts on behaviour and learning, its interaction with other developmental needs and with a range of disabilities.
- **strategies and approaches to support learning at home.** This could include providing carers with resources like literacy and numeracy programs they could employ at home or hands-on assistance from other adults to assist with reading or homework. Carers were keen to point out that approaches needed to recognise the constraints on carers in operating as 'educators at home', particularly in terms of time.

There needs to be a lot more help from the teachers to the carers to help us about what we need to be teaching them at home. You could be way off the mark otherwise. Once it gets beyond simple ABC it's more challenging and it would be good to have more guidance.

6.1.2 Support

Carers wanted to see:

- **an environment in which they felt able to ask for help.**

The department doesn't offer any help with education. There are massive highs and lows and you can feel overwhelmed. The department needs to understand that if the carer isn't getting the support it adds extra pressure at home. Then they run the risk of the placement breaking down if they don't feel supported. There's a problem in that if you ask for help from child protection you are seen as not coping. So we don't say anything.

- **more proactive case workers** who can assist carers to foster connections with schools, smooth access to assessments and services and advocate for the child within the education system. Carers suggested that this role could be performed by education specialists who could provide consultancy as well as hands-on support.
- **financial support** to minimise out-of-pocket expenses. Carers listed more assistance with computers and internet access at home, out-of-school tutoring, higher board payments for significant learning difficulties, and more support for extra-curricular activities.
- **access to peer support.** This included the suggestion of mentor programs where experienced foster carers could work alongside those newer to the role and support them.

The most useful support is often from other carers. The morning teas are good because if someone has a problem they can talk about it and hopefully someone will have a solution. It's the peer support. It's very empowering to come along to morning teas and talk. Sometimes I feel very hushed but at FKAT meetings you do not get shut up. You are able to talk, able to get advice as long as it doesn't leave the room. You need to unpack and if you don't who do you talk to?

6.1.3 Role clarity

Foster carers are at the centre of the lives of children and young people in care and need to be recognised and included in the planning of education and learning. This means:

- **recognising foster carers as professionals** with their own body of expertise which should be respected and acknowledged.

I know so many carers who are fed up, myself included, with being made to feel like we are sub-standard and have little value. We are made to feel we are the parents who are being watched by child protection but without carers there would be no homes for the kids. Treat carers with the value and respect they deserve.

- **involvement in decision-making.** This should mean routine inclusion in care planning and the development of PLPs as well as the ability to make decisions about day-to-day educational issues.

6.2 Recommendations

This research has identified a number of positive initiatives to support students in OOHC and foster carers in their educational role. But it has also demonstrated that these initiatives are not necessarily being implemented consistently across the state and that there remain significant gaps in what is available. When good educational outcomes occur, they are often due to individuals rather than systemic practices. This research has generated a number of recommendations about how to better support foster carers to support education and about how to improve the educational opportunities available to students in OOHC in Tasmania.

6.2.1 Strengthening already existing mechanisms

Children and young people in OOHC are the responsibility of the state and outcomes for them are dependent upon collaborative working across sectors. This means that improving educational outcomes should elicit a whole-of-government response. Educational outcomes remain poor, however, and set students up for a lifetime of disadvantage. This is not just an educational issue and it requires a whole-of-community response with shared responsibility across schools, child protection, and community service organisations.

Recommendation 1: That the Tasmanian Government acknowledge the importance of educational outcomes for students in OOHC and commit to improving them as a whole-of-government priority.

The Partnering Agreement between the DHHS and DoE requires collaborative working between the education system and the care system through the mechanisms of care planning and the development of PLPs to support the education of OOHC students. The research shows that when these mechanisms are implemented they can be effective in supporting students and in supporting foster carers to support education. The PLP is the core mechanism for assessing and meeting the educational needs of students and in supporting transitions between schools and pathways into training, vocational education and employment. Yet the research shows that too often students do not have one, that their implementation is compromised by a lack of resourcing, and that carers are at a high risk of being excluded from the process and not involved in decision-making. There is also a lack of clarity about who carries responsibility for ensuring they are developed and implemented and that carers are involved.

Recommendation 2: That the DoE and DHHS strengthen already existing collaborative mechanisms to ensure the involvement of carers by welcoming them into collaborative processes, supporting their involvement and providing a range of options to allow their participation in decision-making.

Recommendation 3: That the DoE lead on improving schools' understanding of the importance of PLPs for students in OOHC, the process of developing them and their implementation so that they are more effectively utilised to address individual need.

The DoE is rolling out a professional development program to improve trauma awareness in schools across Tasmania. This has included the development of a resource for schools by young people in care through the CREATE Foundation. The ACF is also working to embed trauma awareness across the state, including its impact on learning. However at present having the right language does not necessarily translate into appropriate action or the use of effective tools in working with trauma-affected students. The research highlights an inconsistent approach to trauma issues and how they relate to learning both in schools and among child safety staff. It has also highlighted a demand from foster carers for a better understanding of trauma and how it impacts on education and learning.

Recommendation 4: That the DoE and DHHS strengthen trauma and OOHC awareness programs in schools, among child safety workers and among foster carers to achieve consistency in responding to the needs of children and young people affected by trauma.

Recommendation 5: That the DoE and UTAS ensure trauma awareness, the impact of trauma on cognitive development and learning and tools for working with trauma become an integral part of teacher training programs in Tasmania.

Carers expressed concerns about the lack of access to comprehensive, fast-tracked assessments when children entered the care system and/or the school system. Many carers were paying for private assessments to bypass long waiting lists and to ensure students received the support they needed in a timely fashion. This included education-related assessments, mental health assessments and assessments for therapeutic interventions to improve students' ability to engage with education.

Recommendation 6: That the DHHS and DoE ensure trauma-affected students are prioritised in accessing the assessments they need to promote their access to the curriculum.

Recommendation 7: That the DoE ensure that, where appropriate, a trauma plan sit alongside the PLP in the care planning process and include strategies to respond to the trauma-related behaviours of individual students.

There is an increasing recognition of the significant role parents and carers play in improving educational outcomes and aspiration. Their interest and active engagement with education and with the school promotes positive outcomes for students. Carers in this research certainly voiced a wish that there was more assistance from school to support education and learning in the home. There is now a push in Tasmania to increase the engagement of parents in the educational journey of their children through proactive parent engagement strategies in schools.

Recommendation 8: That the DoE and schools ensure that every effort is made to take account of and facilitate the full involvement of foster carers in the implementation of school parental engagement strategies. These strategies might include training for teachers in how to support parental/carer engagement and education and learning at home.

Although this research did not explore foster carers' experiences of pre-school education in any detail, there is a consensus that participation in high quality early childhood services can make a significant difference to the lives of the most vulnerable children and that those at high risk benefit the most from participation. Tasmania's Launching into Learning program has been successful in improving school readiness and educational outcomes for children from disadvantaged backgrounds and a crucial element of the program has been the requirement for parents and caregivers to be involved alongside children. However foster carers can find it difficult to participate due to their caring responsibilities even though their involvement would not only advantage the children they care for but also provide professional development, training and support for them around education-related issues.

Recommendation 9: That the DHHS support and encourage foster carers to participate in Launching into Learning programs with pre-school children as a key element of their professional development by identifying and overcoming any barriers they might face to their participation.

The current Partnering Agreement lacks clarity about who is responsible for ensuring compliance with its requirements and that they are implemented. This includes requirements to develop a PLP for students in OOHC and to review the PLP on a regular basis. This lack of clarity also includes any new processes to support struggling students which are outlined in the Education Bill 2016, which is before Parliament at the time of writing. The research suggests that more clarity is required about who invites carers to participate in collaborative processes and makes it possible for them to do so. One suggestion is an annual survey to monitor compliance.

Recommendation 10: That the DHHS and DoE review the current Partnering Agreement to ensure more clarity about who is responsible for ensuring good collaborative processes and mechanisms for monitoring implementation of the Agreement.

In order to improve educational outcomes it is important to know what they are and to monitor trends over time. This is especially the case when it is only through collaborative effort across a number of sectors that improvements will occur. The Partnering Agreement requires departments to collaborate in the development of an appropriate data collection framework to monitor engagement and achievements. However this data is not currently available in the public sphere. This serves to decrease the visibility of the problem, lessen opportunities for collaboration or any political commitment to tackling it and ensure a gap in evidence about the impact of policy and any interventions.

Recommendation 11: That the Tasmanian Government ensure that data on the educational progress and outcomes of those in OOHC in Tasmania is publically available on an annual basis in order to highlight trends, identify gaps and promote positive action.

6.2.2 Developing additional mechanisms to support students in OOHC

The circumstances of those in OOHC means that they are likely to need additional assistance in their education and tighter monitoring and tracking of their progress through the education system.

However in Tasmania unless students in OOHC are on the SDR or have an IQ of 72 or below there is little funding to support additional needs. The research shows that currently foster carers are heavily subsidizing the costs incurred in meeting educational needs and in filling the gaps. These might include the provision of a laptop, paying for assessments, therapies or out-of-school tutoring and supporting a range of extra-curricular activities which can help to repair damage to brain structure and development from trauma and hence improve the ability of students to access, participate in and benefit from their educational experience. Although in theory the DHHS should cover any educational needs which would normally be met by parents, and indeed board payment levels are calculated on this basis, educational needs are often under-identified in the care system. There is a low rate of success for funding applications to cover these costs and a lack of capacity within the CYS budget. This can lead to children languishing in limbo while CYS and DoE are unable to agree who is responsible for meeting a particular education-related need.

In order to progress the allocation of additional resourcing sound information is required about current expenditure on education-related needs within CYS. This will highlight current costs, the adequacy of the budget, gaps and a better targeting of expenditure to ensure the potential for preventative work is not missed. It will also assist a more informed debate between CYS and the DoE about education-related expenditure for students in OOHC.

Recommendation 12: That CYS conduct an internal audit to review how much is currently spent on education-related needs, the nature of these needs and where the shortfalls lie in this expenditure.

Any review of expenditure should include a review of the out-of-pocket expenses carers face and the adequacy of board payments, especially for those carers caring for children and young people who do not attend school full-time or who are disengaged from school.

Recommendation 13: That the Tasmanian Government provide clarity about the relationship between assessment of educational needs as outlined in the PLP and the allocation of resources to address them. This requires a sum to be made available for each OOHC student dedicated to educational resourcing and scaled according to need.

A number of other jurisdictions have developed specific resources to support students in OOHC to benefit from education. These have entailed access not only to additional funding, but also to expertise about learning and trauma, therapeutic and hands-on practical educational interventions, in-home tutoring programs and resources and tracking mechanisms to monitor students' progress and evaluate the effectiveness of particular interventions. They include the establishment of LOOKOUT Centres in Victoria, Anglicare Victoria's TEACHaR program and in-home literacy and numeracy programs.

Recommendation 14: That the DoE and DHHS give serious consideration to what models might be appropriate in Tasmania to ensure that the additional needs of students in OOHC remain visible and are addressed through effective advocacy and support both at home and in the broader educational environment.

6.2.3 Supporting foster carers to support education

Carers are central to the safety, wellbeing and recovery of children and young people in OOHC and the research demonstrated how proactive and committed so many are to supporting the education and learning of those they care for. This is done in the face of a number of barriers and challenges including time, financing, knowledge, marginalisation in decision-making process and the low expectations so many other stakeholders hold about the capacities and potential of students in OOHC. Carers wanted to see much more comprehensive support available to them to build their skills in supporting learning and in clarifying their role as 'first educators'. More generally they wanted to see a cultural shift in the way their role is perceived and respected.

Recommendation 15: That the Tasmanian Government acknowledge the central role of foster carers in the lives, education and recovery of the children and young people in their care.

Recommendation 16: That the DHHS identify support for education as a key role for foster carers and build it into foster care contracts and recruitment processes, whilst ensuring carer access to training, information, support and decision-making in their education work.

Those carers outsourced to OOHC provider organisations were very complimentary about the role of education specialists. Education specialists can act as consultants around educational issues whilst also providing hands-on support to carers and students in dealing with schools and with learning. Child safety staff also commented on their lack of educational expertise and the need for a consultancy resource to support them in working around educational issues with children, young people, schools and carers.

Recommendation 17: That the DHHS ensure that tenders for OOHC services include funding for education specialists who can provide expertise and support to foster carers and others about educational issues.

Carers were particularly appreciative of opportunities to share their experiences with their peers. This could include sharing learning strategies for use at home as well as approaches to educational advocacy in schools.

Recommendation 18: That the DHHS and DoE consider the role of peer support/mentoring and the development of peer Education Champions to assist fellow carers in proactively supporting education and learning needs.



References

- Australian Institute of Health and Welfare (AIHW) 2007, *Educational outcomes of children on guardianship or custody orders: a pilot study, stage 1*, Cat. no. CWS 30, AIHW, Canberra.
- 2011, *Educational outcomes of children on guardianship or custody orders: a pilot study, stage 2*, Child Welfare Series No. 49, AIHW, Canberra.
- 2015, *Educational outcomes for children in care: Linking 2013 child protection and NAPLAN data*, Cat.no. CWS 54, AIHW, Canberra.
- 2016, *Child protection Australia 2014-15*, Child Welfare Series No. 63, AIHW, Canberra.
- Brady, E 2013, *The Bookworm Club: Program evaluation report, Pilot: June 2012-December 2012*, Practice and Research Together, Child Welfare Institute, Ontario.
- Briskman, J & Scott, S 2012, *RCT of the Fostering Changes Programme*, The National Academy for Parenting Research, Report for Department for Education.
- Cameron, C, Connelly, G & Jackson, S 2015, *Educating children and young people in care: Learning placements and caring schools*, Jessica Kingsley Publishers, London.
- Cheung, C, Lwin, K & Jenkins, J 2012, 'Helping youth in care succeed: Influence of caregiver involvement on academic achievement' in *Children and Youth Services Review* 34, pp. 1092-1100.
- Children and Youth Services 2014, *Out of Home Care Reform in Tasmania*, Tasmanian Government.
- Commissioner for Children Tasmania 2013, *Out of home care in Tasmania 2011-12*, Fact Sheet No. 2 (Updated June 2013).
- Council of Australian Governments 2009, *National Framework for Protection of Australia's Children 2009-2020*, Commonwealth of Australia, Canberra.
- David, L 2015, *Anglicare Victoria TEACHaR Program, Year 2 Evaluation Report: Bridging the education gap for children and young people in out of home care*, Anglicare Victoria.
- Department of Education (DoE) 2011, *Partnering Agreement between Department of Health and Human Services and Department of Education 2011-2013*, DoE, Hobart.
- 2013, *Launching into Learning: Longitudinal study 2007 to 2014*, Progress Report 2012, Educational Performance Services, Tasmania.
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and National Framework Implementation Working Group 2011, *An outline of national standards for out-of-home care*, Commonwealth of Australia.
- Department of Health and Human Services/Department of Education 2016, *Partnering Agreement between Department of Health and Human Services and Department of Education 2015-2018*, Tasmanian Government.
- Department of Health and Human Services 2016, *Strong families - safe kids: Implementation Plan 2016-2020*, DHHS, Tasmanian Government.
- Flynn, R, Marquis, R, Paquet, M, Peeke, L & Aubry, T 2012, 'Effects of individual direct-instruction tutoring on foster children's academic skills: A randomised trial' in *Children and Youth Services Review* 34, pp. 1183-89.
- Flynn, R, Paquet, M & Marquis, R 2010, 'Can tutoring by foster parents improve foster children's basic academic skills' in E Fernandez & R Barth (Eds), *How does foster care work?* (pp. 260-273), Jessica Kingsley Publishers, London.
- Forsman, H & Vinnerijung, B 2012, 'Interventions aiming to improve school achievements of children in out-of-home care: A scoping review', in *Children and Youth Services Review*, 34 (6), 1084-1091.
- Hadley Centre for Adoption and Foster Care Studies 2015, *Children and young people's views on being in care: A literature review*, Coram Voice, University of Bristol.
- Hancock, A & Leslie, M 2014, *Letterbox Club Scotland*, report to Booktrust, Moray House School of Education, University of Edinburgh.
- Knight, R 2013, *Volunteer engagement and program outcomes report*, The Pyjama Foundation, ZARK Consultancy.

McLean, S 2016, *The effect of trauma on the brain development of children: Evidence-based principles for supporting the recovery of children in care*, CFCA Practice Resource.

O'Hehir, J & Savelsberg, H 2014, *Towards best practice in parent involvement in education: A literature review*, Office of Non-Government Schools and Services, Government of South Australia.

O'Higgins, A, Sebba, J & Luke, N 2015, *What is the relationship between being in care and the educational outcomes of children? An international systematic review*, Rees Centre, University of Oxford.

Osborne, C, Alfano, J & Winn, Y 2013, 'Paired reading as an intervention for foster children', in S Jackson (ed.) *Pathways through education for young people in care*, pp. 116-126, BAASF, London.

Parliament of Tasmania 2011, *Select Committee on Child Protection 2011, final report*, Parliament of Tasmania, Hobart.

Rees Centre for Research in Fostering and Education 2015, University of Oxford Department of Education, UK. <http://reescentre.education.ox.ac.uk>

Sebba, J, Berridge, D, Luke, N, Fletcher, J, Bell, K, Strand, S, Thomas, S, Sinclair, I & O'Higgins, A 2015, *The educational progress of looked after children in England: Linking care and educational data*, Rees Centre, University of Oxford.

Sebba, J, Luke, N, Rees, A, Plumridge, G, Rodgers, L, Hafesji, K, Rowsome-Smith, C, McDermid, S & Trivedi H 2016, *Evaluation of the London Fostering Achievement Programme: Final Report*, Rees Centre, University of Oxford and Centre for Child and Family Research, Loughborough University.

Tobin, M 2016, *Childhood trauma: Developmental pathways and implications for the classroom*, Australian Council for Educational Research.

Vinnerljung, B, Tideman, E, Sallnas, M & Forsman, H 2014, 'Paired reading for foster children: results from a Swedish replication of an English literacy intervention' in *Adoption and Fostering*, 38:361, British Association of Adoption and Fostering, Sage.

Winter, K, Connolly, P, Bell, I & Ferguson, J 2011, *An evaluation of the effectiveness of the Letterbox Club in improving educational outcomes among children aged 7-11 years in foster care in Northern Ireland*, Belfast Centre for Effective Education, Queen's University, Belfast.

Wise, S, Pollock, S, Mitchell, G, Argus, C & Farquhar, P 2010, *CIAO Care-system impacts on Academic Outcomes*, Anglicare Victoria and Wesley Mission Victoria, Melbourne.



More information

Website: www.anglicare-tas.org.au/sarc

Email: SARC@anglicare-tas.org.au

Media contact: Meg Webb 0427 911 719

SARC Blog: <https://medium.com/social-action-and-research-centre>

SARC Facebook: www.facebook.com/SocialActionResearchCentre