

SVA Perspectives: Education

Children in out-of-home care
September 2019

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Foreword

Social Ventures Australia (SVA) is working towards an Australia where all people and communities thrive.

While there have been positive efforts and investment from governments and the social sector over recent decades, one in four people in Australia experience disadvantage.

SVA is committed to understanding the structural causes behind persistent disadvantage, then finding and supporting the innovative approaches that can create systemic change. Since 2002, we have taken an evidence-informed approach to supporting community service organisations, philanthropists, governments and businesses to make decisions that lead to improved outcomes for people experiencing vulnerability and exclusion. Through our work, we have developed a practical understanding of what it takes to tackle disadvantage.

In 2016 SVA released a series of Perspective Papers in the areas of education, employment, housing and the drivers of better outcomes for First Australian peoples.

In 2018, we undertook research and analysis and collaborated with key stakeholders in the sector to refresh our education paper and explore the specific needs of selected cohorts of children and young people experiencing vulnerability. We are proud to present this series of perspectives on the drivers of better outcomes for children in out-of-home care, Aboriginal and Torres Strait Islander children, and children and young people disengaged from formal schooling.

We hope that these papers spark debate, innovation and collaboration among practitioners, community members, funders and policy makers – towards an Australia where every child, no matter their start or journey in life, is supported to thrive.

Suzie Riddell

CEO

Social Ventures Australia



Introduction

SVA's vision in education

SVA shares the vision, articulated in the Melbourne Declaration, of an Australian education system that develops the intellectual, social and moral wellbeing of young people as well as contributing to the economic prosperity and social cohesion of the nation.¹

Presently Australian children don't have an equal opportunity to access a high-quality education, with children from disadvantaged backgrounds likely to start behind and be at high risk of falling further behind. SVA has developed an evidence-informed perspective on the actions and drivers required to promote equity and a high-quality education system for all.

This vision includes ensuring that home, community and formal education environments all support learning. It means harnessing the drivers for improving education outcomes, particularly by supporting effective teaching, from ages 0-5, through formal schooling and in the school-to-work transition (including further education). It also means that the overall system – together with the home and community, and formal education environments – supports the learning needs of different cohorts of students.

1. MCEETYA. (2008). Melbourne declaration on educational goals for young Australians. Canberra: Ministerial Council on Education, Employment, Training and Youth Affairs (Australia).



The education issue

The correlation between success in education and participation and productivity in society is robust.² High-quality education and support creates a path to a sustainable, independent and meaningful livelihood for individuals, and has overall economic and non-economic benefits to society.³ Children who do not receive a good education are at greater risk of later unemployment or lower income, and are more likely to be involved in crime or to become parents who experience disadvantage.⁴

Australian education struggles to provide equal opportunity and quality outcomes for all students. There are significant gaps in the educational outcomes for some children.⁷ In global comparisons of 41 of the world's wealthiest countries, Australia is ranked in the bottom third of all three indicators of equality across early childhood, primary and secondary school levels.⁸ Educational outcomes in Australia are more strongly influenced by a person's socioeconomic status than in many other countries.⁹ Nearly 60 percent of the students experiencing disadvantage in Australia are in schools classed as disadvantaged, well above the OECD average and substantially higher than in any comparable OECD country.¹⁰

SVA's work in education focuses on children and young people experiencing vulnerability. Vulnerability can be defined in many ways, but at its core it refers to the likelihood of harm from exposure to risk.¹³ Vulnerability is a broader term than disadvantage. It includes wider risk factors than just socioeconomic status, such as trauma, mental health, family violence, and disability. The Review of Funding for Schooling Report, colloquially titled the Gonski Review, identified some determinants of likely vulnerability and applied a financial loading to each of these including school size and location, socioeconomic background, Aboriginal and Torres Strait Islander background, low English language proficiency and students with disability.¹⁴

A child's experience is made up of a combination of factors that contributes to their level of vulnerability. Children experiencing vulnerability may face multiple risk factors (circumstances or events that increase the likelihood of poor outcomes), a number of protective factors (attributes or conditions that moderate risk and promote healthy development and wellbeing) or the absence of protective factors to mitigate these risks.¹⁵

At the start of school, 22 percent of Australian children, approximately 63,000 children, are identified as developmentally vulnerable according to the Australian Early Development Census.¹⁶ This initial gap is rarely caught up, and there is a wide disparity in learning outcomes between the most and the least advantaged students within same school year (typically five to six years).¹⁷ This group of students is more likely to require additional support to make the best possible learning progress.

Education alone cannot address all the risk and protective factors associated with vulnerability. However, we contend that high-quality education and support maximises the chance for young children experiencing vulnerability to develop the skills to participate fully in society. It can also empower them to enjoy better health, wellbeing, earning potential and an increased life-expectancy.

2. Gonski, D., Boston, K., Greiner, K., Lawrence, C., Scales, B., & Tannock, P. (2011). Review of funding for schooling: Final report. Canberra: Department of Education, Employment and Workplace Relations.

3. Lamb, S., & Huo, S. (2017). Counting the costs of lost opportunity in Australian education. Melbourne: Mitchell Institute.

4. McLachlan, R., Gilfillan, G., & Gordon, J. (2013). Deep and persistent disadvantage in Australia. Canberra: Productivity Commission; Prichard, J., & Payne, J. (2005). Alcohol, drugs and crime: a study of juveniles in detention (Vol. 67). Canberra: Australian Institute of Criminology.

7. Gonski, D., Arcus, T., Boston, K., Gould, V., Johnson, W., O'Brien, L., Perry, L.P & Roberts, M. (2018). Through growth to achievement: Report of the review to achieve educational excellence in Australian schools. Canberra: Commonwealth of Australia.

8. Chzhen, Y., Rees, G., Gromada, A., Cuesta, J., & Bruckauf, Z. (2018). An Unfair Start: Inequality in Children's Education in Rich Countries. Innocenti Report Card 15. UNICEF.

9. OECD. (2018). Education at a Glance 2018: OECD Indicators. Paris: OECD Publishing.

10. OECD. (2018). Education at a Glance 2018: OECD Indicators. Paris: OECD Publishing.

13. Commissioner for Children and Young People. (2018). It's like a big circle trap: Discussion paper on children and young people's vulnerability. Perth: Western Australia Commissioner for Children and Young People.

14. Gonski, D., Boston, K., Greiner, K., Lawrence, C., Scales, B., & Tannock, P. (2011). Review of funding for schooling: Final report. Canberra: Department of Education, Employment and Workplace Relations.

15. Commissioner for Children and Young People. (2018). It's like a big circle trap: Discussion paper on children and young people's vulnerability. Perth: Western Australia Commissioner for Children and Young People.

16. Department of Education and Training (2016). Australian Early Development Census National Report 2015: A snapshot of early childhood development in Australia. Canberra: Commonwealth of Australia.

17. Gonski, D., Arcus, T., Boston, K., Gould, V., Johnson, W., O'Brien, L., Perry, L.P & Roberts, M. (2018). Through growth to achievement: Report of the review to achieve educational excellence in Australian schools. Canberra: Commonwealth of Australia.

Project approach

In 2016, SVA released an Education Perspectives Paper which described the actions required to enable equal opportunity and high-quality education for all children. With a focus on determining the key drivers of better educational outcomes, it is used by philanthropists, system leaders, educators and education organisations seeking to positively impact the lives of children. In 2018, SVA embarked on a project to refresh the Education Perspectives Paper, responding to the need to better explore the specific educational needs of selected cohorts of students experiencing vulnerability.

This paper is one in a three-part series that supplements the original SVA Education Perspectives Paper. The series focuses on the educational needs of three cohorts of children: children in out-of-home care, Aboriginal and Torres Strait Islander children, and children and young people disengaged from formal education. By looking at the challenges and opportunities through a cohort lens, we can better understand the key issues impacting the education journey for that cohort of children and identify targeted actions to improve their educational outcomes.

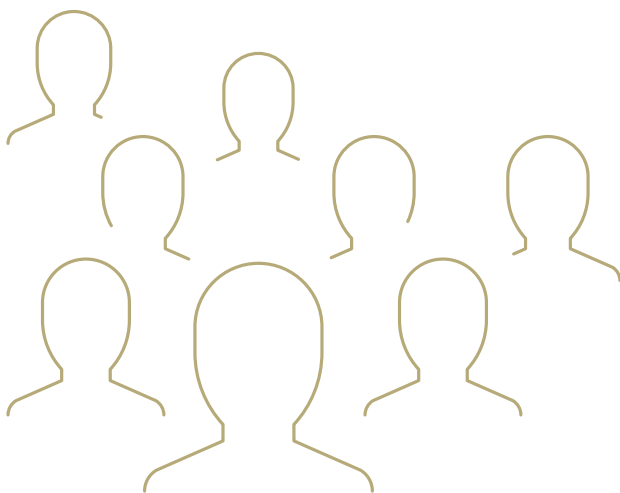
This paper

This paper considers what is required to improve education outcomes for children and young people in out-of-home care (OOHC). Children and young people in OOHC have often experienced traumatic events and require additional support to access safe environments and quality education so they can thrive in life.

In order to provide a useful perspective on the educational journey and outcomes for children in OOHC, SVA undertook desktop research and analysis, commissioned an evidence scan from the Centre for Evidence and Implementation, reviewed SVA and partner projects related to child and family services, examined sources that summarised the experience of those with lived experience, and engaged with the sector representatives through workshops and interviews.

This paper provides SVA's definition of the cohort, considers the scale of the challenge, outlines the current ecosystem of support and summarises stories from those with lived experience. It documents SVA's exploration of the SVA Education Driver Tree through the experience of children in OOHC. It then identifies the key drivers of better educational outcomes across home/community, the system and formal education environments for these children and young people. The paper provides examples of these drivers in action to highlight activities in the sector that are creating promising outcomes for children in OOHC.

The paper does not aim to present a complete view of all activity related to children in OOHC in Australia. It focuses on illustrative examples predominantly from one Australian state (Victoria) to give a perspective of activity across one state education and child protection system.



2. SVA Education Driver Tree

In 2016, SVA released the original SVA Education Driver Tree to identify the key drivers of better educational outcomes. Many stakeholders have found the SVA Education Driver Tree to be a useful universal statement of educational drivers and use it as a tool to analyse and prioritise their activity in the sector (see Appendix on page 32).

Over the last two years, we discovered that the SVA Education Driver Tree needed more nuance to address the educational needs of specific cohorts of children. The cohort-specific driver tree provided here dives deeper into the needs of children in OOHC, building on the original SVA Education Driver tree. It provides more detailed insights to assist those making decisions on investments and the design of programs to improve the educational outcomes for children and young people in OOHC.

In future, SVA plans to refresh the original SVA Education Driver Tree to incorporate further system elements and integrate feedback from the design and use of the cohort-specific driver trees described in this series of papers.

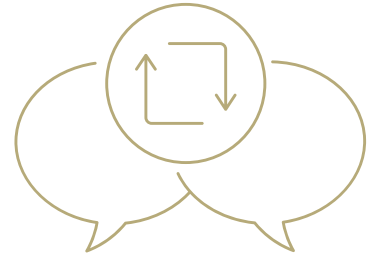
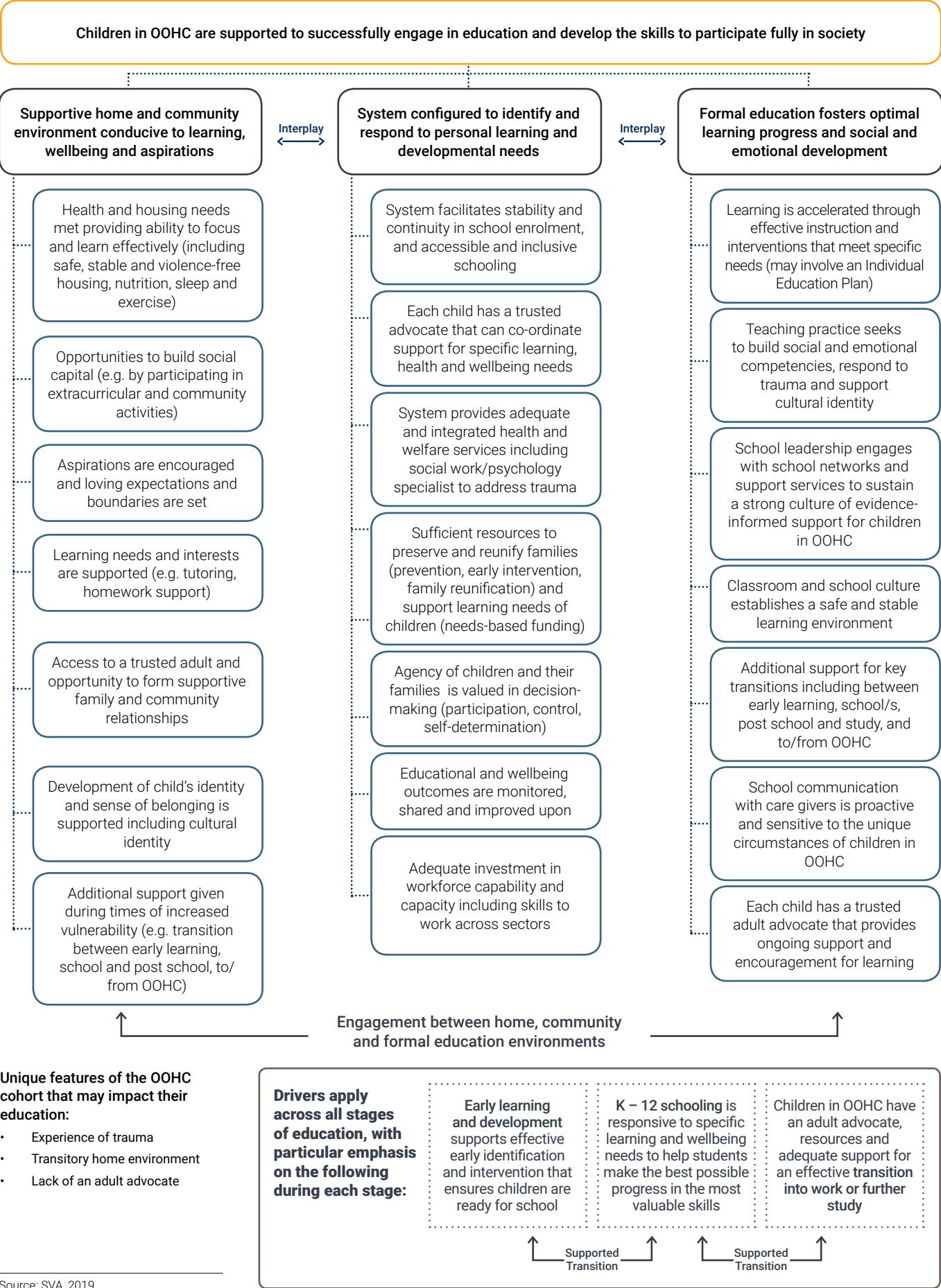


Figure 1: SVA Education Driver Tree for Children in OOHC



Source: SVA, 2019

3. Cohort overview

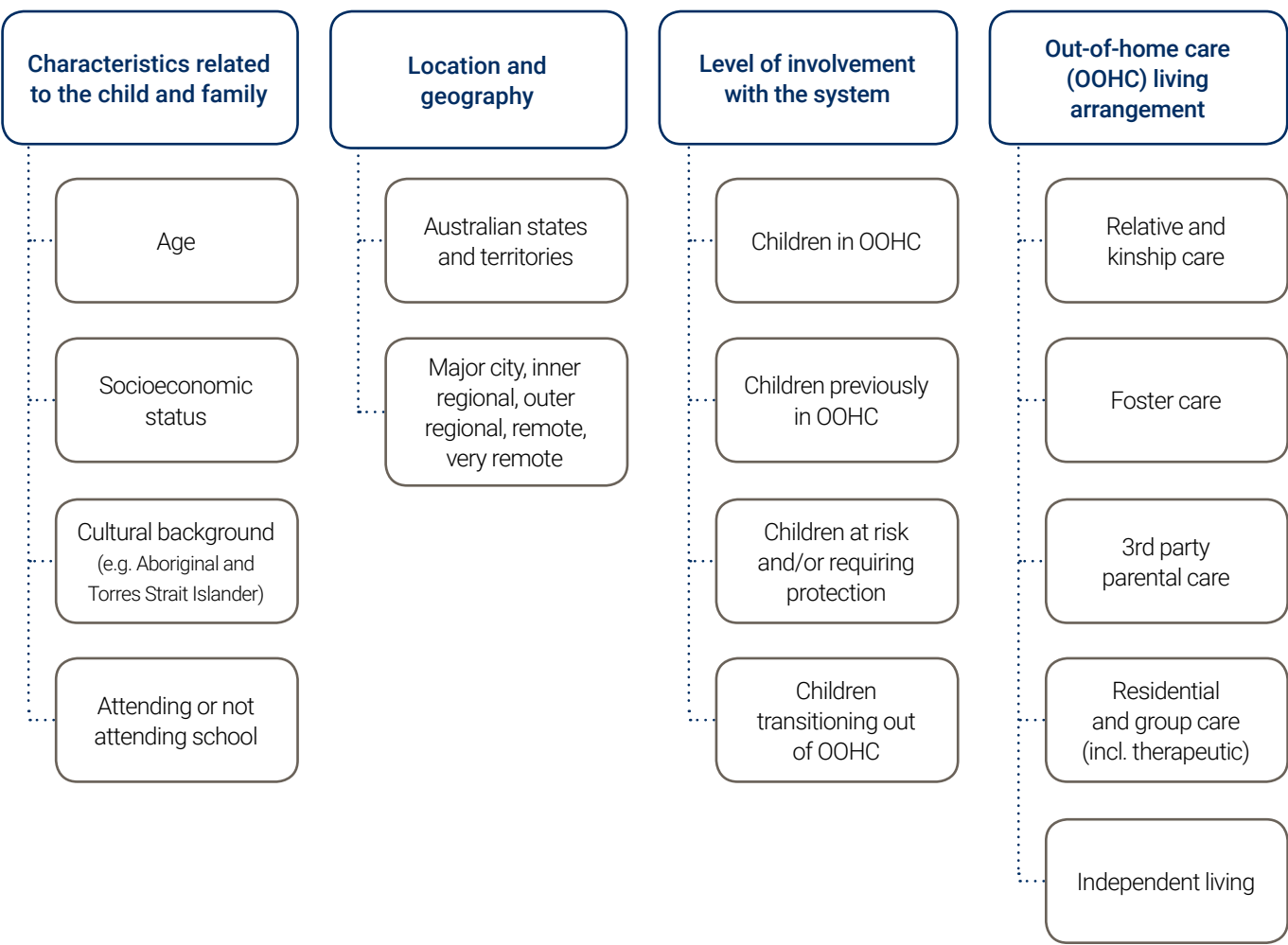
Cohort definition

We define the OOHC cohort in the same way as the Victorian Department of Education and Training:

“Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home.”¹⁸

Although children in OOHC have the aspect of living away from their families in common, there is significant diversity for children in this cohort. Children in OOHC are defined into different groups based on their personal and family characteristics, their location and geography, the level of involvement with the child protection system, and the type of their OOHC living arrangement, as summarised in Figure 2. We consider these different groups of children in OOHC in this paper.

Figure 2: Groups of children in OOHC



18. Victorian Department of Education and Training. (2018, July 25). What is out-of-home care? Retrieved from: <https://www.education.vic.gov.au/school/teachers/health/Pages/whatoohc.aspx>

A child may be placed in different living arrangements whilst in OOHHC including:

- **Residential care:** A residential building whose purpose is to provide placements for children and where there are paid staff, with an emerging sub-category of 'Therapeutic Residential Care' for children;²¹
- **Family group homes:** Homes for children provided by a department or community-sector agency that have live-in, non-salaried carers;
- **Home-based care:** Placement in the home of a carer who is reimbursed for expenses for the care of the child, encompassing four sub-categories:
 - Relative/kinship care;
 - Foster care;
 - Third-party parental care (or guardianship); and
 - Other home-based out-of-home care.
- **Independent living:** Includes private board and lead tenant households.
- **Other:** Uncategorised or unknown placements including boarding schools, hospitals, hotels/motels and the defence forces.²²

Children in different types of care have very different levels of needs. Residential care, for example, is often an option of last resort for children whose needs are too great or because kinship or foster care options are not available or cannot keep them safe. Children in residential care often have complex needs relating to mental health, cognitive development and social interaction.²³ The mental health and wellbeing of children placed in kinship care is often better than that of children placed in foster care, however there is no difference between kinship and foster care for the rates of reunification with birth parents, the length of stay in placement, children's educational attainment, the strength of family relations or the degree to which certain health services are utilised.²⁴

Children may be involved in the child protection system without being placed in OOHHC, as there are several steps in the process before a child is placed in OOHHC. This process varies significantly between jurisdictions as child protection is under state and territory law and regulation. The following description is a summary based on the Victorian system.²⁵

The first stage of the process, the **intake phase**, commences with a report (also referred to as a notification) and concludes when the report is transferred for investigation, or closed with or without the provision of advice or referral. A report might be in relation to a significant concern about the wellbeing or protection of

a child, an unborn child, or a referral from court. Intake involves receiving reports and determining the appropriate response, providing advice to reporters, helping children and families to access support services, and where appropriate making referrals.²⁶ Intake involves receiving reports and determining the appropriate response, providing advice to reporters, helping children and families to access support services, and where appropriate making referrals.

The **investigation phase** is to assess the child and their circumstances to determine if the report from the intake phase is substantiated, and whether further protective intervention is required. Child protection is required to see the child, the family and others to conduct a comprehensive investigation to determine whether significant harm to the child has occurred, or is likely, and whether the parents have not protected or are unlikely to protect the child.

When a report of child abuse or neglect is substantiated in the investigation phase, child protection is responsible for preparing a case plan addressing the protective intervention needed. The **protective intervention phase** involves case planning, working with the family to implement the case plan through agreement, monitoring the safety and development of the child, and determining whether any court action is required.

The **protection order phase** commences when a protection order is made for a child by the Children's Court to ensure the child's safety and ongoing wellbeing in accordance with the relevant legislation. The Court may make one of various protection orders in the following categories:

- Temporary Assessment Orders: short term orders which place the child in custody of child protection while further assessment is undertaken and may occur before abuse is substantiated;
- Custody Orders: time limited orders where child protection has custody of the child but not guardianship. The purpose of this is usually to give a parent time to get things on track and have the child returned to their care;
- Guardianship Orders: child protection has full guardianship of the child, usually up to 18 years of age. The parent may be allowed contact as per the case plan but has no decision-making rights.

The types of protection orders vary between jurisdictions but most fall into one of these three categories.

An overview of the general child protection journey, based on the Victorian model, including the process, decision and exit points, is provided in Figure 3.

21. Therapeutic Residential Care is intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs: Australian Institute of Family Studies. (2011). Therapeutic residential care in Australia: Taking stock and looking forward. National Child Protection Clearinghouse Issues, 35, 1-2.

22. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

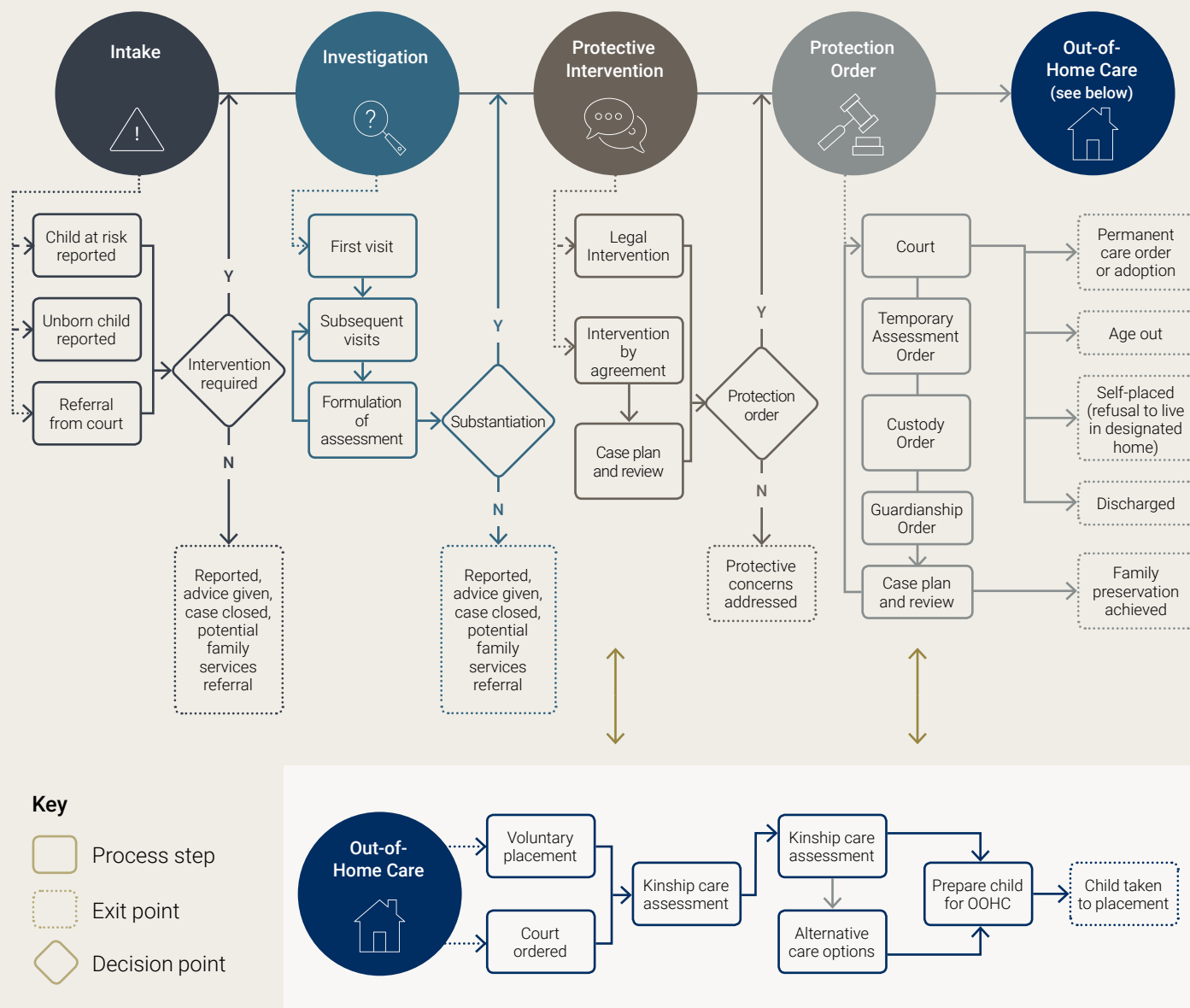
23. Victorian Auditor-General. (2014). Residential Care Services for Children: Victorian Auditor-General's Report. Melbourne: Victorian Government.

24. Campbell Collaboration (2016). The health and well-being of children placed in kinship care is better than that of children in foster care. Oslo: Campbell Collaboration.

25. Victorian Department of Health and Human Services. (2019). Child Protection Manual. Melbourne: Victorian Government.

26. Some children may enter residential care from the criminal court rather than child protection. This might be in the case of a Therapeutic Residential Treatment Order for children aged 10 to 15 years old where it is deemed in their best interest to receive treatment outside the home.

Figure 3: The possible steps eventuating in a child entering the OOHC system based on the Victorian system



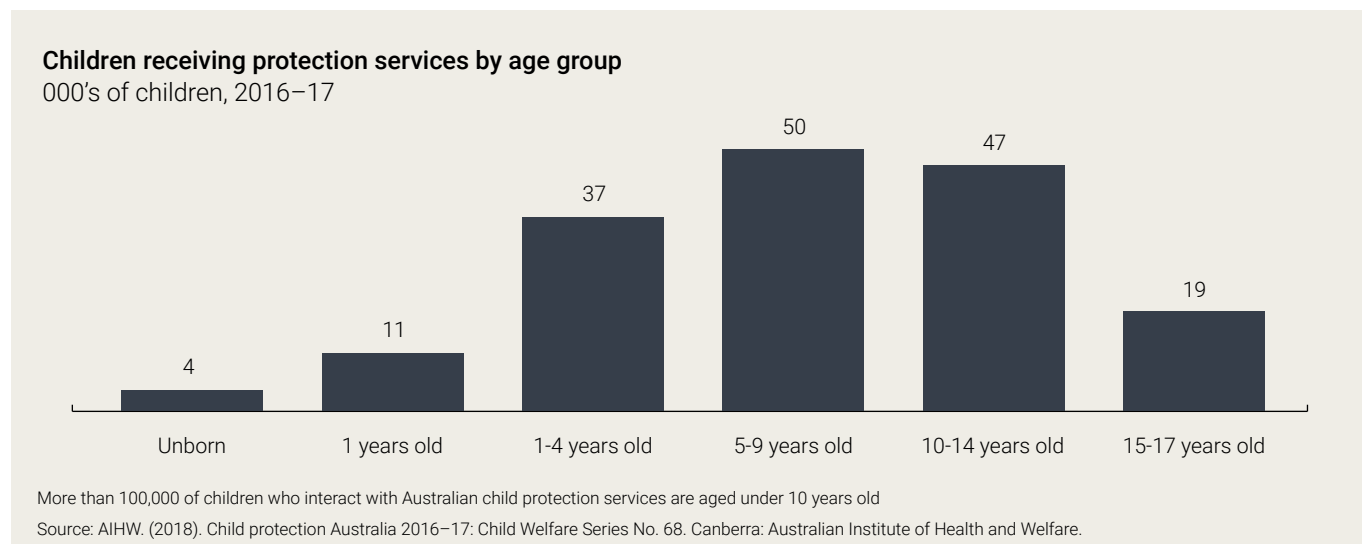
Source: Victorian Department of Health and Human Services. (2019). Child Protection Manual. Melbourne: Victorian Government.

This paper focuses on the educational needs of children in OOHC but acknowledges that there are significant opportunities for early intervention with children and their families identified by the child protection system.

Scale of the challenge

There are more than 168,000 children across Australia receiving child protection services every year, with the majority, 61 percent of total cohort, aged under 10 years.²⁷ This equates to approximately 1 in 32 children in Australia receiving child protection services annually. Of this group, 47,915 children were in out-of-home care at 30 June 2017—a rate of 8.7 per 1,000 children.

Figure 4: The age ranges for children receiving child protection services



NSW and Victoria have the highest number of children in OOHC due to the size of their populations.

However, relative rates of children in OOHC differ across Australia, with some states and territories having higher rates per capita than others – the highest being in the Northern Territory with 16.8 for every 1000 children, and the lowest rate found in WA at 7.1 per 1000.²⁸

Figure 5: Number of children in out-of-home care across Australia

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Number	17,879	10,312	8,941	4,232	3,484	1,205	803	1,059	47,915
Number per 1,000	10.3	7.5	7.8	7.1	9.5	10.7	8.8	16.8	8.7

Source: AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

More than half of children implicated in child protection reach the investigation-only stage (meaning the case is concluded before an order or plan is agreed) with the majority of these investigations triggered by police and schools, and around half leading to a substantiation.²⁹

The likelihood of a substantiation is higher for children living in remote and very remote areas as well as for children from low socioeconomic backgrounds. Children in very remote areas are four times more likely to be subject to a substantiation than those in major cities and one in three children subject to substantiations are of low socioeconomic status.³⁰

27. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

28. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

29. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

30. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

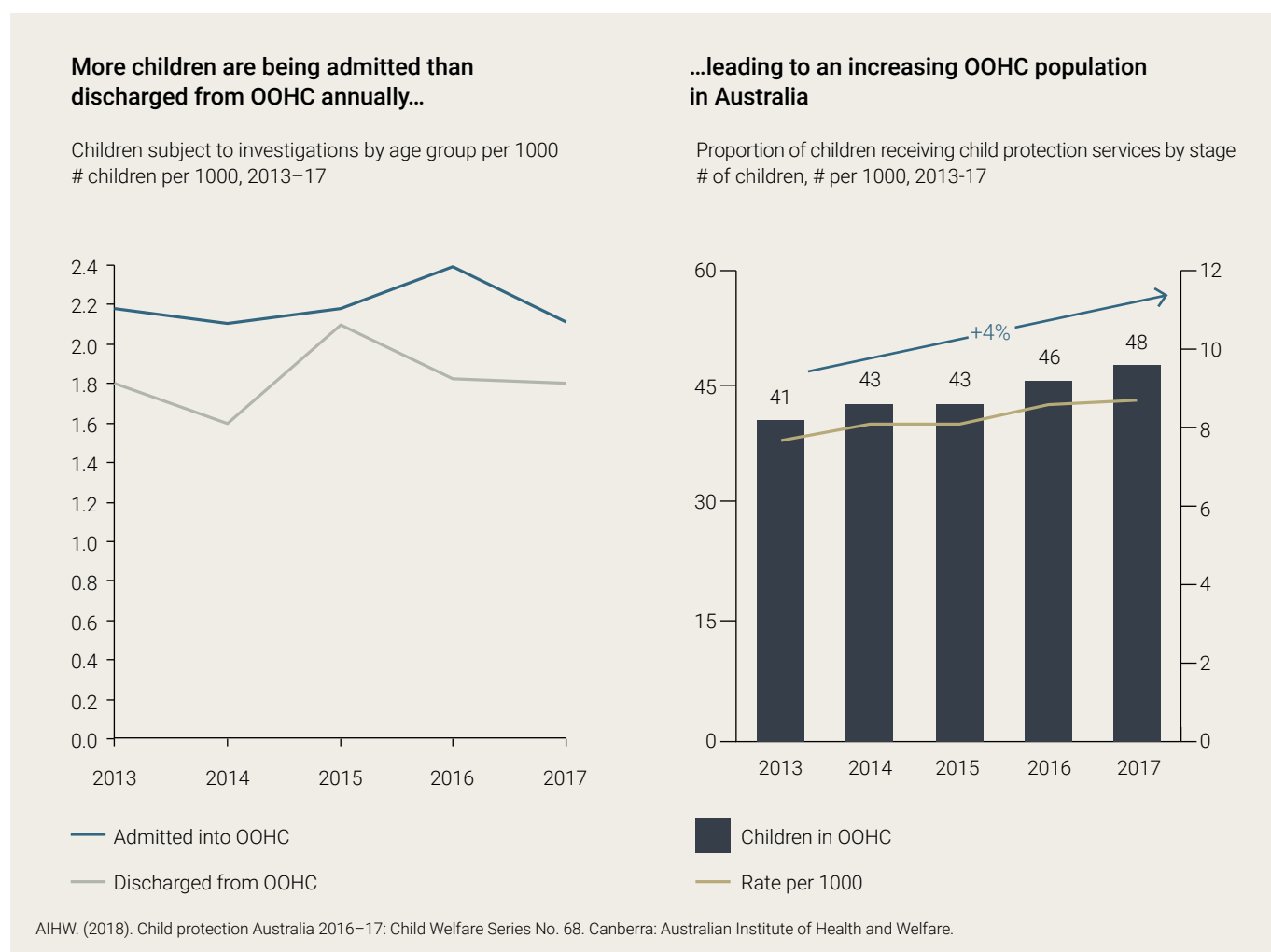
Approximately 80 percent of children in out-of-home care are in care for a year or more.²⁷ Approximately 47 percent of children in OOHC are placed with relatives or kin and 38 percent are placed in foster care, with the remainder placed in third party parental care (under guardianship), residential care or in other home-based care arrangements. About 1 in 20 children in OOHC were living in residential care in 2017.³²

Aboriginal and Torres Strait Islander children are over represented in the OOHC population. Nationally, more than 17,000 Indigenous children are in out-of-home care and Indigenous children are 10 times more likely to be in OOHC than non-Indigenous children.³³ The number of Aboriginal children in OOHC increased 21 per cent from 2012 to 2017, while the number of Aboriginal infants – those under the age of one year – in OOHC increased 17 per cent between 2013 and 2016.³⁴

The national expenditure on child protection services was \$5.2 billion in the 2016–2017 financial year.³⁵

A persistent gap between admission and discharge numbers is leading to an overall increase in the cohort population. This is likely due to a range of factors, including increased public awareness and reporting, legislative changes and inquiries into the child protection processes, better access to services, and potential rises in the rate of child abuse and neglect.³⁶

Figure 6: Rates of admission and discharge from OOHC



31. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

32. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

33. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare. The number and proportion of Aboriginal and Torres Strait Islander children in OOHC varies significantly between states and territories.

34. O'Donnell, M., Taplin, S., Marriott, R., Lima, F., & Stanley, F. J. (2019). Infant removals: The need to address the over-representation of Aboriginal infants and community concerns of another 'stolen generation'. *Child Abuse & Neglect*, 90, 88–98.

35. Australian Institute of Family Studies. (2018, September). The economic costs of child abuse and neglect. Retrieved from: <https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect>

36. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

Many children in OOHC have poor educational outcomes. Nearly one in two children show problems in one or more developmental domains, with more issues emerging as children get older.³⁷ A 2016 'snapshot' study in NSW found one in five children in care were absent from school at a particular point in time (a week in term three in 2016), which is much higher than the general population student absence rate of approximately 7 percent.³⁸

Significant gaps in education outcomes remain between children in OOHC and the general population on national literacy and numeracy testing (NAPLAN) data, with 23 percent fewer children in OOHC meeting aggregate national minimum standards. This performance gap increases as children get older.³⁹ Children in residential care showed a significant gap in their performance – the largest for the OOHC cohort – compared to children not in OOHC situations.⁴⁰

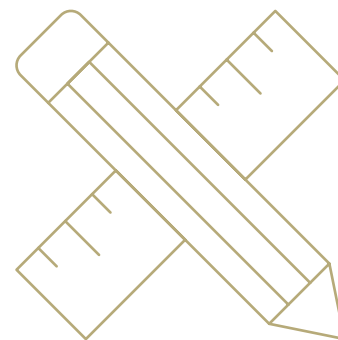
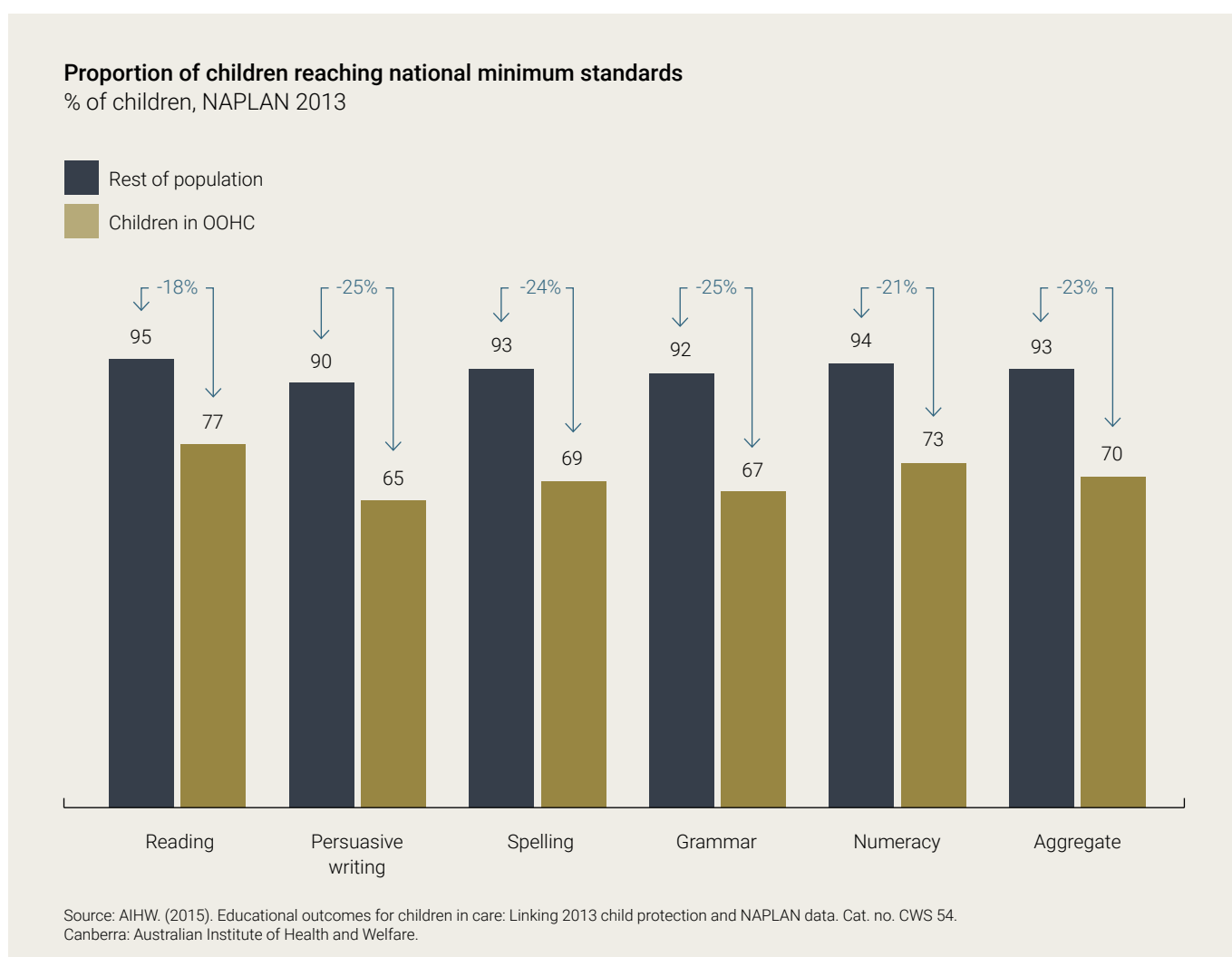


Figure 7: Proportion of children in OOHC meeting national minimum standards in NAPLAN



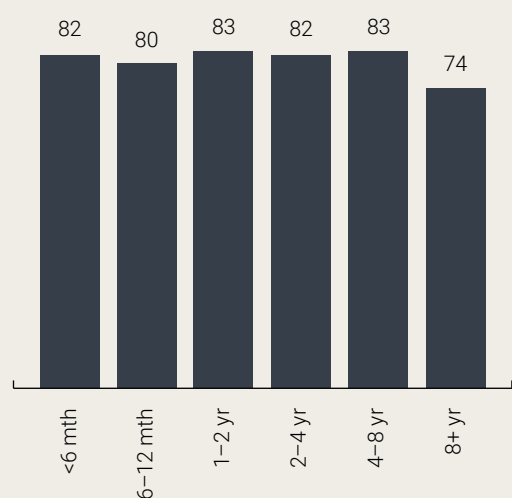
37. Australian Institute of Family Studies, Chapin Hall Centre for Children University of Chicago, NSW Department of Family and Community Services. (2015). Wave 1 Baseline Statistical Report: Summary Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW - Brief. Sydney: NSW Government.
 38. Australian Institute of Family Studies, Chapin Hall Centre for Children University of Chicago, NSW Department of Family and Community Services. (2015). Wave 1 Baseline Statistical Report: Summary Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW - Brief. Sydney: NSW Government.
 39. AIHW. (2015). Educational outcomes for children in care: Linking 2013 child protection and NAPLAN data. Cat. no. CWS 54. Canberra: Australian Institute of Health and Welfare.
 40. AIHW. (2015). Educational outcomes for children in care: Linking 2013 child protection and NAPLAN data. Cat. no. CWS 54. Canberra: Australian Institute of Health and Welfare.

Consistent with international studies, student educational performance shows limited sensitivity to the length of stay in out-of-home care. Low educational outcomes for children in care can be partly explained by pre-care experiences, such as maltreatment and neglect. There is little evidence that being in care is detrimental to educational outcomes, but research shows that children do not appear to benefit academically from being in care. This suggests that educational outcomes do not improve solely by placing children in OOHC and that additional support is required.⁴¹

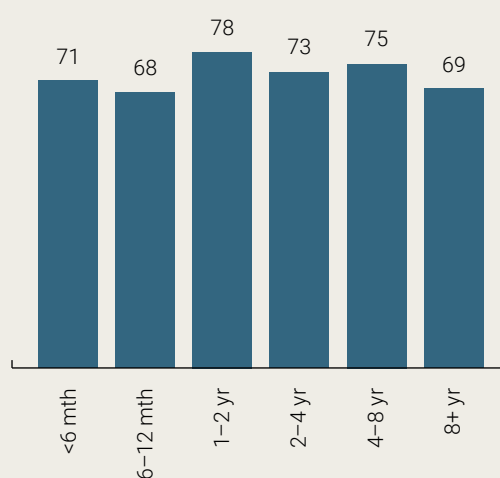
Figure 8: Proportion of children in OOHC meeting national minimum standards in NAPLAN by length of time in OOHC

Proportion of children achieving minimum standards by time in OOHC

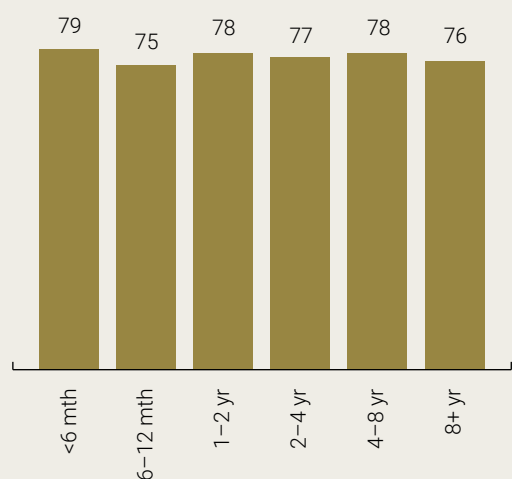
000's of children, at 2016–17 (Year 3)



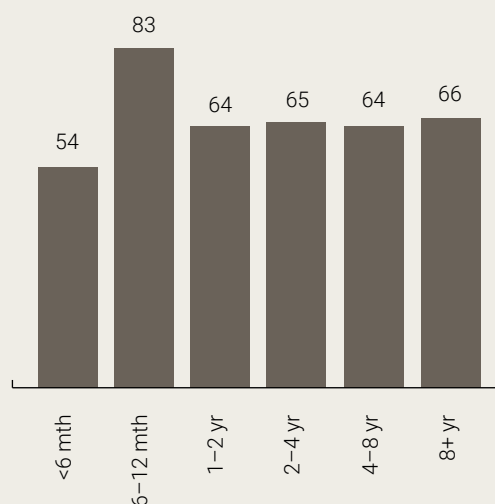
000's of children, at 2016–17 (Year 7)



000's of children, at 2016–17 (Year 5)



000's of children, at 2016–17 (Year 9)



Source: AIHW. (2015). Educational outcomes for children in care: Linking 2013 child protection and NAPLAN data. Cat. no. CWS 54. Canberra: Australian Institute of Health and Welfare.

41. 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. Oxford: University of Oxford.

4. Ecosystem of support

Ecosystem overview

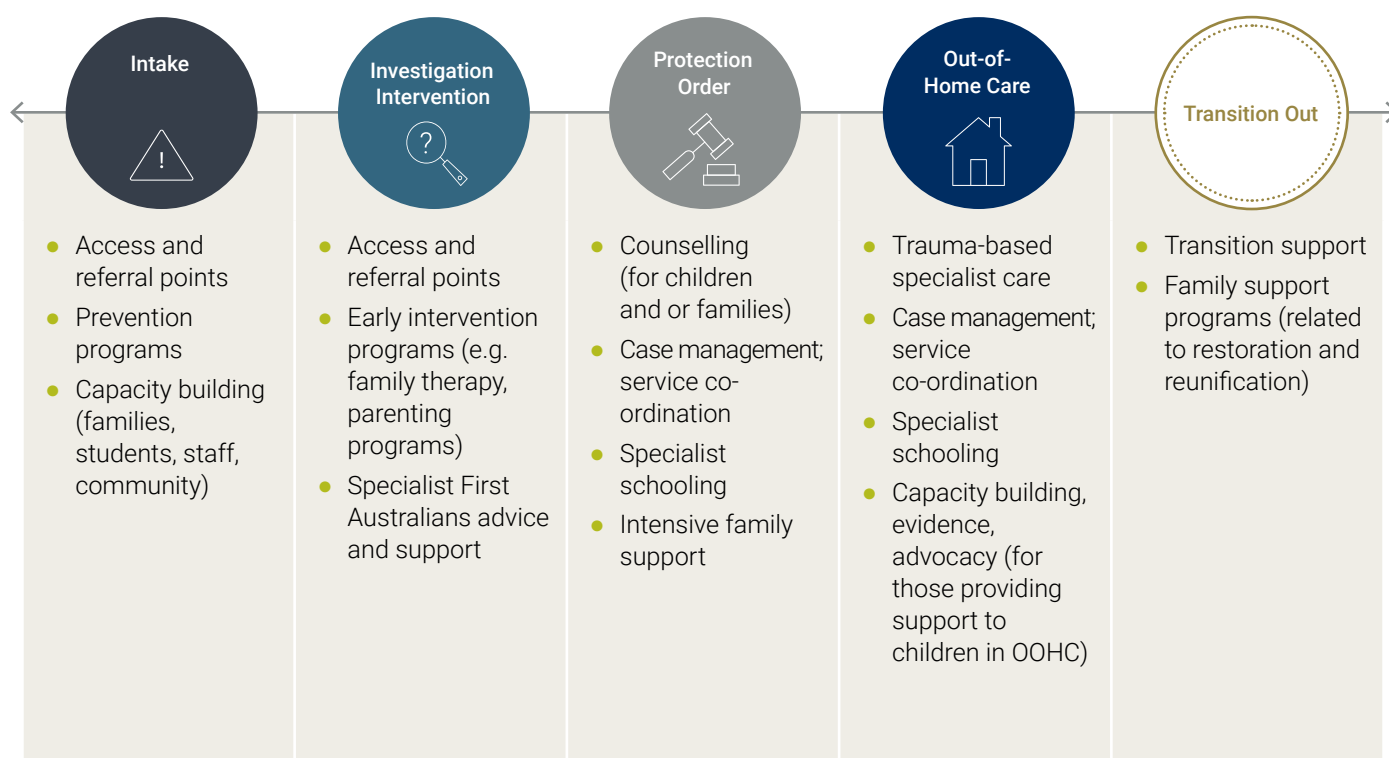
The national child protection ecosystem is complex and has many stakeholders across very different jurisdictional systems around Australia, including but not limited to the following:

- State and Territory Government agencies related to child protection. States and Territories hold primary responsibility for child protection services and are accountable for the safety and wellbeing of children at risk of harm. They set child protection policy, oversee administration of child protection, and are guardians of children in OOHC
- Federal Government agencies related to safety and wellbeing of children guiding national policies, standards, inquiries and budgeting decisions
- Third party service providers are contracted by government to deliver specific services to children and families

- Advocacy organisations and bodies that protect children's rights, advocate for improved wellbeing for children and families, and create and disseminate evidence to help identify and address the challenge
- Schools and school systems are responsible for educational outcomes and wellbeing for children in OOHC that attend educational institutions
- Families and caregivers, including those providing foster care and other living arrangements
- Children currently in living in OOHC.

There are several types of services and support available to children and families during the child protection process. Specific supports depend upon factors such as demographic profile, geographical location, level of involvement with the system and type of OOHC living arrangement.

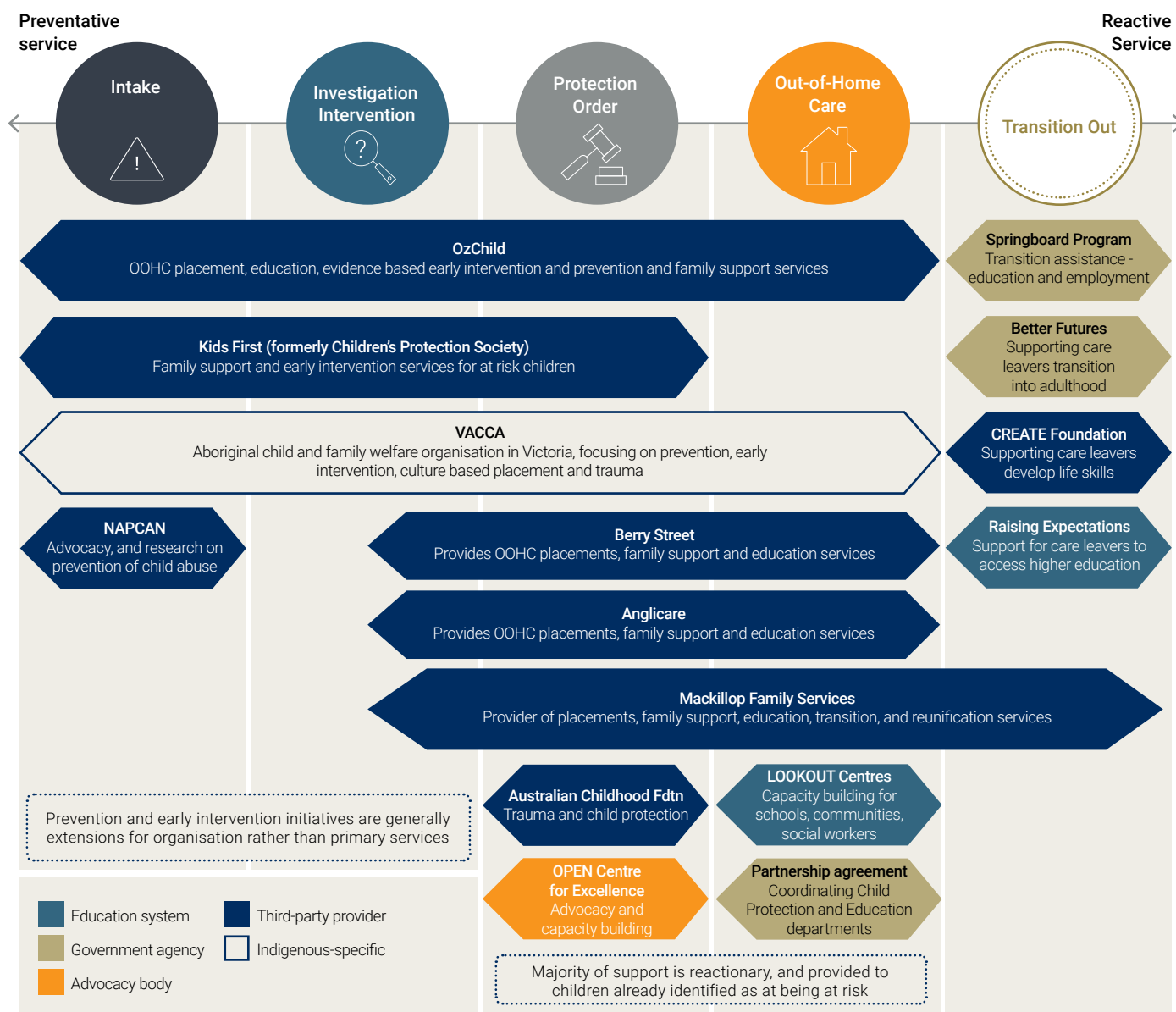
Figure 9: Types of services and support available across the child protection process



There are variations in the legislation, policy, processes and activities of child protection systems in each state and territory. *The Family Matters Report*, published annually, contains a report card that assesses each state's performance in relation to the over-representation of Aboriginal and Torres Strait Islander children in OOHC.⁴² The Aboriginal and Torres Strait Islander Child Placement Principle, for example, is implemented in varying degrees in different states and territories.⁴³

The following diagram contains a simplified example of some of the service providers in the Victorian child protection system and illustrates how most effort is focused on children already identified by the system.

Figure 10: Examples of activities by selected Victorian providers across the stage of the OOHC process



The departments of education in Australian states and territories have policies that govern their support for students in OOHC. These policies usually mandate that children in OOHC have Individual Education Plans.⁴⁴

In Victoria, the Department of Education of Training partners with the Department of Health and Human Services to support the educational needs of children in OOHC. These supports include:

- 'LOOKOUT' Education Centres⁴⁵ to build capability in the OOHC and education systems
- Service level agreements between agencies to support children in early childhood education and care
- The 'Raising Expectations' consortium to support young people in care and care leavers to access higher education
- The 'Springboard' program to assist people leaving care to access education and employment.

42. Burton et. al. (2018). The Family Matters Report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Melbourne: SNAICC.

43. The Aboriginal and Torres Strait Islander Child Placement Principle comprised of five elements and is designed as a framework for holistic, best practice response for families in contact with child protection systems: Burton et. al. (2018). The Family Matters Report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Melbourne: SNAICC.

44. An Individual Education plan describes a set of strategies to address the particular educational needs of a child or young person in out of home care: Victorian Department of Education and Training. (2018, November 26). Individual education plans for students in out-of-home care. Retrieved from: <https://www.education.vic.gov.au/school/teachers/health/Pages/oohcedplans.aspx>.

45. LOOKOUT Education Centres are described in Section 7.

Gaps and issues

In the child protection system

Recent reviews and reports identify the following key gaps and issues in the child protection system.

- *The system is not client centric, with inconsistent and misaligned service delivery across agencies and community services*

Child protection services often fail to prioritise the child's long-term needs and the outcomes required by the child, and struggle to address the complex issues facing children in OOHC. Cumulative harm – the effects of multiple adverse or harmful circumstances and events in a child's life – is often undetected until significant impacts emerge because the system is focussed on child risk rather than the family needs over time.⁴⁷ Services are siloed and lines of accountability for the child are blurred, with schools, protection services and local organisations often lacking the co-ordination necessary to deliver an effective solution.⁴⁸

- *First Australian children in OOHC are not being provided culturally responsive services*

The child protection system often fails to provide culturally competent services to First Australian children and families.⁴⁹ While there is an emphasis on reform and recognition for the need for change, too many children are separated from communities and their culture. First Australian families are under-represented in key decision making for service delivery, and cultural and community preservation factors are not adequately considered when making permanent care decisions.⁵⁰

- *Preventative and early intervention services are behind in capacity and relevance to children and families with complex needs*

Fifty-nine and a half percent or \$3.1 billion of the \$5.2 billion allocated to the child protection budget is directed towards OOHC at the crisis end of the spectrum, rather than for early intervention.⁵¹ Only 17.4 percent of national child protection expenditure is allocated to family support and intensive services. There is significant underfunding of ongoing services for children in out-of-home care and the economic costs of the system that continue to rise year on year beyond population growth, with a 59 percent increase in direct

spending between 2009 and 2017.⁵² Many services available are generic and do not address the specific complex needs nor development of the agency of the family.⁵³

- *Organisations and government agencies may not have the capacity, continuity of staff or specialist capabilities to support children with complex needs*

There is limited capacity and capability in the system for evidence-based, therapeutic, and trauma-informed programs to appropriately address issues within families, especially in relation to the support needed for children with developmental problems and disability. There are workforce challenges of high attrition and poor working conditions that limit capability-building opportunities. Capacity in local communities is not leveraged or empowered.⁵⁴ Carers for children in OOHC often require more training, support and assistance to appropriately influence the outcomes of a child with complex needs.

- *Implementing system-wide reforms is difficult in a sprawling system with a large number of providers and types of providers who have different incentives and drivers*

The child protection system consists of a number of different types of service providers including not-for-profit, for-profit, large, small and specialist providers. There is significant variability in the quality of service delivered by providers, with different incentives and drivers informing the quality and fit-for-purpose of the service provided. In an environment where providers compete to win government contracts, community-controlled organisations and smaller players often struggle against larger, for-profit providers. Reforms are difficult to implement across the board and implementation of the National Framework for Protecting Australia's Children has been limited and slow.⁵⁵

- *Lack of resources and support for family reunification and transition from OOHC*

47. Miller, R., & Bromfield, L. (2012). Cumulative Harm: Best Interests Case Practice Model Specialist Practice Resource. Melbourne: Victorian Government.

48. Tune D. (2016). Independent review of out of home care in New South Wales: Final Report. Sydney: NSW Government.

49. Burton et. al. (2018). The Family Matters Report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Melbourne: SNAICC.

50. Burton et. al. (2018). The Family Matters Report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Melbourne: SNAICC; Hermeston, W., McDougall, J., Burton, J., Smith, F. & Sydenham, E. (2016). Achieving stability for Aboriginal and Torres Strait Islander children in out-of-home care. Melbourne: SNAICC.

51. Irani, F., Lamoin, A., & Lee-Jones, K. (2018). The children's report: Australia's NGO coalition report to the United Nations Committee on the Rights of the Child. Sydney: Australian Child Rights Taskforce.

52. Australian Institute of Family Studies. (2018, September). The economic costs of child abuse and neglect. Retrieved from: <https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect>.

53. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

54. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

55. Irani, F., Lamoin, A., & Lee-Jones, K. (2018). The children's report: Australia's NGO coalition report to the United Nations Committee on the Rights of the Child. Sydney: Australian Child Rights Taskforce.

56. Burton et. al. (2018). The Family Matters Report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Melbourne: SNAICC.

There is a lack of investment in reunification services which results in inadequate support for parents once children are returned to them. There is a lack of publicly available and reliable data on reunification rates and services.⁵⁶ The maximum age for OOHC in a number of Australian states of 18 years old is low compared to other countries (where it is 21), leaving care leavers insufficient time to develop necessary skills to transition to independence.⁵⁷ This is a key point of vulnerability.⁵⁸

- *Frequent placement changes which result in instability and frequent school changes*

Two in three children in care in NSW change placements whilst in care at least once.⁵⁹ National data shows that children in OOHC have three to four placements on average.⁶⁰ Children in out-of-home care are unhappy by repeatedly moving, feeling that it causes disruption to the social and emotional aspects of their lives.⁶¹ This instability can significantly impact on education when placement changes often mean a school change as well.

In educational support

- *Not all children in OOHC have supports as described in state education policies*

There are gaps in the educational supports provided to children in OOHC. Despite being part of most state education policies, there are large variations between schools in their capacity, capability, willingness and perceived value of Individual Education Plans for children in OOHC. One in three children in OOHC in New South Wales may not have an Individual Education Plan.⁶³ There is a lack of integration and collaboration between school, care and health agency staff to support a child's overall education, health and wellbeing, and an overall lack of system-wide data collection and oversight of educational progress of children in OOHC.⁶⁴

- *Not enough educational support available for children in OOHC*

There is limited recognition and funding support for the role that preschools and schools could play in supporting children in OOHC or at-risk of entering OOHC.⁶⁵ Schools could be a source of stability for children in OOHC, if they are residentially placed near their current school. Support services could be made available via the school and more teachers could be trained to provide trauma-informed support and work alongside school-based psychologists

and social workers. With increased absence from school, there are often significant gaps in learning and children need additional educational supports to address these gaps.⁶⁶

- *School staff, carers and child protection practitioners do not have the specialist capabilities to support the complex needs of children in OOHC, including educational needs*

Carers and child protection workers often do not have the specific knowledge and skills to support the educational needs of the child.⁶⁷ Education professionals often do not have the specialist skills required to deal with the complex needs of a child who may have experienced trauma as part of being placed in OOHC. Educators, for example, require skills to deal with both the interpersonal and cognitive impact of trauma, including the specialist expertise to support any developmental problems and learning difficulties.

Many educators do not have the support required to accurately perform their role in relation to mandatory child protection reporting, with over-reporting and under-reporting occurring in different parts of Australia.⁶⁹

- *Poor understanding on the educational issues and the efficacy of educational interventions*

There is limited rigorous and relevant evidence about educational interventions and outcomes for children in OOHC (refer to Section 5 for further information).⁷⁰



57. Victoria has recently extended support for children in OOHC up to the age of 21, with calls for other states and territories to make the same change: Victorian Department of Premier and Cabinet. (2018, September 25). Helping Vulnerable Young People On The Home Stretch Retrieved from: <https://www.premier.vic.gov.au/helping-vulnerable-young-people-on-the-home-stretch/>

58. Deloitte Access Economics. (2016). Raising our children: Guiding young Victorians in care into adulthood. Melbourne: Anglicare Victoria.

59. NSW Family & Community Services. (n.d). Improving the lives of children and young people dashboard. Retrieved from: <https://www.facs.nsw.gov.au/resources/statistics/statistical-report/children-young-people/dashboard>

60. McDowall, J. J. (2013). Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013). Sydney: CREATE Foundation.

61. McDowall, J. J. (2013). Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013). Sydney: CREATE Foundation.

63. ACWA. (2017). Snapshot: Educational engagement of children and young people in out of home care in New South Wales. Sydney: Association of Children's Welfare Agencies

64. Senate Community Affairs Committee Secretariat. (2015). Community Affairs References Committee: Out of home care. Canberra: Commonwealth of Australia.

65. Senate Community Affairs Committee Secretariat. (2015). Community Affairs References Committee: Out of home care. Canberra: Commonwealth of Australia.

66. AIHW. (2018). Child protection Australia 2016–17: Child Welfare Series No. 68. Canberra: Australian Institute of Health and Welfare.

67. Senate Community Affairs Committee Secretariat. (2015). Community Affairs References Committee: Out of home care. Canberra: Commonwealth of Australia.

69. Senate Community Affairs Committee Secretariat. (2015). Community Affairs References Committee: Out of home care. Canberra: Commonwealth of Australia.

70. Centre for Evidence and Implementation, Evidence scan of educational interventions for children in OOHC, Commissioned by Social Ventures Australia, August, 2018

Student experience of the system

A child's vulnerability arises from the multiple experiences of adversity and exposures to harm, and limited access to and use of resources that support them to cope with and recover from this adversity.

The key risk and protective factors that may impact this cohort depend on the child's experience to date, including their level of engagement and support through their education. A student's experience may include:

- past or ongoing trauma
- unstable home environments
- lack of advocate or reliable adult relationships
- movements between several schools
- limited community and cultural connections (especially for Aboriginal and Torres Strait Islander children) and few extra-curricular experiences.

"At first this teacher intervened with me coming into school dirty. He came up and slowly asked me questions, if I was OK. He began to slowly build this rapport where I could trust him enough to say 'hey, this is my circumstance', and in response to that he offered different help to me. But by doing that he actually asked me what I needed."

"My English teacher, we got along from the outset. She had lots of time for me, more than she probably would have had for a lot of students. At lunch time, I'd come in and say hello and check in with her. She provided that and it was really essential for me. It made me feel like I wanted to come to school."

– The voices of children in OOHC supported through the TEACHaR Program

David, L. (2015). Anglicare Victoria TEACHaR Program: Year 2 Evaluation Report. Melbourne: Anglicare Victoria.

A key risk factor for this cohort is the ongoing impact of trauma. By definition, a child in OOHC has had an investigation substantiated for events which are traumatic. The evidence base continues to build regarding the significant impact trauma can have for atypical neurological development and the flow on effects to schooling.⁷¹

Some children in OOHC, although there are experiences of racial discrimination and marginalisation, mention the positive impact of protective factors, including strong school supports, mentors, community networks, and a sense of belonging and resilience. Not all children exposed to adversity and harm experience detrimental consequences. Some children have a positive, adaptive response in the face of significant adversity.⁷² Others who experience repeated instances of harm may have their initial resilience worn down over time and experience the negative impacts associated with cumulative harm.⁷³



71. Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *American Journal of Orthopsychiatry*, 85(1), 3.

72. Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology*, 20(1), 63-83.

73. Miller, R., & Bromfield, L. (2012). Cumulative Harm: Best Interests Case Practice Model Specialist Practice Resource. Melbourne: Victorian Government.



Growing up in foster care, I was surrounded by positivity, until in 2014 when my mother passed away. The next few years were tumultuous, severing my self-worth as I moved from home to home. I began to feel like a failure — my family had fallen apart and being Aboriginal, I was told I was doubly disadvantaged.

But I made it through high school and I had big plans to achieve and push myself beyond my perceived failure. When I graduated in 2016, those plans started to feel impossible. School ended, severing my connection my two main support networks — school and the foster care system. I was farewelling friends off to new jobs, travel, university ... all with support from their families. These questions shook me.

Despite my fears, I have found support in new communities, like the Aboriginal Advisory Committee and my church. I found the confidence to study a Bachelor of Social Work at university. I am learning to see the strength in my culture and my current support networks....I have had great opportunity to use my biggest challenges to help other young people through similar struggles...My difficult life experiences can be an advantage in life, especially studying social work.

Embracing my Aboriginality, I have found a community and a place representing young people on the Aboriginal Advisory Committee. I wouldn't change my story for the world; I've learned from every hurdle. And I can use my story to help others who believe they will never amount to anything because of the circumstances they were born into. Even if you are born into a situation that is hopeless, there is always hope.

— Janaya Hennessey

Hennessey, J. (2018, December 12). Life after foster care: Finding a place in cultural identity and helping others. Retrieved from: <https://www.abc.net.au/heywire/heywire-winner-janaya-hennessey-wollongong-nsw/10512050>

5. Evidence on education interventions

There is limited rigorous and relevant evidence about interventions that strengthen educational and wellbeing outcomes for children and young people in OOHC, and much more research is required to build the evidence base.⁷⁴

Educational interventions with the most positive results involve multiple approaches, elements of additional instruction (particularly for literacy) and natural mentoring. A holistic approach that includes additional tutoring for literacy instruction, and the role of an advocate/mentor are shown as the strongest elements from the current evidence.⁷⁵

Figure 11: Summary of an evidence scan on educational interventions for children in OOHC

Intervention type		Strength of the evidence	Effectiveness of interventions
Behavioural interventions	Multidimensional treatment	●	●
	Other	●	●
Educational support	Distribution of resources	●	●
	Basic skills instruction	●	●
	Additional instruction (i.e. tutoring)	●	●
	Educational planning	●	●
	Higher education support	●	●
Transitional services	Life skills	●	●
	Housing	●	●
Structural changes		●	●
Natural mentoring*		●	●
Other	Overall assistance	●	●
	Residential school	●	●

Note on interpretation:

- "Strength of the evidence" is a measure of the quality of the research methodology – e.g. interventions that have been the subject of a number of rigorous randomised controlled trials (RCTs) in peer-reviewed journals would be labelled "high confidence"
- "Effectiveness of the intervention" indicates whether studies have found an intervention to have a positive, neutral or negative effect on outcomes – e.g. "high confidence" would be used if studies have consistently found statistically significant positive effects on the outcomes measured
- See report for further explanation

Source: Centre for Evidence and Implementation. (2018). Evidence scan of educational interventions for children in OOHC. Melbourne: Social Ventures Australia.

- High confidence
- Medium confidence
- Low confidence

74. Centre for Evidence and Implementation. (2018). Evidence scan of educational interventions for children in OOHC. Melbourne: Social Ventures Australia.

75. Centre for Evidence and Implementation. (2018). Evidence scan of educational interventions for children in OOHC. Melbourne: Social Ventures Australia.

6. Drivers of better educational outcomes

Driver tree

SVA's Education Driver Tree describes the key drivers of better educational outcomes for all children (see Appendix on page 32). These drivers are designed to apply across settings and cohorts of students. The SVA Education Driver Tree for Children in OOHC (outlined on page 7) builds from the general education driver tree to list drivers of educational outcomes that are specific for children in OOHC.

The SVA Education Driver Tree for Children in OOHC includes three groups of drivers:

- **Home and community:** Children in OOHC may experience increased risk factors and the absence of protective factors in their home and community environment caused by living away from their primary home and parents
- **System:** Children in OOHC, and their families, often have complex needs that require them to interact with the systems that provide support services including health, child and family services and education
- **Formal education:** Children in OOHC may have experienced trauma, many home and school transitions and a lack of adult support resulting in gaps in their learning and development, and necessitating formal education to provide additional support.

While the home and community environment and system supports are critical elements to improve educational outcomes for children in OOHC, this paper primarily focuses on examples from formal education.





Home and community drivers

Children in OOHC need:

- Supportive home and community environments that are conducive to their learning, wellbeing and aspirations. As children in OOHC are unable to live with their own families, it is vital that this cohort of children have the material, social and emotional support they need to successfully engage in education.
- A safe and stable home environment that provides good nutrition, quality sleep and appropriate exercise. These factors contribute to overall wellbeing, which is linked to academic achievement.⁷⁶ Positive interactions in the home contribute to positive aspirations while also increasing social capital. Social capital from the home context is more beneficial than that generated by the school.⁷⁷ Opportunities to participate in extra-curricular and community activities can also build social capital and skills related to securing employment.⁷⁸
- The opportunity to form trusting relationships with adults who encourage learning, and balance loving expectations with clear boundaries to support the psychological development of the child.⁷⁹ Children need at least one stable, caring and supportive relationship with a parent, caregiver or other adult.

This is supported by data that shows that educational outcomes are better for children in foster or kinship care, as opposed to alternative arrangements for children in residential care.⁸⁰

These trusting relationships can provide additional stability at moments of increased vulnerability or risk for the child, including transitions between schools or in and out of OOHC placements. Relationships that provide responsiveness, support and protection help children develop key capabilities and prevent developmental disruption. These capabilities include the ability to monitor and regulate behaviour, and adapt to changing circumstances, which enable children to respond to adversity and to thrive.⁸¹ Trusted relationships also provide a foundation for a sense of belonging and expression and growth in cultural identity, an important protective factor, especially for Aboriginal and Torres Strait Islander children.⁸²

Early intervention is key to prevent persistent trauma in unsafe environments,⁸³ and for children entering OOHC, a safe, calm environment that also provides additional support for learning needs (tutoring, homework support) helps the child to engage in education and experience success through progress.

76. Kern, M. L., Waters, L. E., Adler, A., & White, M. A. (2015). A multidimensional approach to measuring well-being in students: Application of the PERMA framework. *The journal of positive psychology*, 10(3), 262-271.

77. Dufur, M. J., Parcel, T. L., & Troutman, K. P. (2013). Does capital at home matter more than capital at school? Social capital effects on academic achievement. *Research in Social Stratification and Mobility*, 31, 1-21.

78. Lareau, A. (2011). *Unequal childhoods: Class, race, and family life*. Univ of California Press

79. ARACY. (2018). *Report Card 2018: The wellbeing of young Australians*. Canberra: Australian Research Alliance for Children and Youth.

80. ACWA. (2017). *Snapshot: Educational engagement of children and young people in out of home care in New South Wales*. Sydney: Association of Children's Welfare Agencies

81. TACSI. (2016). *Generation by generation: Pragmatic approaches to reducing intergenerational cycles of reliance on child protection services*. Adelaide: The Australian Centre for Social Innovation.

82. Victorian Commission for Children and Young People. (2016). *Always Was, Always Will be Koori Children: Systemic Inquiry Into Services Provided to Aboriginal Children and Young People in Out-of-home Care in Victoria*. Melbourne: Victorian Commission for Children and Young People.

83. Kaspiw, R. et al. (2017). *Domestic and family violence and parenting: Mixed method insights into impact and support needs: Key findings and future directions*. Sydney: Australia's National Research Organisation for Women's Safety Limited (ANROWS).

System drivers

As children in OOHC have complex needs, the overall system plays a crucial role in facilitating integrated and consistent service delivery at the nexus of education, health and family services. Successful systems are configured to identify and respond to learning and developmental needs and include the necessary supports to encourage stability in home and school environments. Initiatives such as Springboard, a leaving care service funded by the Victorian Department of Health and Human Services, that provide intensive and multi-dimensional support have shown success in helping youth with complex needs to re-engage in education, training and employment opportunities.⁸⁵

An effective system must provide adequate and integrated services to support the complex needs of children in OOHC, especially mental health services. Successful interventions, including educational responses, recognise the need to respond to the impact of trauma in ways that repair its damage.⁸⁶ An effective system ensures that each child has a trusted advocate that can co-ordinate support for specific learning, health and wellbeing needs.⁸⁷

Investment is a key driver to meet the direct learning support needs of children through needs-based funding and to

increase workforce capability and capacity, including skills to work across sectors.⁸⁸ The system must prioritise funding and resources for prevention and early intervention as 'there is compelling evidence that evidence-based prevention and early intervention can be significantly more effective and more cost effective than remedial responses.'⁸⁹

Systems must acknowledge and support the agency of children and their families in decision-making and provide adequate resources to preserve and reunify families.⁹⁰ Over 30 percent of children in OOHC report that they do not usually get to have a say in what happens to them and only 64 percent of 15 to 17 year-olds reported they were getting as much help as they needed to make decisions about their future.⁹¹ Self-determination is particularly important to address the over-representation of Aboriginal and Torres Strait Islander children in Australia's child protection systems, with international and local evidence indicating that self-determination is essential to making decisions in the best interests of Indigenous children.⁹²

An effective system monitors, shares and improves upon educational and wellbeing outcomes. More systems are using these evidence-informed approaches to increase efficiency and effectiveness.⁹³



85. Baldry, E., Trofimovs, J., Brown, J., Brackertz, N., & Fotheringham, M. (2015). Springboard evaluation report. Sydney: University of New South Wales and Australian Housing and Urban Research Institute.

86. Goldfeld S., et al. (2018). Understanding child disadvantage from a social determinants perspective. *J Epidemiol Community Health*, 72(3), 223-22.

87. Royal Commission into Institutional Responses to Child Sexual Abuse (2017). Final Report. Canberra: Commonwealth of Australia.

88. Gonski, D., Boston, K., Greiner, K., Lawrence, C., Scales, B., & Tannock, P. (2011). Review of funding for schooling: Final report. Canberra: Department of Education, Employment and Workplace Relations.

89. Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth (ARACY).

90. Hermeston, W., McDougall, J., Burton, J., Smith, F. & Sydenham, E. (2016). Achieving stability for Aboriginal and Torres Strait Islander children in out-of-home care. Melbourne: SNAICC.

91. AIHW. (2019). The views of children and young people in out-of-home care: overview of indicator results from the second national survey 2018. Cat. no. CWS 68. Canberra: Australian Institute of Health and Welfare.

92. See for example Victorian Commission for Children and Young People. (2016). Always was, always will be Koori children: Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria. Melbourne: Victorian Commission for Children and Young People.

93. Burns, T., F. Köster and Fuster, M. (2016). Education Governance in Action: Lessons from Case Studies. Paris: OECD Publishing; Broadley, K., & Goddard, C. (2015). A Public Health Approach to Child Protection: Why Data Matter. *Children Australia*, 40(1), 69-77.

Formal education drivers

Quality formal education fosters optimal learning progress and social and emotional development that enables children to become confident and capable citizens. Schools play a critical role in supporting children in care and 'services should make a priority of educational continuity, consistency and appropriateness, with consideration given to optimising the child's educational pathway and encouraging schools to play a pivotal community support role'.⁹⁴

While there is limited evidence on effective educational interventions for children in OOHC (as described in Section 5), there is evidence about effective educational interventions in general that informs education drivers for children in OOHC.

Children in OOHC often face challenges that results in gaps in their learning. Effective instruction and interventions can accelerate the learning of children in OOHC if targeted to their specific needs. Interventions that promote literacy levels such as additional tutoring can support students to achieve and feel successful at school.⁹⁵ Teaching practice that seeks to build social and emotional competencies, respond to trauma and support cultural identity is also important to support the educational needs of children in OOHC. This kind of teaching practice involves understanding what a student is ready to learn, and adapt the teaching in response – including curriculum materials, feedback and additional learning supports.⁹⁶ In some cases, children in OOHC may have specific learning difficulties that require diagnosis and focused teaching strategies.

High-performing schools have effective, accomplished school leaders.⁹⁷ Children in OOHC need leaders that engage with school networks and support services to pool resources, share knowledge and sustain a strong culture of evidence-informed support. When school leaders promote a safe and stable learning environment in classrooms and through school culture, they create conditions for learning that are crucial for students that have experienced trauma.⁹⁸

The provision of additional support for key transitions including between Early Childhood Education and Care (ECEC), school and post school and study, and to/from OOHC is important. Data reveals increased vulnerabilities during transitional between stages of schools and OOHC and other settings, with many children in OOHC requiring additional support. A study of child protection data in Queensland found that school transitions – when children either commence primary school or move from primary to secondary school – are times when children are likely to experience maltreatment.⁹⁹ Research by CREATE found that 35 percent of young people leaving care were homeless in the first year and only 35 percent completed Year 12.¹⁰⁰ There is limited support for care leavers to transition to higher education, but outreach activities and practical guidance around enrolment and financial support can assist to increase higher education participation for care leavers.¹⁰¹

Each child should have an adult advocate in their educational setting who provides support and encouragement for learning. Children in OOHC identify that the support of a caring teacher is essential to them.¹⁰² Proactive and sensitive communication between the school and care givers is also a critical driver of an effective educational experience for a child in OOHC. School staff should be sensitive to the care arrangements of a child, and seek information from carers if there are circumstances that may impact the child's wellbeing.



94. Snow, K. (2009). The case for enhanced educational supports for children in public care: An integrative literature review of the educational pathway of children in care. *Vulnerable children and youth studies*, 4(4), 300-311.

95. Centre for Evidence and Implementation. (2018). Evidence scan of educational interventions for children in OOHC. Melbourne: Social Ventures Australia.

96. Goss, P., Hunter, J., Romanes, D., & Parsonage, H. (2015). Targeted teaching: how better use of data can improve student learning. Melbourne: Grattan Institute.

97. Day, C. et al. (2010). Ten strong claims about successful school leadership. Nottingham: National College for Leadership of Schools and Children's Services.

98. ARACY. (2018). Report Card 2018: The wellbeing of young Australians. Canberra: Australian Research Alliance for Children and Youth.

99. Stewart, A., Livingston, M., & Dennison, S. (2008). Transitions and turning points: Examining the links between child maltreatment and juvenile offending. *Child Abuse & Neglect*, 32(1), 51-66.

100. McDowall, J. J. (2013). Experiencing out-of-home care in Australia: The views of children and young people (CREATE Report Card 2013). Sydney: CREATE Foundation.

101. Harvey, A., Campbell, P., Andrewartha, L., Wilson, J., Goodwin-Burns, P. (2017). Recruiting and supporting care leavers in Australian higher education. Report for the Australian Government Department of Education and Training. Melbourne: La Trobe University Centre for Higher Education Equity and Diversity Research.

102. David, L. (2015). Anglicare Victoria TEACHaR Program: Year 2 Evaluation Report. Melbourne: Anglicare Victoria.

7. Drivers in action

This section provides examples of promising programs and practices that support the educational needs of children on OOHC, and indicates how that activity addresses one or more of the drivers of better educational outcomes.

Home and community drivers in action

Anglicare TEACHaR Program

An SVA Consulting client

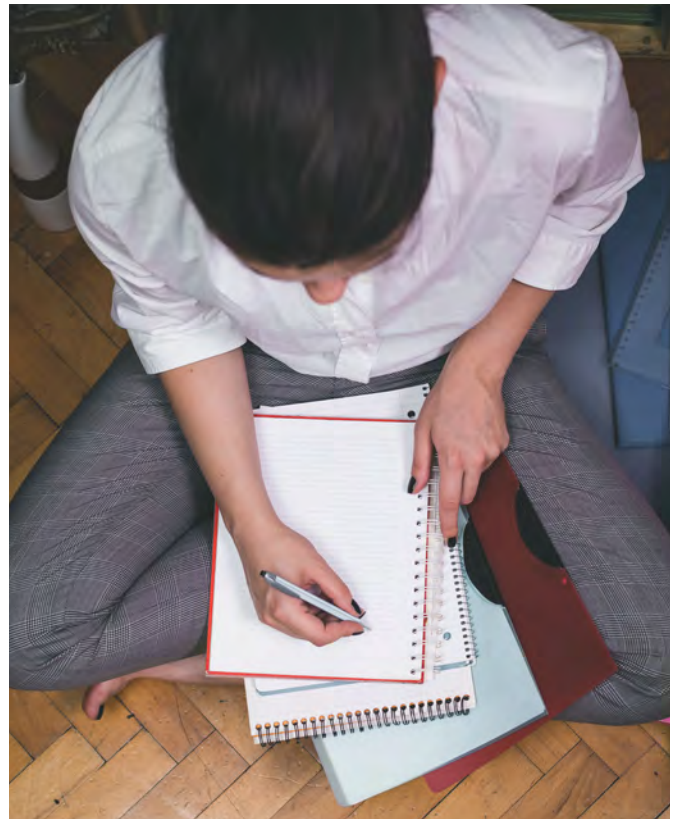
- **Primary driver**
 - Home/Community: Learning needs and interests are supported
- **Secondary driver**
 - Formal education: Student learning is accelerated through effective interventions that meet specific needs

The Transforming Educational Achievement for Children in Home-based and Residential care (TEACHaR) Program is designed and implemented by Anglicare Victoria. It aims to strengthen engagement and attendance, lift literacy and numeracy skills, support school completion and develop a positive mindset towards learning.¹⁰³

The TEACHaR model prioritises direct support to children and young people in OOHC both in their classroom and home environments. Interventions are flexible and holistic including direct personal support (mentoring, transport, informal learning activities) and direct learning supports (1:1 tuition, assessments, peer-based group interventions). It also includes indirect support at school (professional development for school staff, source and fund for extra-curricular activities), advocacy (support transitions into new schools), placement support (carer liaison and support, case manager liaison), brokerage and assistance for students to access Allied Health and other assessments. The model is highly collaborative, working closely with schools, care teams, OOHC settings and other professionals.

TEACHaR has 20 teachers across all Victorian Department of Health and Human Services (DHHS) regions, managed by three Lead Education Specialists and a Program Manager. Staff are usually experienced teachers who have additional qualifications in special education, social work or counselling. Since TEACHaR commenced in 2013, the program has supported over 500 students across 300 schools.

A 2017 report from DHHS concluded that 'the TEACHaR model is an effective intervention that significantly improves school attendance, numeracy and literacy and addresses the psychosocial wellbeing of children and young people living in OOHC'.¹⁰⁴ The TEACHaR program routinely selects a group of students for a comprehensive program evaluation. In 2018, 74 percent of students randomly selected for the evaluation had improved or maintained their school attendance after six months of the TEACHaR program, and the number of students attending school full-time doubled from 26 percent at baseline to 52 percent after six months. Over a third of students improved or maintained their progress in all five outcomes areas of school attendance, numeracy, literacy, attitude to learning and mental health and wellbeing. The Victorian DHHS Centre for Evaluation and Research has endorsed these evaluation findings.¹⁰⁵



103. David, L. (2015). Anglicare Victoria TEACHaR Program: Year 2 Evaluation Report. Anglicare Victoria: Melbourne.

104. Centre for Evaluation & Research at the Department of Health & Human Services. (2018). Social Value Report for the TEACHaR Program Melbourne Northern Division: 2017. Melbourne: Anglicare Victoria.

105. Anglicare Victoria. (2018). TEACHaR: Outcomes that Matter. Melbourne: Anglicare Victoria.



Mimi's House

An SVA-supported venture

- **Primary driver**
 - Home/Community: Learning needs and interests are supported
- **Secondary driver**
 - Home/Community: Access to a trusted adult and opportunity to form supportive family and community relationships

Mimi's House is an early intervention program that supports primary school aged children and their families in the Moreton Bay and North Brisbane regions in Queensland. Partnerships exist with six Queensland public schools in these regions. Targeted at children who struggle to engage in learning due to economic and social disadvantage and or emotional challenges, Mimi's House provides a safe, calm environment and supports social, emotional and physical development. The program operates at a high adult to child ratio (4:10).

Mimi's House is a one-year program where children attend on the same day every week for the duration of the school year to build key life skills. After the year, children have the opportunity to be matched with a mentor, a screened and trained community volunteer. Mentors meet with the child fortnightly to reinforce lessons learnt the previous year and to build strong, positive relationships with a trusted adult.

Families of children attending the program are also offered support and mentoring, and are referred to relevant support agencies where needed.

Mimi's House has reached over 200 children, and helped their families connect with local services. Children taking part in the program show improved ability to pay attention to class, improved attendance and behaviour, including feeling more physically composed and demonstrating increased empathy and ability to self-regulate. Schools also report that children in the program developed skills and confidence to make and sustain strong friendships.¹⁰⁶

106. Social Ventures Australia. (2019). Mimi's House. Retrieved from: <https://www.socialventures.com.au/work/mimis-house/>

System drivers in action

LOOKOUT (Victorian Department for Education and Training)

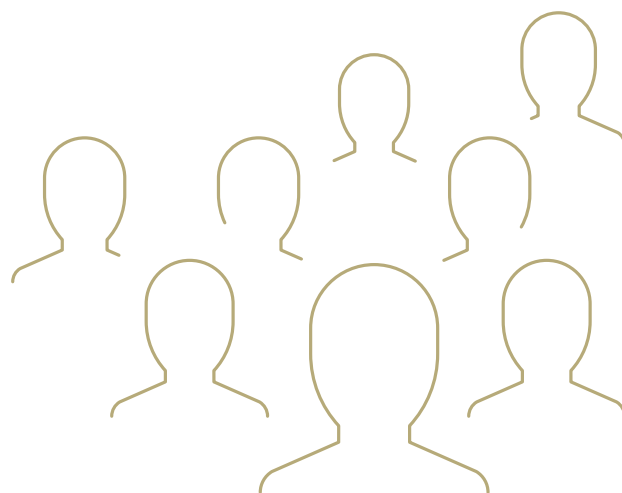
- **Primary driver**
 - System: System provides adequate and integrated health and welfare services including social work/ psychology specialist to address trauma
- **Secondary drivers**
 - Formal education: School leadership engages with school networks and support services to sustain a strong culture of evidence-informed support for children in OOHC
 - Formal education: Each child has an adult advocate that provides support and encouragement for learning

The Victorian Department of Education and Training's LOOKOUT program addresses challenges faced by students in OOHC including poor attendance, disengagement, poor qualifications and lack of foundational skills. It aims to support the 8,500 children and young people in Victoria living in OOHC, 6,400 of whom frequently have changes to living and educational arrangements that, often dramatically, disadvantage their learning.¹⁰⁸

LOOKOUT Education Support Centres provide additional and specialist resources to assist schools, child protection practitioners, case workers, and carers to improve educational outcomes and wellbeing for students in OOHC. LOOKOUT teams are staffed by a principal and a multidisciplinary team of experts in education, cultural awareness, psychology, social work, data analysis, and psychology. LOOKOUT centres are based in each region of Victoria and work with schools via a Designated Teacher as a first point of contact.

LOOKOUT principals will act as the 'pushy parent', challenging enrolment decisions that are not in the best interest of the student and advocate for students in OOHC when it comes to matters of suspension and expulsion. LOOKOUT centres co-operate with various government agencies and community service organisations to support the best-interests of children in OOHC, and LOOKOUT staff will reinforce the importance of education for these children through these collaborations.

Over 1,500 Designated Teachers were trained in 2018 and it is expected that all Victorian public schools and many Independent and Catholic schools will have access to a Designated Teacher and a LOOKOUT centre and team in 2019.¹⁰⁹



108. S Victorian Department of Education and Training. (2017, January). LOOKOUT Centre Handbook. Retrieved from: <https://www.education.vic.gov.au/Documents/school/teachers/health/LOOKOUTHandbook.pdf>;

109. Victorian Department of Education and Training. (2019, April 2). LOOKOUT Education Support Centres Fact Sheet. Retrieved from: <https://www.education.vic.gov.au/Documents/about/educationstate/lookoutedsupportedstatefactsheet.pdf>

Formal education drivers in action

Berry Street Education Model

A collaborator of SVA Impact Investing¹¹⁰

- **Primary driver**
 - Formal education: Teaching practice seeks to build social and emotional competencies, respond to trauma and support cultural identity
- **Secondary drivers**
 - Formal education: School leadership engages with school networks and support services to sustain a strong culture of evidence-informed support for children in OOH
 - Formal education: Classroom and school culture establishes a safe and stable learning environment

The Berry Street Education Model (BSEM) provides schools with training, curriculum and strategies to create a learning culture that supports all children to thrive. It incorporates strategies for instructing the teacher how to teach students wellbeing strategies, and personal development for teachers to be responsive to the rhythms of school and disruption.

BSEM assists teachers to respond proactively to students who may have experienced trauma, using evidence-informed positive education, trauma-informed and wellbeing practices. The model proposes three tiers of learning and growth; repairing the student's regulatory abilities (Tier 1), repairing the student's disrupted attachments (Tier 2), and increasing the young person's psychological resources in order to promote post-traumatic growth (Tier 3).¹¹¹

BSEM is delivered as a two-year professional development journey for schools, which requires a significant investment of resources. It includes structured professional development, consultation, mentoring and peer collaboration for school leaders and teachers. In 2016, nearly 5,000 Australian school teachers from more than 500 schools undertook training in BSEM.

An external evaluation of the implementation of BSEM in two pilot schools found positive impacts on students' literacy and numeracy attainment, significant decreases in suspension data, overall improvements to wellbeing data and positive impacts reported by staff¹¹²

Mackillop Specialist Schools

An SVA Consulting client

- **Primary driver**
 - Formal education: Classroom and school culture establishes a safe and stable learning environment
- **Secondary driver**
 - Formal education: Additional support for key transitions

Mackillop Specialist Schools provide an individualised education program for young people who are disengaged, or at risk of disengaging, from learning. The majority of students enrolled have experienced significant adversity or trauma. The schools are part of MacKillop Family Services, an organisation that provides residential care, foster care, family support, education and training and disability services in New South Wales, Western Australia and Victoria.

Mackillop's two specialist schools are located in Victoria, with the Geelong school available to students aged 5–18 years (Foundation-VCAL) and the Maidstone School (in Melbourne's Inner West) available to students aged 5–12 years (Foundation-Year 6). The schools aim to support students to transition back to mainstream education or, for the senior students, to support ongoing engagement in education or employment.

Students who attend the school have complex and diverse needs and require extensive adjustments to access learning. Students are referred to the specialist schools by their host school, the Department of Health and Human Services (DHHS), the Department of Education and Training (DET) or a mental health service, and there is significant demand for enrolment at the schools.

Mackillop Specialist Schools provide a trauma-informed setting by drawing on the Sanctuary Model and by a commitment to Rethinking Learning and Teaching Environments (RELATE). Mackillop's RELATE Model supports the creation of a whole school culture that promotes safety and wellbeing for students, families and staff. Shared values, shared knowledge of trauma theory, a common language and framework for decision-making and shared practice work together to ensure that all those who are part of this community are able to flourish and learning outcomes for all students (academic, social and emotional) are enhanced.¹¹³

110. SVA is collaborating with the consortia led by Berry Street Victoria and the Victorian Aboriginal Child Care Agency (VACCA) as part of the Joint Development Phase (JDP) of the Victorian Government's Partnerships Addressing Disadvantage (PADs) initiative.

111. Stokes, H., & Turnbull, M. (2016). Evaluation of the Berry Street Education Model: Trauma informed positive education enacted in mainstream schools. Melbourne: Youth Research Centre, Melbourne Graduate School of Education, the University of Melbourne.

112. Stokes, H., & Turnbull, M. (2016). Evaluation of the Berry Street Education Model: Trauma informed positive education enacted in mainstream schools. Melbourne: Youth Research Centre, Melbourne Graduate School of Education, the University of Melbourne.

113. MacKillop Family Services. (n.d.). ReLATE: Rethinking Learning and Teaching Environments. Retrieved from: <https://www.mackillop.org.au/programs/relate-model>.



8. Conclusion and next steps

This paper provides a perspective on the educational and wellbeing needs of children in OOHC and identifies the key drivers to improve educational outcomes for this cohort of children.

Children in OOHC face a number of challenges in their home, community and formal education environments. Evidence from a number of inquiries and reports show that the child protection system is reactionary and that the needs of particular cohorts of children involved in the system, including Aboriginal and Torres Strait Islander children, are not being met.¹¹⁴

There are some key drivers and promising practices, but more investment, evidence and a child-centred, holistic approach is needed to better support the education of children in OOHC. It will take multiple approaches to better support the needs of this group of children. We hope that this paper contributes to a deeper understanding of this

cohort's needs and a recognition of the additional supports they require to address trauma, gaps in learning and other challenges that prevent children in OOHC from realising their potential through formal education and beyond.

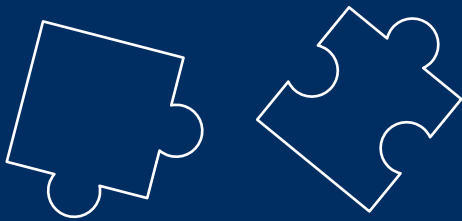
We invite readers to interpret and apply the drivers of better educational outcomes identified in this paper to their own work, and continue the conversation with us about the interventions that work to support the needs of this group of children. We will use the learnings in this paper to inform SVA's work with partners in this area.

We welcome feedback and reflections on this paper; both on how you have used it and what more or different content could be added, especially in relation to activity in other Australian states and territories. We will capture this feedback in future versions of this paper.

Thank you

The development of this paper was funded through a grant from the Paul Ramsay Foundation.

SVA also thanks the researchers and educators who provided input, and the organisations that shared stories on the drivers in action.



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Photo credentials

Page 18: *UnitingCare Queensland*

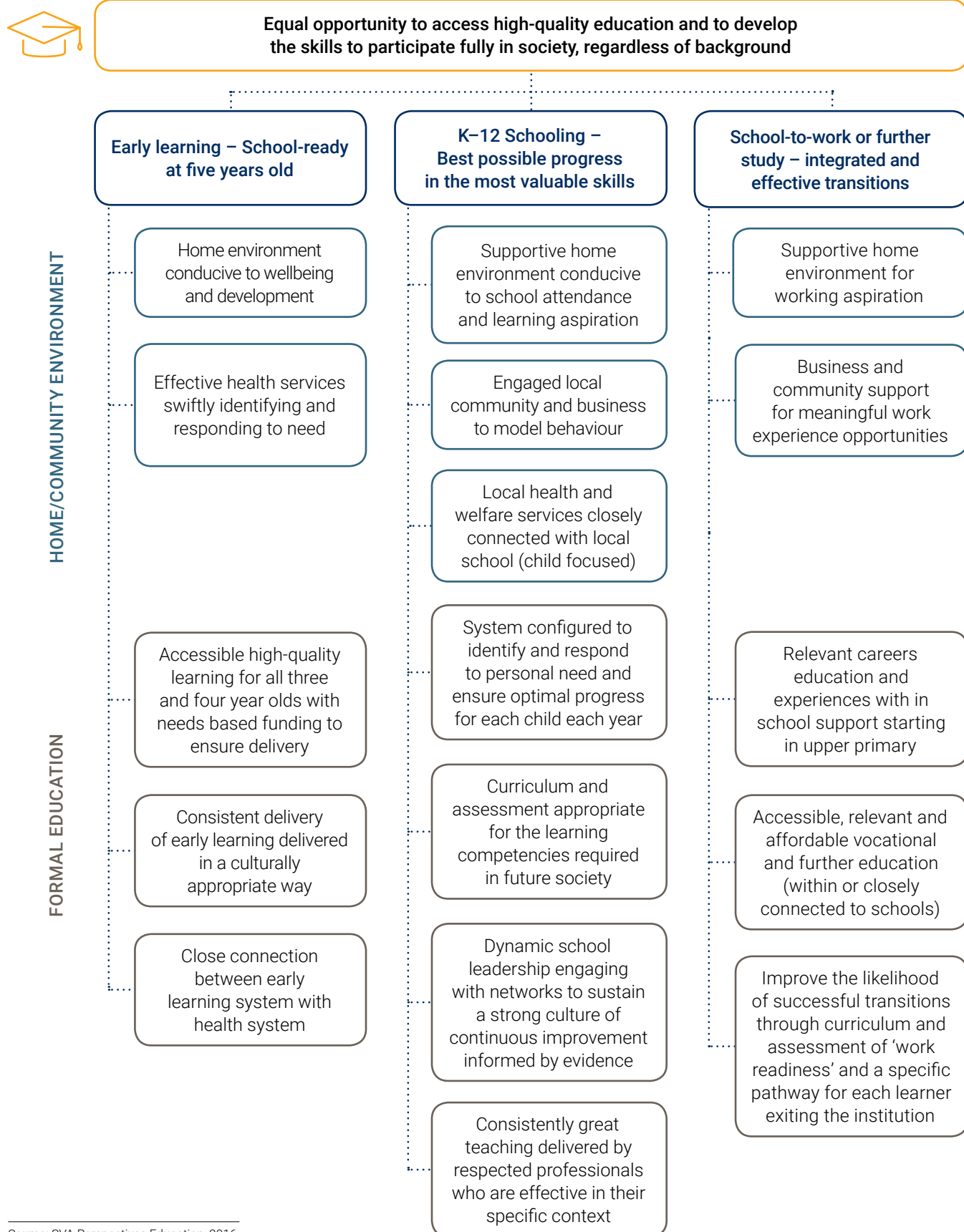
Page 27: *Mimi's House*

All other photos are stock photos.

114. See for example Burton et. al. (2018). The Family Matters Report 2018: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia. Melbourne: SNAICC and Tune D. (2016). Independent review of out of home care in New South Wales: Final Report. Sydney: NSW Government.

Appendix

Figure 12: SVA Education Driver Tree



Source: SVA Perspectives Education, 2016

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