



Leaving care: Looking ahead and aiming higher

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ABSTRACT

People who have been in out-of-home care as children are at high risk of social exclusion as adults. Longitudinal research suggests that this is closely linked to their low level of educational attainment. Yet in the past the education of children in care has attracted little research interest. In particular, almost nothing is known about the education of these young people beyond the stage of compulsory schooling. This paper draws on evidence from a European Union funded project, Young People in Public Care: Pathways to Education in Europe (YiPPEE) which aimed to find out how more care leavers could be encouraged to stay in school longer and enabled to access further and higher education. The research was carried out over three years by a consortium of five countries: England, Denmark, Sweden, Spain and Hungary. Four principal methods were used: a state-of-the-art literature and policy review, secondary analysis of published and unpublished statistics, surveys of responsible public bodies in social care and education, including interviews with professionals and managers, and biographical narrative interviews with a sample of 170 young people aged 18–24. Individual country studies were consolidated at each stage into comparative reports.¹

Principal results: In all the five European countries studied, remaining in formal education at least to age 18 or 19 has become the norm. However, this is not true for children in care and the gap in attainment is widening. Despite major differences in care and education systems between the five countries, the experiences of young people in transition from care to independence were found to be remarkably similar. Almost all had experienced many disruptions in their earlier education, both in their birth families and often also after entering care. Beyond 16 the picture was one of cumulative delay, with few young people able to follow the conventional pathway through school to college or university. Professionals identified as a major structural problem the historical split between care and education. Low expectations and lack of interest in education by social workers and carers, limited horizons and inadequate financial and personal support were the other main obstacles. Facilitating factors for educational achievement were strong personal motivation, having a close supportive adult, stability in care and school placements, satisfactory accommodation and financial help.

Conclusions: If children and youth in out-of-home care are to enjoy equal opportunities with their peers a much stronger focus is needed in all countries on their formal and informal education throughout their time in care and beyond. With low level educational qualifications or none, they are severely disadvantaged in the labour market, especially at a time of high youth unemployment. In addition, their lack of family support and weak social networks put them at great risk of social exclusion in adulthood. Targeted measures to promote social mobility via participation in higher levels of education should be an explicit aim of welfare authorities.

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1. Introduction

1.1. Social exclusion of care leavers

People who have been in out-of-home care as children are one of the groups in society at highest risk of social exclusion as adults. They are greatly over-represented on every measure of social pathology and disadvantage, such as unemployment, ill-health, premature

parenthood, addictions and criminality (Mittler & Jackson, 2002; Simon & Owen, 2006). We know that the best guarantee of social inclusion is education. The history of immigrant communities in the 20th century tells us that those who invest their energies and resources in the education of their children are the ones who have done best in their adopted countries (Winder, 2004). In many ways children in care are in a similar position to immigrants. They too have been uprooted, and placed in an unfamiliar and not always welcoming environment. Yet in the past policy-makers, service managers, social workers and carers, who in the UK are often referred to as their 'corporate parents', have taken very little interest in their education (Jackson, 2010). This is also true of academic research. Literature reviews in the United States and Canada all comment on the

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¹ All reports can be accessed on the project website: <http://tcrui.ioe.ac.uk/yippee>.

paucity of research in this area, in common with those in the UK and Europe (Borland, Pearson, Hill, Tisdall, & Bloomfield, 1998; Brodie, 2009; Goddard, 2000; Hojer, Johannsson, Hill, Cameron, & Jackson, 2008; Jackson, 2007; Jackson & Sachdev, 2001; Trout, Hagaman, Casey, Reid, & Epstein, 2008; Vinnerljung, Öman, & Gunnarsson, 2005).

1.2. Rising educational expectations

Educational standards are constantly rising so that the gap in attainment between children in care and others is widening. Basic education is no longer enough. In most countries of Europe the official school leaving age is still 16 but in practice almost all young people remain in full time education until 18 or 19 (European Commission, 2009). At a time of rapidly increasing youth unemployment, those who leave at 16 with low level educational qualifications or none find it harder and harder to get jobs. The official aim of the European Union is that 40% of the population of member states should be educated to Bachelor degree level. Going to university has become part of the normative life path for middle class children everywhere, and increasingly is a realistic aspiration even for young people from relatively low income families with no previous experience of tertiary education (Ball, 2003, 2005). Family background and lack of 'cultural capital' are still critical factors for all children but no longer insurmountable barriers for those who want to go to college or university (Finnie, 2011).

The situation for young people in public care is very different. An official UK government estimate in 2003 was that among those in or leaving care aged 19, no more than one in a hundred had succeeded in accessing higher education (Social Exclusion Unit, 2003). There is only one European study to date focusing on university students with a background in care. This points out that the great majority of those in care never even reach the point where they could think of applying to university (Jackson, Ajayi, & Quigley, 2003). They have no chance to enter for the upper secondary examinations, usually taken at age 18 because social workers and carers assume that they will leave school, and often care too, as soon as it is legally permitted at 16. That was the original impetus for the study which is the subject of this paper. The question we wanted to address was: how can we encourage and support young people in care to stay in education when it is no longer compulsory? How can we help them to develop a strong learning identity and to continue to the highest level of which they are capable?

1.3. The YIPPEE project

The opportunity arose to apply for funding under the European Union Framework 7 program on Youth and Social Inclusion. We looked for partners among other European countries representing different types of welfare regime (Esping-Andersen, 1990) which would in turn, according to our hypothesis, influence their social care and education systems. All those we approached agreed to participate in the study. Denmark and Sweden are social democratic countries, although they differ quite markedly from each other in some respects. Spain and Hungary could both be seen as in transition, Spain from its previous conservative-familial regime towards a more egalitarian model (Casas, Montserrat, & Malo, 2010), Hungary from Communism to capitalism with a reduced role for the state (Kennett, 2007). England is classified as neo-liberal although with some social democratic elements. During the final year of the project, and following the election of a Conservative-led coalition government in May, 2010, England, although not other parts of the UK, moved further in a neo-liberal direction.

The five country research teams, coordinated from England, worked closely together throughout the project, meeting in each country in turn as well as in Brussels to plan data collection and

analysis and to share and interpret findings. In accordance with EU practice, the project was given an acronym, YIPPEE, which stands for Young People in Public Care: Pathways to Education in Europe.

1.4. Aims of the project

The overall aim of the project was to identify the reasons for the educational under-performance of young men and women who have been in care and find ways to increase their successful participation in post-compulsory education. This fitted well with the EU agenda and the framework for cooperation in the youth field towards reducing youth unemployment and enabling all young men and women to make the best of their potential.

More specific objectives were:

- i) To find out what was already known about the education of children and youth in and leaving public care in the different partner states.
- ii) To establish a baseline of reliable statistical data to enable cross-country comparison and assessment of progress.
- iii) To compare education and care systems in the five countries to find out to what extent they facilitated or presented obstacles to participation and progression of young people with a care background.
- iv) To track the educational pathways of a sample of young men and women in public care after the end of compulsory schooling.

A multi-professional group of experts on foster care meeting in California to discuss ways of reducing the gap in attainment between children in care and others commented that they knew of no research that examined factors that contribute to resilience and high performance in school for children and youth in care (Berliner, 2010), although there are quite a few studies which discuss reasons for their poor performance (Berridge, 2007; Heath, Colton, & Jackson, 1994). We agree, as we show later, that there is a serious dearth of research on factors leading to school attainment for children in care, with only one series of studies in the UK focusing on more successful young people (Jackson & Ajayi, 2007; Jackson, Ajayi, & Quigley, 2005; Jackson & Martin, 1998; Jackson et al., 2003). The YIPPEE research aims to contribute to the evidence on this neglected subject.

2. Methodology

2.1. Research plan

The research fell into four phases, with parallel studies in each country. The findings were written up as individual country reports which were later combined to produce consolidated comparative reports on each stage of the project.² The first stage, after setting up the project, was a state-of-the-art literature review to find out what was already known. This was followed by secondary analysis of published and unpublished statistics comparing the attainment and participation of children in care with all young people of the same age in that country. The third phase consisted of case studies of selected local areas and interviews with social service managers and education professionals. The fourth stage consisted of in-depth face-to-face interviews with a sample of youth formerly in care in each country. Although this plan provided the methodological structure throughout the project, the different stages of the research could not be carried out in exactly the same sequence or time frame for pragmatic reasons. Differences in education and social service systems in the different countries also necessitated some modifications to the research methods as explained below.

² All reports are available to read and download from the website: <http://tcru.ioe.ac.uk/yippee> where full details of research methods in each country are given.

2.2. Availability of statistical data

Adjustments had to be made to this aspect of the project when it was found that England was the only country where national statistics combining care and education data were routinely collected and published (Hauari, Hollingworth, Glenn, Cameron, & Jackson, 2010). Eventually, much later in the life of the project than originally intended, it was possible to purchase access to relevant databases in Sweden and Denmark but not in Spain or Hungary, so that the report on this phase only covers three of the five countries (Cameron, Hollingworth, & Jackson, 2010).

2.3. Local area studies

In each country between two and five areas or local authority districts were chosen for special study. These were selected to represent different conditions which might affect the opportunities and experiences of looked after children: large urban authorities and small rural ones, industrial or agricultural areas, disadvantaged and more prosperous places. These area profiles enabled us to explore the local educational environment for children and young people in the general population as well as more specifically for those in care.

2.4. Interviews with professionals and carers

The object of these interviews was twofold. The first was to gather information on local educational provision and to explore the policies and attitudes of those with managerial responsibility for child protection, child welfare services and education. We also sought their views on the factors which made it more likely that young people in care would continue into upper secondary and tertiary education and the obstacles that might stand in their way. The second objective was to use these contacts in recruiting the in-depth research sample. The number of these interviews varied between countries, and in Sweden it was possible to increase the numbers substantially by adding research questions to the telephone interview schedule of a study already in progress, as shown in Table 1.

2.5. Selection of participants for the in-depth sample

The core element of the research consisted of biographical studies of individual young people and detailed examination of their pathways through education, especially after the end of compulsory schooling. However contacting suitable research participants and gaining their informed consent was by no means an easy task and the resulting samples cannot be considered strictly comparable due to the varying methods of recruitment.

The criteria for inclusion in the in-depth interview sample were the same in every country, namely for the young person to be aged 19–21, to have been in care at age 16 and to have spent at least a year in public care. The fourth criterion for selection, was to have shown some indication of 'educational promise' at the age of 16. This was set at having gained at least one qualification at that age or showing a commitment to progress into some kind of upper

secondary education. We wanted to find out if those who, if not in care, could reasonably have been expected to continue their education, did in fact do so.

For practical reasons, the means of identifying young people for the case studies differed considerably between countries and was much harder in some, notably England, where the problems of engaging looked after young people in research are well documented (Wigfall & Cameron, 2006). The general procedure was similar in all countries. A population of young people in or formerly in care was located by various methods, initially through agency records and supplemented through nominations supplied by some of the key professionals referred to above (Section 2.1). Those who agreed to participate were interviewed by telephone. The in-depth case study participants were drawn from these screening interviews (Jackson & Cameron, 2011).

The study design sought to include 35 young people from each country, purposively selected to reflect a range of identities in terms of class, gender, ethnicity and immigrant or asylum-seeking status. It proved much easier to identify potential interviewees in Hungary and Spain than in the other countries. Those invited to participate in Hungary and Spain were also more likely to agree. By contrast, in Sweden, of 547 young people originally contacted, only 53 responded positively and 33 met the criteria for inclusion in the study.

The intention was to interview 35 young people in each of the five YIPPEE countries and this was almost achieved, amounting to 170 individual case studies in total. This is much the largest study undertaken to date of the education of young people with a care background in Europe. It is also the only one focusing on their progression from compulsory schooling to further and higher education. The age range of the final sample was 18–24, with most participants aged between 19 and 21 at first interview.

Two rounds of interviews were conducted, approximately a year apart. The first took the form of an informant-led life story interview in three sections: present, past and future. Specified topics were covered through prompts by the interviewer if they did not come up spontaneously. These were: family, housing, school/education, employment, caring responsibilities, relations with carers and post-care services, health, leisure activities and contact with official agencies, for example courts or immigration authorities. Interviewees were also asked where they saw themselves in one year and in five years time. The second interview was much more structured, designed to find out how far the young person's plans had been realized and how they hoped their life would unfold in the future. All interviews were recorded and transcribed for analysis using the N*Vivo qualitative software package.

At the first interview all respondents were asked to nominate an adult who had been important in supporting their educational progress. These nominated adults were later interviewed, either face-to-face or by telephone. They played a variety of roles in the young people's lives. Some were foster carers, others were teachers, pedagogues (in the European sense) or social educators (residential care workers). A few respondents named birth parents. There were 59 young people who could not think of a single person who had encouraged or supported them in their studies. Altogether 930 interviews were carried out in the five countries, as shown in Table 1.

2.6. Limitations of research methods

It cannot be claimed that the young people interviewed for the in-depth case studies constituted a representative sample because, as noted above, research participants had to be recruited using a variety of methods and in all countries we were dependent on the goodwill and cooperation of practitioners. One of the principal differences was in the proportion of the sample whose main placement was in foster family care (England and Sweden) compared with those who were mainly looked after in residential homes (Spain and Hungary),

Table 1
Interviews conducted in each country.

	Denmark	England	Hungary	Spain	Sweden	Total
Managers/professionals	5	9	4	13	8	39
Telephone screening interviews	75	74	133	132	53	467
YP intensive sample first round	35	32	35	35	33	170
YP second round	29	27	33	28	26	143
Nominated adults	14	18	34	20	25	111
Total	158	160	239	228	145	930

as shown in Table 2. About half of the Danish sample had also been mainly in residential care and some had attended boarding schools, a form of placement not found in the other national samples. These placement patterns were broadly similar to the distribution of placements in the care populations of their respective countries.

Post-care living arrangements also differed between countries. In Spain and Hungary a high proportion of young people at the time of interview were living in extended residential provision, where they can stay up to the age of 25 if they are in full-time education. In Denmark and Sweden they were likely to be living independently, either alone or with partners, and in England it was more usual for them to have their own tenancies in social housing. One notably underrepresented group in our research sample were those who had been in kinship care. This is the most common form of out-of-home placement in Spain, reflecting the cultural expectation that families will look after their own. The different traditions of placement in the five countries are further discussed in Section 3.5.

The achieved sample of 170 young men and women did reasonably reflect the characteristics of the long-term care populations in all countries, with the exception that there were more females, than males, especially in Sweden. The gender imbalance was partly accounted for by the inclusion criterion that the young person must have shown some 'educational promise' at age 16, and in all countries girls perform better than boys in the general population as well as among those in care.

3. Results

3.1. The invisibility of young people in care

The most important finding from the early part of the study was how little is known about longer term outcomes for children in care and an almost complete absence of information on their educational careers. The literature review carried out by the Swedish team (Hojer et al., 2008) found few items focusing on education or academic learning for this group, despite the very extensive literature on children and young people in out-of-home care. In no country other than England have they been identified as a group at particularly high risk of social exclusion due to low educational attainment, although this has been recognised by individual researchers in the United States and Canada (Flynn, Dudding, & Barber, 1998; Trout et al., 2008) and in Australia (Cashmore, Paxman, & Townsend, 2007).

Because these young people make up such a small proportion of the school population they are rarely identified as needing special or enhanced provision. Yet there is clear evidence that without targeted additional support they are likely to fall far behind their peers in the non-care population. Even in England, the only YIPPEE country which routinely publishes statistics on educational attainment, no detailed information is available on their post-compulsory education (Cameron et al., 2010). The result of this invisibility is that only in the UK has their under-achievement been recognised as a significant policy issue.

Table 2
Proportion of age group in care and in different types of placement.

	% in care	% in foster care	% in residential care
Denmark	1.3	47	41 (12) ^a
Hungary	0.8	50	50
Spain	0.6	48	52
Sweden	1.0	75	25
UK	0.5	73	14

^a 12% other forms of care including boarding school.

3.2. How well are they doing?

In all the countries studied those in care do much less well than other children, even compared with those from very disadvantaged backgrounds. At age 16, the differences between those in care and those not in care were least marked in Denmark and Sweden, where 70% and 87% respectively completed secondary education in 2006, compared to virtually all of young people in that age cohort (Cameron et al., 2010). In England, in the same year, only 12% of young people in care gained sufficient qualifications to progress to the next stage of education (ibid.), compared to 58% of the age cohort. From the end of compulsory education onwards, cumulative delay in educational attainment becomes a highly significant factor. In Spain, two thirds of those interviewed and on courses were delayed in acquiring qualifications against the normative expectations for their age (Casas et al., 2010). The risk is that they will become discouraged and give up the struggle, as did many of the able young people in our in-depth research sample.

3.3. Family background

Because the first interview took the form of a chronological narrative of their lives, we learnt a great deal about the birth families of those interviewed. The most striking finding was how similar they were across the five countries. In almost all cases the parents were separated or divorced, or had never lived together. Before coming into care, most of the research participants had lived with a single mother, a mother and step-father or a mother with a succession of male partners. One or both parents usually suffered from a mental disorder or was addicted to alcohol or drugs. Excluding those who arrived in the country seeking asylum, nearly all the young people considered that they had suffered serious neglect as children and abuse of various kinds was the main reason for coming into care. All the families were highly volatile and chaotic, frequently changing their composition and living arrangements and moving house. Parents generally had low levels of education and unskilled occupations or were welfare-dependent.

Some of the interviewees maintained contact with birth parents, usually in order to see siblings still at home or under pressure from social workers or courts. It was more of an obligation for the young person rather than a need or longing for contact and relationship with birth parents. Many of them were quite clear that they wanted nothing to do with their birth families. Only a very few reported that a parent had been interested in and supportive of their education, which we know from many decades of educational research is a major factor in academic success (Desforges & Abouchar, 2003; MacBeth, Kirwan, Myers et al., 2001).

3.4. School experience

Growing up in the kind of family background described above, for most of the young people schooling had been severely disrupted. But rather unexpectedly, we found that young people in Sweden and Denmark were those most likely to have experienced long gaps in their education. In Sweden almost half of the in-depth interview sample (15/33) reported being out of compulsory school for at least one period of more than three months. Six of them had an absence lasting for more than a year. They attributed this to a variety of reasons: parents too incapacitated by alcohol or drugs to get them there in the morning, being kept out of school to look after younger siblings or do housework, or the family moving house and not enrolling them in a new school. On the other hand some young people reported that school had been a haven for them from an abusive and disorganised home (Hoher, Johannson, & Hill, 2010).

Coming into care usually resulted in more regular attendance but not always. In one case in Denmark a residential institution proposed

to set up an on-site school but failed to complete it in the planned time period. The young man concerned could have attended school in a neighbouring village but was not allowed to do so, and bitterly resented missing the whole of sixth grade as a result.

The YIPPEE young people had a higher than normal number of school changes, often associated with placement breakdown, and, according to their own accounts, most social workers failed to give as much importance to school as to care placements, resulting in delays and gaps in attendance. In general the young people who did best were those who had fewest changes of school. Many instances of bullying and stigmatization were reported, especially by young people with a Roma background. Gaps in schooling and changes of school were associated with deficits in basic skills, which in turn prevented many young people in care from progressing to the level commensurate with their ability. Kate (19), from Denmark, explained the effect of changing school from the student's perspective:

When changing school you have to start from scratch with friends and everything. That is annoying because you just get adjusted to the classmates and teachers and get used to the books that are used and then you change school and it is all different. New friends, new teachers and new books. Totally different. There are different teaching systems and it is confusing and is bound to influence one's approach to learning.

The damaging effects of instability on educational attainment were also acutely felt by Jose (19), a young man from Spain:

I was doing the first year of upper secondary education, I arrived at the residential home in the middle of the first year of upper secondary education, they transferred me to a new school and I failed everything. I failed everything because you can't get into a rhythm, even less so in these situations where you have to go from one place to another, somewhere that isn't your home.

As Table 3 shows, many of the YIPPEE young people had to cope with these difficulties repeatedly. Placements in Spain and Hungary were relatively stable but young people in England, as has been shown in previous research (Jackson & Thomas, 2001), were considerably more likely to have to move placement than those in other countries.

3.5. Care experience

The different traditions of care in the five countries are associated with varied experiences for the young people interviewed. Hungary and Spain are moving from the stage when large institutions were the usual form of care for children separated from their families, with, in the past, little prospect of restoration once admitted. There is now more emphasis on the rights and welfare of children and youth and more attempt to choose the best placement for the individual child, together with an ethos of normalisation, the same progression as happened in the other three countries much earlier (Jackson, 2006). The legacy of the former system can be seen to have both positive and negative features. For example it does seem to bring greater stability, as

shown in Table 3, and a more controlled environment, committed to promoting learning in its broader sense. Warm relationships were reported between staff and residents.

The respect for learning in residential settings both in Spain and Hungary shines through the young people's accounts. In Hungary, especially, several respondents emphasised the importance of learning regarded as a basic value, together with the principle that everybody is studying for their own benefit. Both foster-families and children's homes also promoted the idea that – in order to get further in life – school performance has to be good. Unfortunately this principle, as we show in Section 3.6 was sometimes in conflict with the imperative of becoming economically independent.

Extended residential provision in Spain and Hungary was helpful to many young people by easing the problems of everyday living, giving them more opportunity to concentrate on their studies. However, in Hungary especially, it went along with a degree of regimentation and control, even for those in their 20s, which would probably be unacceptable to their contemporaries in other countries. For instance in some there were prescribed study times, known as *silentium*, when no other activities were allowed, and strict rules about time-keeping were enforced. Living conditions were sometimes Spartan – one young woman told how she had to sleep in the middle layer of a three tier bunk bed (Casas et al., 2010).

Overall, foster care appeared to have a better record of promoting educational achievement, even in Denmark, where most residential workers are qualified pedagogues and which has a positive tradition of boarding education (Bryderup & Trentel, 2010). Whatever the placement type, there is clear evidence from this study that having well educated carers, whether social educators, pedagogues or foster parents, makes a substantial contribution to engaging with education and progressing to higher levels.

3.6. Attainment and participation across countries

Cross-country comparisons of achievement are difficult because the education systems and expectations in the five countries are so different. They are described in detail in the national reports which can be accessed on the YIPPEE website. They have in common a period of 9–11 years of free compulsory education between ages five to 16 (18 in Hungary). In Denmark and Sweden education is comprehensive (non-selective) from 3 to 19. In the other countries pathways increasingly diverge with age, depending partly on clearing academic hurdles and partly on personal choice. In Spain and Hungary diversification into specialist vocational routes occurs as early as 14. Students usually have to achieve a certain standard at age 16 to progress to upper secondary education. This may either be academic, leading on to Bachelor's level courses in college or university, or vocational. Higher vocational courses may still leave open the possibility of accessing tertiary education, while lower level ones lead either to further training for skilled occupations or directly to employment (or unemployment).

3.6.1. Typical pathways

In all countries, four or five typical pathways were identified:

1. progression through school in line with the age cohort on the academic route
2. academic route with delay (i.e. repeating years, retaking courses of study, starting university later than normal)
3. vocational pathway leading either to study at college or university or work-based training (non-graduate)
4. Specific short-cycle vocational training
5. 'yo-yo' pathways: enrolling and dropping out of courses, frequent changes of direction. This group also included some young people in every country whose progress was held back by ill health, both physical and mental

Table 3
Number of placements reported by 170 young people in five countries.

	1 placement	2–3 placements	4–10 placements	10+ placements	Not reported
Denmark	14	16	5	–	
England	17 (1–3)		13	2	
Hungary	16	15	2	–	2
Spain	12	23	–	–	
Sweden	13	15 (2–4 pl)	5 (5–8)	–	

Bearing in mind that all the young people interviewed had been selected for showing educational promise at 16, it was remarkable how few were able to follow Pathway 1. Direct comparison of the numbers entering university is difficult because of the custom for students in Denmark and Sweden to delay the start of their university studies, sometimes until their mid-twenties. This meant that, because our target group was aged 19–21, some of those who might go to university later were not there at the time of interview. Table 4 shows the highest level attained by the time of the second interview, including the numbers enrolled on Bachelor-level courses at that point. The Danish team was initially optimistic that the low proportion of their young people in care accessing university (three per cent nationally) might change significantly with age. Examination of the national figures for a cohort of those in care at 16 born in 1976–79 shows that by age 30 the proportion rises only to six percent, far below the figure for youth not in care (Bryderup, Trentel, & Kring, 2010). This proportion is similar to the findings for the other four countries, as shown in Table 4.

3.6.2. Academic versus vocational routes

In all countries there was a strong tendency for young people in or leaving care to be steered into vocational in preference to academic pathways. This may have been appropriate in some cases but often it seemed motivated by a desire for them to become self-supporting at the earliest possible opportunity, far sooner than their family-based peers. The tendency is well illustrated by the following quotations from a young woman from Spain and her social educator (residential care worker):

Residential home social educator *When she told us she wanted to do general (academic) upper secondary education and go to university we told her to keep her feet on the ground. We told her: 'you're going to leave here, who's going to pay for your studies? How are you going to manage it? ... if you don't want to go back to your family, you need to earn money to have a flat' ... We talked to her and I saw the need for her to do some vocational training and work.*

Teresa, (21): *I got depressed then. Because I wanted to study general upper secondary education, right...and I was very sure, I wanted to be a social educator, and I remember that at the residence... they told me: 'you can't', because obviously, being at a residence I couldn't study general upper secondary education, as it wouldn't give me a quick entry into the labour market. But I'm certain that my goal is university. ... I want to study business management and administration.*

Similar attitudes among professionals and residential carers were recorded in Hungary, where the young people were typically advised to undertake short-cycle vocational courses and sometimes piled up a series of low-level qualifications instead of building on their achievements and progressing to more advanced studies. These short

training courses did not necessarily lead to employment: one young woman in Hungary recounted how she had successfully followed two different specialist cookery programmes but in the end was grateful to get a job as a cleaner on shift work.

The influence of different welfare regimes became increasingly evident at the post-secondary stage. In Denmark and Sweden, for instance, there are relatively generous educational grants and loans and a wide range of adult education opportunities available – 'One can never be locked out of education in Denmark' (Bryderup & Trentel, 2010). In Sweden there is a one year 'catch-up' programme for those who do not pass the basic secondary school certificate first time round. However things become more difficult after leaving care: of the eight young people in Sweden planning for university at the first interview, five had given up hope a year later. It is noteworthy that of the seven already enrolled on BA programmes, six were women. Educational pathways in Hungary and Spain were less flexible than in the other countries, and once embarked on a non-academic vocational route it was very difficult to switch back to one leading to university.

3.6.3. The role of leaving care teams and advisers

In England there were signs that, as a result of the strong policy steer provided by the 1997–2010 Labour government (Department for Education and Skills UK, 2006), more leaving care workers were encouraging young people to stay in education longer and providing financial support for them to do so. This had enabled one authority which employed a qualified teacher as a member of its leaving care team to achieve a twentyfold increase over five years in the numbers of those going from care to university. However, in England too we observed a tendency for young people who lacked well-informed advice to enrol in a series of short courses not leading anywhere. Unfortunately the careers advisory service, 'Connexions', was severely cut back in 2011 as an economy measure and this is likely to leave many care leavers floundering in a maze of possible study options (Jackson & Cameron, 2011).

3.7. The contribution of informal learning

European education policy strongly promotes informal learning – the kind of learning that goes on outside educational settings and in 'free' time (Daly & Gilligan, 2005; European Commission, 2008). Participation in leisure activities varied considerably between countries and tended to fall off sharply when the young person left school. However, for children in care such activities have a particular value in widening their social networks and bringing them into contact with adults well integrated into their communities who can act as role models (often in contrast to their birth parents). On the whole those individuals who had been most successful in formal education settings were also those who engaged in the largest number and greatest variety of leisure and cultural activities, which is perhaps unsurprising. But there were also many instances of people who had left school but were then drawn back into education through recreational pursuits. In England, volunteering was particularly popular and enabled some young people who had not flourished in the school environment to develop new skills and interests which eventually led them to enrol on formal study courses (Hollingworth, in press).

3.8. Barriers and facilitators for continuing education

There was a wide measure of agreement among professionals and care givers on the factors which enabled or prevented young people from doing well at school and continuing in education beyond the legally compulsory age. These factors fell into four groups: systemic, school-related, care-related and individual.

Table 4
Educational qualifications attained and Bachelor qualifications being studied for.

	DK	EN	HU	SE	SP
Completed secondary school qualification	32	26	13	26	28
Highest qualifications attained					
Compulsory school leaving qualification at age 16	15	1	25	7	1
Academic qualification at age 18	10	5		16	0
Vocational qualification at age 18	9	6	8		3
Bachelor level qualification	0	1	0	0	1
Enrolled on/attending Bachelor level course	10	12	11	7	5

3.8.1. Systemic factors

Many professionals cited as a major obstacle the division between social services and education and their failure to work together, sometimes leading to actual conflict particularly over financial and disciplinary matters. England was the only country where these two aspects of children's care had been brought together (in 2004), both at central government and local levels and this was thought to have made a big improvement, along with the appointment of senior teachers to take a strategic overview of the education of children in care (Berridge, Henry, Jackson, & Turney, 2009).

3.8.2. School-related factors

Failure to recognise the numerous obstacles to attendance and learning faced by children before care; insufficient remedial help to catch up on missed schooling; unsympathetic responses to behavioural difficulties related to traumatic experiences; too little protection from bullying; allocation to schools (such as on-site schools in residential homes) only designed to prepare students for low-level occupations; underestimation of ability due to assumptions based on social class or ethnicity.

3.8.3. Care-related factors

Placement with carers who give little encouragement or support for educational achievement; changes of care placements, especially when they involve change of school; low expectations or lack of interest by social workers; lack of informed advice about routes to further or higher education; promotion of early financial independence over investment in education.

3.8.4. Individual factors

Inadequate basic skills, lack of motivation, negative attitude to education in birth family, depression and loss of hope due to repeated failure and lack of support from carers, financial pressures and exhaustion, health problems, both physical and mental.

Young people, themselves, especially in Hungary, were inclined to attribute success almost entirely to personal characteristics such as motivation, determination, persistence and hard work. It is important to note, however, that some recognised the role of teachers and carers who refused to give up on them. One example was the social educator who said, *"I and her teacher, we had to push her very hard. She wanted money, she wanted other things, but I just said "you've got to keep on with your education, that's what really matters" and she did.*

Two Spanish respondents illustrate the tendency of many able young people in care to drop out or lose motivation at the upper secondary stage, sometimes because of lack of support and encouragement from carers and services but often because of the stress of trying to find time to study while having to work to support themselves (Casas et al., 2010)

... it went very well, I got very good marks, ...when I reached general upper secondary education everything changed, of course... I passed the first year, but in the second year I abandoned the course in the last two months. If I had tried, I could have done it...I didn't manage my energy levels properly, because if I had, I would have finished that year, I know that. (Núria, 21, SP)

... so I finished compulsory secondary education with top marks and everything. The beginning of upper secondary education went well and then I started to have problems... that's when I started to go downhill." (Nando, 21, SP)

4. Discussion and conclusions

Identifying a social problem is the first step to addressing it. In the past the low educational attainment of children in care has been

recognised by practitioners but simply accepted as the natural order of things or attributed to their family background (Berridge, 2007). Researchers began to challenge this perception in the 1980s (Fletcher-Campbell & Hall, 1990; Jackson, 1987; Jackson & Sachdev, 2001) but it was not until comparative statistics began to be routinely collected in the UK that policy makers became aware of the enormous size of the gap between those in care and others and the link was made with their stunted life chances (Department for Children, Schools and Families UK, 2007; Feinstein & Brasnet-Grundy, 2005; Jackson, 2007; Jackson & Simon, 2006). An important recommendation from the YiPPEE project therefore, was that governments or agencies responsible for out-of-home care of children should collect and publish annual statistics related to their educational participation and progress and compare them with those in the general population.

Secondly, supporting educational attainment should be an explicit duty for social workers and caregivers and relevant training provided to foster carers and residential workers.

Some young people reported that teachers see promoting the social mobility of young people who show ability and motivation as an important aspect of their role. Our impression was that social workers in Europe rarely seem to share this perception. Children in care come overwhelmingly from the bottom of society: most of their parents could be considered socially excluded (Bebbington & Miles, 1989; Cameron, Jackson, Hauari, & Hollingworth, in press; Hoher et al., 2010). Unless those who are looked after in public care can be enabled to reach educational levels substantially higher than their parents, leading to stable and rewarding employment, they are at great risk of slipping back as adults into the extremely disadvantaged social stratum from which they originated, undoing any beneficial effects of their care experience.

5. Implications for practice

The young people we interviewed have no doubt that their social workers and carers need to be better informed about educational opportunities and to give far greater emphasis to educational achievement than they do at present, while on the other hand schools should show greater understanding of the effects of traumatic life experiences, bereavement and separation. Foster carers need to understand that providing support for education is one of their most important functions. There should be much more effort to place children with well-educated carers and to give them the financial and practical resources they need. Multi-professional teams responsible for supporting young people in their transition to adulthood should include well-qualified teachers and career advisers.

The findings from these five European countries are so consistent that it is likely that they would apply to other developed countries. Clearly governments and agencies need to take a far more holistic view of children's lives in and after care. Even social educators or pedagogues in social democratic countries appear to operate within class-based systems which lead them to make assumptions about the type of education that is suitable for youth in care. There was a strong tendency to steer them down lower level vocational rather than academic pathways irrespective of their cognitive ability or school performance. It is a mistake to think that because children in care come overwhelmingly from homes where parents are employed in manual or unskilled jobs, (or none) that basic education is all they need. On the contrary, social mobility through education is even more important for them than for other young people if they are to achieve successful integration into adult society.

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