

**FINAL REPORT**  
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**Out of care, into  
university: Raising higher  
education access and  
achievement of care  
leavers**

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## Executive summary

Around 40,000 Australian children are estimated to require out-of-home care in Australia and this number has risen every year over the past decade (Australian Institute of Health and Welfare, 2014a). Young people up to 18 years who are unable to live with their birth families are placed in different forms of out-of-home care, including kinship care, foster care, residential care, family group homes, and independent living. People who spent time in out-of-home care before the age of 18 are subsequently referred to as care leavers when they transition out of the system (though there are numerous formal and informal definitions of care leaver and these are outlined in the Background section of this report).

Care leavers rarely transition to higher education. They are largely excluded from the level of education that brings the highest wage premiums and lifetime rewards. Despite their extremely low university participation rates, there is no national agenda for improvement. This research project was conducted by La Trobe University and funded through an external research grant provided by the National Centre for Student Equity in Higher Education (NCSEHE) at Curtin University. This report aims to provide the basis for such an agenda by highlighting the nature and extent of the problem, and suggesting practical solutions within both the education and community service sectors. Our research adopted a mixed methods approach and included: a literature review; an examination of national data sets; an online survey of public universities in Australia; and interviews with senior representatives from major out-of-home care service providers. We provide recommendations targeted to the Australian Government, state and territory governments, higher education institutions, and community service organisations.

Our findings reveal three major reforms that are required to improve the access and achievement of care leavers in higher education. First, the collection of nationally consistent data on higher education access and outcomes is essential. One of the reasons this problem is out of mind across the nation is that it is out of sight. Existing data on the education of Australians in out-of-home care is limited. Data are typically held at state or territory level; within human services departments; and only for minors (up to the age of 18 at best).

The Australian Institute of Health and Welfare (AIHW) has proposed a major project linking child protection data with National Assessment Program – Literacy and Numeracy (NAPLAN) data (Australian Institute of Health and Welfare, 2013b). However, despite these advances at primary and secondary school levels, there are no documented plans to collect educational data beyond the age of 18. This gap exists despite the stated priority of ‘transitioning to independence’ and an acknowledgement within documents supporting the National Framework for Protecting Australia’s Children 2009 – 2020 that the transition period continues up to age 25 (FaHCSIA, 2010b, 2011). The latter developmental timeframe indeed appears more consistent with contemporary Australian experience of the same-age general population. Extending the Institute’s remit to post-secondary level, and collecting out-of-home care status data at university enrolment level, would be valuable initiatives to begin building the evidence base.

Second, policy reform is required within both the education and community service sectors. Within the higher education sector, there is urgent need for greater recognition of this under-represented student group. The absence of higher education data collection at national level is partly related to the nature of the national student equity framework established in 1990, and partly to limited advocacy. The framework, *A Fair Chance for All*, identified six disadvantaged groups who were under-represented in higher education: people from socio-economically disadvantaged backgrounds; Aboriginal and Torres Strait Islander People; women, particularly in non-traditional courses and

postgraduate study; people from non-English speaking backgrounds; people with disabilities; and people from rural and isolated areas. The establishment of these six categories has proven both powerful and durable – university admissions policies and national funding have been directed to support the six groups, and no categories have been added to the framework since its foundation. While care leavers are often subsumed within the six broad categories, we believe that the extent and nature of their disadvantage requires tailored policies and specific data collection. Given the low number of care leavers in higher education, data could initially be collected by universities at application or enrolment. Broader reform of the national equity framework could also be considered. Separately, universities need to provide stronger and more transparent support to raise university aspirations and increase the recruitment, access, and achievement of care leavers.

Within the community service sector, further policy and legislative reform is required. Legislative reform is needed to support the transition of people from out-of-home care to adulthood. Current legislation at the level of state and territory jurisdictions does not typically mandate ongoing public support for care leavers once they have reached the age of 18. The lack of post-18 legislative support stands in contrast to the United Kingdom, whose reform program since 2000 is outlined within this report and has enabled care leavers to remain supported as they transition into higher education. The voices we captured from the community service sector were consistent with international research: care leavers require support beyond the age of 18. Equally, community service organisations need access to greater individualised data, and increased capacity to provide education and training to carers and the related workforce.

Finally, there is an overarching need for cultural change. The soft bigotry of low expectations is omnipresent for care leavers. Stakeholder voices, national research, and the international literature all reveal a group underestimated and overlooked by others. In some cases, even those closest to care leavers are either unaware of educational possibilities for them, or unable to explore these possibilities. For Indigenous care leavers, cultural challenges and responsibilities can be particularly acute, and intensive resources are required to support transitions. The rate of Indigenous children in out-of-home care is ten times the rate of non-Indigenous children (Australian Institute of Health and Welfare, 2014a) – providing educational opportunity and support to this group is critical.

Egalitarianism is an empty word if those most marginalised are denied access to the highest, and most profitable, level of education. A national policy for care leavers in higher education requires strengthening the evidence base, reshaping the equity policy framework, and reforming legislation and policy within both the higher education and community service sectors. Through these material reforms, a greater cultural change is possible.

## Recommendations

### Section 1. A group neglected? Lessons from the national and international research

1. That the Australian Government facilitate a national framework for care leavers, involving consistent data definition and collection across state and territory governments, legislation to assist all care leavers beyond 18 years of age, and mandatory provision of post-secondary support for care leavers, including financial, accommodation and mentoring assistance.
2. That each state and territory government develop formal collaboration between the education sector and the child protection sector, for example through partnering agreements, with clearly outlined roles and responsibilities for the promotion of the educational success of young people in out-of-home care.
3. That the Australian Government work with the community service sector to provide educational access for carers (volunteer and salaried) whose academic mentorship of young people in the care system is compromised by their own educational disadvantage and who are interested in undertaking further study.
4. That state governments introduce fee waivers for care leavers pursuing vocational education and training at Tertiary and Further Education Institutes (only in South Australia, Victoria, and Western Australia at present).
5. That the Australian Government provide guaranteed bursaries for care leavers attending university.
6. That the Australian Government commission further research that captures the voices of care leavers nationally to inform tertiary education policy. This work could actively involve care leavers in the design and conduct of the research.
7. That the Australian Government lead the development of specific strategies to support the transition of Indigenous care leavers to tertiary education, involving Indigenous peak bodies, community service organisations, and state and territory governments.
8. That state and territory governments embed the role of tertiary education in the education plans and resources developed for children in out-of-home care.

### Section 2. Out of sight, out of mind? The need for a stronger evidence base

9. That the Australian Government commission the Australian Institute of Health and Welfare to commence national-level data collection of the higher education access and outcomes of care leavers to determine the level of under-representation and inform policy. The Australian Institute of Health and Welfare's collection of educational outcomes could be extended from 0-17 year olds in out-of-home care to care leavers up to at least 25 years of age.
10. That universities collect and report on care leaver data. This work could inform potential subsequent reporting of care leaver data through the Higher Education Information Management System (HEIMS) and Australian Vocational Education and Training Management Information Statistical Standard.

### **Section 3. Policy and cultural reform: the higher education sector**

#### *Australian Government*

11. That the Australian Government pursue reform of the higher education equity framework to consider the desirability of: revising the current categories; expanding the framework, for example to consider postgraduate level; revising the types of institutions eligible for support; and encouraging universities to design their own targeted outreach, access, and support policies for care leavers.

#### *Higher education institutions*

12. That universities promote institutional awareness and recognition of care leavers as a disadvantaged group through internal communications strategies.
13. That universities collect data from care leaver students at the time of application or enrolment so that targeted support can be offered and progress monitored.
14. That universities employ a dedicated liaison officer with responsibility for increasing higher education and success of the care leaver group.
15. That universities introduce and publicise a range of targeted financial and accommodation support measures for care leavers, e.g. tuition fee waivers, cost-of-living scholarships, and residential scholarships.
16. That universities develop partnerships with community service organisations and secondary schools to connect with school-aged children in care, and their carers, via targeted outreach activities aimed at increasing aspirations for higher education and information sessions to increase awareness of the financial and other support available at higher education level.
17. That universities use partnerships with community service organisations and schools to identify prospective care leavers at late secondary school level and invite them onto campus for sponsored residential and non-residential orientation and mentorship programs.
18. That universities encourage transitions from TAFE, and participation in enabling programs and foundation studies where needed to increase preparedness for university study, especially for those transitioning to university later in life.
19. That universities provide increased academic support where needed to compensate for the increased likelihood of disrupted schooling and/or time away from study, and 'wrap around' supports such as personal advisors, mentors, pastoral care, tutoring, and counselling.
20. That peak bodies such as the Equity Practitioners in Higher Education Australasia (EPHEA) advocate, mobilise and coordinate their own resources and expertise to support care leavers.

### **Section 4. Policy and cultural reform: the community service sector**

21. That peak bodies facilitate further collaboration among community service organisations to develop consistent data collection and tracking of educational outcomes.



22. That community sector organisations collaborate with tertiary education providers to offer carers, caseworkers, managers and teachers the training required to promote educational aspirations of young people in care.
23. That community service organisations individually and via peak bodies at state and national levels profile access to education-specific resources on their websites and through helplines to support young people in care, their carers, birth families and the related workforce.
24. That community service organisations promote tertiary education aspirations of out-of-home care children and their carers through early and ongoing intervention e.g. encouragement to attend university open days.
25. That community service organisations access and profile the voices of care leavers who have made the transition to tertiary education successfully and use these young people as mentors where possible.
26. That community service organisations support foster and kinship carers to continue supportive involvement with young people during tertiary education – even if they have moved out of their home.

## Background and report structure

### Background

This research project was conducted by La Trobe University and funded through an external research grant provided by the National Centre for Student Equity in Higher Education (NCSEHE) at Curtin University. This project mapped the higher education sector in relation to care leavers - adults who have spent time in out-of-home care.

It is worth noting that there are a number of formal (legal) and informal definitions of the term 'care leavers'. In the UK, where care leavers have been the focus of policy and legislation for some time, the Children (Leaving Care) Act 2000 provides a narrow definition: a person who has been looked after for at least 13 weeks since the age of 14 and who was in care on their 16th birthday (Department of Health, 2001). In practice, however, many organisations use a wider definition when considering eligibility for support. The care leavers' Association UK, for example, considers a care leaver to be any adult who spent time in care before the age of 18 (Care Leavers' Association, 2013). Similarly, in Australia, leaving care is formally defined as 'the cessation of legal responsibility by the state for young people living in out-of-home care under a child protection order from the Children's Court' (Mendes, Snow, & Baidawi, 2013, p. 6). A care leaver can be specifically defined as a person who was in care between the ages of 16 and 18 years whose care order has expired (and who has aged out of the system) or who is currently transitioning from care. However, more broadly a care leaver can be defined as any adult who spent some time in care before the age of 18 (Australian Government, 2015). Such a person can also be described as coming from an out-of-home care background. We adopt the broader definition of care leaver in this report.

Our research adopted a mixed methods approach and included: a literature review; an examination of national data sets; an online survey of public universities in Australia; and interviews with senior representatives from major out-of-home care service providers. The project included a formal partnership with MacKillop Family Services and Berry Street, and a reference group of national and international experts.

Out-of-home care covers relative/kinship care, foster care, residential care, family group homes, and independent living. The most common types of out-of-home care are relative/kinship care (48%) and foster care (43%). Relative/kinship care involves a caregiver who is a relative, considered to be a family member or a close friend (kith), or a member of the young person's community. Foster care involves children being removed from their families and placed in the private home of a foster carer who acts as a substitute parent. Relative/kinship and foster carers are offered reimbursement by the state or territory for the care of the child (Australian Institute of Health and Welfare, 2014a).

A small minority of children are placed in out-of-home care voluntarily by parents, for example to gain respite from care-giving. Approximately 90 per cent of children, however, are in out-of-home care on care and protection orders issued by a statutory authority or court (Australian Institute of Health and Welfare, 2014a). Out-of-home care is considered an intervention of last resort and the current emphasis of policy and practice is to support children within their families. Out-of-home care therefore is the extreme end of the statutory child protection continuum for children who have experienced chronic child maltreatment and family disruption. Once a child has been placed in care, the state government acts as a corporate parent, assuming responsibility for decision-making and care arrangements. Non-government organisations are often contracted to provide out-of-home care services. Major service providers include independent organisations such as Barnardos Australia, Life Without Barriers, and Berry Street, and larger church-based organisations such as Anglicare, MacKillop Family Services, and Uniting Care.

Children in care are one of the most vulnerable and disadvantaged social groups. Many of these children face compound disadvantage. Nationally, the rate of Indigenous children in out-of-home care is 10.6 times the rate for non-Indigenous children (Australian Institute of Health and Welfare, 2014a). While Aboriginal and Torres Strait Islanders comprise only five per cent of all children aged 0-17 years in Australia, they constitute 34 per cent of all children in out-of-home care. The data also reveal demographic differences by state. In the Northern Territory, Indigenous children comprise 83 per cent of children in care, and in Western Australia the proportion is 49 per cent. Other states have lower Indigenous proportional representation, with Victoria having the lowest at 17 per cent (Australian Institute of Health and Welfare, 2014a). State-level data suggest that a large proportion of out-of-home care people are from low socio-economic status and regional backgrounds (State Government of Victoria, 2012). Young people with disabilities also appear to be over-represented in care (Mendes, Snow, & Broadley, 2013). The educational disadvantages faced by people of Indigenous, low socio-economic, regional, and disability status are well documented. Young people in out-of-home care also confront specific educational challenges from an early age, including placement instability and disrupted schooling (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005; CREATE Foundation, 2006; Fernandez, 2008; Townsend, 2012). The relatively poor school outcomes of the Australian out-of-home care group have been well documented (Australian Institute of Health and Welfare, 2007, 2011a).

Within higher education, there is a paucity of Australian research into the transition of people from care backgrounds to university. This research gap is concerning on a number of levels. The out-of-home care group is large and growing, and the disadvantages associated with out-of-home care may also be increasing over time. In Australia, there is an imbalance between the number of carers (which is decreasing) and the number of children who are separated from family (which is increasing), leading to instability in care arrangements (Delfabbro, 2010). Broad access to higher education is also a matter of social justice. Higher education is linked to lifetime advantages, such as improved employment opportunities and earning potential (Lomax-Smith, Watson, & Webster, 2011; Norton, 2012). For these reasons, it is important to examine the progression of this group into higher education nationally, and the factors that might increase aspirations, access, and success at university.

## **Report structure**

The first substantive section of this report traces the recent national and international research conducted into the education of people from care backgrounds. Research underlines the need for: legislation to support care leavers as emerging adults; individualised student data and greater information on the group; an extension of school-level policies into the tertiary education sector; and broader policy reform. These research findings provide an evidentiary basis that complements our own original research outlined subsequently.

The second section of the report focuses on the need for more accurate statistics to inform policy and legislation. We outline how a national policy is slowly being developed at school level to provide more individualised, comparable data across states on the educational achievement levels of children in out-of-home care. However, we note that much less attention is being provided to monitoring achievement and outcomes at post-secondary level. Reduced interest in post-secondary policy is caused partly by the legislative abolition of the state's corporate parenting responsibility once people in care have reached the age of 18, but also by a diffusion of responsibilities between education, community service and health departments, and between state and federal levels of government. We emphasise here that, without accurate data, broader policy and legislative reform is extremely difficult to enact.

In the third section of this report we examine the higher education sector and potential policy reform. At a national level, the existing higher education equity framework is shown as limited in its capacity to support the care leaver group. A revised, more nuanced equity framework could facilitate greater recruitment and support activities across the sector. Equally, universities themselves could develop specific care leaver policies and collect data at institutional level. Our survey of universities revealed few explicitly tailored policies, but numerous opportunities to expand accommodation, financial, academic, and broader support for care leavers.

Finally, we consider the voices of those in the community service sector, which further underline the need for policy, legislative, and cultural reform. Again, the lack of formal support for care leavers is highlighted, as is the inadequacy of university outreach and promotion. Carers and associated workers are often unfamiliar with higher education themselves, and the initial education aspirations of children in out-of-home care may be modified to meet the relatively low expectations of those around them. There is a need to provide greater education and training opportunities to carers themselves and to community service organisations, and to promote and disseminate the potential of higher education more widely. For many Indigenous care leavers, cultural demands can be high, and several unique challenges exist to raise university attendance and achievement. Raising expectations will require cultural change beyond policy and legislative reform.

Given the small numbers of care leavers who access higher education, some in the sector may see this as a relatively minor issue. In fact, the reverse is true. With over 40,000 Australians in care, the effective exclusion of that group from our universities is a national disgrace.

## **Section 1. A group neglected? Lessons from the national and international research**

Access to education for people in or from out-of-home care is a global concern. Findings from the international research highlight a path to policy advancement pursued by British governments since 2000, which has greatly increased levels of university access, understanding, and support for care leavers. British research has influenced broader European policies, while the United States provides further evidence of the need to support care leavers beyond the age of 18, and to identify them during and after university enrolment processes.

Closer to home, Australian research reveals tensions between state and national jurisdictions, and between health/community service and education sectors. These tensions partly explain the paucity and variability of data, which is subsequently explored in Section 2. Australian evidence also highlights variable legislative support for care leavers, and shows the fragility of current policies and structures. Research outlined here is supported by our own subsequent surveys of Australian universities and interviews with community service organisations. Policy, legislative, and cultural reform is urgently required.

### **United Kingdom**

In the United Kingdom, the Frank Buttle Trust sponsored a British research project in 2000 leading to the report *By Degrees: Going from Care to University* (Jackson, Ajayi, & Quigley, 2005). This was the first major report to examine the experiences of care leavers in higher education in the UK, and followed 50 students per year over a three year period. The project was designed to increase the university participation rates and achievement levels of care leavers; to help local authorities fulfil their obligations as corporate parents; and to raise awareness among foster carers and other related workers.

The main problems identified by care leavers at the point of application to university were: lack of information and advice when choosing universities and courses; changes of placement during preparation for examinations; and uncertainty about the financial and accommodation support available. While studying at university, students without supportive foster carers often felt alone during the early weeks and making friends at an early stage was extremely important. Students who were staying in distant accommodation had limited social relationships and participation in university life, and students who did not receive enough financial support often participated in a great deal of paid work.

Results of the *By Degrees* research carried implications beyond the relatively small number of care leavers in higher education. The study highlighted that university admissions and other staff regularly under-estimated the academic potential of care leavers and that educational opportunities for those in care were limited. Further, the research found that only one British university had a comprehensive policy relating to care leavers. Main recommendations of the *By Degrees* report included that ‘All higher education institutions should have a comprehensive policy for recruitment, retention and support of students from a care background’ and that ‘university (UCAS) and college application forms should include an optional tick-box to indicate that an applicant has been in local authority care’ (p. xiv).

Despite being less likely than their peers to transition to further or higher education, a small minority of young people from care backgrounds perform well academically. Martin and Jackson (2002) interviewed 38 ‘high achievers’ who had spent a year or more in care and had achieved high results in their secondary education. Two-thirds of the sample had obtained a first degree at university, several

had completed a Master's degree and one had completed a PhD. The interviews highlighted the need for continuing financial, practical, and emotional support. Specifically, three quarters of participants stressed the need for more financial help at university, nearly half had experienced accommodation problems, and one third reported the need for continued emotional support and encouragement. Most students had at least one mentor or role model figure, within or outside the care system, who had helped motivate them to perform well at school and continue to university.

Since these reports, substantial progress has been made within the sector in the UK. Care leavers are recognised as an under-represented group in higher education and the participation of this group is monitored in England, Northern Ireland, Scotland, and Wales. Since 2006, Buttle UK has awarded a 'Quality Mark' to higher education providers who demonstrate commitment to young people in care and leaving care. The Quality Mark has also been available to further education colleges since 2012. Buttle UK has recently announced plans to phase out the Quality Mark, however, with emphasis now on embedding practice into mainstream provision across the sector (Buttle UK, 2014). Additional support is available for care leavers accessing higher education through organisations such as the Care Leavers Association and the Who Cares? Trust.

England has a particularly strong focus on the higher education participation of care leavers. The Office of Fair Access (OFFA) recognises care leavers as a distinct university target group and has had a focus on the care leaver agenda for a number of years (Office for Fair Access, 2013). In 2006, OFFA wrote to all institutions with access agreements to highlight the work of the Frank Buttle Trust (now Buttle UK), and to encourage them to consider how their access agreements addressed the needs of care leavers. There has been some difficulty tracking students, including sensitive issues around self-declaration and labelling (Moore, Sanders, & Higham, 2013). Nevertheless, there is substantial activity at institutional level including the provision of bursaries, accommodation, personalised support, outreach, admissions policies, and the employment of dedicated staff for the care leaver group.

Since 2000 there have been several additions to the legislation on the education of young people from care backgrounds beyond compulsory schooling age in England and Wales. The Children (Leaving Care) Act 2000 introduced the first statutory requirement for local authorities to support young people aged 16 to 24 in education. The *Children and Young Persons Act 2008* brought forward a statutory £2,000 local authority bursary for young care leavers at university in direct response to recommendations from the *By Degrees* research project. From April 2011, *The Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care Leavers* implemented a new suite of regulations and guidance which: strengthen planning during the transition stage of young people leaving care; extend the right to have a personal advisor to the age of 25 and; for the first time, recognise the central role that further education and training personnel should take in planning ongoing educational transitions for young people beyond compulsory schooling (All-Party Parliamentary Group for Looked After Children and Care Leavers, 2012).

Taken together, major research initiatives, additional support measures, and legislative changes have increased the number of young people choosing to continue in education beyond school level in the UK. Only 1 per cent of 19-year-old care leavers were in higher education in 2003 (Department for Business Innovation and Skills, 2014) but this figure increased to 6 per cent by 2013 (Department for Education, 2013).

Nevertheless, the issue of low educational outcomes for young people in care continues to receive considerable research attention in the UK. In 2014 and 2015, for example, the REES Centre at the University of Oxford is examining the educational progress of children in care by linking care data and educational data. The study, led by Professor Judy Sebba, aims to identify the major factors



associated with the low educational outcomes of young people in care in secondary schools in England. It will explore the relationship between educational outcomes, care histories, and individual characteristics for the cohort who completed the General Certificate of Secondary Education (GCSE) in 2013 (REES Centre, 2014).

### **Continental Europe**

Following the *By Degrees* research, the YIPPEE research project looked more broadly at the education pathways of young people from care backgrounds across five different countries in Europe. The YIPPEE research project – *Young People from a Public Care Background: Pathways to Education in Europe* – was conducted across England, Denmark, Sweden, Hungary, and Spain from 2008 to 2010. The primary aim of the research project was to determine how more young people from care backgrounds can be encouraged to remain in education after the end of compulsory schooling. It was found that only eight per cent of young people who have been in care as children access higher education, about five times less than young people overall (Jackson & Cameron, 2012).

While the social care and education systems of the countries differed markedly, the experiences of young people who had been in public care were similar. Family backgrounds of young people from care backgrounds were characterised by divorce, drug abuse, violence, mental illness, and criminal activity. Educational opportunities were generally limited from an early age due to disrupted and deficient schooling and later due to the low priority given to education by social workers and carers (Jackson & Cameron, 2012).

The research confirmed that children from care were consistently ‘under pressure to opt for short-cycle occupational training in order to become economically independent as soon as possible rather than higher level academic or vocational options with the potential to lead to more satisfying careers in the longer run’ (Jackson & Cameron, 2012, p. 8). Factors found to facilitate success in education were stability of placement and schooling, being placed with carers who gave priority to education, and having sufficient financial support and suitable accommodation (Jackson & Cameron, 2012).

Among the key recommendations, the research highlighted that ‘reliable statistical information is an essential basis for improving the educational opportunities of young people who have been in care’ and that young people in care ‘should be encouraged to aim as high as possible, regardless of their care status’ (Jackson & Cameron, 2012, p. 10).

The countries participating in the YIPPEE research project have since conducted more in-depth analyses of national results. Bryderup, Quisgaard Trentel, and Kring (2010), for example, used statistical data from Denmark to compare the educational outcomes of people aged 27 to 30 from care backgrounds with their same-age counterparts who had not received care. The authors found that less than 40 per cent of young people from a public care background had obtained qualifications beyond compulsory school compared to more than 80 per cent of young people at the same age. Drawing from the Swedish component of YIPPEE, Höjer and Johansson (2012) described how school can provide opportunities and promote resilience for children in care. While acknowledging that children in care often experience difficulties in school, the authors focused on students showing educational promise and investigated the factors and circumstances that support this positive development. Interviews with young people in care showed that school could provide: a place of structure and safety; an ‘intermission’ in an often chaotic family life; a chance to spend time with friends; and a sense of normality.

Using data collected for the Spanish component of YIPPEE, Montserrat, Casas, and Malo (2013) examined factors associated with delayed educational pathways for the out-of-home care group in

Spain. The four main factors identified were: professionals in the child protection system not prioritising education; low expectations among adults providing support; invisibility within the educational system of the specific support needs of this group; and difficulties encountered in the transition to adulthood. The authors found that young people from care backgrounds ‘find themselves in the paradoxical situation of being told that studying is important, but the advice and actions of professionals conveying the opposite’ (Montserrat et al., 2013, p. 16). The authors made three major recommendations: the child protection system should ensure formal education is prioritised while young people are in care and leaving care; the education system should consider these students to be a group with specific educational needs and guarantee support after the period of compulsory education; and the two systems should improve coordination to redress the inequality in educational opportunities for these young people.

## United States

In 2005, The Institute for Higher Education Policy released a report titled *Higher Education Opportunities for Foster Youth: A Primer for Policymakers* (Wolanin, 2005). The report provided a comprehensive examination of how and why young people in foster care struggled in the US system of post-secondary education. It was reported that young people in foster care do not perform well in school generally, with only about 50 per cent of young people in foster care completing high school compared to 70 per cent of their peers. Of the young people in foster care who complete high school, and are therefore college qualified, only about 20 per cent enrol in higher education compared to 60 per cent of their peers. The small group of young people from foster care who do access college records a very high rate of attrition.

The report included a summary of the barriers to higher education for young people from foster care identified in research studies. The main factors mitigating against access to college were: not being able to meet selective admission standards, in part due to not having completed the more rigorous high school courses or the college preparatory curriculum; a belief that college is ‘not for people like me’; being unaware of the college opportunities available; lacking the practical knowledge and skills to successfully navigate the college application process; and financial constraints. The main factors inhibiting success at college were: a lack of maturity and adult skills; inadequate information; lack of family support; no stable home base; and inadequate support though financial aid, student services, and counselling.

Professor Peter Pecora, in conjunction with Casey Family Programs, has led several research projects relating to the educational achievements of people from foster care backgrounds in the United States. Casey Family Programs is the largest operating foundation in the United States focused on foster care, kinship care, and transition services, as well as strategic consulting, public policy, and research. Two major linked studies were the *Casey National Alumni Study* and the *Northwest Foster Care Alumni Study*. The *Casey National Alumni Study* examined case records and conducted interviews with over 1000 adults who had previously received long-term foster care from Casey Family Programs. Almost half of the Casey alumni had at least some college or more which was comparable to the general population. However, the college completion rate of 11 per cent was much lower than the 24 per cent rate for the same-age general population. The authors concluded that, ‘At the post-secondary level, few institutions or programmes are aware of their independent students with foster care experience, let alone know how to offer support services customized to meet their unique needs’ (Pecora et al., 2006, p. 228). The *Northwest Foster Care Alumni Study* matched the Casey sample with adults who had received foster care in Oregon and Washington. It was found that 16 per cent had completed a vocational degree and only 2 per cent had completed a bachelor degree (Pecora et al., 2005).



In 2008, three significant federal laws passed that impacted educational opportunities for young people in the foster care system in the United States. The *Fostering Connections Act* includes: increased eligibility for funding for post-secondary education pursuits; encourages states to extend care to the age of 21; and includes increased transition planning requirements. The *College Cost Reduction Act* expands the definition of an independent student to include, for the purposes of federal financial aid, a young person who is ‘an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older’ (Legal Center for Foster Care and Education, 2008, p. 2). This clarification significantly increases the number of former and current young people in care who are classified as independent and can be considered for financial aid. The *Higher Education Opportunity Act* includes numerous amendments designed to increase access to post-secondary education for foster care students. For example, Federal TRIO post-secondary support programs for at-risk youth now include young people with foster care experience as a priority group to be served (Legal Center for Foster Care and Education, 2008).

In the United States, the ability to remain in foster care beyond 18 years of age differs between states. Evidence suggests that extending the legislative age limit of state responsibility is associated with increased participation in tertiary education. Courtney and Dworsky (2005) compared the educational outcomes of young people from Illinois, who are allowed to remain in care until they are 21, to the outcomes of young people from Iowa and Wisconsin, who typically age out of foster at 18 years of age. Young people who were still in care at age 19 were more than twice as likely to be enrolled in a school or training program as those who had been discharged from care. By 23 and 24 years of age, however, only a minority of those who had pursued higher education had graduated (Courtney, Dworsky, Lee, & Raap, 2010). This suggests that extending foster care to 21 years may not suffice, particularly as many students in the general population receive continued family support well into their early adult years. Students from backgrounds of care often take longer to obtain their educational qualifications because of disruptions and compounding disadvantage.

More recently, Salazar (2011) examined post-secondary retention and success using survey data from a cross-sectional sample of 329 adults with foster care backgrounds who had received a national college scholarship from the Casey Family Scholarship Program or the Foster Care to Success program. The research identified four predictors of post-secondary retention and success: institutional commitment; social involvement; living stability; and tangible support.

## **Australia**

### **National**

The education system is similar across Australia with only minor variations between states and territories. The schooling system is generally separated into primary school for students aged 6 to 12 years and secondary school for students aged 13 to 18 years ([www.acara.edu.au](http://www.acara.edu.au)). In 2008, the National Assessment Program – Literacy and Numeracy (NAPLAN) was introduced across all Australian states and territories. Each student in Years 3, 5, 7, and 9 completes a standardised test on reading, writing, language convention, and numeracy. NAPLAN provides a ‘point in time’ snapshot of student performance and is conducted by Government, Independent, and Catholic Schools (Australian Curriculum Assessment and Reporting Authority, 2014).

In most states, school is compulsory for children between the ages of 6 to 16 years, after which students may choose to discontinue their secondary school study to enter the workforce or enrol in vocational courses. Tertiary education includes both vocational education and training (VET) and higher education. Australian vocational education is typically based on skills derived from the workplace and are delivered at both government-funded Technical and Further Education (TAFE)

institutes and private institutions. Higher education courses are typically delivered by universities at degree level, though there exists a growing number of non-university higher education providers. The ability to access higher education is generally dictated by the tertiary admissions rank students gain by completing secondary school, with enrolment in the most prestigious universities and courses offered to the highest performing students.

Various government departments and community service providers play a role in promoting the education of children in care, leaving the potential for some confusion over roles and responsibilities. To address this issue, many states and territories have established agreements between education and child protection departments clarifying roles and responsibilities. Two strategies often form part of these agreements: data matching and individual education plans. Matching data from education departments and community services is one of the biggest challenges, with Queensland one of the few jurisdictions with individual student identifiers to facilitate this process. Individual education plans aim to link an individual in out-of-home care with key stakeholders to determine a set of strategies to address their particular educational needs (Townsend, 2012).

Young people in out-of-home care in Australia receive legal protection and formal assistance from the State only until 18 years of age (Creed, Tilbury, Buys, & Crawford, 2011). Research suggests that care leavers are at increased risk of homelessness, unemployment and poor educational outcomes (Johnson et al., 2010; Thoresen & Liddiard, 2011). Despite these realities, at 18 years of age there is a substantial decrease in formal support for this group, which often results in an accelerated transition to independence. In contrast, most young people in the general population stay in the parental home receiving continuous support into their early 20s (Australian Bureau of Statistics, 2013b). Australian studies have found that a large proportion of young people receive inadequate preparation for leaving care and lack the skills to independently manage education, employment, housing, and financial issues after care (Mendes, Johnson, & Moslehuddin, 2011). Some groups, such as young people with disabilities and those with experience in the youth justice system, have particularly complex and ongoing needs, highlighting the need for cross-sectoral cooperation during transitions from care (Mendes, Snow, & Baidawi, 2013; Mendes, Snow, & Broadley, 2013).

In recent years, most states and territories have introduced legislation or policy to assist care leavers beyond 18 years of age (Mendes, 2014). However, there are differences across jurisdictions in the types of support provided and the upper age limit for this support (Department of Social Services, 2014). As one example, *Victoria's Children, Youth and Families Act (2005)* includes legislative responsibility to provide leaving care and after-care support for young people up to 21 years of age (Department of Human Services Victoria, 2008). The Act obliges the Victorian Government to assist care leavers with finances, housing, education, training, employment, legal advice, access to health services, and counselling support (Crane, Kaur, & Burton, 2013). The level of support and financial assistance provided, however, is significantly below that provided for young people in out-of-home care who are under 18 years (Mendes, 2014). Under the *National Framework for Protecting Australia's Children 2009 – 2020*, Commonwealth, State, and Territory Governments have committed to establishing and implementing a nationally consistent approach to supporting young people leaving care (Department of Social Services, 2014). Nevertheless, the current lack of transitional support remains an impediment for young people from care backgrounds who wish to enter higher education.

Some Australian states provide specific initiatives to encourage care leavers to pursue vocational education. South Australia, Victoria, and Western Australia recently introduced fee waivers for care leavers wishing to pursue vocational education and training at Technical and Further Education (TAFE) institutes (Beauchamp, 2014). While the introduction of fee waivers should lead to increased enrolments and student retention over the coming years, it is important to note that the waivers do not extend to all states and territories. Furthermore, there are no equivalent national initiatives to

encourage the out-of-home care group to access higher education. Inconsistent treatment of fees for vocational students also creates inequities across states, enabling some care leavers to receive substantial subsidies while others pay full TAFE fees. Evidence suggests a number of care leavers transition to university either via TAFE, or via a range of sub-degree pathways such as tertiary enabling programs or bridging programs. Clarifying the tertiary pathways for care leavers, and enabling clear transition between them, is ultimately central to improving university access.

In the Australian higher education system, care leavers do not constitute an equity group and no data is collected to monitor their access, participation and retention rates. Section 3 explores in detail the need to reform the higher education equity framework, and to collect robust data on university access, participation and retention. In contrast to Australia, care leavers represent a distinct target group for higher education in England, along with students from low socio-economic backgrounds and students with disabilities (Office for Fair Access, 2013). Given the YiPPEE research project highlighted the relative equivalence of education disadvantage for people in out-of-home care across different countries, it is concerning that Australia has not given priority to young people from care backgrounds in its higher education equity policy.

Compared to the UK, Australia has moved much more slowly in terms of providing legislative and program responses for young people leaving care accessing higher education. Australia has no transparent data on university applications, offers, and enrolments for this group; little information on university strategies to support the group in recruitment or participation; inconsistent treatment of the group under the state-based educational access schemes operated through the tertiary admissions centres; few visible strategies to provide tertiary information and support to out-of-home care agencies, state-based departments, and other related not-for-profit organisations; no major national research on the university experiences of the group; few university societies such as the Barnardo's societies in British institutions through which students can volunteer and contribute to out-of-home care organisations; and little national analysis of the schools attended and regions in which people from care backgrounds live.

The *By Degrees* research undertaken by Jackson et al. in the UK influenced policy makers in Australia. Professor Jackson presented emerging findings of the *By Degrees* research at Parliament House in Sydney in 2001. As a result, the Minister for Community Services called for a major Government inquiry into the educational outcomes for children in out-of-home care in New South Wales (Committee on Children and Young People, 2002). The inquiry sought to identify the major issues and barriers related to the education and training of children and young people in out-of-home care; advise on ways to monitor their educational progress and outcomes; and identify effective strategies for enhancing the educational performance and outcomes of this group. Based on the submissions received, the inquiry report noted a general lack of focus on the educational needs of children once they enter the care system, with priority given to meeting physical and emotional needs.

### **Aboriginal and Torres Strait Islander people in out-of-home care**

The legacy of past policies and pervasive socio-economic disadvantage has contributed to the over-representation of Aboriginal and Torres Strait Islander people in the child welfare system. Placing Indigenous children in out-of-home care need requires sensitivity to cultural needs and circumstances. Within Aboriginal and Torres Strait Islander cultures the concept of 'family' is broad and extends beyond immediate family to a more collaborative approach to child rearing (Tilbury, 2013). This concept is reflected in the definition of a kinship carer for Aboriginal and Torres Strait Islander children which can refer to an Indigenous person who is a member of their community or a compatible community, or from the same language group (Australian Institute of Health and Welfare, 2013a).

The *Aboriginal and Torres Strait Islander Child Placement Principle* underpins child welfare provision for Indigenous children and families and governs out-of-home care placements. The purpose of the Principle is to preserve a sense of cultural identity and ensure that connections are maintained within a child's family, community, and culture (Ross-Rayner, 2008). The Principle states that the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family is: within the child's extended family; within the child's Indigenous community; with other Indigenous people. Finally, if a suitable Aboriginal and Torres Strait Islander placement is not available, a child may be placed with a non-Indigenous family, in consultation with an Aboriginal and Islander Child Care Agency (Australian Institute of Family Studies, 2013). All states and territories agreed to implement the Child Placement Principle in 1986. Since that time, all jurisdictions have incorporated the Principle in legislation and/or policy (Australian Institute of Health and Welfare, 2013a). Most jurisdictions have also adopted directives to facilitate contact between Aboriginal and Torres Strait Islander children and their birth families and to accelerate the return of children to their birth families (Bromfield et al., 2005). The impact of the Child Placement Principle is reflected in the fact that almost 70 per cent of Aboriginal and Torres Strait Islander children were placed with relatives/kin, other Indigenous caregivers, or in Indigenous residential care in 2012 (Australian Institute of Health and Welfare, 2013a).

There are difficulties recruiting sufficient numbers of carers from within Aboriginal and Torres Strait Islander communities. Issues that have been identified include: the fact that there are more Aboriginal and Torres Strait Islander children in care than Indigenous adults able to care for them; current carers are ageing and retiring and not being replaced by new carers; and there is a risk of overload and burnout of current carers (Bromfield, Higgins, Higgins, & Richardson, 2007). The shortage of Indigenous carers means a significant proportion of children are being placed with non-Indigenous carers. The research conducted by the Australian Institute of Family Studies highlighted the need for more cultural sensitivity training for non-Indigenous carers in order to 'enhance their ability, confidence and understanding of the cultural background and needs of the children in their care' (Richardson, Bromfield, Higgins, & Higgins, 2007, p. 5).

In general, Aboriginal and Torres Strait Islander students show poorer educational outcomes than non-Aboriginal and Torres Strait Islander students. Aboriginal and Torres Strait Islander students are less likely to attain minimum standards for literacy and numeracy, less likely to complete year 12, and are less likely to complete vocational education and training, or tertiary studies at university. Furthermore, 77 per cent of Indigenous carers who are caring for children under 15 years of age have not completed year 12 (Australian Institute of Health and Welfare, 2011b). Closing the gap in education outcomes between Indigenous and non-Indigenous students has been a national priority for some time. In addition, Indigenous children in out-of-home care are at increased risk of poor academic achievement compared with other children in out-of-home care. Specifically, Indigenous children on guardianship/custody orders have been found to be less likely to achieve the reading and numeracy benchmarks than other children on guardianship/custody orders (Australian Institute of Health and Welfare, 2007, 2013a). Providing educational opportunity and culturally appropriate support to the Indigenous out-of-home care group is critical.

### **Academic research on out-of-home care and education**

Historically, there has been a paucity of research on the educational needs and outcomes of young people in out-of-home care in Australia. In 2004, an audit of Australian out-of-home care research was undertaken on behalf of the Child and Family Welfare Association of Australia and the Association of Children's Welfare Agencies and supported by the Ian Potter Foundation (Cashmore & Ainsworth, 2004). The audit came from recognition of the need for a national agenda for out-of-home

care research and aimed to: identify existing research; avoid duplication; and identify priorities for future research. Cashmore and Ainsworth (2004) identified 94 Australian research studies investigating out-of-home care between 1994 and 2004. The audit found there had been no national research or evaluation projects and little research on the educational needs and outcomes of children and young people in care. The report also found few studies on out-of-home care for particular equity groups, including 'indigenous children, children from other cultural backgrounds, or children with disabilities' (p. 10).

### ***School experience, achievement, and completion***

To date, there has been no national-level data collection or reporting of the educational outcomes of young people in care. Nevertheless, there has been a moderate amount of Australian research into the school experience, achievement, and completion rates of this group. Since 2000 the CREATE Foundation, a national advocacy association for children and young people in care, has produced regular reports on the experiences of children and young people in care in Australia. The association released five 'Education Report Cards' between 2001 and 2006, focusing specifically on the educational needs, participation, and performance of children and young people in care (CREATE Foundation, 2006). The latest of these reports, the 2006 Education Report Card found that children and young people in care experienced a number of educational challenges and disruptions, attended a larger number of primary and high schools than other students and missed substantial periods of school through changes of placement. A broader Report Card was released in 2013, covering education along with other aspects of life in care, highlighting disrupted educational pathways and a lack of education planning (McDowall, 2013).

More recent research has confirmed that the out-of-home care group experience a number of educational challenges and disruptions in school (Tilbury, 2010; Wise, Pollock, Mitchell, Argus, & Farquhar, 2010). Wise et al. (2010), for example, found that 24 per cent of children had repeated a grade at school, 31 per cent had truanted in the past, and 15 per cent had been suspended in the past year. Research has also shown that young people in care are less likely to complete their secondary schooling (Cashmore, Paxman, & Townsend, 2007; Townsend, 2012).

Several Australian studies have examined the barriers to success at school for young people in out-of-home care. One of the main factors that negatively impacts the education of children in care is placement instability, often coinciding with school changes (Bromfield et al., 2005; CREATE Foundation, 2006; Fernandez, 2008; Townsend, 2012). Other barriers include: the trauma of past abuse and neglect; health issues; mental health issues; behavioural issues; involvement in the criminal justice system; absenteeism; bullying; lack of support from family; and lack of additional assistance from the school (CREATE Foundation, 2006; Fernandez, 2008; Frederick & Goddard, 2010; McFarlane, 2010; Townsend, 2012). Students in care may also have lower aspirations for education and lower expectations placed on them to succeed. Creed et al. (2011) for example, compared a sample of 200 secondary school students in out-of-home care with an equivalent sample not in care. The out-of-home care adolescents had lower educational aspirations, believed their parents had lower educational aspirations for them, and aspired to less complex and challenging occupations.

Two large scale quantitative studies by the Australian Institute of Health and Welfare (AIHW) have examined the school achievement of the out-of-home care group. The Institute conducted the first Australian study matching educational achievement data and community service data across multiple jurisdictions (Australian Institute of Health and Welfare, 2007). The study focussed on children on guardianship or custody orders, many of whom had been placed in out-of-home care. The sample comprised 895 children from five states and territories who completed reading and numeracy tests in government schools in 2003. At the time, participating jurisdictions employed different literacy and



numeracy tests and this limited comparability. Nevertheless, results showed that children on guardianship/custody orders had poorer reading and numeracy test scores compared with all children sitting these tests and were less likely to achieve the national reading and numeracy benchmarks. Indigenous children on orders had much lower reading and numeracy scores compared with other children on orders.

The Australian Institute of Health and Welfare subsequently examined the academic performance of almost 4,700 children on guardianship or custody orders from 2003 to 2006 across five different states (Australian Institute of Health and Welfare, 2011a). Results confirmed that a considerable proportion of children on guardianship/custody orders were not meeting the national benchmarks for reading and numeracy. Notably, children on guardianship/custody orders had lower levels of benchmark achievement when compared with other disadvantaged groups, specifically children with a language background other than English and children living in remote areas.

A more recent research project attempted to utilise the nationally standardised NAPLAN tests to examine the academic performance of school children in care. Stone and Wong (2011) examined a sample of children from 'Find a Family' in New South Wales. The program is offered through Barnados Australia and finds care and adoption for children permanently removed from their families by the Courts. The authors experienced difficulties obtaining access to the NAPLAN data from the Department of Education and Training, resulting in a small and fractured sample of only 30 children. The children were generally achieving results between the national minimum standards and the national average. The Pathways of Care is a larger, longitudinal study which commenced in New South Wales in 2011 (Paxman, Tully, Burke, & Watson, 2014). This five-year prospective study aims to collect detailed information about the wellbeing of children placed in out-of-home care in New South Wales and the factors that influence their wellbeing. The study group includes 2,827 children and young people, and educational outcomes are among the range of outcomes being examined.

Recent research within the school sector has helped contribute to substantial policy change, including early childhood interventions, government funding schemes, special education programs, partnership agreements, scholarships, and schools that are operated by community service organisations with specific education missions and models. These initiatives are outside the scope of this study, but it is worth noting that policy at school level has been much more extensively developed than at tertiary level, and this policy has been informed by a growing body of research and data, albeit primarily at state and territory level.

Nevertheless, while there have been several large-scale studies, there has remained a lack of national level data collection and reporting. In 2013, the AIHW released a working paper proposing a national method for reporting on the educational outcomes of children aged 0 to 17 years in child protection services (Australian Institute of Health and Welfare, 2013b). The proposed method involves national-level linkage of education data and child protection data. A phased approach to implementation was recommended, with Phase 1 involving linking NAPLAN data and the Child Protection National Minimum Data Set.

### ***Higher education access and achievement***

Australian research into the post-school educational experiences and progress of care leavers is limited. As a result, very little is known about the participation and achievement of this group in higher education. A federal division of legislative responsibility adds a level of complication to higher education policy that does not exist at the school and TAFE level where states have full jurisdiction. Nevertheless, some Australian studies that focus on education experiences at school level also include limited consideration of higher education. White and Lindstrom (2007), for example, conducted an investigation into improving educational outcomes for students in care in South Australia. The report included some recommendations relating specifically to higher education, such as: setting targets for

year 12 completion for students in care; giving young people in higher education the option of remaining in their foster home or residential unit; and implementing policies and targets in tertiary institutions to assist students who have been in care. Similarly, Wise et al. (2010) produced case studies of the education pathways of young people in out-of-home care which highlighted the need for resources and support for people entering tertiary education and for this support to extend beyond the end of out-of-home care.

McDowall (2009) examined post-school educational pathways as part of a CREATE Foundation Report Card on transitioning out of care. The Report Card included a survey of 275 individuals aged between 15 and 18 who were in the process of transitioning out of care and 196 individuals aged 25 and below who had transitioned out of the out-of-home care system. The survey highlighted the poor education and employment outcomes of students who had transitioned from out-of-home care, with only 35 per cent of care leavers completing year 12, 11 per cent undertaking a TAFE qualification and 2.8 per cent undertaking a higher education qualification. The survey also confirmed that unemployment was a significant problem for individuals who had left care, with 28.5 per cent of respondents indicating they were unemployed, compared to an overall youth unemployment rate of 9.7 per cent nationally in 2009.

Very few Australian studies have focussed specifically on higher education and the out-of-home care group. Cashmore et al. (2007) conducted a longitudinal study of care leavers in New South Wales. The authors examined the employment and educational outcomes of 47 young people four to five years after leaving care. The authors found that young people leaving care were less likely to have completed their secondary schooling compared with same-age counterparts in the general population. In addition, they were much less likely than their peers to be in full-time work or education four to five years after leaving care. More positive outcomes were associated with a sense of security in care, staying in the same placement after care, and receiving social support after leaving care. More recently, Jurczynszyn and Tilbury (2012) conducted a small qualitative study with the aim of better understanding the factors that influence interest in higher or further education. The study involved 13 young people who were in care or leaving care in Queensland who aspired to, currently attended, or had completed higher or further education. Factors that had influenced interest in higher or further education included: having someone to encourage educational aspirations, and explore careers and university life; advocacy to overcome practical barriers; and high expectations from carers, workers and teachers. In a more recent qualitative study, Mendis, Gardner, and Lehmann (2014) interviewed eighteen university-educated women who had spent time in out-of-home care to identify the factors promoting educational attainment. The authors grouped the women into one of five distinct categories based on their pathways to higher education: Destined, Decision, Determined, Denied, and Delayed. Educational experiences differed based on factors such as personality, resilience, and individual care circumstances, confirming the need for a tailored and responsive approach to promoting the educational achievement of children in care.

## **Conclusion**

Cross-national research highlights the relative equivalence of education disadvantage for young people in out-of-home care (Jackson & Cameron, 2012). Young people in this group often experience disrupted schooling, have lower achievement levels and secondary school completion rates, and are less likely to access or complete higher education. The UK and US have moved further than Australia in terms of researching the post-secondary educational outcomes and needs of young people in out-of-home care, and in providing legislative and program responses. The UK in particular has made substantial progress with institutional provision of bursaries, accommodation, personalised support, outreach, admissions policies, and the employment of dedicated staff for the out-of-home care group. In comparison, there has been a paucity of research into the progression of people from care into

higher education in Australia, and of potential policies that might increase aspirations, access and success. It is important that further research be conducted, and that care leavers themselves be actively involved in the design, methodology and conduct of such research.

**Recommendations –**

**Section 1. A group neglected? Lessons from the national and international research**

1. That the Australian Government facilitate a national framework for care leavers, involving consistent data definition and collection across state and territory governments, legislation to assist all care leavers beyond 18 years of age, and mandatory provision of post-secondary support for care leavers, including financial, accommodation and mentoring assistance.
2. That each state and territory government develop formal collaboration between the education sector and the child protection sector, for example through partnering agreements, with clearly outlined roles and responsibilities for the promotion of the educational success of young people in out-of-home care.
3. That the Australian Government work with the community service sector to provide educational access for carers (volunteer and salaried) whose academic mentorship of young people in the care system is compromised by their own educational disadvantage and who are interested in undertaking further study.
4. That state governments introduce fee waivers for care leavers pursuing vocational education and training at TAFE (only in South Australia, Victoria, and Western Australia at present).
5. That the Australian Government provide guaranteed bursaries for care leavers attending university.
6. That the Australian Government commission further research that captures the voices of care leavers nationally to inform tertiary education policy. This work could actively involve care leavers in the design and conduct of the research.
7. That the Australian Government lead the development of specific strategies to support the transition of Indigenous care leavers to tertiary education, involving Indigenous peak bodies, community service organisations, and state and territory governments.
8. That state and territory governments embed the role of tertiary education in the education plans and resources developed for children in out-of-home care.



## Section 2. Out of sight, out of mind? The need for a stronger evidence base

The collection and publication of accurate data on care leaver outcomes is central to developing national policy. One of the major findings of the final report from the extensive *Young People from a Public Care Background: Pathways to Education in Europe* (YIPPEE) research project, which examined post care educational outcomes in a number of European countries, was that ‘reliable statistical information is an essential basis for improving the educational opportunities of young people who have been in care. Comparative statistics bringing together care and education data should be collected and published by the EU and by national governments’ (Jackson & Cameron, 2012, p. 10).

The second stage of this project examined the landscape of data collection for out-of-home care in Australia as well as international data collection practice, particularly within the UK. This analysis included reviewing documentation associated with the collection and reporting of care leaver data in both Australia and the UK and informal discussions with state/territory child protection departments and the Australian Institute of Health and Welfare to determine what data currently exists and to identify gaps in the provision of care leaver data. Our research highlights that care leaver data is unacceptably poor, and that the paucity of data impacts upon policy, legislation, and institutional action. Despite some recent advances at school level, there is an urgent need for a national framework to track the educational outcomes of care leavers at post-secondary level.

### 1) Australian Bureau of Statistics (ABS) data on young people in care

A limited amount of data on foster children is collected through the Australian Census. Data on foster children are collected through the Child Type (CTPP) variable and are denoted by the label ‘foster child, so stated’. The Child Type variable collects data regarding the child/parent relationship between each household member and the primary respondent completing the census form. For the purposes of the census all individuals under 15 are regarded as children, while individuals over 15 are only counted as children if they are living with a natural, adoptive, step, foster, or grandparent at the time of the census (Australian Bureau of Statistics, 2012).

The presence of the Child Type variable allows us to examine a number of geo-demographic variables, such as: location, age and gender, as well as variables regarding educational levels and employment outcomes. However, there are a number of problems with using the data on foster children in the ABS census. As foster children are only counted as such while they are in care, the data does not necessarily cover the vital period from age 15 onwards and this limits the ability to examine late secondary school and post-secondary school education outcomes. Table 1 shows that the numbers of foster children counted through the Child Type variable dramatically drop off from 15 years of age onwards.

**Table 1: Count of Foster child by age group. 2011 ABS Census of Population and Housing.**

<b>Age group</b>	<b>Count</b>
0-4 years	4000
5-9 years	4936
10-14 years	4513
15-19 years	2295
20-24 years	284
25 year or above	380

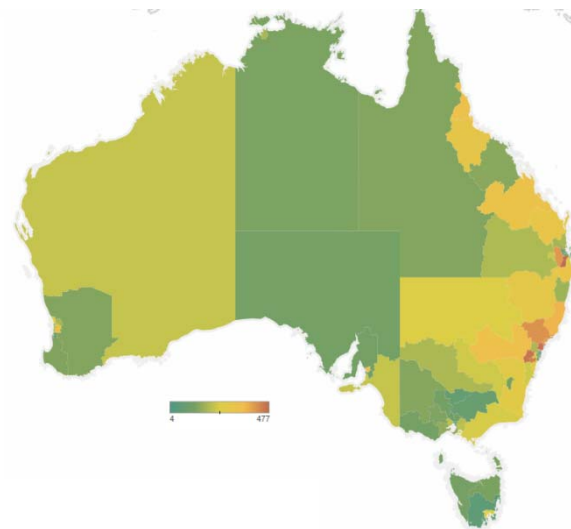
Data source: (Australian Bureau of Statistics, 2011)

Additionally, the Child Type variable does not count other forms of out-of-home care, such as kinship care and residential home care. National statistics show that foster care makes up only 43 per cent of out-of-home care nationally (Australian Institute of Health and Welfare, 2014a) and as such the census data accounts for less than half of all young people in out-of-home care.

Nevertheless, the ABS data set allows examination of the post-school educational outcomes of young people who remain in the household with their foster parent after 18 years of age. The ABS data show that educational outcomes for this group are relatively poor; with 45 per cent of individuals reported as foster children between the ages of 18 and 30 having completed year 12, compared to 77 per cent of the same age group nationally. Post-secondary educational outcomes revealed an even greater disparity; only 2 per cent of those in foster care group between the ages of 18 and 30 had completed a higher education qualification, compared to the national rate of 20 per cent. Since only a minority of young people remain in the household with their foster parent after 18 years of age, however, these outcomes may not be representative of the foster care group in general.

Using the ABS data it is also possible to examine the geographic location of this group. Figure 1 highlights a raw count of young people in foster care by Statistical Area 4 counted in the 2011 census. Unsurprisingly, young people in foster care are concentrated within major population centres such as capital cities.

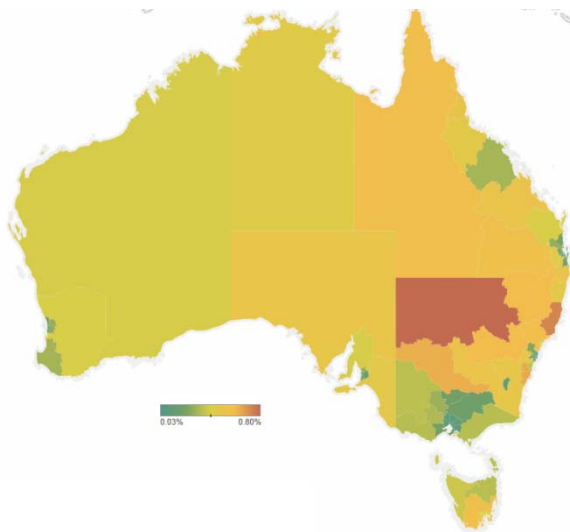
**Figure 1: Young people in foster care by Statistical Area 4 counted in the 2011 census**



Data source: (Australian Bureau of Statistics, 2011)

Figure 2 shows foster children as a proportion of all children by Statistical Area 4 in the 2011 census. The image highlights that foster children tend to be over represented in regional and remote areas. The Far West and Orana in North West NSW and the Mid North Coast in NSW Statistical areas level 4 have the highest proportion of foster children, with .8% and .7% respectively.

**Figure 2: Foster children as a proportion of all children by Statistical Area 4 in the 2011 census**



Data source: (Australian Bureau of Statistics, 2011)

## **2) Collaborative federalism: the role of the Australian Institute of Health and Welfare and development of the Council of Australian Governments' National Framework**

Responsibility for child protection, and consequently out-of-home care, rests primarily with the states and territories. As a result, much of the data on out-of-home care is administered at the individual state/territory level. This makes the collection of nationally consistent and reliable information on out-of-home care problematic. In response to this issue, the Child Protection National Minimum Data Set (CPNMDS) has been collected by the Australian Institute of Health and Welfare (AIHW) since 1991 (Australian Bureau of Statistics, 2013a). While the CPNMDS brought together data from each of the states and facilitated national level data, it had a number of shortcomings. It was based on aggregate data provided by state based child protection units and lacked child level data that would facilitate cross sectional and longitudinal analysis. There were also jurisdictional issues regarding consistent definitions for key variables.

There has, however, been considerable effort over the last few years to develop a sophisticated national child protection data set. This process was driven by the implementation of the Council of Australian Governments' 'Protecting Children is Everyone's Business: A National Framework for Protecting Australia's Children 2009–2020' (the National Framework). The National Framework consisted of 'high-level and supporting outcomes, strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the National Framework' (Council of Australian Governments, 2009).

As a result of the National Framework, the Australian Institute of Health and Welfare, with support from the all states and territories, commenced a project to collect nationally consistent child level data from the state child protection departments. The first child level data from the CPNMDS was collected and reported in 2012-13 (Australian Institute of Health and Welfare, 2014b). The development of nationally consistent child level data is a vast improvement on the old system, allowing cross sectional analysis but also the ability to match data from other data sources.

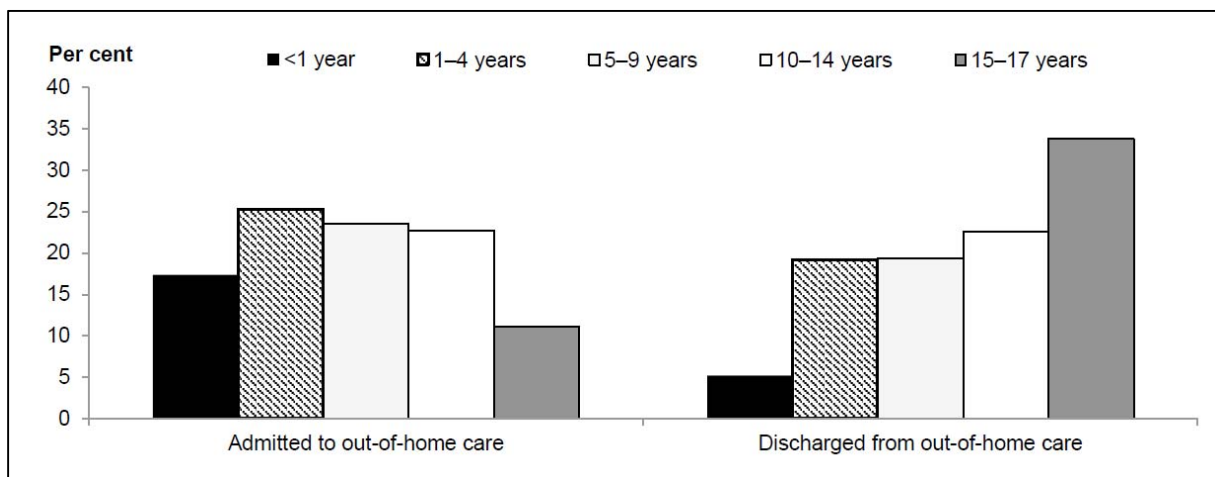
CPNMDS data is published in the annual Child Protection Australia report by the Australian Institute of Health and Welfare. The most recent report, Child Protection Australia 2012–13, includes key statistics for the national out-of-home care group under 18 years of age, including: number of children

admitted to, and discharged from, out-of-home care; age and sex profile; Aboriginal and Torres Strait Islander status; state; out-of-home care placement type (residential care, family group homes, home-based care, independent living, other); length of time in continuous placement; and proportion of children in out-of-home care also on care and protection orders (Australian Institute of Health and Welfare, 2014a).

According to the Child Protection Australia 2012–13 report, there were 40,549 children in out-of-home care at 30 June 2013. The majority of these children were in relative/kinship care (48%) or foster care (43%). Approximately half (52%) of all children in out-of-home care were boys, in line with the general population distribution. Approximately one-third (32%) of children in out-of-home care were aged 5 to 9 years and one-third (31%) were aged 10 to 14 years. Nationally, the rate of Aboriginal and Torres Strait Islander children in out-of-home care was ten times the rate for non-Indigenous children. The rate of Indigenous children placed in out-of-home care has steadily increased since 2008 from 41.3 to 57.1 per 1,000 children, while the non-Indigenous rate has increased to a lesser extent from 4.5 to 5.4 per 1,000 children (Australian Institute of Health and Welfare, 2014a).

In the 2012–13 period, 11,341 children were admitted to out-of-home care and 9,360 children were discharged. The age distribution of children discharged from out-of-home care was older than that of children admitted to out-of-home care. The age group most likely to be discharged from out-of-home care was children aged 15 – 17 years (see Figure 3).

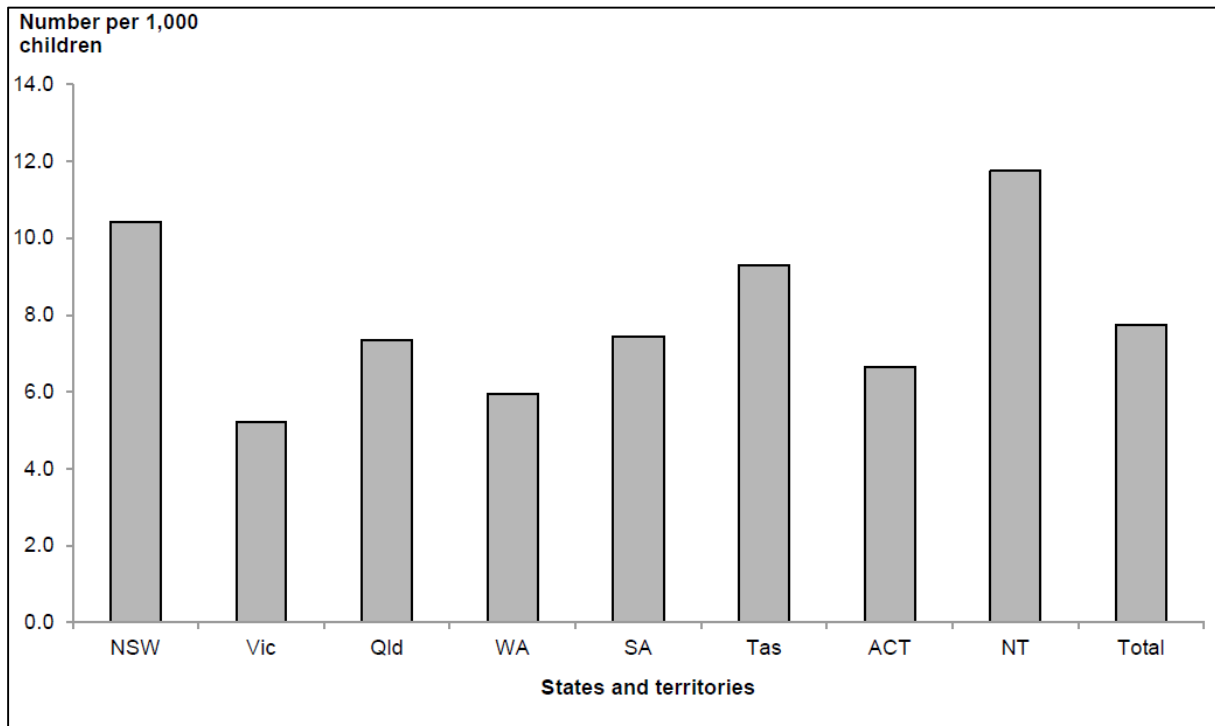
**Figure 3: Children admitted to, and discharged from, out-of-home care, by age group 2012-13**



Data source: (Australian Institute of Health and Welfare, 2014a)

The national rate of children in out-of-home care at 30 June 2013 was 7.8 per 1,000 children. Victoria had the lowest rate of children in out-of-home care (5.2 per 1,000) and the Northern Territory had the highest rate (11.7 per 1,000) (see Figure 4).

**Figure 4: Rate of children in out-of-home care by state and territory at 30 June 2013**



Data source: (Australian Institute of Health and Welfare, 2014a)

The ability to report data at the level of the child also allowed, for the first time, the ability for data matching to take place. To facilitate monitoring of National Priorities outlined within the National Framework, the Australian Institute of Health and Welfare has been working on a project to match a wide variety of data sources to the Child Protection National Minimum Data Set (CPNMDS). The AIHW has released a working paper proposing a national method for reporting on the educational outcomes of children aged 0 to 18 years in child protection services (Australian Institute of Health and Welfare, 2013b). A phased approach to implementation was recommended, with Phase 1 linking the Child Protection National Minimum Data Set and National Assessment Program—Literacy and Numeracy (NAPLAN) data.

NAPLAN assesses achievement against national minimum standards of literacy and numeracy in Years 3, 5, 7, and 9. NAPLAN data for government and non-government school students are held by authorities in each state and territory (e.g. the NSW Board of Studies, the Victorian Curriculum and Assessment Authority). The NAPLAN collection includes: identifying information (e.g. name, student IDs, date of birth); demographics (e.g. sex, Indigenous status; language background other than English status, geo-location, parental education; parental occupation); and NAPLAN test results.

In addition to the NAPLAN collection, the AIHW identified other data sources that could form part of the national data collection. These data sets included: the Vocational Education and Training (VET) provider collection; Australian Early Development Index; government school data; senior school qualification data; and Centrelink income support (see Table 2).

**Table 2: Potential data sources for AIHW’s proposed national data collection**

Potential data source	Items of interest	Data custodian	Notes
Child Protection National Minimum Data Set (CP NMDS)	<ul style="list-style-type: none"> <li>Orders data (start/end dates).</li> <li>Other child protection-related characteristics (e.g. time on orders, living arrangements)</li> </ul>	AIHW (national data custodian)	<p>The CP NMDS is expected to be operational from the 2012–13 collection (replacing the current aggregate collection).</p> <p>Any project involving CP NMDS data linkage would be subject to approval by each state/territory custodian and the AIHW Ethics Committee.</p>
National Assessment Program—Literacy and Numeracy (NAPLAN)	<ul style="list-style-type: none"> <li>Results (e.g. participation, test scores, etc.) from the 5 assessment domains</li> <li>Student background characteristics (e.g. sex, Indigenous status, etc.)</li> </ul>	NAPLAN Test Administration Authorities (state/territory education department or board/authority)	<p>Each state/territory has its own data release policies and protocols.</p> <p>NAPLAN data are available for government and non-government schools.</p> <p>ACARA holds some national-level unit record NAPLAN data, but the national data sets do not include all the data items required to undertake data linkage with the CP NMDS.</p>
VET provider collection (students and courses) VET in schools collection	<ul style="list-style-type: none"> <li>Participation in VET (e.g. enrolment, qualification type)</li> <li>Qualification completed, particularly completion of Year 12 equivalent (e.g. Australian Qualifications Framework Certificate II)</li> </ul>	National Centre for Vocational Education Research (NCVER)	<p>Unit record data can be requested by external users for the purposes of research.</p> <p>The feasibility of accessing VET data for linkage is to be further investigated. At present, limited data linkage items are available. The introduction of a national unique student identifier in 2014 may allow data linkage in future (IICCS RTE 2013).</p>
Australian Early Development Index (AEDI)	<ul style="list-style-type: none"> <li>Results from the 5 developmental domains</li> <li>Educational experiences in the year before entering school</li> <li>Child demographics</li> </ul>	Australian Government Department of Education (Education)	<p>Education has committed to making AEDI data available for linkage.</p> <p>AEDI data are being explored for inclusion in a number of other national data linkage projects currently under development.</p>
Government school data <sup>(b)(c)</sup>	<ul style="list-style-type: none"> <li>School enrolment</li> <li>School attendance/absence</li> <li>Formal actions (e.g. suspensions, expulsions)</li> <li>Learning plan in place</li> </ul>	State/territory education departments	<p>Each state/territory has its own data release policies and protocols.</p> <p>Data will be available for government schools only. Data availability/quality varies across jurisdictions.</p>
Senior school qualification data	<ul style="list-style-type: none"> <li>Completion of senior secondary school certificate (Year 12)</li> </ul>	State/territory education board/authority (e.g. NSW Board of Studies )	<p>In many states/territories, the education board/authority is an independent statutory authority serving government and non-government schools, and therefore may have data release policies and protocols</p>

Source: (Australian Institute of Health and Welfare, 2013b)

This sort of matching has already been piloted by the Australian Institute of Health and Welfare. In a pilot study, the AIHW matched NAPLAN data to measure achievement of Years 3,5,7 and 9 of students who, at the time of testing, were on a guardianship or custody order, whereby the state/territory was in ‘loco parentis’ (in place of parents). While only Victoria, Queensland, Western Australia, South Australia and Tasmania were included in the study and the definition differs slightly from out-of-home care, the report still gives a strong indication of what the AIHW national data collection is likely to find, namely that educational outcomes for young people in care are poor, and are broadly comparable to the education outcomes of Indigenous children (Australian Institute of Health and Welfare, 2011a).



### 3) Care leaver data

While there has been considerable effort to improve the quality of national, publicly available data on young people in care, there has been no such effort to develop care leaver data. Care leaver data, where it exists, is generally administered by individual state child protection departments or individual research projects. As part of our exploration of the current landscape of data on care leaver outcomes we explored two broad levels: data collected at state level by child protection departments; and data collected at national level by institutions such as Australian Institute of Health and Welfare (AIHW) and Australian Institute for Family Studies (AIFS).

The scope and content of data collected by state child protection departments can vary significantly by state, but generally includes at least the geo-demographics of those affected by the child protection system; details of reports, investigations and substantiations; and details of protection and care orders (Australian Institute of Health and Welfare, 2014b). The state-based administrative systems are also likely to record some details regarding outcomes of their clients, either as discrete variables or through case notes. As part of our environmental scan we contacted each of the state-based Department of Human Services regarding the recording of care leaver outcomes. The results, not unexpectedly, were mixed. Most states confirmed that they did not record post-care educational outcomes of their clients, but both Victoria and Queensland reported that the education outcomes of individuals who had spent time in out-of-home care were tracked 6 months after leaving school through the On Track and Next Step surveys respectively. These surveys were administered through the state-based departments of education and included an indicator which denoted if a respondent had been in care. However, while aggregate data from both of these surveys is made publicly available, the specific outcomes for care leavers are not, hindering the effectiveness of this data to guide care leaver policy. The data is also severely limited in tracking the longer term outcomes of care leavers.

While individual Departments of Human Services or their equivalents sometimes lack detailed data on out-of-home care clients, there is a growing trend to facilitate the matching of data from various governments to support research activity. To support this initiative, the Population Health Research Network (PHRN) has been established to facilitate data matching and sharing. As the PHRN website outlines: ‘Established with the backing of the Australian Government (as part of the National Collaborative Research Infrastructure Strategy) and supported by every Australian state and territory, the PHRN has built a network that will enable existing health data from around the nation to be brought together and made available for vital health and health related research purposes (<http://www.phrn.org.au/>).

As a result of this initiative, a number of states and territories, including Western Australia, South Australia, the Northern Territory, and New South Wales, have linked child protection records with a wide variety of state-based data sets including those from emergency departments, state education departments, and justice departments. This process provides much richer research data than any of these datasets alone. As well as facilitating technical support for matching data from different sources, the Population Health Research Network has helped to establish protocols for dealing with governance, privacy, and ethical considerations. While the PHRN and state-based data linking bodies can technically match much of this data, we found no publicly available report that specifically addressed care leaver outcomes. In addition, neither the PHRN nor state/territory data linking authorities are accredited to match Commonwealth level data, making impossible the matching of federal level data (including higher education) (PHRN, 2014).

Data at the state/territory level is variable. As mentioned earlier, there has been a demand for nationally standardised child protection data manifest in the implementation of the National Framework for Protecting Australia’s Children 2009-2020 (the National Framework). This

standardisation process is still in its infancy – while the creation of child level data necessary to facilitate data matching between the various datasets is completed, the actual data matching process is expected to take until at least 2016. However, in terms of care leaver outcomes, the planned Child Protection National Minimum Data Set currently includes data on young people only whilst they are in care and only up to the age of 18. These restrictions will severely limit the ability to provide meaningful data on higher education outcomes.

The inability to track care leavers beyond their care period and/or the age of 18 is a significant weakness considering the National Framework identifies ‘transitioning to independence’ as one of twelve national priorities to be addressed by the plan. The indicators for measuring progress against the ‘transitioning to independence’ national priority have varied over the course of the development of the National Framework but all only cover the period of while the young person is in care. Within the 2009-10 annual report to COAG on the National Framework, school retention rates from year 10 to year 12 and the proportion of children on guardianship and custody orders achieving national reading and numeracy benchmarks were selected as indicators (FaHCSIA, 2010a). By the 2012-13 annual report this was expanded to include the proportion of children with transition from care plans and the proportion of children aged 15–17 years leaving care and scoring ‘of concern’ on the Strengths and Difficulties Questionnaire (FaHCSIA, 2014). There was no published plan for indicators that measure the actual outcomes of young people once they left care.

The limited scope of the Child Protection National Minimum Data Set – covering only those under the age of 18 – is based on the current status quo for the collection and reporting of child protection statistics and reflects the legal position that classifies wards of the state as independent at 18. This statutory limitation exists despite the fact that many young people continued to remain dependent on their parents until age 21 or even 25, and does not acknowledge the severe disruption most care leavers experience which is likely to delay the transition. While the states and territories may continue to provide support to some care leavers after the age of 18, they no longer have primary responsibility for their wellbeing and consequently little data is collected on them (Mendes, 2008, 2009). Recent research suggests transitions to independence often take much longer than the mandated 18 years of age and may take as long as until age 25, and those leaving out-of-home care should continue to be supported until they are ready to make the transition (McDowall, 2009; Mendes, 2008). This fact was recognised within a number of planning documents supporting the ‘transitioning to independence’ National Priority which state that young care leavers should continue to be supported until age 25 where required (FaHCSIA, 2010b, 2011).

While the current indicators outlined within the National Framework provide a valuable insight into factors likely to affect a young person’s transition from care, there is no provision for the systematic tracking of outcomes once they have left care. Arguably, the Australian Institute of Health and Welfare is the best placed organisation to develop further care leaver data, given that the organisation has already successfully developed child level data and, along with the Australian Bureau of Statistics, is one of only two authorised national data integration authorities.

#### **4) Next steps**

The collection of data is pivotal to improving higher education, and broader care leaver outcomes. While there has been a dramatic improvement in the collection of data while young people are in care in recent years, there is still an enormous gap on care leaver outcomes. Following the By Degrees research report, the UK has developed initiatives that could easily be adopted here and that have proven to be successful. In particular, we recommend two broad initiatives to improve the quality of post care data: that data on care background is collected by universities at enrolment; and that longitudinal data on care leavers be maintained until 25 years of age.



As Section 3 highlights, there are very few Australian universities that have programs targeted to students from care backgrounds and there is little data collection at enrolment. However, there are some small steps towards recognising care leavers as a discrete student equity group within higher education. In 2015, the Victorian Tertiary Admissions Centre (VTAC) added a question on out-of-home care background within its scholarship application form, although there is no plan as yet to include such a variable within its application process. The collection of data on the out-of-home care status of students could be collected two ways. Care leavers could be included as a variable within the Higher Education Information Management System (HEIMS) to be reported consistently by all higher education institutions as part of the student census. This would allow sector-wide and consistent data on care leavers within Higher Education and would allow access, participation, retention and completion of the group to be closely monitored and reported. Parallel data could be collected within the Australian vocational education and training management information statistical standard. Care leaver status could also be linked to the Higher Education Participation Program (HEPP) and dedicated funding could be made available to incentivise the recruitment and support of care leavers. This is similar to the system set to be introduced within the UK, which has seen care leaver data start to be collected from all higher education institutions by the Higher Education Statistics Authority for the 2013-14 statistics collection cycle.

In Australia, however, initial numbers of care leavers in higher education are likely to be too small to avoid statistical margins of error, and the potential to report proportional rates of participation and success through HEIMS is best seen as a longer term objective. In the shorter term, the approach of the UK Buttle Foundation could be used and data on the care background of students could be collected voluntarily by universities, and collated and analysed by a third party. Universities could collect out-of-home care data at application or enrolment. While this method may result in some variability and potential inconsistencies, the clear establishment of data would generate momentum for advocacy and more robust analysis, evidence and research.

There is an additional requirement to collect improved data on the outcomes of all care leavers. The Australian Institute of Health and Welfare is ideally placed to manage this work given the fact it is one of two organisations accredited to match Commonwealth level data, and conducts ongoing work with child protection data. While the AIHW, in support of the National Framework, has dramatically improved the quality of out-of-home care data, there apparently is no plan to extend the scope of the Child Protection National Minimum Data Set beyond 18 years of age. Such an extension would be consistent with the supporting documents for the National Framework stating that transition from care takes place from 18 to 25.

From a technical perspective, the Australian Institute of Health and Welfare is already likely to have much of the data required through the Child Protection National Minimum Data Set to continue to match data once a young person has left care, and the AIHW has formed the procedures to manage governance, privacy, and ethical issues and established relationships with key stakeholders. Data sources could include the vocational and higher education sectors, and extend beyond educational providers to include Department of Health and Centrelink data. This data could be used to examine a wide range of outcomes aside from higher education. The tracking of outcomes could continue until at least 25 years of age.

Alternatively, care leaver outcomes could be tracked by a national longitudinal study. This study could be similar to the one being planned by the Victorian Department of Human Services - Beyond 18: The Longitudinal Study on Leaving Care (Australian Institute of Family Studies, 2014). Other options, such as using existing longitudinal research (such as the Longitudinal Survey of Australian

Youth) to track care leavers are not likely to yield a sufficient sample of care leavers given their relatively small number compared to the general Australian population.

**Recommendations –**

**Section 2. Out of sight, out of mind? The need for a stronger evidence base**

9. That the Australian Government commission the Australian Institute of Health and Welfare to commence national-level data collection of the higher education access and outcomes of care leavers to determine the level of under-representation and inform policy. The Australian Institute of Health and Welfare's collection of educational outcomes could be extended from 0-17 year olds in out-of-home care to care leavers up to at least 25 years of age.
10. That universities collect and report on care leaver data. This work could inform potential subsequent reporting of care leaver data through the Higher Education Information Management System (HEIMS) and Australian Vocational Education and Training Management Information Statistical Standard.

### Section 3. Policy and cultural reform: the higher education sector

In 1990, a national equity strategy was developed in the Australian Government's higher education policy statement, *A Fair Chance For All: national and institutional planning for equity in higher education* (Department of Employment Education and Training, 1990). This statement defined national equity objectives for higher education, and subsequently six disadvantaged client groups were identified, all of whom were under-represented in higher education. The groups identified were: people from socio-economically disadvantaged backgrounds; Aboriginal and Torres Strait Islander People; women, particularly in non-traditional courses and postgraduate study; people from non-English speaking backgrounds; people with disabilities; and people from rural and isolated areas. *A Fair Chance For All* focused on access and representation, noting the need to change 'the balance of the student population to reflect more closely the composition of society as a whole' (Department of Employment Education and Training, 1990, p. 8). This principle was central to the subsequent establishment of equity indicators in 1994 when baseline data first compared the university participation rates of the six identified equity groups with their share of the total population (Martin, 1994).

The establishment of equity groups led to the collection of rich data on access, participation, success, retention and graduate outcomes, at both institutional and national levels. Further consequences of their establishment included the creation of a detailed research agenda around each category, and the provision of targeted national funding to support the groups (Bradley, Noonan, Nugent, & Scales, 2008). For example, in 2012 the *Other Grants Guidelines (Education)* section was developed within the *Higher Education Support Act (2003)*. Section 1.5.1 of the guidelines outlined that 'Programs in this chapter aim to assist with overcoming barriers to *access* and *participation* by domestic *undergraduate* students in higher education, in particular, those students who are Indigenous, who come from a low-SES background, or who have a disability' (Australian Government, 2012b). The Indigenous Support Program, the Higher Education Disability Support Programme, and the Higher Education Participation and Partnerships Programme (HEPPP) were all established to support students within these longstanding equity groups, and funding is distributed to institutions according to enrolment data. A separate regional loading fund (\$64m in 2012) supports regional campuses, thus indirectly supporting students from rural and isolated areas (Australian Government, 2012a). The non-English speaking background group receives no direct funding from the Australian Government, but the existence of this category continues to carry both research and funding implications. For example, in 2009 the Australian Government introduced 'mission-based compacts' in which each university was compelled to set participation targets for low socio-economic students and students from another equity category of their choice. In 2011, two universities specifically selected non-English speaking background as a target equity category for increased participation: Royal Melbourne Institute of Technology and Victoria University (Mestan & Harvey, 2014). Total reward funding available for meeting institutional targets was \$27m in 2011 (Australian Government, 2011). In total then, at least \$250m per year is currently allocated to support the identified equity groups.

#### Stasis and change: The equity framework 25 years on

The equity framework has been comprehensively reviewed on several occasions (Australian Institute of Health and Welfare, 2014c; Bradley et al., 2008; James, Baldwin, Coates, Krause, & McInnis, 2004). Remarkably, there has been little change to the groups in the 25 years since they were first canvassed. The proportionate representation of the non-English speaking background group at university has led some researchers to conclude that the category should be removed from the national equity framework (James et al., 2004; Norton, 2014, July 28; Watson & Pope, 2000). To date, this call has not been heeded, partly because the equity categories were not exclusively designed to consider

access. Students from a non-English speaking background still face disadvantage at different points of the higher education continuum, most notably at the level of graduate outcomes (Mestan & Harvey, 2014).

Some researchers have highlighted the need to focus on some groups excluded from the national framework, such as students from refugee backgrounds (Ben-Moshe, Bertone, & Grossman, 2008). However, no new category has been added since 1990. Instead, revisions to the framework have been largely hermeneutic, with a focus on categorical definitions. This focus has been sharpest in the case of low socio-economic students, where Australian Bureau of Statistics data has recently been harnessed to consider disadvantage within a smaller statistical area level than the previous postcode measure allowed (Australian Institute of Health and Welfare, 2014c).

The only substantive change to the framework has been to the prioritisation of particular equity groups. There was a reduced focus on the category of 'women in non-traditional fields' after initial national targets - 40 per cent for most non-traditional fields and 15 per cent for Engineering – had been achieved. While women in non-traditional fields still constitute an equity category, there are no national policies in this area (Norton, 2013) and equity performance data for this target group has not been published since 2005 (Gale & Parker, 2013). In 2008, the Bradley review recommended that all six equity groups continue to be monitored but that future attention should focus on the three groups that remain significantly under-represented: students from low socio-economic backgrounds; students from regional and remote areas; and Indigenous students (Bradley et al., 2008).

There has been no substantial change to the student equity framework despite transformational change at sectoral level. Since 1990 there has been a dramatic growth in international students and increased demand for postgraduate study, with international studies now comprising 25 per cent of students and postgraduates comprising 27 per cent of students (Australian Government, 2014a). Student fees have also risen sharply from \$1,800 for all disciplines when the Higher Education Contribution Scheme (HECS) was introduced in 1989 (Access Economics, 2011) to variable rates of up to \$10,000 in 2014, with the potential of deregulation to follow (Australian Government, 2014d).

The Australian Government's commissioned review by the Australian Institute of Health and Welfare (2014c) focused on the development of a performance measurement framework for equity in higher education. The Australian Institute of Health and Welfare identified 61 potential indicators for monitoring educational attainment and outcomes, precursors of higher education and education system performance. However, while advocating an expanded range of performance measures for the equity categories, the scope of the review excluded interrogation of the overall architecture and constituent categories of the framework.

Despite the maintenance of fixed national categories, institutions have developed some tailored strategies and individuated approaches to equity. For example, the special entry access schemes operated by tertiary admissions centres enable applicants to outline their own individual elements of disadvantage, such as disrupted schooling or a difficult home environment, and potentially to receive bonus entry points on a sliding scale to compensate for this disadvantage where demonstrated (Queensland Tertiary Admissions Centre, 2014; Universities Admissions Centre, 2014; Victorian Tertiary Admissions Centre, 2014). Further, advances in predictive and learning analytics have enabled the identification of risk factors to be detected at individual level, rather than relying on group demographics (Clarke & Nelson, 2013; Long & Siemens, 2011; Siemens, 2013). Most universities include assessments of individual disadvantage at the point of entry and track individual risk throughout students' degrees, alongside strategies to address collective disadvantage through targeting the identified equity groups. Institutional programs exist to improve access of groups such as students from refugee backgrounds (Ben-Moshe et al., 2008) and mature age students (Cullity, 2006).

Institutional programs also exist for specific categories relevant to particular universities, for example several universities located in the eastern states of Australia target Pacific Islander students (Australian National University, 2014; Griffith University, 2014; University of Western Sydney, 2014).

Nevertheless, the continuing existence of the equity categories remains central to the national equity framework. Substantial Commonwealth funding is based on institutional performance in the categories, and the development of longitudinal data sets enables sophisticated research programs to be developed for each category. The Commonwealth Scholarships Scheme highlights that universities may have some discretion in the definition of disadvantage, but that the original Martin indicators remain the benchmark (Department of Education, 2014, June). Funding, research, scholarships, and action follow the categories. The dominance of the framework explains why postgraduate equity has been largely neglected despite its growing importance (Harvey & Andrewartha, 2013). The existence of a limited framework means that much data is simply not collected for different groups at different levels. The absence of data itself makes policy difficult to implement and action less likely to occur.

### **Reframing the framework**

A revised national student equity framework could be developed to better accommodate specific groups such as care leavers. In England, the Office for Fair Access recognises care leavers as a distinct university target group (Office for Fair Access, 2013). According to the UK Government's Department for Business Innovation and Skills, 'Under-represented groups across higher education include students from less-advantaged backgrounds, students with disabilities, students from some minority ethnic groups, and care leavers' (Business Innovation and Skills, 2011, p. 2).

Extensive research within the *By Degrees* project led by Sonia Jackson in 2005 highlighted that university admissions and other staff regularly under-estimated the academic potential of care leavers and that educational opportunities for those in care were limited (Jackson et al., 2005). Further, the research found that only one British university had a comprehensive policy on care leavers. Main recommendations of the *By Degrees* report included that 'All higher education institutions should have a comprehensive policy for recruitment, retention and support of students from a care background' and that 'university (UCAS) and college application forms should include an optional tick-box to indicate that an applicant has been in local authority care' (p. xiv).

These recommendations were soon actioned. The Office for Fair Access now recognises care leavers as a distinct university target group and has focused on care leavers for a number of years (Office for Fair Access, 2013). In 2006, the Office for Fair Access wrote to all institutions with access agreements to highlight the work of the Frank Buttle Trust (now Buttle UK), and to encourage them to consider how their access agreements addressed the needs of care leavers. Since the introduction of care leavers as a formal equity category, numerous universities have expressly addressed the participation of the group through their outreach, scholarships, accommodation, and other support. Only one institution offered a care leaver bursary as part of its access agreement in 2006, but this number rose to 31 institutions in 2011-12, and 52 institutions in the agreements for 2014-15. In addition, 39 institutions have set targets for care leavers and 49 have specified outreach activity for care leavers in the 2014-15 agreements (Department for Business Innovation and Skills, 2014). The introduction of a care leaver identifier as part of the Higher Education Statistics Agency student record from 2013-14 will also support research and evaluation of care leaver outcomes (Department for Business Innovation and Skills, 2014).

Taken together, major research initiatives, additional support measures, and legislative changes have increased the number of young people choosing to continue in education beyond school level in



England. Only 1 per cent of 19-year-old care leavers were in higher education in 2003 (Department for Business Innovation and Skills, 2014) but this figure increased to 6 per cent by 2013 (Department for Education, 2013). Much of this improvement in access to English higher education has arguably resulted from the inclusion of care leavers as a distinct equity category, with student participation being monitored, analysed and supported.

In Australia, care leavers could simply be added to the existing equity framework, but such an approach would be methodologically problematic given their low participation numbers and the existence of other competing groups. An alternative approach might include a more extensive redefinition of the framework that would encourage universities to focus on specific equity groups without undermining the established broad cohorts. For example, other marginalised groups include people from refugee backgrounds, mature age and/or part time students, first in family students, and Pasifika communities. James et al. (2004: 54) note that most disadvantaged sub-groups are 'subsumed' by the broader equity categories, yet the extreme level of disadvantage faced by some sub-groups necessitates very particular strategies and resources to increase their participation. Revision of the student equity framework could also consider how to accommodate greater institutional mission diversity and finer calibration of disadvantage. To this end, the more advanced data collection techniques now available, such as nuanced measurements of socio-economic status and the introduction of the Commonwealth Higher Education Student Support Number, could potentially be employed to collect and report data on a greater range of groups at a greater number of levels (Australian Government, 2014c; Department of Education Employment and Workplace Relations, 2012).

The national framework could also support institutions to address compound disadvantage, which is particularly important for the out-of-home care group. As James et al. noted in the review of the framework in 2004, many people occupy overlapping equity categories (James et al., 2004). In particular, a high proportion of regional people are also from low socio-economic backgrounds. Equally, state-level data suggests that a large proportion of out-of-home care people are from low socio-economic status, regional, or Indigenous backgrounds (State Government of Victoria, 2012). Because the two largest equity categories of overlap – regional and low socio-economic background status – are derived from geographic measures, James et al. (2004: 56) argued that further work to quantify the effects of multiple disadvantage was impractical at a national policy level. Nevertheless, both governments and institutions need to be cognizant of the reality of compound disadvantage when developing student equity policy.

Compound disadvantage is conceptually different from mere membership of multiple equity groups. In the case of care leavers, their disadvantage is likely to be exacerbated by membership of multiple equity categories in a way that mere addition cannot capture. For example, at institutional level this means that simply combining selection bonus points for a person who belongs to multiple equity categories – e.g. five points for low socio-economic background plus five points for regional status – will often provide insufficient compensation and fail to capture the multiplier effect of disadvantage. For a transitioning care leaver, traditional compensation through the equity category memberships is not likely to compensate for the disadvantages of disrupted schooling, residential uncertainty, leaving country, and other prevalent factors. The argument here is not to abandon or radically change the six groups that form the bedrock of the national student equity framework. However, limiting the scope of national or institutional equity frameworks to flat membership of six broad categories is insufficient to mitigate extreme and/or compound disadvantage experienced by some prospective student groups.

## **Devolution of equity**

Proposed national policy changes may need to facilitate increased funding and a greater devolution of responsibility for student equity to institutional level, enabling greater diversity of effort. The proposal to introduce access agreements, similar to the English model, might enable universities to expand their efforts beyond the traditional equity categories. This approach carries risks, particularly if elite universities target groups who face only minimal disadvantage. However, by empowering universities to define some types of disadvantage by criteria beyond the national framework, equity strategies might be better tailored to the circumstances and demographics of the geographic catchments of universities.

Proposed fee deregulation includes a component for a Commonwealth Scholarships Scheme. Similar to England, this measure would compel universities to spend 20 per cent of their profits from student fees on individualised equity measures (Australian Government, 2014b). Also similar to England, proposals call for the establishment of access agreements in which universities will be guided by the existing equity indicators, but will maintain the ability to address other disadvantaged groups according to their own needs and preferences (Australian Government, 2014, June). While the fate of deregulation and the access agreements is uncertain at the time of writing, the Government has clearly articulated its desire for greater institutional discretion around the definition of disadvantage and subsequent allocation of funding.

Although national data is limited, initial analysis suggests a concentration of people from out-of-home care in certain Australian regions. The data also reveal demographic differences by state. In the Northern Territory, Indigenous children comprise 83.3 per cent of children in out-of-home care and in Western Australia the Indigenous proportion is 49 per cent (Australian Institute of Health and Welfare, 2014a). Other states have lower Indigenous proportional representation, with Victoria having the lowest at 16.6 per cent. Thus, some universities are better placed to address the problem of low out-of-home care participation, and some universities will confront different types and levels of compound disadvantage. The diversity and complexity of the issue suggests a need for a multi-layered approach that provides for state and institutional autonomy beyond an overarching national framework. James et al. (2004: 43) made similar recommendations when examining the non-English speaking background category: 'Given the regional diversity of immigrant groups, universities should be encouraged to develop focused programs for specific groups of recent immigrants in their local areas, as part of their responsibility for community service and engagement.'

The advantages of a devolved approach to equity are visible from the access agreements in England. Access agreements are sufficiently flexible to allow institutions to respond to particular regional, demographic, and employment challenges. Each institution tends to focus on the equity groups and sub-groups that are under-represented at the institution and to target widening participation activities to under-represented groups that live in close proximity to the institution. Equity priorities also vary depending on the type of institution. Selective and specialist institutions focus on widening access while smaller and more inclusive institutions, which already attract a high proportion of students from disadvantaged backgrounds, focus on improving the retention, success and completion of these students (Higher Education Funding Council of England and the Office for Fair Access, 2013). It should be noted, however, that institutional action is most likely to occur when supported by national policy. Substantial reform is unlikely in the absence of a national commitment to improve participation of, and research into, care leavers.

### **University policies and practices**

Our research also involved a survey of Australian public universities. The survey was designed to determine the types of policies, support structures, and procedures universities currently have in place that specifically target care leavers, and how universities can increase higher education access and

support for care leavers. Invitations to complete the online survey were emailed to senior equity representatives at all 37 Australian public universities. A total of 28 universities responded to the survey, representing a 76% response rate.

### **1) University policies, support structures, and procedures specifically targeting care leavers**

The survey results showed that most universities do not have any policy, support structure, or procedure specifically targeted to care leavers (see Table 3).



**Table 3: University policies, support structures, and procedures targeted to care leavers**

<b>Q. Does your university have any of the following policies, support structures, or procedures specifically targeted to care leavers?</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
Recruitment policies or guidelines	2	22	3
Admission policies	5	19	2
Outreach programs	4	19	3
Scholarships	1	18	7
Accommodation options	0	24	1
Other policies or support programs	0	17	9
Data collection procedures	1	22	4
Progress tracking procedures	1	23	3
Relationships with out-of-home care service providers	5	8	14

Note: The total number of responses differs for each item as responses were not mandatory (i.e. respondents were able to skip items).

As shown in Table 3, only two universities reported having recruitment policies or guidelines specifically targeted to care leavers. However, respondents were also asked to describe other recruitment policies at their institution that may cover people from care leavers indirectly. Approximately one third of the universities reported having equity-based recruitment policies or general recruitment policies that may cater to care leavers. As described by one respondent, ‘we have a range of recruitment policies which target students from non-traditional and low socio-economic status backgrounds, so these students would be captured to the extent that they may be a sub-set of such groups’.

Only five universities reported having admission policies specifically targeting care leavers. Approximately one third of the universities, however, described how their university admits students through special entry access schemes (SEAS) that may cater to these students indirectly. For example, one respondent commented that ‘through the SEAS provisions of VTAC students can outline their personal circumstances and background and be allocated consideration for those circumstances. Care background can be considered under the “difficult personal circumstances” provision’.

The survey found that only four universities deliver outreach programs specifically targeted to care leavers. For example, one university reported that they ‘have brought students to the University on taster days and have started a computer club which has proved very successful’. Approximately half of the universities reported having outreach programs that, while not specifically targeting care leavers may include some of these students. For example, one university delivers a residential summer school program and a mentoring program that, while not exclusively for care leavers, prioritises participation of these students. Another respondent commented, ‘we have outreach programs that target low socio-economic status students ... that may include students from out of home care backgrounds, but we do not collect this information’.

While only one university reported offering specific scholarships for care leavers, approximately 60 per cent of universities reported offering equity scholarships for which care leavers would be eligible to apply. A typical comment was: ‘we have a suite of equity scholarships that would take an individual's circumstances into account’.

None of the universities surveyed had accommodation options specifically targeted to care leavers. However, approximately 40 per cent of universities reported having some accommodation options that may be available to care leavers. One university commented that ‘in the past two years one of our

Colleges has provided full or top-up scholarships for out-of-home [care] students. We have negotiated on behalf of these students on a case by case basis’.

None of the universities surveyed reported having any other policy or support program specifically targeted to care leavers. Two universities, however, reported recently taking steps to increase higher education access and support for this group. One university had recently advertised for a Care Coordinator ‘who will be responsible for working with students in out-of-home care and young carers’. At another university, ‘students from out-of-home backgrounds and their particular support needs has been raised as a specific area of exploration in the University’s Social Inclusion Committee and a working group has been formed to explore this further’.

Only one of the surveyed universities reported collecting data about care leavers. At this university, ‘all widening participation based activities record this information’. It was acknowledged, however, that data are self-reported and some students may not report coming from a care background. It was mentioned that ‘information we do have with regard to participation levels will be an underestimate’. Three universities confirmed some limited and decentralised data collection. For example, one respondent suggested that ‘there may well be (confidential) client notes etc with support and advisors’ and another commented that ‘some Faculties advise they have comprehensive data [related to] their selection of students from equity groups’. Only one university tracks the progress of care leavers and ‘only as part of wider equity initiatives such as transition programs’.

Only five universities reported having relationships with out-of-home care service providers. It is worth noting however, that approximately half of the respondents reported being ‘unsure’ if there were any relationships with service providers. Several respondents reported that it was likely that some relationships existed but that these would be separately managed by specific areas of the university such as within counselling services or within individual teaching units, particularly social work, social policy, or education. This dispersion and lack of central documentation at management level makes it difficult to determine the prevalence and nature of existing relationships with service providers.

## 2) How universities can increase access for care leavers

Respondents were asked what higher education institutions could do to increase access for care leavers. A total of 23 respondents provided a response to this item and most responses included more than one suggestion. The most frequently made suggestions are presented in Table 4.

**Table 4: How universities can increase access for care leavers**

(n = 23)

<b>Suggestion</b>	<b>No. of respondents</b>
Offer targeted scholarships and financial support	9
Build partnerships with out-of-home care service providers	9
Work closely with secondary schools to support students in out-of-home care	5

As shown in Table 4, the most frequent suggestion was to offer targeted scholarships and financial support (mentioned by nine respondents). One respondent, for example, recommended ‘explicitly mentioning out-of-home care as ensuring eligibility [for] scholarships’. Another frequent suggestion was to build partnerships with out-of-home care service providers. For example, it was felt that individualised support ‘may be best facilitated through links to agencies that already have ongoing relationships with young people living in out-of-home care environments’. Another common

suggestion was to work closely with secondary schools to support students who are in out-of-home care. As one respondent commented ‘the later secondary years are a key period for preparing students for higher education access’.

### 3) How universities can better support care leavers while they are studying

Respondents were asked what higher education institutions could do to better support care leavers while they are studying. A total 21 respondents provided a response to this item and most responses included more than one suggestion. The most frequently made suggestions are presented in Table 5.

**Table 5: How universities can better support care leavers while they are studying**

(n = 21)

<b>Suggestion</b>	<b>No. of respondents</b>
Provide scholarships and financial support	10
Accommodation support	7
Ensure care leavers are linked to student support services	6
Create institutional awareness and recognition of the group in equity policies and initiatives	5

Table 5 shows that a recurring suggestion was to provide scholarships and financial support for care leavers (mentioned by ten respondents). For example, one respondent commented that their university ‘could be more explicit in mentioning them as a group in our marketing of scholarships and grants for low socio-economic status students’. Another common suggestion was to ensure that care leavers are provided with accommodation support. As one respondent noted, ‘probably increasing access to on-campus accommodation would be a key strategy - students who live in residence have a very high success rate’.

Several respondents suggested ensuring that care leavers are linked to student support services. As one respondent noted, ‘student welfare support would be of benefit to students who may not have family to fall back on once they leave care as a young adult’. Finally, another common suggestion was to increase institutional awareness and recognition of the group in equity policies and initiatives. For example, it was mentioned that ‘internal recognition and development of policy would assist’ and that it would be beneficial to ‘introduce a process to identify them as a cohort and then include them in current support programs for currently identified equity groups’.

### Limitations

The survey is limited by its incompleteness. The survey was distributed to 37 universities and 28 responded, representing a 76 per cent response rate. This is a healthy sample from which we are able to make generalisations about the sector. However, nothing can be interpreted from the non-responses. For example, a non-response cannot be interpreted to mean that the university does not have any policy or support structures in place for the out-of-home care group. Another limitation stems from the fact that the items in the survey were not mandatory and thus respondents were able to skip items. Again, caution needs to be taken when making conclusions about unanswered items. Despite these limitations, the survey captured valuable information regarding the current lack of institutional strategies targeting care leavers as well as potential methods for increasing the higher education access and success of this group.

### Conclusion

Analysis of existing higher education policy reveals a general absence of care leavers. Our own research surveying Australian universities confirms that few specific policies exist at institutional level to improve access and achievement of the out-of-home care group. While there is often an assumption that the group will be included in broader equity categories, such as regional and low socio-economic status backgrounds, our evidence suggests that this is not, and will never be, enough. The levels of access for care leavers are so low that direct and explicit support is required to improve their access and recruitment, at both national and institutional levels. In the short term, universities could collect and share data on care leavers, while revision of the national student equity framework could also examine how care leavers and other disadvantaged groups could be better identified and accommodated. Devolution of responsibility to institutions could also enable tailored strategies to be developed as has occurred in England and elsewhere.

Institutions themselves could also be active in developing explicit policies targeted to the care leaver group. Financial, residential, and academic support could be provided to identify care leavers, a designated care coordinator could be appointed at institutions, and greater efforts to promote the availability of services and support could be developed through marketing and student service areas. In addition, universities could incorporate the out-of-home group in their outreach and in-reach activities, working closely with community service organisations and educational stakeholders.

As Section 2 outlined, improving policies at national and institutional level also relies on better data. Institutions could collect better information about their students that would incorporate out-of-home care detail, and the Australian Government could encourage the collection of this data. Peak education bodies such as the Equity Practitioners Higher Education in Australasia (EPHEA), and research organisations such as the Australian Association for Research in Education and the Australian Vocational Education and Training Research Association could use the data to promote advocacy, research, resourcing and coordination to support care leavers. Ultimately, national longitudinal data on outcomes could be collected to determine proportional higher education enrolments (compared to population share) and to monitor other outcomes of the group.

## **Recommendations -**

### **Section 3. Policy and cultural reform: the higher education sector**

#### *Australian Government*

11. That the Australian Government pursue reform of the higher education equity framework to consider the desirability of: revising the current categories; expanding the framework, for example to consider postgraduate level; revising the types of institutions eligible for support; and encouraging universities to design their own targeted outreach, access, and support policies for care leavers.

#### *Higher education institutions*

12. That universities promote institutional awareness and recognition of care leavers as a disadvantaged group through internal communications strategies.
13. That universities collect data from care leaver students at the time of application or enrolment so that targeted support can be offered and progress monitored.
14. That universities employ a dedicated liaison officer with responsibility for increasing higher education and success of the care leaver group.

15. That universities introduce and publicise a range of targeted financial and accommodation support measures for care leavers, e.g. tuition fee waivers, cost-of-living scholarships, and residential scholarships.
16. That universities develop partnerships with community service organisations and secondary schools to connect with school-aged children in care, and their carers, via targeted outreach activities aimed at increasing aspirations for higher education and information sessions to increase awareness of the financial and other support available at higher education level.
17. That universities use partnerships with community service organisations and schools to identify prospective care leavers at late secondary school level and invite them onto campus for sponsored residential and non-residential orientation and mentorship programs.
18. That universities encourage transitions from TAFE, and participation in enabling programs and foundation studies where needed to increase preparedness for university study, especially for those transitioning to university later in life.
19. That universities provide increased academic support where needed to compensate for the increased likelihood of disrupted schooling and/or time away from study, and 'wrap around' supports such as personal advisors, mentors, pastoral care, tutoring, and counselling.
20. That peak bodies such as the Equity Practitioners in Higher Education Australasia (EPHEA) advocate, mobilise and coordinate their own resources and expertise to support care leavers.

## Section 4. Policy and cultural reform: the community service sector

The need for policy, legislative, and cultural reform was underlined by our interviews of representatives from major community service organisations. In many cases, respondents addressed the specific need for reform within the community service sector, with welfare agencies and other stakeholders requiring better data, education, and training. However, broader themes also emerged that were consistent with our other research. In particular, the need for governments to support care leavers beyond the age of 18 was highlighted, as well as the specific issues confronting Indigenous care leavers and carers. Aside from reform to policy and data collection, the interviews revealed a need for cultural change to raise educational aspirations and expectations.

Within the community service organisations we interviewed, very limited aggregate educational data is kept that tracks students' educational progress during out-of-home care. Various individualised records are kept by most organisations, though not always consistently, including Individual Education Plans and records of Student Support Meetings (Victoria), school reports, Looking After Children and NAPLAN data. One organisation described an annual Education Census. Several organisations had recently begun to organise and aggregate educational data more systematically:

*'...we are starting to track individual student performance, so we assess kids on entry and we track their progress against various indicators of literacy and numeracy and so on, and this is very new, we've just started doing this.'*

Data currently missing includes systematic and intensive tracking of individual children's educational progress along with aggregates of out-of-home care children's educational progress and outcomes overall. It was felt by several respondents that more staff would need to be funded to collect, aggregate, and manage educational data on young people in their out-of-home care programs. Frustration was expressed that appropriate tracking of learning outcomes was not possible under current funding arrangements. Development of centralised education data management systems at state and national levels was also thought to be priority:

*'What's missing is a centralised data system to record the educational outcomes for children, young people in our services. That's what's missing.'*

All but one respondent described their employing agency as prioritising education of the young people in their care. About half of the organisations appear to have education policies manifest in annual or more frequent reviews of school progress. Some organisations have developed detailed educational policies internally but others appeared to have very little or no real policy development in this domain. The level of policy implementation observed also varied. Several participants described tertiary education scholarship programs sponsored by their agencies, sometimes with external funding. Others accessed peak body scholarship support (as offered in Victoria). One organisation offers financial support for tutoring and extra-curricular activities to foster and kinship carers. Another described mentoring and referral policies managed by a team of Educational Consultants:

*'...we have an education policy that outlines what the education team is doing within our organisation. And the Education Consultants, provide one-on-one support for students, or we provide training to teachers to have a better understanding of the needs of the specific child, or about children in foster care or children with a traumatised background.'*

Tertiary education opportunities for young people living in and exiting out-of-home care appear to be created by long-term stable placements which lead to continuity of primary and secondary schooling, committed teacher-mentors/advocates, highly engaged caseworkers/leaving care workers, post-18



years carer and casework support, financial support, and housing support (especially being able to remain in a long-term foster home). Ensuring continuity of attendance, being supported to deal with learning problems and helped to 'fit in' within primary and secondary classrooms were also identified as creating opportunities for later transition to tertiary education. 'Aunties and Uncles', and other respite carers were described by one participant as great role models, advocates, and supports:

*'I guess their influence [in relation to] going to tertiary education is quite strongly dependent on their care experience, in the same way that children who grow up with their birth families would have the aspirations determined by their parents as well.'*

By contrast, barriers to tertiary education transition included lack of confidence, premature expectations of adult responsibility (as funded out-of-home care generally ends at 18 years of age), mental health issues (especially anxiety and depression), early pregnancy, drug and alcohol misuse, intergenerational trauma and family conflict. Trauma and early attachment disruption clearly impacts on brain development for out-of-home care students. This can manifest in concentration, memory and learning problems at school and in tertiary education, and these issues were identified by a number of interviewees. Placement discontinuity and school disruption, learning difficulties, and inadequate supports to address classroom problems in primary and secondary school appear to be associated with low academic aspirations:

*'If you've gone year after year where you're gradually getting further and further behind, because a lot of days you don't go to school because of what's happening at home, or you do go to school and you're sitting inside the principal's office, or you're sent home because of your behaviours, you naturally fall behind academically, even though you've got absolutely the potential.'*

*'We've always thought that it was at about 24 [years of age] that kids who have grown up in care [should become independent], they need the support of the system to a much later stage of their life. I mean the notion of moving kids on at 18, and the pressure that that puts on kids to actually start to you know join the adult world, is horrendous, and they shouldn't be asked to do that. I mean we don't ask our own kids to do that!'*

### **Raising aspirations and preparedness**

Children in out-of-home care sometimes aspired to attend university in the early school years but this often diminished during adolescence. It was also felt that young people in out-of-home care lack knowledge of what a university experience involves:

*'They talk about wanting to go to university, but I think towards the end of schooling those aspirations change and they start to talk about TAFE and doing VET. So they'll often go and do the VET courses and the less academic stream of study.'*

Meanwhile, it was suggested that when carers had a tertiary education themselves they appeared to be more aspirational for the young people in their care. Where birth parent and caregivers had been educationally disadvantaged themselves they were less likely hold tertiary aspirations for their children:

*'We have a high percentage of carers that have low education (achievement) and they've had low aspirations themselves. And we know the impact that that has on the kids that they have in their home.'*

Carers and workers who believed that diversion was possible when difficulties are present, such as problems with the law, were also seen to be important, rather than seeing this as a hopeless predictable script.

The number of young people from out-of-home care transitioning to further education was estimated at between 1 and 20 per cent, with about 90 per cent of that group attending TAFE or undertaking apprenticeships rather than transitioning directly to university. Most interviewees could not recall any of their organisation's care leavers transitioning directly to university:

*'Personally I don't know of a case where a young person has gone to university from out of home care and they haven't succeeded. So the numbers are really small, which means that those that have gone have really been motivated.'*

*'I have currently 160 children that are of school age and I've got 2 children that are interested in going to uni next year and I have 5 in total sitting their HSC.'*

A number of interviewees observed that young people leaving out-of-home care are often unprepared to transition to tertiary education when they are 18 years old. Care leavers frequently face challenges in addressing their own trauma and early attachment disruption. They can need to work through re-connecting with traumatised birth families and their own mental health problems. Some have early pregnancies and can struggle with serious drug and alcohol issues. Somewhat counter-intuitively, one organisation's own research suggests that young people who are well supported by strong relationships are less likely to transition to tertiary education at this point. Rather, they use that 'circle of security' to ground them during exploration and resolution of their own complex developmental issues before taking on further study. The phenomenon of young people returning to study in their late 20s or early 30s was mentioned by several interviewees.

Barriers for care leavers who might be trying to pursue a tertiary education were described as: out-of-home care placements ending at 18 years; housing issues, financial issues; lack of interdepartmental collaboration; lack of carer educational training (so they can more effectively assist out-of-home care children's learning); lack of birth parent support for ongoing and higher education; lack of attention to high performing students; lack of multi-disciplinary support teams in schools; lack of funding to support placement in alternative settings that may be indicated (such as private schools); and lack of on-campus mentorship and support.

Overall, interviewees described the most useful interventions to support successful transition into higher education as: trauma/mental health responses; school inclusion/behaviour management strategies; mentoring and role modelling; carer training (e.g. Parents as Educators); enhancement of birth parent engagement and aspirations; advocacy; and academic tutoring. A team approach to welfare and educational case management was also stressed, along with the importance of building trust through continuity of supportive relationships. Funding young people to remain in care, especially in long term foster or kinship care placements, was also considered vital.

*'If any of those children are suspended or struggling, the Educational Consultant actually works with the children in their residential setting. She'll facilitate care team meetings, school meetings and just really drive the relationships between the school and the residential facility. Very much a team approach.'*

*'Having a teacher at the high school that sort of mentors them and really helps them I think is really critical, having a good support team, having a good support including their case worker support. And*

*also the school, creating a safe place for these kids to learn and to struggle and to deal with everything they've got to deal with is a critical element of children in out of home care.'*

Waiving university and TAFE fees for care leavers, offering financial, housing, mentorship, and personal/social/academic support on campus along with transitional programs to address learning gaps and develop academic skills were some of the suggestions made by interviewees for university/government policy and programmatic improvements.

*'I really think scrapping HECS fees for kids who have been in care needs to happen so that they've got some incentive to keep on going, and the other thing that could happen. For young people who can't live at home, maybe if there's some allocation within the residential colleges on University campuses for kids who have been in care to have a scholarship access to those residential units might help as well, as that would provide them with living support, emotional support, mentoring and good people around them that are motivated to help them keep going.'*

*'..if we could have a foster care support liaison officer within the university that would just link in with these kids on a weekly base and help them organise whatever they need to do, and to create those attachments to the university that they need to be successful...'*

*'We know that there are already those preparation courses for people who are not of English speaking, like English isn't their first language, or if they've been away from study for a long time, so it's developing those kind of core skills, like how to research, how to write a paper, all of that kind of stuff. I think something like that could be developed for young people in higher education.'*

### **Indigenous out-of-home care pathways to tertiary education**

One interviewee directly represented an Indigenous controlled organisation and several others worked extensively with Indigenous young people in out-of-home care. An Indigenous child in Australia is more than ten times more likely to be placed in care than a non-Indigenous child (Australian Institute of Health and Welfare, 2014a). The high numbers of Indigenous children in care has complex implications for the education of this group in all state government and community service organisations. Around 50 per cent of children in out-of-home care in Western Australia have an Indigenous background. Support for many Indigenous care-leavers in Western Australia is managed by Crossroads – a program of the Salvation Army. Education of Victorian Indigenous children in out-of-home care is overseen by the Victorian Aboriginal Educational Association Incorporated (VAEAI). VAEAI policies impact support and guidance to Indigenous children, caregivers, and teachers from pre-school to higher education. The *Toorong Marnong Higher Education Accord* is jointly auspiced by VAEAI and the Victorian Vice-Chancellors' Committee. It aims to develop ways in which the nine Victorian universities can co-operate to enhance their engagement with Koorie communities. The level of support available partly depends on Department of Education and Early Childhood Development funding:

*'..We work with young people up to the age of 25 and we set (educational) goals together with our young people as part of our case management, once goals are set we work with them to assist them to achieve those goals.'*

The number of Indigenous young people in out-of-home care transitioning to tertiary education is extremely small. The interviewee representing the Indigenous-controlled provider of child and family welfare services reported that in over ten years of managing out-of-home care she could not recall one young person from her program transitioning directly to university. A number of young people had commenced TAFE courses, including several who had returned to study in their twenties when their

lives had stabilised. Far fewer young men continue to the later years of secondary schooling than do young women. She described several young women returning to study when their own children entered kindergarten or primary school. Many of these young people appeared to be struggling to complete their courses at TAFE and moved in and out of enrolment as life obstacles presented, especially serious mental health issues related to individual and intergenerational trauma.

*'I know of two of our young people studying at university at the moment and of others who are struggling at TAFE because of personal problems.'*

*'It seems to be the case in the Aboriginal community actually, that post 25 (years of age) they start to look at tertiary education, so just from my experience around the place there are certain processes and pathways that kids have to pass through before they're ready to sort of take that on.'*

It was estimated that around 50 per cent of caregivers employed by the Indigenous-controlled organisation have experienced tertiary education themselves; this appears to impact positively on carers' educational aspirations, role modelling, mentoring, and advocacy for the children in their care. Birth family educational experience, and the mentoring and the support emergent from that experience, are also critical for young people from remote communities in particular. The Partnering Agreement between the Department of Education and Early Childhood Development and Department of Human Services in Victoria was felt to have made a positive impact on the educational experience of Indigenous children, with regular review meetings attended by teachers, caseworkers, Aboriginal Care Team representatives and carers. A small number of Indigenous young people leaving out-of-home care in Western Australia are annual recipients of state-wide tertiary education funding awards offered through corporate philanthropy. The number of Indigenous young care-leavers in receipt of such awards was, however, seemingly not at all representative of the high proportion of Indigenous children and young people in care.

*'...it depends on how strong their bonds are to the metropolitan area, if they've got family in the city, family that have already gone through the educational system like TAFE and or Uni, then they have a support base in place, they're the ones that will be able to better support their young people because they've done it, they've come from the country, endured the hardships and completed their studies.'*

### **Barriers**

Major barriers to successful secondary education completion and higher education transition were described as primary and secondary trauma, especially intergenerational trauma, including Stolen Generation experience in the family. Many young people also need to attend to cultural responsibilities; this is especially true of those from remote communities. Such responsibilities can compete with education at various stages in development, such as mid-adolescence. It was suggested that greater use could be made of flexible modes of delivery, such as online, 'block' teaching. Outreach approaches where educational input is delivered directly within Indigenous communities was also seen to hold real engagement potential (especially delivery of highly relevant courses such as health care). It was felt that employment of a range of such approaches might well enhance educational access for students in regional and remote areas. Trauma and attachment disruption was observed to have resulted in mental health issues, including anxiety, depression, alcohol and drug addictions. Lack of financial support and stable housing and premature expectations of adult independence (including assuming responsibility for younger siblings and/or other family members) were also considered to be major impediments to successful tertiary education transition. Early attachment disruption and ongoing trauma and mental health issues were observed to affect learning outcomes by compromising concentration and memory. Negative classroom behaviours are also based in early trauma and often lead to under-performance, along with social marginalisation (including

racism) and exclusion (through formal suspensions) from school. It was felt that for many Indigenous young people, their educational aspirations are high during primary years but wane as they progressed through secondary school. Most Indigenous young people in out-of-home care have terminated their formal education by year 10 or moved into less academic programs. Completion rates in the latter, especially by boys, were observed to be low.

*'I think they get very caught up with their family, the intergenerational trauma of their family, even if they're okay, I mean it's very difficult for them to separate out from their families of origin during those years, and they become a bit more embroiled in some of those family relationships which are not always very healthy.'*

*'So for Aboriginal kids in out of home care they want to revisit (their country and family), and be part of something that they've sort of missed out on along the way perhaps. They may be ready for tertiary education in their later 20s when maybe they're starting to form other relationships themselves and get a bit more stability in their lives.'*

*'...they're fence sitters, on one side they have cultural responsibilities and on the other side, new things are calling. They are torn between the two. They have to go back to country to maintain responsibilities, because that's a cultural requirement, that's what the old people want and need, to be able to hand on lore and culture, and so when a lot of those young people come to the city to study, they've always got all this stuff going on in their head and they do get homesick. It's lore and culture that draws them back home.'*

Interviews thus revealed both success stories and contrasting cases where students had struggled to transition to university education. Managing geographic distance was a common theme, highlighting the need for campus accommodation, flexible provision of degrees, and cultural sensitivity. Where support exists, students can transition successfully:

**SAM:** *'I have a client who came from the country to study the arts at university and he's doing well; He's got a non-aboriginal father and an aboriginal mother; cultural men's knowledge needed to be handed on from his father so, when it comes to culture, there's isn't as much cultural responsibility for him. Whereas young people who come from the more remote communities with both parents being Aboriginal, they may have the stronger cultural ties... He lives in a student accommodation which is not far from the university.'*

However, cultural and societal responsibilities, the tyranny of distance, and inflexible provision of higher education can also limit the ability of Indigenous care leavers to transition to university successfully:

**ALEX:** *'I've got a young man that I'm supporting; he came to the city to study, but earlier this year decided to go home ...He lives in a remote community with his family, he has cultural connections and responsibilities . A lot of these young people know and are aware of all their responsibilities which are very strong and they'll be drawn back to country every time, that's part of their societal role to look after country and sacred sites; if they're not there to do it, then things can pretty much go haywire.'*

## Conclusion

Our interviews revealed the difficulties faced by community service organisations in collecting and monitoring their own data on children in care, and on post-care transitions. Organisations require support to monitor the progress of children, and better centralised data collection. The interviews also

revealed a culture of relatively low educational expectations for out-of-home care students. Further work is required to promote the aspirations and expectations of carers, case workers, para-professional staff, and others who support children in care. At the heart of this cultural change lies greater education and training, and community service organisations need support to deliver this education and to advise and support those who work with young people in care. Finally, the interviewees revealed specific issues with Indigenous children in care, including geographic distance, cultural and societal obligations, and inflexible delivery of higher education. Given the over-representation of Indigenous children in care, specific strategies are required to support their learning, accommodation, cultural, and societal needs in order to provide pathways to higher education. It is important that Indigenous communities and peak bodies are closely involved in the development of these strategies, which could be facilitated by the Australian Government.

### **Recommendations -**

#### **Section 4. Policy and cultural reform: the community service sector**

21. That peak bodies facilitate further collaboration among community service organisations to develop consistent data collection and tracking of educational outcomes.
22. That community sector organisations collaborate with tertiary education providers to offer carers, caseworkers, managers and teachers the training required to promote educational aspirations of young people in care.
23. That community service organisations individually and via peak bodies at state and national levels profile access to education-specific resources on their websites and through helplines to support young people in care, their carers, birth families and the related workforce.
24. That community service organisations promote tertiary education aspirations of out-of-home care children and their carers through early and ongoing intervention e.g. encouragement to attend university open days.
25. That community service organisations access and profile the voices of care leavers who have made the transition to tertiary education successfully and use these young people as mentors where possible.
26. That community service organisations support foster and kinship carers to continue supportive involvement with young people during tertiary education – even if they have moved out of their home.



## Method

This project sought to: map higher education for care leavers to increase the visibility of the out-of-home care group; and to provide a strong information base for future policy and research. Ethics approval for this research project was granted by the La Trobe University Education Faculty Human Ethics Committee (ref: R026/14) on 20 May 2014.

The first stage of the project was a review of international and national research on the educational needs and outcomes of care leavers. The focus of the review was major research reports published from 2000 to 2014 and associated policies. While broader educational research relevant to this topic was conducted before 2000, our report highlights that the major research reports and associated policies concerned with higher education and the out-of-home care group were developed within the twenty-first century.

Stage two of the project examined the landscape of data collection for out-of-home care in Australia as well as international data collection practice, particularly within the UK. This analysis included reviewing documentation associated with the collection and reporting of care leaver data in both Australia and the UK and informal discussions with state/territory child protection departments and the Australian Institute of Health and Welfare to determine what data currently exists and to identify gaps in the provision of data.

The three stage of the project involved surveying universities about institutional policies and strategies for supporting care leavers. The survey was designed using the Qualtrics online survey tool and administered to senior equity contacts at Australian public universities. Invitations to complete the online survey were emailed to senior equity representatives at all 37 Australian public universities. A total of 28 universities responded to the survey, representing a 76% response rate.

Finally, stage four of the project involved interviewing eleven senior representatives from major out-of-home care services providers across Australia. The interviews were semi-structured and covered: data collection in relation to educational progress and outcomes; expectations for university study; facilitators and barriers for higher education; and case studies. Interviews were digitally recorded, transcribed and analysed for content and themes using NVivo 10 software (QSR International, 2012). An interpretative phenomenological approach to the analysis was applied (Smith, Flowers, & Larkin, 2009).

The project was led by La Trobe University and included MacKillop Family Services and Berry Street as formal partners. La Trobe University has a long history of commitment to social inclusion and diversity, and around 20 per cent of enrolments at the University are students from backgrounds of low socio-economic status. MacKillop Family Services is a leading provider of services for children, young people, and families in Victoria, New South Wales, and Western Australia. MacKillop aims to help children and young people at risk by giving them support, security, and stability. Programs include: foster care and residential care; disability services; refugee services; youth support; education and training; family support; heritage and information services. Berry Street is the largest independent child and family welfare organisation in Victoria. Berry Street is a not-for-profit, non-government and non-church based organisation that works with children, young people, and families with challenging and complex needs. The partners provided feedback and advice through all project stages.

A Project Reference Group, comprising international academic experts and Australian stakeholders, was also established to advise on the research. In particular, we would like to acknowledge: Dr Sarah Wise, Good Childhood Fellow, Berry Street; Gerard Jones, Executive Director of Operations, Mackillop Family Services; and Dr Nick Halfpenny, General Manager of Policy and Innovation,

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## Appendices

### Appendix A: Participant Information Statement

#### UNIVERSITY ACCESS AND ACHIEVEMENT OF PEOPLE FROM OUT-OF-HOME CARE BACKGROUNDS

##### **Project description**

This project will investigate the university access and achievement of people from out-of-home care backgrounds. Out-of-home care refers to the care of children and young people up to 18 years who are unable to live with their families, and includes categories such as foster care, kinship care and residential care.

##### **What we are asking you to do**

Online survey

You have been identified as a potential participant in this research project given the nature of your role at your university. We will ask you to complete an online survey, which will take about 10 minutes. The survey will ask whether your university has any policies, support structures, or data collection procedures pertaining to people from care backgrounds. We will also seek information on what additional policies or approaches might lead to improved higher education access and success for people from out-of-home care backgrounds.

OR

Telephone interview

A senior representative from your organisation has nominated you as a potential participant in this research project. We will ask you to participate in a telephone interview at a time convenient to you over the next few weeks. The interview will take approximately 30 minutes. In the interview you will be asked for your views regarding people from out-of-home care backgrounds and access to tertiary education. We are particularly interested in your views regarding potential barriers to tertiary education for people from out-of-home care backgrounds.

*(PIS will include either the 'online survey' or 'telephone interview' paragraph as applicable)*

Participation is voluntary and you will not suffer from any adverse consequences if you choose not to participate in the study.

This research is being conducted by the Access and Achievement Research Unit at La Trobe University and is funded by the National Centre for Student Equity in Higher Education.

##### **Use of information**

The research will primarily be used to produce a high level de-identified report for the National Centre for Student Equity in Higher Education. Additionally, the research could be published in various periodicals and presented at conferences and seminars. Publications will be in both hard copy and electronic formats. You can request a copy of any publications produced from the research. You may also request data that you provided. To enact either of these please contact the Access & Achievement Research Unit using one of the email addresses below.

All your responses will be confidential. You will not be able to be identified in any publications or presentations, nor will information you provide that identifies you be passed to anyone else outside the members of the research team.

The number of interview participants will be relatively small (approximately 10 participants). While every effort will be made to de-identify qualitative data, it is possible that you or someone close to you might recognise quotations used in the project report or other dissemination of the research findings. *(interviews only)*

The information that you provided for this project could potentially be used in future projects, if the data is deemed relevant and useful. With any such future use, all the same stipulations described in this information statement will apply, such as confidentiality.

### **Benefits of the project**

You will help us explore whether more targeted policies and strategies are required to support the university aspirations, access and success of people from out-of-home care backgrounds.

### **Withdrawing consent**

You have the right to withdraw from participation in this project at any moment and the right not to answer any questions. Additionally, you may withdraw your consent for the use of any information that you have provided up to 4 weeks after participation. You can request that all such information you provided be destroyed. To enact this you are asked to notify the investigator by email or telephone that you wish to withdraw your consent for your data to be used in this research project.

### **Researchers involved in project and contact details**

Any questions regarding this project may be directed to any one of the following people:

Dr Andrew Harvey, Director, Access & Achievement Research Unit  
[andrew.harvey@latrobe.edu.au](mailto:andrew.harvey@latrobe.edu.au) 9479 5656

Dr Patricia McNamara, Senior Lecturer, Department of Social Work & Social Policy  
[p.mcnamara@latrobe.edu.au](mailto:p.mcnamara@latrobe.edu.au) 94795681

Lisa Andrewartha: Research Officer, Access & Achievement Research Unit  
[l.andrewartha@latrobe.edu.au](mailto:l.andrewartha@latrobe.edu.au) 9479 3447

Michael Luckman: Senior Data Analyst, Access & Achievement Research Unit  
[M.luckman@latrobe.edu.au](mailto:M.luckman@latrobe.edu.au) 9479 5049

### **Complaints**

If you have any complaints or queries that the investigator has not been able to answer to your satisfaction, you may contact The Secretary, Education Faculty Human Ethics Committee, La Trobe University, PO Box 199, Bendigo 3552 or [educationethics@latrobe.edu.au](mailto:educationethics@latrobe.edu.au) UHEC application reference number: R026/14.

## Appendix B: Online Survey

This research project is about university access and achievement of people from out-of-home care backgrounds. Out-of-home care refers to the care of children and young people up to 18 years who are unable to live with their families, and includes categories such as foster care, kinship care, and residential care.

We would like to know if there are any policies, support structures, or data collection procedures at your university for students from out-of-home care backgrounds. We would also like your ideas on what additional policies or approaches might lead to improved higher education access and success for this cohort.

Please take a moment to read the Participant Information Statement.

### [Participant Information Statement](#)

**Please indicate your agreement or disagreement with the following statement:  
'I have read and understood the Patient Information Statement and consent to participate in this research project.'**

Agree  
Disagree

## Recruitment

Out-of-home care refers to the care of children and young people up to 18 years who are unable to live with their families, and includes categories such as foster care, kinship care, and residential care.

**Are there any recruitment policies or guidelines at your institution that specifically target people from out-of-home care backgrounds?**

Yes  
No  
Unsure

**If yes, please describe these recruitment policies.** (free text)

**Please describe any other recruitment policies at your institution that may cover people from out-of-home care backgrounds.** (free text)

## Admission

Most institutions maintain admission schemes, procedures, and targets to facilitate access of specific groups.

**Are there any admission policies at your institution that specifically target people from out-of-home care backgrounds?**

Yes  
No  
Unsure

**If yes, please describe these admission policies.** (free text)

**Please describe any other admission policies at your institution that may cover people from out-of-home care backgrounds.** (free text)

## Outreach

Outreach programs and activities delivered to school students typically include campus visits, workshops, tutoring, and/or mentoring.

**Are there any outreach programs at your institution that specifically target students from out-of-home care backgrounds?**

Yes

No

Unsure

**If yes, please describe these outreach programs.** (free text)

**Please describe any other outreach programs at your institution that may include students from out-of-home care backgrounds.** (free text)

## Scholarships

**Are there any scholarships at your institution specifically targeted to students from out-of-home care backgrounds?**

Yes

No

Unsure

**If yes, please describe these scholarships.** (free text)

**Please describe any other scholarships that may be available to people from out-of-home care backgrounds.** (free text)

## Accommodation

**Are there any accommodation options specifically targeted to people from out-of-home care backgrounds?**

Yes

No

Unsure

**If yes, please describe these accommodation options.** (free text)

**Please describe any other accommodation options that may be available to people from out-of-home care backgrounds.** (free text)



## Other support

**Does your institution have any other policies or support programs that are specifically targeted to people from out-of-home care backgrounds?**

Yes  
No  
Unsure

**If yes, please describe these policies and support programs.** (free text)

## Data collection and tracking

**Does your institution collect any data about students from out-of-home care backgrounds?**

Yes  
No  
Unsure

**If yes, please describe the types of data collected.** (free text)

**Does your institution track the progress of students from out-of-home care backgrounds?**

Yes  
No  
Unsure

**If yes, please describe how these students are tracked.** (free text)

## Relationships with service providers

There are a number of child and family welfare organisations across Australia that provide programs and services for children and young people in out-of-home care. Examples of such services include MacKillop Family Services, Anglicare, Berry Street, and Barnados.

**Does your institution have any relationships in place with out-of-home care services providers?**

Yes  
No  
Unsure

**If yes, please describe the relationships.** (free text)

## Facilitators for higher education

**From your point of view, what could higher education institutions do to increase access for students from out-of-home care backgrounds?** (free text)

**What could higher education institutions do to better support students from out-of-home care backgrounds while they are studying?** (free text)

**Please make any further comments here.** (free text)

## Appendix C: Letter of Permission for Chief Executive Officers

### Letter of Permission

#### To be signed by a senior organisational representative

UNIVERSITY ACCESS AND ACHIEVEMENT OF PEOPLE FROM OUT-OF-HOME CARE BACKGROUNDS

I give approval for  (agency name) to participate in the above research project.

I have read and understood the Participant Information Statement and Consent Form, and any questions I have asked have been answered to my satisfaction.

Please select one of the following options:

I am happy to participate in this research project.

OR

I nominate the following person to be asked to participate in this research project:

Name of participant:	
Position:	
Contact phone number:	
Email address:	

I can confirm that there will be no adverse consequences should the nominated person decide not to participate or withdraw at a later date.

Name of senior representative:	
Position:	
Signature:	
Date:	

## Appendix D: Consent and Withdrawal of Consent Forms

### Consent document

#### To be completed by interviewees

#### UNIVERSITY ACCESS AND ACHIEVEMENT OF PEOPLE FROM OUT-OF-HOME CARE BACKGROUNDS

"I (the participant) have read (or, where appropriate, have had read to me) and understood the **participant information statement and consent form**, and any questions I have asked have been answered to my satisfaction. I understand that even though I agree to be involved in this project, I can withdraw from the study at any time, up to four weeks following the completion of my participation in the research. Further, in withdrawing from the study, I can request that no information from my involvement be used. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used."

I consent to the telephone interview being audio recorded.

YES

NO

Participant's name:	
Signature:	
Date:	

### Withdrawal of Consent for Use of Data Form

#### UNIVERSITY ACCESS AND ACHIEVEMENT OF PEOPLE FROM OUT-OF-HOME CARE BACKGROUNDS

I, (the participant), wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Participant's name:	
Signature:	
Date:	

## **Appendix E: Interview Guide**

### **Service description**

**Can you please briefly describe your service?**

- Aims, size, location, programs offered

**What are your organisation's goals in relation to the education of young people in out-of-home care?**

- What policies are in place to actualise these goals?
- What resources and programs are in place to actualise these goals?
- What is missing? What would need to happen to fill those gaps?

### **Data collection - education progress and outcomes**

**What educational data do you currently keep in relation to educational progress and outcomes for young people in out-of-home care - during care and after leaving care?**

- What key data is missing?
- What data might be accessed with further resourcing? What resources would be required?

**Can you estimate what proportion of your agency's young people in out-of-home care have transitioned to tertiary education, either VET (vocational education and training, including TAFE) or university, over the past 3-5 years?**

- What would be the split between VET and university?
- In general, do you know how successful this transition to university proved? (e.g. retention rates, graduation rates)
- And what do you know about outcomes for those who completed university? (e.g. employment rates)

### **Expectations**

**What proportion of young people in out-of-home care do you think aspire to attend university?**

- What factors might influence the aspirations of this group?

**What proportion do you think would be capable of studying at university?**

- What factors might make some of this group more capable than others?

### **Facilitators for higher education**

**From your point of view, what currently works well in helping young people transition to university from out-of-home care?**

- What does not work well?

**What do you believe are the key factors supporting their success in higher education?**

### **Barriers to higher education**

**What do you feel are the main barriers to university for people from out-of-home care backgrounds?**

**What additional support is required to increase the number of people from out-of-home care backgrounds entering higher education?**

**What additional support is required to help people from out-of-home care backgrounds complete their higher education?**

**Case studies**

**Can you briefly describe the story of a young person who was unable to successfully access higher education but who clearly had the capacity to undertake further study. What got in the way for her/him?**

**Can you describe one real success story?**

- What do you believe helped most to make the success possible?