

Educational trajectories for residential care experienced young people are complex. A lived experience perspective from a PhD study in Scotland.

The educational trajectories for young people with experience of residential care in Scotland are complex. A lived experience perspective from a PhD study illustrates that statistical data only captures part of the journey and we need to reconsider how we measure success

Purpose

Research highlights that residential care experienced children and young people in Scotland have poorer educational outcomes than their peers within the wider population. Despite this poor educational attainment is not inevitable and further research is needed to increase our understanding of long-term trajectories. This paper addresses a gap in contemporary literature that is of benefit to practitioners, academics, and policy makers. Despite experiencing adversity, attachment, separation and loss school attainment data on leaving care only reflects part of the educational journey.

Methods

Using a mixed methodology and social constructionist theoretical framework, a practitioner led PhD study gathered data from questionnaires and qualitative information from 13 semi-structured interviews with young people who had experienced residential care in Scotland. Recruitment was through a gatekeeper within a national third sector organisation.

Results

12 of the 13 participants in the study achieved success educationally, although for the majority of those interviewed attainment continued leaving compulsory education. Barriers to greater success included placement uncertainty and movement, stigma, low expectations, pressure to not become a statistic, procedural obstacles and inconsistency or poor relationships.

Research Implication

Supportive relationships and stable placements can create circumstances conducive with effective learning, but evidence reflects that support is necessary throughout the life course, if children, young people, and adults with care experience are to reach their full academic potential.

Originality

Research into the educational outcomes for those with experience of residential care in Scotland is limited. This paper, from a PhD, provides lived experience accounts from a practitioner led study.

Keywords

Residential care, lived experience, educational attainment, outcomes, complex, trajectories, life course, practitioner led research

Introduction

A child in Scotland is defined in the Children and Young Person (Scotland) Act 2014, under section 97, where it states that a child is someone yet to reach the age of 18. Previous childrens legislation, the Children (Scotland) Act 1995, differentiated between a child in Part One of the Act, as someone under the age of 16, and Part Two of the Act, as someone under the age of 18. While there can be definitional ambiguity across legislation, the upper age is in keeping with the United Nations Convention on the Rights of a Child definition (UNCRC, 1989), within which it is recognised that children require additional safeguards to promote their wellbeing and welfare. A child's health and wellbeing needs are "intimately bound up in relationships" formed with care givers (UNICEF, 2013, p.42). For some children, care is provided by state agents, as they may have experienced trauma or a range of adversities (Scottish Government, 2015). When the state becomes involved, a child may be looked after by their local authority, also known as a 'corporate parent', who should want the same outcomes for them as the outcomes they would want for their own children. This is reflective of the Scottish Government's commitment to make Scotland the best place in the world for children to grow up (Scottish Government, 2008; 2022).

When a child becomes looked after "a wide range of legislation, regulation and guidance provides the framework within which actions take place, but the end-purpose of all of them is the same: to secure nurturing, positive childhoods, from which these vulnerable young people can develop into successful learners, confident individuals, responsible citizens and effective contributors" (Scottish Government, 2015, p.3). In addition to the Curriculum for Excellence which establishes these educational goals, the Getting It Right for Every Child (GIRFEC) model promotes eight wellbeing indicators in the form of safe, healthy, achieving, nurtured, active, respected, responsible and included, widely known as SHANARRI (Education Scotland, 2014). These provide a framework for practitioners to focus on children's needs.

Between 2021 – 2022 12,596 children were looked after in Scotland, a drop of 5% on the previous year (Scottish Children's Reporters Administration, 2023). The number of children who are looked after within residential placements has been steady at 10% since 2015 (SCRA, 2023). Children can be looked after for many reasons, and these children have additional rights in recognition of their care

needs (Scottish Government, 2022). Many have experienced relative poverty and lived within areas of multiple deprivation (Scottish Government, 2016). In a study of 76 children within secure care, 74% had also experienced four or more adverse childhood experiences (Gibson, 2021). Ongoing research on the impact of multiple adversities in childhood is necessary as the dominant discourse remains one of 'individual pathology' (Walsh et. al., 2019). Almost 85% of children who come to the attention of the Children's Reporter have been referred on care and protection grounds and the most common reason for referral continues to be a 'lack of parental care' (Scottish Children's Reporters Administration, 2023), and it is recognised that poverty can be a mediating factor that increases risk (Care Review, 2020). A recent report by Whitelaw and Gibson (2023) however illustrates that the needs of children placed because of their needs or deeds are analogous and they can often be one and the same children.

There are several settings that cater for children and young people who may be looked after on a voluntary or compulsory basis (Norrie, 1995; Scottish Government, 2008; Audit Scotland 2010). Children may live in residential homes, residential schools, secure accommodation, crisis, and respite care, foster care, with prospective adopters, kinship care or they can reside within the family home subject to legal jurisdiction (Scottish Government, 2017). Unlike residential homes, also referred to as children's houses/homes, which are designed to meet the care needs of children who may continue to attend local primary, secondary or specialist education, residential schools and secure care accommodation provide both care and educational facilities on site (Shaw, 2007; Care Inspectorate, 2019; 2020). Residential care provides services that are single or group living arrangements for children who may live with other children who are not related to them. It is envisaged that the residential environment will provide better care than the child's parents (Martin and Jackson, 2002) however, Petrie et. al. (2006) highlight that separation from one's family, friends, community and school will be difficult for any child. This is seen as contributing to children leaving care without qualifications (Petrie et. al., 2006; Dixon and Stein, 2005).

Educational outcomes data for looked after children in 2020/21 indicates that these children are more likely to leave school by S4 than their non-looked after counterparts, this is 37% and 11% respectively (Scottish Government, 2022c). While educational attainment has improved for a decade, the attainment gap continues with 16% of looked after children leaving school with no qualifications at Scottish Credit Qualification Framework (SCQF) level 3 or more compared with 2% generally, however attainment at Level 5 or above has increased to 38% and 88% respectively. SCQF level 3 is equivalent to E3 in England and Wales and 1 in Europe, while level 5 is 2 and 3 respectively (SCQF, 2023). For residential care experienced children this figure reduces to 26% for those with experience of more than one placement in the same year (Scottish Government, 2022c). Despite

supportive policies, this data also highlights that only 8% of looked after children have higher education as a follow up destination on leaving school, while 47% move on to further education. This compares to the general population where figures are 45% and 23% (Scottish Government, 2022c).

Abraham et. al. (2022) highlight that child maltreatment is a risk factor for a number of poor outcomes, including poor educational attainment. Poor mental health was also prevalent with this group of children as was multiple placement moves and placement breakdowns (Abraham et. al., 2022; Dixon and Stein, 2005). Providing a level of instability will inevitably play a role in a child's ability to achieve academically. In the Welch et. al. (2018) review of the literature, it is highlighted that the age at which a child leaves care can be the single most significant factor in improving outcomes. Looked after status ceases when a child reaches the age of 18 forcing children towards an accelerated adulthood. Currently this status cannot be attained at the age of 16 or 17 years old unless the child has previously been referred to the Children's Reporter or they are an open referral (Children's Hearing (Scotland) Act, 2011). The Independent Care Review and children's rights groups challenged this anomaly as it is not in keeping with the adoption of the UNCRC (Scotland) Bill (Scottish Parliament, 2020). When this Bill becomes enshrined in Scot's Law, a number of legislative changes may be necessary, for instance currently children in Scotland can be married at the age of 16.

In recognition of the vulnerabilities of children and young people with lived experience of care, the Children and Young People (Scotland) Act 2014 introduced local authority duties to provide 'continuing care' for young people up to the age of 21, and 'after care' in the form of support, advice and guidance up to the age of 26. This was more in keeping with the age that young people left the family home, which was 22, although it was also recognised that they would be likely to return several times before they finally established themselves in the adult world (Young Scot, 2014). Recent data reflects that 687 young people received continuing care in 2021 – 2022, while 8,053 were eligible for after care, a rise of 24% and 10% respectively (SCRA, 2023), this is reflective of longer-term needs but eligibility for after care is dependent on a child still being looked after on their 16th birthday (Children and Young People Act, 2014). It is also reflective of the prolonged transition from adolescence to adulthood described by Arnett (2006; 2014) as 'emerging adulthood', a period between the ages of 18 – 29 where children and young people continue to rely on the financial, practical, and emotional support of parents, as they explore their identity, experience instability, are self-focussed, feel in between a child and an adult and have a sense of optimism. There is an increasing body of research that provides insight into the developing brain of young people (O'Rourke et. al., 2020), largely recognised as those aged 18 – 26 (Lightowler, 2020). Malleability of the brain can be lifelong, supporting trauma recovery, resulting from adversity, by promoting and developing new patterns experienced through nurturing healing relationships (Kohlstaedt, 2010).

Continued movement towards a more children's rights respecting approach is needed and is reflected in Scotland being at Stage 2 of the Children (Care and Justice) (Scotland) Bill which, among other things, aims to address the issue of older children being referred to the Children's Hearing System. Stage 2 provides the opportunity for MSPs to propose amendments which will be considered by the bills committee before going to Stage 3 and final consideration. When fully endorsed, 16 – 17-year-olds will no longer be placed in Young Offenders Institutions, and they will be referred to the Children's Reporter irrespective of previous looked after status. These changes in status and language could engender a paradigm shift as expectations of children should be less than those held for young people in relation to comprehension and responsibility taking (O'Rourke et. al, 2020).

Practitioner Led Research

There is a lack of theoretical frameworks and positive reflections on the benefits of group living (Henderson, 2020; Forrester, Goodman, Cocker, Binnie, and Jensch, 2009 offer exceptions). Many studies are conducted by academics or professional researchers (Stein, 2006; McGhee et. al., 2014) and although there is some evidence of lived experience research (Duncalf, 2010; Rohan and Smith, 2016), practitioner led research can be lacking (Whitelaw, 2023).

It has also been highlighted that there are tensions between what is known as emic (insider) and etic (outsider) perspectives in research (Olive, 2014). As a practitioner and manager with more than two decades of experience in residential care for children, relationships were developed enabling access to a conduit and subsequently young people. Being able to access participants with experience of social work systems in any research project can be challenging (Martin and Jackson, 2002; Rohan and Smith, 2016). Kendrick et. al. (2008, p.8) also highlight the challenges of gaining access to children while they are in residential care as it "involves different stages of discussion and negotiation". It took more than a year for gatekeeping arrangements to become fully endorsed, and a concerted effort to gain access to young people who had experience of residential care, but a lack of national data makes this process arduous. Being viewed as a relative expert in frontline residential services meant that the researcher was starting from a position of working experience in the environment where the research was grounded. This tacit knowledge appeared to be attractive for those who took part in the study. It also gave invaluable opportunities to reflect in moments, critique and engage in self-analysis (Wellington, 2015).

Ethical Approval

Ethical approval for the PhD was gained through the University of the West of Scotland (UWS) ethics committee. UWS guidance illustrates four principles of ethical research: doing good, causing no harm, respecting self-determination and fair treatment of participants (UWS, 2020). Confidentiality is a critical part of this process and data was gathered using a Dictaphone, where information was transcribed verbatim and stored on an encrypted pen drive. All of the questionnaires were scanned and stored on an independent hard drive. In addition, anonymity was maintained with participants asked to select a pseudonym, only two chose not to do this and a name was assigned. Supportive measures were offered through the organisation and an additional contact list of supports made available, should anyone feel that they wished to discuss anything that arose or was triggered by the interviews.

Informed consent was sought from participants with both verbal and written information provided to ensure that this was communicated effectively. Participants were given the opportunity to withdraw consent at any point of the process. An information poster and participation information sheet and letter provided details of the aims of the study. Participants were provided with a £10 Amazon voucher for taking part in recognition of giving up their time.

Materials and Methods

The study used a mixed methodology. Between May 2017 and September 2018, semi-structured interviews were carried out with 13, 18 – 29-year-olds who had experience of residential care. Prior to the interview taking place participants were asked to complete a short questionnaire to gather demographic information, this provided an opportunity for the researcher to build rapport with participants, as well as develop an understanding of whether the group was consistent with wider data. Participants took an average of almost 26 minutes to complete both the questionnaire and interview. While it was hoped that a larger group would be reached, recruitment proved difficult despite the support of my gatekeeper. Parsons et. al. (2020) speak about methodological weaknesses in limited sample sizes, however rich data was collected in this qualitative study.

The questionnaire asked the following: age, gender, ethnicity, age on entering and leaving care, number of placements, relationships and their continuity, explanation about going into care, and local authority. The following questions were asked within interviews:

- Did you feel ready to leave care?
- How did you know you were ready?
- Did your experience of residential care help to prepare you for the transition to adulthood?
In what way?

- What does being an adult mean to you? If necessary, prompt re role transitions, responsibility taking, decision making.
- At what age did you feel like an adult?
- Did you feel that you were supported if things did not go to plan?
- How and who provided you with support?
- What role did your family play in your care experience?
- Did you feel there was a stigma of being in residential care? Why do you think that is?
- Did you leave care with qualifications? What were they?
- Have you revisited formal education since leaving care, if so at what age?
- Do you feel that you have achieved successful outcomes? What does successful outcomes mean to you?
- Is there anything you feel you missed out on?
- What could people have done to make your experience better?
- Is there anything else you would like to say?

Recruitment for the study was through a gatekeeper within a national third sector organisation. This recruitment process was identified due to challenges identified elsewhere in accessing children and young people with experience of care (Martin and Jackson, 2002; Rohan and Smith, 2016; Kendrick et. al., 2008). Participants were recruited through a poster illustrating the purpose of the study and one participant resulted from word of mouth.

The demographic consisted of six young women and seven young men with age ranges reflective of six 18 – 21-year-olds, four 22 – 26-years-olds and three 27 – 29-year-olds. These age markers are in keeping with different provision relating to social and educational support for care leavers (Children and Young People (Scotland) Act 2014). Young people came from seven of Scotland's 32 local authorities and one third lived within Scotland's largest local authority.

Knowledge can differ depending on the theoretical approach taken by the researcher. Social constructionist theory views meaning making as changing over time, space, and context (Crotty, 1998). Sweetman (2005) highlights that post modernists view the world as contextual and propose that truth is not objective, universal, or absolute and there are multiple claims of legitimacy. Within a qualitative study the theoretical framework may emerge during the data analysis stage (Grant and Osanloo, 2014), and within the PhD study grounded theory helped make sense of the data over time. Grounded theory involves "the progressive identification and integration of *categories of meaning from data*" (Willig, 2013, p.70). This requires the identification and integration of the method, where categories are highlighted, linked by relationships, and explained (Willig, 2013). Grounded theory

helped to code the initial data into emerging themes which were ‘family and gender’, ‘chaotic lives and negative assumptions’ and ‘emerging adulthood and identity’. Factors within the latter two themes are relevant to the educational trajectories for children and young people with experience of residential care.

The study aimed to gain insight into the experiences of transitions before, during and after residential care for young people in Scotland. This is an under researched area, and what data is available provides evidence of poor outcomes. The information gathered illustrated the care experience and educational attainment. As the transitions discussed largely focussed on care placement transitions rather than educational ones, data is absent on the number of school moves.

Results

Table one sets out demographic information, placement precarity and educational attainment level for young people within the study.

Table One: Demographic Information

Name	Gender	Age In	Age Out	Educational Attainment Level	Number of Placements	Moved School	Current Age	Local Authority
Luna	Young Woman	13	18	Further Education	4	No	19	LA1
Lisa	Young Woman	12	16	Further Education	6	Yes	22	LA2
Carol	Young Woman	6	18	Further Education	4	Yes	24	LA3
Tania	Young Woman	0	17	Further Education	18	Yes	20	LA3
Kevin	Young Man	10	18	Higher Education	2	Yes	22	LA1
Bruce	Young Man	U/K	18	Secondary School	5+	Yes	18	LA4
Mark	Young Man	15	17	Further Education	1	Yes	19	LA5
John	Young Man	12	20	Further Education	2	Yes	20	LA3
Hamish	Young Man	9	19	Further Education	51	Yes	29	LA1
Liam	Young Man	11	21	Higher Education	15	Yes	27	LA1
Tina	Young Woman	3	19	Higher Education	14	Yes	20	LA3
Amy	Young Woman	15	16	Further Education	5	Yes	24	LA6
Bob	Young Man	6	18	Further Education	2	No	27	LA7

Table by author

Findings

Educational achievements

While statistical data in Scotland illustrates that looked after children are more likely to leave school at S4 or below, only Bruce left school at this stage, and he moved on to full time employment (Bruce, age 18, 6 years in care, more than 5 placements). Educational attainment for the group varied with only one participant gaining no academic qualifications. Amy was one of six young people who experienced supported education where class sizes were smaller than mainstream education (Amy, age 24, 1 year in care, 5 placements). For the remaining participants academic qualifications were gained at SCQF level 3 for two young people, SCQF level 4 for two young people, SCQF level 5 for three young people and SCQF level 6 for four young people. This compares to E3, 1, 2 and 3 RQF/CQFW in England and Wales and 1 – 4 in the European Qualifications Framework (SQA, 2023). This is considerably higher than the national average today (Scottish Government, 2022c), and as the aim of the study was to ascertain what supports transitions before, during and after children experience residential care and not educational outcomes, this finding is surprising.

In addition, to achieving academic qualifications at school, 12 participants went on to further education placements, these were predominantly to undertake access courses or SVQ3 level qualifications. None of the candidates progressed to higher education straight from school, but three did progress to university and another participant had applied and was awaiting a decision on whether he had been accepted. The leaving care age for participants was higher than the national average of 16 – 18 (CELCIS, 2015), with the group moving on between the ages of 16 – 21, this would support previous research that indicates leaving care later promotes more successful outcomes (Welch et. al., 2018).

Factors that may impact on a child's capacity to learn

Only one participant had lived with their family in an area that had a low level of deprivation and while economic circumstances can vary within locales, this is consistent with other findings that reflect children from multiple areas of deprivation are more likely to be in care (Gibson, 2021; 2022). Family size can impact on socio-economic status (Scottish Government, 2018), and two of the study group came from families with five or more siblings.

While a small-scale study, there were gender differences in the experience of care. Young women were more likely to be removed from the family home at an earlier age, four were removed by the age of six years old meaning that they lived within various care settings for most of their lives. Prior to

going into state care, it was common for all of the participants to experience several care placements with a range of family members, this was the case for just under half of the group. On occasions this resulted in children being separated from their siblings and resulted in feelings of abandonment.

Participants in the study experienced a range of adversities in childhood including parental mental health concerns, parental alcohol and drugs misuse issues, domestic violence, neglect, violence and abuse, familial incarceration and having a sibling with a disability. Parental death was also experienced by two of the group. All 13 in the study came to the attention of the authorities as a result of care and protection concerns. Young men experienced 0 – 5 adverse childhood experiences, averaging three, while young women experienced 3 – 4 with an average of four.

Chaotic Lives and Negative Assumptions

Urban myths about residential care for children impacts on the fear children experience prior to living there and the public's perception that those placed there are bad kids. Amy described fear of being physically assaulted with clothes hangers and she initially refused to eat as a way of maintaining a level of control (Amy, age 24, 1 year in care, 5 care placements). Hamish recalled stories about bad boys' homes where people would come and take you in your sleep (Hamish, age 29, 10 years in care, 51 care placements). Hamish was the only participant who was initially placed in care on a voluntary basis. Pizzey-Gray, Stack and Puckering (2018) highlight that removing children from their family's care is one of the biggest challenges professionals face and the decision is not taken lightly.

Seven participants remained within mainstream secondary education, suggesting that life experiences had an impact on the other children's capacity to learn. Participants appear to have had no choice in this decision and while Hamish spoke about moving to a school in a more prosperous socio-economic area, his lack of opportunities, for instance, in accessing school trips left him feeling that he was missing out (Hamish, age 29, 10 years in care, 51 care placements). Four participants spoke about making comparisons between themselves, their siblings, their school peer group, and their household group reflecting the complexity of being members of multiple and varied groups.

Three out of five of the highest achievers in the study spoke about their emotional and mental health needs. Lisa spoke about receiving seven years of intense psychological support, while Kevin and Tina discussed referrals to counsellors (Lisa, age 22, 4 years in care, 6 care placements; Kevin, age 22, 8 years in care, 2 care placements; Tina, age 20, 16 years in care, 14 care placements).

Discussion

Table

Family stability

To gain a better understanding of participants life experiences before during and after their time in school it is important to briefly explore their familial and care experiences. UNICEF (2010) supports the view that the best place for children to grow up is within their family and this is supported by all legislation and social policy in Scotland. Tina reflected on her separation from her parents and siblings. She said that she

felt kind of estranged from them (*her family*) cos they would hold my behaviour against me, like the way I worked through my trauma, they kind of didn't realise it was because of that and it wasn't just because I was a 'bad kid', so they didn't want to meet me anymore (Tina, age 20, 16 years in care, 14 care placements).

Adversity would manifest itself in different ways and Carol said, "there was always potential, there was always fights" (Carol, age 24, 12 years in care, 4 care placements) when discussing domestic violence within the home. Alcohol played a role in a lack of felt security.

Hamish spoke about the impact of substances on his experience growing up. He said,

At nine basically my mum was an addict, and her partner was a heroin dealer and all of the bad stereotypes that you can imagine came with that and she would try and leave him. And we went to respite with her at the women's refuge and basically (*they*) couldn't house her and us which was fair enough as there were other women here and stuff so we got put into foster (*care*) (Hamish, age 29, 10 years in care, 51 care placements).

Only one of the participants was an only child. The separation of siblings was highlighted within the independent care review (Care Review, 2020), and while four of the participants spent some time in care with brothers and sisters, this was not experienced in the longer term. Tina highlights the impact of this, "I think my sister got adopted when I was only in (*the children's unit*) for about a year. I remember waiting to see her for my birthday and she never showed up" (Tina, age 20, 16 years in care, 14 care placements). For half of the group their brothers and sisters were not taken into care leaving them feeling that there was something wrong with them. This was exacerbated by most of the group receiving inconsistent support from their families, Bob was the one exception to this (Bob, age 27, 12 years in care, 2 placements).

It is recognised that stability and consistency support children's ability to thrive but for most of the participant group several transitions were experienced before they moved into residential care and young people experienced between 1 – 51 placement moves. This is reflective of multiple experiences of attachment, separation and loss and Bronfenbrenner (1979) speaks of an 'ecological transition' as

being developmentally significant. Role and behavioural change expectations are required of children trying to navigate alternative systems that may be distinct from their family, home, school, and community. Only one of the participants remained in the same school they attended before going into care.

Placement instability and stigma

Participants associated being placed in residential care with being a failure. Tania said, "I ended up in residential because I was too much for the foster carers or they had an age limit or stuff like that, so I had to move to residential which was actually really hard for me" (Tania, age 20, 17 years in care, more than 18 care placements). Participants spoke of feeling that they were to blame because adults were not able to meet their needs resulting in placement breakdown. All but two of the study group had experienced either kinship or foster care placements prior to living within residential care and Luna said that the latter was viewed much more negatively than living within a family type placement (Luna, age 19, 16 years in care, 4 care placements). Enell and Wilinska (2020) noted perceptions of children as dangerous or in danger pervades child welfare systems, with children viewed as either at risk or a risk to others. Lisa spoke about assumptions made by others that she had committed an offence, possibly murder (Lisa, age 22, 4 years in care, 6 placements). Negative stereotypes were present for all but two of the young people in the study.

In addition to no choice of school children have no choice about who they live with. There can be a lack of respite from both staff and other children, and the potential to be re-traumatised because of triggering behaviours, such as self-harm (Johnson et. al. 2017). Kevin spoke about children's behaviour escalating as pain-based behaviours were a way for them to get staff attention. He felt that because he did not 'act out' his emotional needs were overlooked (Kevin, age 22, 8 years in care, 2 care placements). The emotional effect of this will have an impact on how children engage in education.

While others may have known that the participants lived within residential care as children may be removed from classes as they are required to attend formal meetings (Mannay et. al., 2017), however only Tina spoke about her care identity openly at school and it had consequences (Tina, age 20, 16 years in care, 14 care placements). Keeping this part of their identity hidden is not unusual (Paul, 2017). Tina said

...all my year and people who weren't in my year at school they all knew I was care experienced and I lived in a children's unit and stuff like that but some people in the corridor would be like there's big Tina, like big mental Tina. They didn't know me but just had this opinion of me sort of thing that because I was in care I was crazy...but I wouldn't harm a fly" (Tina, age 20, 16 years in care, 14 care placements).

For Lisa, a supportive teacher who was aware of her situation had a positive impact. She had achieved well at school before going into residential care where the focus was on vocational qualifications, she saw these additional skills as crucial to her future career. Through the support of her teacher and previous school she was able to return to education and sit a 7th year enabling her to revisit the year she had missed (Lisa, age 22, 4 years in care, 6 care placements). This provides an example of corporate parenting working well and should be highlighted as good practice (Scottish Government, 2008).

The Care Review (2020) highlighted the importance of language and Tina recognised that she spoke a different language to fellow students as she was familiar with social work jargon (Tina, age 20, 16 years in care, 14 care placements). She said

...when I was at school...I would say I can't meet you for lunch today because I need to go to my panel and people went what's a panel. So I realized quite quickly that I was using different words and people don't know what it means and all these social work services, I know all these systems...I remember getting told if I don't go to a panel the police would send out a warrant for my arrest, they'd come to the school and handcuff me and my friends, I remember them going, do it, do it, but that really scared me thinking the police would come to school and take me out of class (Tina, age 20, 16 years in care, 14 care placements).

Stability and Leaving Care

Kevin spoke about a lack of felt security while living in residential care despite being in a stable placement for eight years (Kevin, age 22, 8 years in care, 2 placements). The transitions of other children and movement of staff left him feeling that he could be moved at any time. This consideration also affected children's willingness to develop relationships. Tania said

...I didn't form a good circle of friends so I was always going about with the children from the residential unit I was in or if I was in foster then I would be going about with their daughter and her friends... so I found it difficult connecting with people at school, when I was out in the street, in different places" (Tania, age 20, 17 years in care, 18 care placements).

Tina remained in a stable residential placement for 12 years, essentially growing up there (Tina, age 20, 16 years in care, 14 care placements). Her experience highlights best practice within residential care and illustrates what well thought out care can look like when preparing young people for moving on. She said

...when you turned 15 they put you on an independent living plan so for me it was quite gradual ... I first started round about 15 I would tidy my own room, I would do my own washing and I'd get myself up for school, they gave me an alarm clock...When I got a little bit older, so after I'd been doing that for a bit I'd be about 15 and a half - 16, I'd start cooking a couple of meals on my own, ... it was mostly dinners, but as that progressed I would do all my meals and they would take me out shopping... They would give me a specific amount of money so maybe like ten, fifteen pounds and I would go to the shops near my house. They would take me for the first couple of months... and they'd help me cook as well. The cook would tell me how to prepare some meals that I liked that she'd made for me over the years, so she showed me how to make things from scratch and how to eat healthily as well (Tina, age 20, 16 years in care, 14 care placements).

Hamish highlighted the support he received when he transitioned from residential care to independent living where they supported his attendance at college by wakening him when he didn't get up with the alarm (Hamish, aged 29, 10 years in care, 51 care placements). He said,

I had my own house keys because their (*the Local Authority*) independent living flat was outside the (*children's*) home...we could ask the staff for help if we thought that we weren't going to get up for college and things like that...but most of it was left to us (Hamish, age 29, 10 years in care, 51 care placements).

Care leavers are entitled to a range of financial supports if they continue within education. Care experienced students aged 16 – 29-year-olds, have eligibility for a non-repayable student bursary, have council tax exemption (16 – 26), and may gain access to a care experienced accommodation grant during the summer holidays (Student Award Agency Scotland, 2023; The Council Tax (Discount) (Scotland) Amendment Regulations, 2018). This was noted by participants and the only barrier to higher education stated related to being in a Scottish Government funded post that was linked to a further education qualification requirement (Lisa, age 22, 4 years in care, 6 care placements). A barrier was noted by Kevin in relation to the university application process (Kevin, age 22, 8 years in care, 2 care placements). When completing his UCAS application he did not know that he could apply to five different universities so instead applied to the same one and five alternative courses. This may be a barrier for someone who does not receive the appropriate support in completing the application form. Kevin subsequently completed his degree.

The stability of placements within college and university are reflective of experiences in emerging adulthood studies (Arnett, 2007; 2014) as a quarter of participants changed courses on a number of occasions before finding the right fit (Carol, age 24, 12 years in care, 4 care placements; Kevin, age 22,

8 years in care, 2 care placements; Liam, age 27, 10 years in care, 15 care placements; Tina, age 20, 16 years in care, 14 care placements). Achieving well academically after leaving school was a feature of a study of 310 care leavers in Scotland (Duncalf, 2010), with over a fifth achieving a degree over the age of 41. Similarly, in a study by Sacker et. al. (2021) care leavers were viewed as more likely to revisit education later in life. This may be reflective of a different route into education similar to those of more mature students from lower socio-economic groups (UCAS, 2018).

In a Scottish study of school children aged 13 – 17, Miller et. al (2015) linked good mental health to positive multiple group identities with the most significant coming from family, school, and peer group affiliation. Very few within this study spoke about positive affiliations with their family, and only Lisa received ongoing support from school. A positive school identification was viewed as the strongest indicator of positive mental health, however that was not reflected in Lisa's account (Miller et. al., 2015).

While strong family relationships were not prevalent with the group fictive relationships were identified as crucially important, the majority of which were experienced with residential workers but also social workers, throughcare staff and teachers.

Limitations of the study

A single national third sector agency was used to recruit participants for the study and the research is reflective of a small sample size. Findings of this research may not be evident in the wider residential care experienced population so it may be difficult to generalise.

The study relied on participants use of retrospective accounts. Diamond et. al. (2021) highlight that the accuracy of recalling memories may be high, but this can also be complex, particularly as participants are likely to have shared their experiences repeatedly over time due to the nature of the third sector organisation.

Future research

The purpose of this research was to explore transitions before, during and after children and young people experienced residential care. Future research should focus on educational trajectories, including education placement moves to gain additional insight into the school experience for care experienced youngsters. A longitudinal study would also add to the existing research in this area.

Conclusion

Expectations that residential care placements alone can overcome a lifetime of adversity and in many cases trauma, are unrealistic when many of the young people have experienced multiple family

breakdowns both inside and outside the care system and they may experience many barriers to support their learning while attending school and beyond. What is remarkable about the young people who took part in this study, is their ability to succeed academically despite their experiences both outwith and inside the care system. Having to manage significant experiences of attachment, separation and loss and triggering behaviours while engaging with school illustrates enormous survival and resilience strategies.

Most of the participants within this study have taken advantage of the financial support available to care leavers and their level of educational attainment has shown that academic success may not follow the same trajectory as children and young people who may remain at home with their families. Lifelong support for learning is crucial if those with lived experience are to reach their full potential. Supports for young people to the age of 26 does not therefore go far enough and the study found that children who may have experienced adversity can feel under pressure to do well educationally to ensure that they do not become a poor statistic. There can be an overwhelming sense of failure when this is not achieved. Knowing that financial support to attend education over the life span was available would be supportive and more in keeping with effective corporate parenting.

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