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The acceptability of educational Interventions: Qualitative evidence from children and young people in care

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ABSTRACT

There has been a proliferation of educational interventions that aim to address the disadvantage experienced by children and young people in care. However, the existing evidence-base has been limited by a dearth of theoretically-driven approaches and the inadequate involvement of the target population in developing interventions' theory of change or delivery mechanisms. The present study reports data from focus groups with care-experienced young people (n = 26) aged 16–27 regarding the acceptability of educational interventions that have already been developed and subjected to evaluation via a randomized controlled trial. Although participants highlighted the merit of interventions that address social and emotional competencies, and have a clear relational component, they primarily felt that existing approaches fail to address the structural barriers to academic attainment. These include placement instability, inadequate resources, and lack of time and skills amongst carers. Participants indicated a preference for interventions delivered by carers. They equally suggested a preference for approaches that are universal rather than indicated. The variation in acceptability across interventions, both in terms of theory of change and delivery mechanisms, indicates the need to involve children and young people in the development of interventions intended to address their educational outcomes. Further theoretical, methodological and substantive research needs to be conducted in order to further enhance this process of involvement.

1. Introduction

The educational experiences and attainment of children and young people remains a pressing concern. Individuals who reside in care are less likely to complete primary or secondary education than the general population (Berlin, Vinnerljung, & Hjern, 2011; Courtney & Dworsky, 2006; Johansson & Höjer, 2012; Sebba et al., 2015; Vinnerljung, Oman, & Gunnarson, 2005; Vinnerljung & Hjern, 2011). Academic skills and attainment are systematically lower (Berger, Cancian, Han, Noyes, & Rios-Salas, 2015; Johansson & Höjer, 2012; Sebba et al., 2015; Vinnerljung & Hjern, 2011). National attainment data reports that 36.6% of care-experienced young people in England and 23% in Wales obtain five GCSEs (Grade A*–C),[1] compared to 80.3% and 67% of the respective total student population (DFE, 2013; Welsh Audit Office, 2012). Educational disadvantage continues into higher education, with lower rates of university access and completion (Pecora, 2012; Viner & Taylor, 2005; Vinnerljung & Hjern, 2011; Vinnerljung et al., 2005). Of young people in care, only 6% in England and 2% in Wales are estimated to enter higher education compared to approximately 50% of the general population (DFE, 2013; Welsh Audit Office, 2012). A range of negative life-course outcomes, likely compounded by low academic achievement, are also more prevalent in individuals who have been in care, including unemployment, claims on social welfare, and homelessness (Davison & Burris, 2014; Viner & Taylor, 2005; Vinnerljung & Hjern, 2011).

There are a number of features of the care experience that are considered to impact on the educational outcomes of children and young people. These include: limited and variable access to the educational system (Zetlin, Weinberg, & Shea, 2006); home and school placement instability (Ferguson & Wolkow, 2012; Jackson & Cameron, 2011; O'Sullivan & Westerman, 2007; Pecora, 2012; Sebba et al., 2015); a lack of invested and supportive social networks (Franzen & Vinnerljung, 2006; Jackson & Cameron, 2011; Berlin et al., 2011); and inadequate monitoring or prioritization of academic outcomes (Ferguson & Wolkow, 2012; Jackson & Cameron, 2011; Zetlin et al., 2006). However, there remains extensive contestation regarding the causal attribution of the attainment gap to the care system, amidst claims of an over-reliance on simplistic and linear interpretations of

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[1] General Certificate of Secondary Education (GCSE) qualifications (or equivalents) are compulsory national qualifications typically undertaken by secondary school students aged 14–16 in the UK. The equivalent in Scotland is the Standard Grade.

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the reasons for educational disadvantage (Berridge, 2012; Stone, 2007; Welbourne & Leeson, 2012). Indeed, a range of potentially confounding variables serve as shared risk factors for both entry into care and lower academic attainment, which include but are not limited to: socio-economic deprivation (Welbourne & Leeson, 2012); family breakdown (Berridge, 2007); special educational needs (Baker, 2006; Scherr, 2007; Sebba et al., 2015; Trout, Hagaman, Casey, Reid, & Epstein, 2008); and childhood trauma, specifically neglect and abuse (Welbourne & Leeson, 2012). However, despite limited evidence to causally attribute educational disadvantage to care-related risk factors, it remains that individuals with experience of being in care systematically achieve poorer outcomes.

1.1. Educational interventions for children and young people in care

There has been a proliferation of interventions aimed at addressing the educational experiences and attainment of children and young people in care (Forsman & Vinnerljung, 2012; Liabo, Gray, & Mulcahy, 2013; Evans, Brown, Rees, & Smith, in press). A recent systematic review by Evans et al. (in press) reported on randomized controlled trials evaluating the effectiveness of interventions directly targeted at this population or addressing them as a key subgroup within universal approaches. An outline of the included interventions are presented in Table 1. Further detail on the associated evaluations is provided in the review (Evans et al., in press). Whilst some studies indicated methodological robustness, there was extensive variation in conduct and reporting, ensuring that no definitive statements could be made with regard to intervention effectiveness. The issues associated with the conduct and reporting of RCTs resonate with broader discussions pertaining to the challenges of utilizing this study design within social care and educational settings (Dixon et al., 2014; Gueron, 2008; Mezey et al., 2015; Torgerson, Torgerson, Birk, & Porthouse, 2005), whilst indicating the need to ensure scientific rigor in future iterations of evaluation research.

Beyond the methodological limitations associated with evaluation, the review also identified issues pertaining to the process of intervention development, which may compromise potential effectiveness (Evans et al., in press). Firstly, there remains a dearth of theoretically-informed approaches, where interventions appropriately respond to the risk factors associated with a problem amongst the target population. The evaluation of the Letterbox Club, which involves the delivery of personalized educational resources to children in foster care, demonstrated no impact. Mooney, Winter, and Connolly (2016) highlight the fact that

Table 1
Overview of included educational interventions for children and young people in care.

Study	Country	Intervention	Participants	Delivery agent	Delivery setting	Components
Clark et al. (1998)	USA	Fostering Individualized Assistance Program (FIAP)	Foster care 7–15 years	Family specialist	Non-standardised	Provides family-centered, clinical case management and home-based counselling.
Courtney et al. (2008); Zinn and Courtney (2014)	USA	Early Start to Emancipation Preparation (ESTEP)	Foster care; kinship care; group home; other residential care. 14–15 years	Undergraduate or graduate student	Care placement	Provides tutoring in mathematics, spelling, reading and vocabulary.
Flynn, Marquis, Paquet, and Peeke (2011); Flynn, Marquis, Paquet, Peeke, and Aubry (2012); Marquis (2013)	Canada	Teach Your Children Well (TYCW)	Foster care 6–13 years	Foster carer	Care placement	Provides instruction in mathematics and reading.
Green et al. (2014)	UK	Multi-dimensional Treatment Foster Care (MTFC-A)	Foster care; 10–17 years	Specialist foster carer	Care placement	Provides consistent and reinforcing environment, boundaries to behaviour and consequences, supervision of young people's activities and location, diversion from associations with antisocial peers, and support for relationships with positive peers.
Harper (2012)	Canada	Teach Your Children Well (TYCW) (30 weeks)	Foster care; kinship care; 6–13 years	Undergraduate or graduate student	Unspecified	Provides instruction in mathematics and reading.
Harper and Schmidt (2012)	Canada	Teach Your Children Well (TYCW) (25 weeks)	Foster care; kinship care; 6–13 years	Undergraduate or graduate student	Unspecified	Provides instruction in mathematics and reading.
Leve and Chamberlain (2007)	USA	Multi-dimensional Treatment Foster Care (MTFC)	Girls within the juvenile justice system; 13–17 years	Specialist foster carer	Care placement	Provides telephone contact with foster parents, weekly foster parent group training and supervision, therapy for each girl, family therapy for birth family, monitoring of school functioning, on call staff, and psychiatric consultation.
Lipscomb, Pratt, Schmitt, Pears, and Kim (2013)	USA	Head Start	Non-parental care 3–4 years	Non-standardised	Non-standardised	Provides holistic, wraparound child services.
Mooney et al. (2016)	UK	Letterbox Club	Foster care 7–11 years	Child or young person	Care placement	Gifts personalized educational resources.
Pears et al. (2013)	USA	Kids in Transition to School	Foster care ≤6 years	Teacher and facilitator	School	Provides literacy skills, prosocial skills and self-regulatory skills to children. Provides carers with competency to support child in new skills.
Trout et al. (2013)	USA	On the Way Home (OTWH)	Young people with or at risk of disabilities leaving residential care 13–18 years	Family consultant	Care placement	Provides Check & Connect, Common Sense Parenting, and homework support.
Zetlin, Weinberg, and Kimm (2004)	USA	Education specialist	Foster care 5–17 years	Educational specialist	Non-standardised	Provides specialist advice to child welfare agencies and child advocacy.