UNIVERSITY OF GOTHENBURG
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Young People Living in Residential Care in Estonia: Pathways to Further and Higher Education

Abstract

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Key words: educational choice; educational pathway; Estonia; out-of-home care; residential care; young people.

Educational outcomes of children and young people in out-of-home care are internationally well researched. Relatively less is known about the basis for their choice of educational pathway. The aim of this degree report is to determine the different influences behind educational choices of young people in residential care. This research is based on the qualitative data analysis from eleven semi-structured individual interviews with young people who live in residential care in Estonia. Three expert interviews were conducted for an additional overview of the Estonian out-of-home care system. Findings of this study suggest that the educational choices of young people in residential care are mainly based on their interest in the speciality. However, factors such as distance from the residential care home, difficulty of studies and role models also influence their choices. Decision participation in relation to educational pathway tends to contribute to higher self-motivation. Participants described four main types of external motivators: 1) interesting lessons and supportive teachers; 2) grades; 3) disciplining by the caregivers; and 4) positive encouragement. Strong social capital plays an important role for the support in relation to educational pathway. Education is considered as a ticket to better life than their parents have had. The financial support from the state, local governments and other sources is not considered as a barrier on the educational pathway. Estonian out-of-home care system and specifically residential care have valuable practices which help young people to concentrate on their studies. The state is moving towards family-based or family-like placements which increase the quality of out-of-home care and prepares for a better support on the educational pathway.

Lühikokkuvõte / Abstract in Estonian

Asenduskodus elavate noorte haridustee peale põhihariduse lõpetamist / Young People Living in Residential Care in Estonia: Pathways to Further and Higher Education

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Olulised märksõnad: asendushooldus; asenduskodu; asenduskodu noored; Eesti; haridusalased valikud; haridustee.

Asendushooldusel elavate laste ja noorte haridusalased saavutused on rahvusvahelisel tasandil põhjalikult uuritud teema. Vähem on teada, millistele teguritele tuginedes lapsed ja noored oma haridustee valikuid teevad. Antud uurimuse eesmärgiks on tuua välja Eesti asenduskodudes elavate noorte haridustee valikuid mõjutavad tegurid. Uurimustöö põhineb kvalitatiivsel andmeanalüüsil. Andmed koguti individuaalintervjuude vormis üheteistkümnelt asenduskodus elavalt noorelt. Eesti asendushoolduse kontekstist annavad täiendava ülevaate kolm ekspertintervjuud. Uurimustöö tulemused näitavad, et asenduskodus elavate noorte hariduslikud valikud tuginevad peamiselt huvile eriala vastu. Valikut mõjutavad ka sellised tegurid nagu kooli kaugus asenduskodust, õpingute eeldatav raskusaste ja eeskujud. Mida enam tunnevad noored valikuvabadust haridustee suhtes, seda kõrgem on nende motivatsioon õpingutele pühenduda. Intervjueeritavad nimetavad ka nelja tüüpi väliseid motivaatoreid: 1) huvitavad tunnid ja toetavad õpetajad; 2) hinded; 3) kasvatajate ja perevanemate distsiplineerimine; 4) toetav suhtumine teiste inimeste poolt. Tugev sotsiaalne kapital on oluliseks teguriks, mis toetab asenduskodus elavate laste ja noorte haridusteed. Osalejad näevad haridust kui võimalikku vahendit, millega tagada endale oma vanematega võrreldes parem tulevik. Riigilt, kohalikelt omavalitsustelt ja teistest allikatest saadav majanduslik tugi hariduse omandamiseks on noorte poolt hinnatud ning seda peetakse piisavaks. Võib järeldada, et Eesti asenduskodudes kasutakse edukaid meetodeid, mis toetavad lapsi ja noori nende haridusteel. Riiklikult liigutakse üha enam perekonnapõhise ja perekonnasarnase asendushoolduse pakkumise poole, mis ühtlasi tõstab asendushoolduse kvaliteeti ning tagab parima võimaliku toe haridusteel jätkamiseks.

Table of Contents

Acknowledgements

Terminology

Caregiver in Estonian context is a professional who works in a residential care home. The work of caregivers in Estonia is usually schedule-based.

Children are according to the first article of the Convention on the Rights of the Child, all human beings below the age of eighteen years unless under the law applicable to the child, the age of majority is attained earlier ('Convention on the Rights of the Child', 1989).

Educational pathway in the context of the present study is a broad concept which combines educational choices of a person and the aspects which influence these choices (e.g. life experiences, interests, support network, role models).

Family-based care is a short- or long-term out-of-home care in a family environment (Sotsiaalministeerium, 2014). The parent or parents are chosen and prepared to provide this type of care and they are financially and emotionally supported (ibid).

Family-like care is an out-of-home care service where one or several caregivers who take a role of a parent look after the children in a small group and in a way that is alike to conditions in a family (Sotsiaalministeerium, 2014). The care is provided outside of the usual home environment of those caregivers (ibid).

Foster care is a type of out-of-home care where a child is placed into a family (Sotsiaalministeerium, 2014). The parent or parents are chosen, prepared and supported to provide this type of care (ibid).

Out-of-home care is provided to children and young people without parental care (Sotsiaalministeerium, 2014). In Estonia there are four different types of out-of-home care: care by appointed guardian or kinship care; foster care; residential care and adoption to a new family (ibid). In Estonian context, out-of-home care is called substitute care, but throughout the degree report I use the term out-of-home care.

Residential care in a broad context is accommodation and in-house support for a group of service users (Harris & White, 2013). Residential care homes for children provide non-family-based service for a group of children and young people (Sotsiaalministeerium, 2014). Residential care homes are called substitute homes in Estonian context, yet in this degree report I use the terms residential care and residential care home.

Support or trust caregiver is supposed to look after some children in a residential care home on a consistent basis in order to build strong trusting relationship with them.

Support person is someone who usually meets a child or young person on voluntary basis to have conversations or do leisure activities.

Support family is providing a child or a young person from residential care an opportunity to spend weekends or school holidays in a family environment.

Temporary shelters provide accommodation and care for children who are separated from their family on a short-term basis (Sotsiaalministeerium, 2014). In Estonian context, temporary shelters are in general not considered a part of out-of-home care (ibid). Temporary shelters in Estonia are managed and financed by local governments (ibid).

Young people in Estonian context are, according to the Youth Work Act, all young people between 7 and 26 years of age (Noorsootöö seadus, 2010).

Abbreviations

CRC - Convention on the Rights of the Child

EATL - Estonian Association of Care Placement Workers (In Estonian: Eesti Asenduskodu Töötajate Liit)

KOV - Local government in Estonia (In Estonian: kohalik omavalitsus)

UN - United Nations

VSH - Virtual School Head

YEN - A group of young people in Estonia who live or have lived in out-of-home care

YiPPEE - Young People in Public Care: Pathways to Education in Europe

Introduction

Children in out-of-home care and especially in residential care are often seen as vulnerable. It is hard to argue that life experiences of children in out-of-home care have not been harsh. Despite the difficult childhood it is important to provide the best possible care to those children and help them to be successful in their lives. It is a common perception that children without parental care are unlikely to fare well with education and therefore may end up at a medium to low standard of living. A lack of special focus towards the issues of these children may for example lead to low study performance, negative attention from other children and low self-motivation. Therefore, to really improve the future outlook of children in out-of-home care, it is important to determine which kind of support is expected and needed in each particular case.

Children in out-of-home care have equal rights to education which is the same for all children. In article 28 of the Convention on the Rights of Child the state parties confirm that right to education is recognized on the basis of equal opportunity (Convention on the Rights of the Child, 1989). Estonia has ratified The Convention on the Rights of the Child and is therefore liable to ensure that every child in Estonia has access to free primary and secondary education. Furthermore, Estonia must ensure that all people have equal opportunity to access higher education on the basis of their capacity. Unfortunately, in many countries in the world, whether a young person proceeds to further or higher education, it remains dependent on the socioeconomic conditions of the family (Johansson & Höjer, 2012).

Educational outcomes and pathways have been used as ways to measure the success of people, including in research. People who are or have been in out-of-home care have some of the lowest performance levels in education (Flynn, Tessier, & Coulombe, 2013; Harker, Dobel-Ober, Lawrence, Berridge, & Sinclair, 2003). Researchers in YiPPEE (Young People in Public Care: Pathways to Education in Europe) project claim that young people with low level of education are in high risk of social exclusion later in life (Jackson & Cameron, 2011). Thus, due to lower performance levels in education, children in out-of-home care are at risk of social exclusion. The statistics have led to critical research papers on shortages of the support children get in out-of-home care system. Moreover, it could be said that educational outcomes of children in out-of-home care is an internationally well researched topic. Relatively less is known about the basis for the choice of educational pathways by children in out-of-home care.

In 2016 a research centre in Estonia published a study which includes research about influence of education in transition of young people in out-of-home care to adulthood. Osila et al. (2016) present in their study that children in residential and foster care in Estonia have low educational ambitions. However, the study by Osila et al. (2016) does not focus on why the young people have lower ambitions and whether the support system could help young people to aim higher in their educational pathway.

The aim of this degree report is to determine the different influences behind educational choices of young people in residential care. Presenting the views of young people in residential care gives an integral overview of the phenomenon and is therefore important for opening the discussion in the society. It is considered important to carry out more research about the education of children in out-of-home care, to come up with appropriate support solutions. I find it equally relevant to present empirical findings from Estonia. To my

knowledge, until now there are no research papers in Estonia which focus on the educational prospects or pathways of children in out-of-home care.

This research is based on qualitative data analysis. The data was collected between the 25th of February and the 12th of March 2017. Eleven semi-structured individual interviews were conducted with young people who live in residential care in Estonia. Due to limitations to the length and time of the research I decided to focus on the young people who live in residential care. In Estonia, everyone of 7 to 26 years of age are considered young people (Noorsootöö seadus, 2010). All participants in the present study are referred to as young people. In references to international research, the terms young people and children are used interchangeably.

The analysis of the empirical material is based on three research questions, developed from the analytical framework and supporting chapters. The three research questions are as follows:

- Which are the main factors on which young people in residential care base their choice of education?
- How is the educational support system perceived by young people in residential care?
- What are the necessary factors that help the young people to dedicate to their studies?

In addition, three supporting research questions emerged from each analytical concept presented in the analytical framework in chapter 3. The first theory presented in chapter 3 is based on the new sociology of childhood, which carries an idea of children as active social agents who have a right to express their views and participate in the decision-making process. The new sociology of childhood provides a common framework for the professionals who work with children in residential care. Based on the ideas of new sociology of childhood, children should be included and supported in the decisions regarding their educational pathway. The supporting research question regarding the new sociology of childhood is:

- How do young people in residential care in Estonia assess their involvement in decisions regarding their education?

The second theory is about resilience which describes how well a person copes with difficult situations and recovers a normal life (Masten, Best, & Garmezy, 1990; Montgomery, Burr, & Woodhead, 2003). In the context of this research paper, resilience theory helps to understand which factors help children to recover from the hardships and focus on their studies. The research question regarding resilience is:

- Which facilitators increase resilience among young people in residential care to support their educational attainments?

The social capital theory, presented lastly in the analytical framework chapter, refers to sociability, social networks and social support, trust, reciprocity, and community and civic engagement (Morrow, 1999). Research question regarding social capital theory:

- In what way is social capital important for the support in relation to education?

The three main research questions together with supporting research questions are addressed in chapter 5 and answered directly in chapter 6.

The results of this research paper are addressed to social workers and other professionals who work directly with children in out-of-home care in Estonia. They have the authority to influence the organization of out-of-home care and require changes in order to provide better

quality of care for children. Nevertheless, the state officials from the Ministry of Social Affairs in Estonia and other subordinate establishments could benefit from the knowledge in this research paper. Furthermore, as this degree report is written in English it is also accessible to professionals from all over the world. It provides an opportunity for the international crowd to familiarize with the out-of-home care system in Estonia as well as to get specific knowledge about pathways to further and higher education of young people living in residential care in Estonia.

Disposition

This thesis is structured into six chapters which are defined according to the purpose of the research. In the first chapter of this degree report I give an overview on the previous research on this subject matter. This chapter highlights the educational facilitators and barriers that children in out-of-home care may have.

The second chapter focuses on the out-of-home care and education systems in Estonia. Here, I analyze data of three interviews with experts on out-of-home care in Estonia. Moreover, my findings based on examining different laws, development plans and research papers are presented.

The third chapter is divided into three analytical concepts. I start by building a framework on the importance of including children into decisions which affect their lives. For that matter, an overview of new sociology of childhood is presented. This is followed by the theory about resilience and what are the main factors which contribute to resilient behaviour among children. The final part of the second chapter is about social capital theory which shows what kind of social capital children need in order to succeed in life.

In chapter four, I describe the methods and writing process of the thesis. In addition, I provide a justification for the choice of ethical measures within the research process.

In chapter five, findings from the interview data are presented. Furthermore, they are analyzed in the context of the research questions. Quotations from the interviews highlight some of the most important ideas pointed out by the young people who participated in the study.

In chapter six, I present the concluding discussion based on the research aim. Here I come back to the research questions and answer them according to the research findings. Furthermore, I give recommendations for future research.

1 Research review

In this chapter, I present a review on the international research papers relating to the problem area of the current study. Estonian research papers about educational pathway of children and young people in out-of-home care are presented in the next chapter. The present chapter gives an overview of the existing research together with examples of possible solutions. Since many authors did not distinguish between different out-of-home care types, the research review is based on all the types of out-of-home care for children. However, where possible, the children in residential care are focused on separately. Moreover, it was hard to find studies which specify on children's attainment and motivation to study or educational choices. Hence, in the research review I focus more on the facilitators and barriers which cause lower educational outcomes and which therefore may lead to lower attainment and lack of motivation.

In order to find reliable research papers I only searched peer reviewed articles. I carried out a data search in the online database of University of Gothenburg, Google Search and Google Scholar. I searched for recent articles preferably with the highest number of citations. Search words such as looked after children; out-of-home care; residential care; education and higher education were used in various combinations. Other half of the research papers and also some relevant grey literature reports were found by reviewing the bibliography lists of the existing peer reviewed articles or were provided to me by my supervisor Ingrid Höjer.

Searching databases only in English sets some limitations to the research and therefore most of the articles I found were from UK, USA, Canada and Australia or Scandinavian countries. I found a broad variety of different research papers from which most were written in recent years. Seemingly the problem area has just been recently agreed upon as highly important for the lives of children in out-of-home care. Trout et al. (2008) in a USA based research review claim that in the first decade of the 21st century relatively little was known about academic functioning of children in out-of-home care. The authors point critically to the lack of respective research publications. Moreover, they argue that without the knowledge about academic functioning of children in out-of-home care the professionals working with the children are limited in their capabilities to provide appropriate services (ibid). Fortunately, I discovered many recent research projects from English speaking countries. It was interesting to find that there is a difference in child welfare research paradigms in those countries (Berridge, 2012). The author claims that North America is more focused on quantitative approaches whereas in UK qualitative mixed method approaches are used more frequently. Swedish researchers Forsman and Vinnerljung (2012) conclude in their research review that not much is done in intervention research or research about evaluated practices to improve educational outcomes for children in out-of-home care.

1.1 Educational Prospects for Children in Out-of-home Care

Children in out-of-home care are considered to be more vulnerable and in many ways less advantaged than children who live with their parents. Children who are or have been in out-of-home care have some of the lowest performance levels in education (Flynn et al., 2013; Jackson & Cameron, 2012; Harker et al., 2003). The lower educational outcomes and ability to attain education, can also be based on structural problems such as unstable schooling or lack of genuine care. Moreover, the practice in UK has shown to be uneven among different out-of-home care types (Brodie & Morris, 2010). The statistics of low educational outcomes

have led to critical research papers on shortages of the out-of-home care system. Welbourne and Leeson (2012) argue that the statistics on educational outcomes of children in out-of-home care have been misunderstood. The reason is that the statistics do not compare the educational achievements of children in out-of-home care with children who have stayed in families where they are maltreated, abused or neglected. Most of the young people who were interviewed for the study by Welbourne and Leeson (2012) in the UK said that they already get good educational support and they have made some educational progress while being in the out-of-home care placement. Similarly to Welbourne and Leeson, the research review by Brodie and Morris (2010) also infers that children and young people in the UK consider out-of-home care to be beneficial for their educational outcomes. Therefore, it is possible that children in out-of-home care might do better than they would do while living with their biological parents.

1.1.1 Children in Out-of-home Care: Pathways to Further and Higher Education

In many countries, care leavers are less likely to proceed to higher education (Mendes, Michell, & Wilson, 2014). Lower educational outcomes in compulsory schooling stage is strongly related to the completion of upper secondary school (Dæhlen, 2015). Even though the statistics are clear, it is hard to distinguish whether it is the lower outcomes in compulsory schooling or are the children facing other barriers such as accessibility, acceptability or for example lack of motivation. Many studies have found shortcomings in the accessibility and the support system for young people in out-of-home care (Brodie & Morris, 2010).

A European Union funded project, Young People in Public Care: Pathways to Education in Europe (YiPPEE) involved five European countries and aimed to find out how to provide more social capital and resources to children in out-of-home care so they could find strength to continue with their studies after completing compulsory education (Jackson & Cameron, 2011). The authors claim that not much is known about educational pathways of children in out-of-home care after they have finished compulsory schooling (ibid). This is bigger than just a European problem, Harvey, Andrewartha and McNamara (2015) criticize Australian government strongly for not including people with out-of-home backgrounds to the higher education equity policy. They also claim that Australia compared to UK has done even less for young people in out-of-home care who wish to proceed to higher education (ibid). YiPPEE project teams agree with their Australian colleagues and state that one of the biggest problems is the invisibility of those children and young people (Jackson & Cameron, 2011).

Different welfare regimes have influence on children's educational outcomes, but it is far less important than the YiPPEE project researchers had expected (Jackson & Cameron, 2011). Many countries have developed support systems for children in out-of-home care to continue with their studies at the university level. Unfortunately, inadequate financial support for continuing in education was highlighted as a system level barrier in the YiPPEE project (Jackson & Cameron, 2011). Young people in the UK often lack knowledge about their possibilities and there might still be a lack of support in planning of the transition to higher education system (Jackson, Ajayi, & Quigley, 2005). Young people who live in out-of-home care are generally more worried about their future (Brodie & Morris, 2010). It is intelligible since there are many difficulties they have to face. A study in the UK revealed that young people felt nervous about the transition to higher education (Jackson et al., 2005). During the application process for the universities young people in the study did lack information and advice about different universities and courses (ibid). Furthermore, they felt that they did not

know enough about the changes of placement and there was great uncertainty about the financial support (ibid). Thus, young people in out-of-home care face challenges which could be solved by improving the support system and communication between professionals and children.

A research study in the UK indicates that the type and scale of practical and financial support for studies in higher education differ (Jackson et al., 2005). In 2005 young people considered the shortage of financial resources and lack of emotional support as two main problems they had to face while studying in the university. It was especially hard for the participants when they could not get in contact with or did not get appropriate help from the social services or Student Support Services. In order to guarantee equal support from the local authorities to all young people leaving out-of-home care, the participants insisted, that the Government should demand the full implementation of the Children (Leaving Care) Act 2000. Despite experiencing all those hardships, young people in the study developed great resilience. They were motivated to continue with their studies and to achieve their objectives. Moreover, they also described themselves as self-motivated. The research participants saw a great value in their university experience and were aware of the advantages their degree gives them compared with most of the people who have been in out-of-home care. (Jackson et al., 2005)

One can argue whether proceeding to higher education the only way to succeed in life and whether it will provide better opportunities to find high salary work. The importance of higher education differs from country to country and is based on national trends. However, researchers in YiPPEE project agree that young people with low level of education are in high risk of social exclusion later in life (Jackson & Cameron, 2011). Thus, it is alarming that compared to average the young people from out-of-home care are less likely to study at the university (Harvey et al., 2015; Jackson & Cameron, 2011). Australian researchers claim that it is important to include the cohort of people with out-of-home care backgrounds to the state and international policies and start to recognise the problem of lower educational achievements as something that can be solved by provision of functional support systems (Harvey et al., 2015). It is important to address this issue as the children and young people in out-of-home care should be able to enjoy the variety of schools and occupations as the majority of children from regular families can.

1.2 Facilitators and Barriers

There are many types of out-of-home care and all children in care have diverse experiences. In the previous section, many disadvantages for children in care were presented. Nevertheless, scholars suggest that out-of-home care for children can be a protective factor for educational outcomes in comparison with children who still live with their birth families, but face abuse or other difficulties at home (Jackson et al., 2005; Sebba et al., 2015; Wade, Biehal, Farrelly, & Sinclair, 2010). However, the results are shown to be dependent on the type of out-home-home care placement. Hence, children who are placed in foster or kinship care have better educational outcomes than children in residential care (Flynn et al., 2013; Sebba et al., 2015). Wade et al. (2010) on the other hand consider any type of out-of-home care better for children and their educational outcomes than living in a family where children have to undergo distress of abuse. Often, pre-care experiences explain why children in out-of-home care have lower educational achievements (Brodie & Morris, 2010). Moreover, remaining in out-of-home care may be considered as a protective factor for children compared with the possibility of going back to the unstable environment at home (Welbourne & Leeson, 2012). The research review

by Brodie and Morris (2010) concludes that children and young people themselves find out-of-home care to have positive effects on their educational achievements. Therefore, it is important to identify children who face physical, sexual or emotional abuse inside their families and to find safer and more stable out-of-home living conditions for them.

In the following two subsections of this chapter I am presenting the facilitators and barriers inside care and education systems as well as individual challenges the children in out-of-home care face.

1.2.1 Facilitators and Barriers inside the Care and Education Systems

The first contact with out-of-home care system can be bewildering and scary for a child. There might be a lack of stability for a child while the care proceedings are still in process (Beckett & McKeigue, 2010; Ferguson & Wolkow, 2012). Often children are excluded from school for the time of the proceedings and this affects their educational outcomes negatively (Berridge, 2012). Therefore, it is important to have flexible school systems and extra support to catch up with others (Jackson & Cameron, 2011).

Stability is one of the key factors for better educational outcomes (Jackson et al., 2005). Unfortunately, for many children in need, out-of-home care is a better source of stability than their own family. Researchers have found that earlier entry to the out-of-home care system creates stability as well as ensures better educational outcomes (Brodie & Morris, 2010; Gilligan, 2000; Welbourne & Leeson, 2012). Furthermore, children show greater resilience in coping with problems at school (ibid). Out-of-home care does not always bring stability and often children have to move between different placements and schools. Many researchers see school and placement changes as risk factors for children's educational outcomes (Berridge, 2012; Brodie & Morris, 2010; Ferguson & Wolkow, 2012; Sebba et al., 2015). As a solution, stable out-of-home placement arrangements help children to build social capital at the residence and also at school. Thus, stability plays an important role in the educational achievements of children. Nevertheless, the quality of the placement is as important as stability. It is important to promote progress and positive change. According to Wade et al. (2010), moving between different placements is rather positive if the goal is to meet child's needs. Moreover, to ensure educational progress for the children, the type of placement plays a minor role compared to satisfaction with the new home (Brodie & Morris, 2010). Therefore, it is important to see every child as an individual and to enable the child to exercise the right to participate in decisions affecting his/her life.

Besides stable placement and schooling, children also need a stable support network from the professionals such as social workers and teachers (Harker et al., 2003). Children in out-of-home care want to feel that there is someone who genuinely cares about them (Sebba et al., 2015; Welbourne & Leeson, 2012). Thus, support from adults as well as the quality of the relationships is important for the children in care. Teachers and school staff have the most influence over educational outcomes of children from out-of-home care placements (Harker et al., 2003; Sebba et al., 2015). Often the relationship between children and social workers is seen as irrelevant for the educational progress (Harker et al., 2003). The lack of knowledge by social workers about children's educational abilities have been criticized and said to be one of the reasons why children end up in schools which do not meet their needs (Harker et al., 2003). At the same time, social workers and especially school-based social workers have more influence and they are seen as more supportive for the children who have had very

difficult educational experiences (Pritchard & Williams, 2009). Ferguson and Wolkow (2012) together with Jackson and Cameron (2011) voice their concern about a lack of co-operation between different professionals as one of the barriers for better educational outcomes. Despite the need to cooperate, separate individual acts of support by anyone is valued by the young people in care (Brodie & Morris, 2010). Supportive relationships are therefore important to ensure high quality of care.

Researchers agree that a high quality of care together with a supportive network of professionals act as facilitators for children's commitment to education (Brodie & Morris, 2010). Many authors claim that lower expectations of the professionals to children in care can negatively influence educational achievements (Cheung, Lwin, & Jenkins, 2012; Flynn et al., 2013; Jackson & Cameron, 2011; Johansson & Höjer, 2012; Welbourne & Leeson, 2012). However, professionals who have strong relationships with children can have a positive influence on children's educational achievements and they are more likely to convince the children to continue with their education (ibid). Young people appreciate recognition of their achievements by carers and other professionals (Brodie & Morris, 2010). Inspirational people around the children can help them find motivation to strive for good results (Jackson et al., 2005). In order for the carers to do a good job with supporting the children, they need to have a caring personality, but at the same time they also need honest and up-to-date information about the educational progress, support from other professionals such as social workers and teachers as well as appropriate training on how to support the children with their education (Brodie & Morris, 2010). Further investments are required to develop good practices of the front-line professionals that support the learning and educational achievements of children in out-of-home care (Brodie & Morris, 2010; Trout et al., 2008).

One of the barriers to have higher educational achievements and to proceed for higher education is the constant fear about the future. Planning and communication between children, carers and other professionals can help children to feel more secure about changes. Brodie and Morris (2010) gathered knowledge from the service providers and children in care and presented their main message about the importance of child-centred work and inclusion of children in decision making as experts on their own lives. Children and young people need knowledge about different programmes and funding opportunities as well as right to choose in which after-school activities they participate (Brodie & Morris, 2010; Jackson & Cameron, 2011). All children have different pre-care, in-care and leaving care experiences and therefore it is important to listen to each individual to find the best solutions for that person. Whether it is about school, communication with birth families or other personal issues, based on the rights of a child, it is important to collaborate for the best interests of a child (Convention on the Rights of the Child, 1989). Positive emotions about school and good relations with peers, participation in after school activities and sense of security about the future are supporting the child to make progress at school (Brodie & Morris, 2010).

1.2.2 Individual Facilitators and Barriers

Motivation or lack of motivation is a strong indication on how children progress at school. Even when all the material and practical support is given by the care placement, children still need to find the internal motivation to study. The facilitators and barriers dependent on the care and education systems, described earlier in this section, determine how much children in care can focus on their studies and whether they believe educational outcomes are important for their future. Children in out-of-home care as well as all other children have different

knowledge, personality and work ethics. Therefore, some children like going to school and some might not enjoy it that much (Brodie & Morris, 2010). Jackson and Cameron (2011) consider the individual level barriers to be as follows:

- low self-esteem and lack of aspiration;
- previous negative experiences and low value of education inside the birth family;
- lack of role models and general feeling that nobody cares.

The authors suggest that individual facilitators are for example:

- high aspirations because of strong need to be different from parents;
- future-oriented approach;
- individual support and feeling that somebody cares;
- resilience.

There are different views, however, to which extent external factors help to increase motivation and to which extent educational outcomes are based on self-motivation.

Even children and young people can have various views on what helps them to find motivation to do well at school. On one hand in the study of Sebba et al. (2015), young people themselves admitted that their educational progress is mostly up to them and they need to be open to support in order to succeed. On the other hand there is also evidence from young people that moving to out-of-home placement where there is supportive attitude towards educational progress is one of the main grounds for their increase of motivation (Harker et al., 2003). Moreover, research review by Brodie and Morris (2010) presents young people's views on the importance of appropriate support by the teachers and other staff members at school. Some of the external factors which can help children and young people in care to find more motivation for their studies are as follows (ibid):

- a child-centred focus;
- everyday interest in their studies by carers and other professionals;
- encouragement;
- planning and dreaming together about the future plans for education and training;
- they are made aware about the consequences of not studying and going to school.

Hence, it is hard to say where the motivation comes from, but positive attitudes toward educational progress in the care placement are certainly helpful for the children and young people. Sometimes the support system can even motivate them to continue with further studies.

1.3 Possibilities to Improve the Support System

Children in out-of-home care are in many ways in much safer conditions than they would be with their birth families. When it comes to education achievements, out-of-home care should not be perceived as the second best option for the children in need (Welbourne & Leeson, 2012). Even if out-of-home care was rightfully seen as the safest option for these particular children, efforts should be made to make their situation even better.

Children in care are as capable as other children and there is no need to expect less from them in case there is appropriate support and children's needs are assessed and met (Welbourne & Leeson, 2012). Local authorities should promote learning and encourage children to have higher educational goals. More importantly, local authorities should ensure that children in out-of-home care could have access to higher performing schools (Ferguson & Wolkow, 2012; Sebba et al., 2015) and that additional resources such as appropriate support from the school staff are provided to the children living in out-of-home care (Goodman & Gregg, 2010; Sebba et al., 2015). States and local authorities can also encourage caregivers to be more involved with home based schooling, to have higher academic expectations and to create literacy environment in the placement (Cheung et al., 2012). Respectively, children and young people themselves can give the best feedback to professionals (Welbourne & Leeson, 2012). Therefore, all the changes and plans should be made in cooperation with the children and they should always be involved in the decision making process (Sebba et al., 2015). It is extremely important to have child-centred educational interventions which sometimes can take more time and resources, but are necessary for better educational outcomes (Ferguson & Wolkow, 2012).

Some children in out-of-home care require longer time to fulfil their educational potential because they might struggle to handle problems inside their birth family and school at the same time (Sebba et al., 2015). Birth parents often continue to have influence on the children and this could affect their concentration at school. Therefore, a holistic assessment of children's emotional, psychological and behavioural needs should be provided (Welbourne & Leeson, 2012). Social work support to the birth families is also necessary in order to make it easier for the children to concentrate on their studies (Sebba et al., 2015). Many children and young people in out-of-home care need emotional or even therapeutic support to overcome the issues inside their birth families (Welbourne & Leeson, 2012). Individual study plans and after school activities, help children and young people to develop resilience (ibid). Thus, children and young people in care need a flexible and individualised approach to their curriculum and learning style improvement (Ferguson & Wolkow, 2012; Welbourne & Leeson, 2012). Moreover, the education system should support more flexible educational pathways (Jackson & Cameron, 2011) and at the same time bring stability to the lives of children and young people in care (Ferguson & Wolkow, 2012). It is important that children could have a second chance to continue with their studies when they are emotionally ready for it.

In sum, communication and inter agency collaboration are the main facilitators to help children in out-of-home care to achieve better outcomes at school (Ferguson & Wolkow, 2012; Jackson & Cameron, 2012). Berridge et al. (2008) indicate that there has been an improvement in the UK when it comes to the communication between children, professionals and local authorities. The professionals are more informed about the possibilities for children. It is important to advocate for the children in out-of-home care and research the problem area to find solutions which are up-to-date (Brodie & Morris, 2010). The actions from authorities in relation to children in out-of-home care are shown to have positive impact on children's educational outcomes (ibid). Children and young people in care are at a great risk of social exclusion. Involvement in higher education is one way to overcome this problem (Jackson & Cameron, 2012). Hence, it is important to continue with the research and data collection, to develop the support systems and carry out policy changes when needed.

1.3.1 Examples of Practical Tools to Improve the Support System

In this section I present some of the intervention programmes that have been successfully practised in various countries. The majority of those interventions are from the UK. Many interventions improve educational achievements of children in out-of-home care (Forsman & Vinnerljung, 2012). However, according to empirical research, tutoring projects seem to have the best results (ibid). Nevertheless, there is need for more intervention research (ibid). Unfortunately, I did not find any intervention programmes which aim to motivate children and young people to study more or help them with their educational choices. As follows, different practices and short explanations are presented.

Personal educational plans
Personal educational plans include formal and informal educational plans for children in out-of-home care. The project is based on direct work with children and young people and is found to have a positive effect on children's participation. (Brodie & Morris, 2010)

Virtual School head (VSH)
VSH is a person who has strategic role of keeping an eye on the educational progress of children and young people from out-of-home care. VSH focuses on implementation of personal educational plans, coordination of designated teachers and other problems at school. VSH is considered effective especially because it can provide an opportunity for cooperation between policy makers and practitioners. (Brodie & Morris, 2010)

Designated teachers
Designated teachers have a role of looking after children at school and help them if problems occur. It is unclear how useful the role is since it is overlapping with roles of other teachers at school. However, young people seem to like the idea and thought that the role of designated teacher is beneficial for them. (Brodie & Morris, 2010)

Training programme for caregivers
The training programme called Holding the Space resulted in improved relationships between caregivers and young people. Caregivers learned how to listen and encourage young people, which was also good for the educational aspirations. (Brodie & Morris, 2010)

Social pedagogy pilot programme
The social pedagogy in children's residential care pilot programme was a part of the YiPPEE project. It is suggested to be good for the integration of care and education systems (Brodie & Morris, 2010). Social pedagogical approach as well as occupation is well known in Germany. Social pedagogues support children in their formal and informal learning processes and are links between home and school (Zeller & Köngeter, 2012).

Tutoring programmes
As follows I highlight examples of four successful tutoring programmes.
- Kids in Care Project is based on Teach Your Children Well (1998) model. Carers were tutoring children for three hours a week for a longer period. Meanwhile, the carers also received support from the project team. Evidences show improvement in educational outcomes. (Forsman & Vinnerljung, 2012)
- Group-based direct-instruction tutoring programme was introduced in 2012 by Harper and Schimdt. Group-based direct-instruction tutoring programme is based on Teach Your Children Well (1998) model, in which the university students volunteered as

tutors for the children in out-of-home care. There was a significant improvement in educational outcomes for children who participated in the study. (Forsman & Vinnerljung, 2012)

- A project evaluated by Olisa, Stuart, Hill, Male and Redford in which teachers acted as the volunteer tutors also showed significant positive results in educational outcomes. Children were tutored in groups for about 33 hours during a period of 20 weeks. (Forsman & Vinnerljung, 2012)
- Paired reading intervention aimed to improve the reading skills of children in care. Carers where taught structured paired reading and were expected to read together with a child for 20 minutes a day, three times a week, for 16 weeks. The programme was helpful and children improved their reading skills. (Forsman & Vinnerljung, 2012)

Letterbox Club
The Letterbox Club provides different educational materials for children in out-of-home care. The materials were sent to the children and they could use the materials on their own or share with others if they wanted. The interventions showed improvement in educational outcomes and children appreciated the materials. (Griffiths, 2012)

Helsingborg project
In the Helsingborg project children's abilities and skills were assessed, and individualized development plans were made in cooperation with all parties. Inter-disciplinary support was provided to the children during two consecutive years. During that time children improved their abilities and skills significantly. (Forsman & Vinnerljung, 2012)

Learning Material Distribution
The aim of the learning material distribution was to provide various materials such as books and laptops to children in out-of-home care. The intervention was proved to be effective and showed improvements in literacy skills (Wolfendale & Bryans 2004 cited by Forsman & Vinnerljung, 2012)

1.4 Inclusion of Stakeholders to the Research

From the previous section of this chapter it is clear that improving research and data collection to improve educational outcomes of children in out-of-home care; and to therefore increase their opportunities to choose by themselves in which programmes and schools they want to study at, is extremely important. Researchers claim that it is important to include all stakeholders such as children and young people, service providers, policy makers, birth parents and teachers to the research process (Brodie & Morris, 2010; Harvey et al., 2015). Research is lagging behind the development of new practices and the gap in evaluative evidence means that there is an absence of reliable information about effective practices (Brodie & Morris, 2010).

As mentioned above, it is important to involve all stakeholders to the research and ask their opinions on how to improve the support system for children in out-of-home care. It has been criticized that the role of school and teachers has been neglected in the research (Brodie & Morris, 2010; Harvey et al., 2015). It is especially important because young people have acknowledged the importance of the role of teachers (Harker et al., 2003) and school as a place where children feel safe and secure (Morgan 2010 cited by Brodie & Morris, 2010). It indicates the overall lack of cooperation between the education sector and child protection

sector (Harvey et al., 2015). In order to promote better educational achievements for children in out-of-home care it is important to find common ground between those two sectors (ibid).

Apart from discrepancies, there have also been positive changes. For example, the inclusion of children in research is getting more common over time. Almost all the studies reviewed by Brodie and Morris (2010) include opinions of young people about their experiences of placement stability and how it affects their educational achievements. More advanced research projects such as Kirklees Blueprint project included children as partners in the entire research process (ibid). There is an overall trend in the world to involve children as experts of their lives in the research process. Ben-Arieh (2008) names this new trend "child indicators movement". The aim of the movement is to formulate everything connected to the lives of children from their own perspective (ibid). An important role for the beginning of the child indicators movement is article 12 of the UN Convention on the Rights of the Child which states that all state parties should ensure the right of a child to be part in all discussions and decisions affecting his/her life (Convention on the Rights of the Child, 1989). Due to the child indicators movement, new methodological perspectives on the research about children have been developed (Ben-Arieh, 2008). The new methodological perspectives are as follows:

- inclusion of children in the research;
- high value on their subjective opinions;
- inclusion of children as independent analysis unit and systematic data collection in order to base decisions on child's best interests (ibid).

It is important to trust the opinion of children and young people on their well-being and it should not be mixed with adults' opinions on what is best for children (Casas, 2011). Children and young people can also obtain many benefits from participation in the research studies. They appreciate when their knowledge and experience is used to improve the lives of other children in similar situations (Jackson et al., 2005). The inclusion of children in the context of this research can provide the best possible access to the aims of other stakeholders who, due to limitations of the present study, could not be directly included.

2 Estonian Context

In this chapter I present an overview on how out-of-home care is organized in Estonia, how the education system is supporting children in out-of-home care and what the main discussion topics in relation to education of children in out-of-home care are.

Information for this chapter is based on Estonian governmental reports, surveys, laws and regulations. Unfortunately, I did not find any peer reviewed articles about education of children in out-of-home care in Estonia. Therefore, to get a better overview about the situation in Estonia, I decided to meet with several professionals. I conducted three expert interviews with five experts. First interview was with Merlin Kaljuvee, the leader of a group of young people in Estonia who live or have lived in out-of-home care (YEN) and Meelis Kukk, who is the chief executive officer of the Estonian Association of Care Placement Workers (EATL). The second expert interview was with two public officials Signe Riisalo and Liisa-Lotta Raag from the children and families department of Ministry of Social Affairs in the Republic of Estonia. Lastly, I interviewed Marina Sepp who has been a carer for children in residential care for almost 30 years and is a southern Estonian coordinator of the EATL.

2.1 Out-of-home Care in Estonia

In Estonia, out-of-home care includes foster care, guardianship care, adoption of a child and residential care (Osila et al., 2016). Out-of-home care is regulated by the Child Protection Act, Family Law Act and Social Welfare Act Leading direction indicators in out-of-home care system are the Green Book of Policies on Children without Parental Care (Vanemliku hoolitsuseta laste asendushoolduse poliitika roheline raamat) and Children and Family Development Plan 2012-2020 (Laste ja perede arengukava 2012-2020). 2517 children and youth were in out-of-home care from whom 1031 children and youth were in residential care according to the statistics at the end of year 2015 (Sotsiaalministeerium, 2015).

The experts who were interviewed for the degree report said that until the mid-90s children were almost always separated from their siblings and different age groups lived in separate buildings (Kaljuvee, 2017; Riisalo, 2017; Sepp, 2017). Children were continuously transferred between different residential care homes (Sepp, 2017). It meant that attachment between siblings and/or caregivers and a child was often interrupted. Children of same gender and about the same age who lived in one house or apartment were called a group (Sepp, 2017). Now children and young people who live in same house or apartment of a residential care home, are treated and called a family (Sepp, 2017). The latter also means that as in any other family, children are of different age and gender as well as some of the children might have disabilities. Residential care is much more family-like and the overall aim in out-of-home care is to find more and more family-based placements for children (Riisalo, 2017).

Until 2010 one family unit in residential care could have up to ten children (Osila et al., 2016). In order to make residential care more family-like, the state has decided to decrease the number over time. By the end of the year 2019, all residential care family units should have no more than six children (Osila et al., 2016). Moreover, the importance of well-trained caregivers is lately more appreciated and the emphasis is on individual based child-centred approach (Kaljuvee, 2017). In the UN Guidelines for the Alternative Care of Children (2010) it is stated that in most cases family-based out-of-home care should be preferred, yet, based on

the individual needs of each and every child sometimes placement to residential care can be reasonable. All things considered, the recent change in Estonian out-of-home care has been significant but there is still room for improvement.

According to the Social Welfare Act, local authorities (KOV) have the main role in providing safe and stable placement for children without parental care (Sotsiaalministeerium, 2014). KOVs are usually set as guardians over children in residential care. KOV has a task to put together a case plan which describes the situation of a child, his/her ability to cope with the situation, the needs and assistance's plan of action (Osila et al., 2016). KOV must find an out-of-home placement which meets the best interests of a child (ibid).

Even though KOVs have the responsibility to organize out-of-home care service, it is funded by the state (Sotsiaalministeerium, 2014). KOVs may but are not obligated to provide extra finances for the out-of-home care (ibid). For the ones who continue with their studies after they turn 18-years old, it is possible to stay in residential care home until the age of 25 (Riisalo, 2017). The funding system by the state, private funders and NGOs should be enough for young people to be able to continue with their studies (Kaljuvee, 2017; Sepp, 2017). Whether the young person continues with the studies after he/she has finished compulsory schooling is a question of motivation rather than question of resources (ibid). The state funding stops when the young person quits the studies for no adequate reason. In spite of that, there are examples of KOVs who have agreed to fund the further studies of young people when they have had a small gap between the studies (Sepp, 2017). In those cases, the young people have shown great self-motivation to continue with their studies (ibid).

From the state level, the county councils are responsible for authorization of out-of-home care service providers, handing out the funds and surveillance to out-of-home care service providers (Osila et al., 2016). Shift to family-like residential care homes is probably the most important state initiated change within the out-of-home care system (Sepp, 2017). Riisalo (2017) and Raag (2017) said that the state cannot step into the practices in the grassroots' level and the role of the state is law making and financing. Raag (2017) adds:

> From the level of Ministry of Social Affairs we motivate the residential care homes to create more family-like conditions. Accordingly, a caregiver motivates and knows this child better and it leads to better outcomes. [Author's translation from the original quotation]

As mentioned above, out-of-home care is regulated by the Green Book of Policies on Children without Parental Care. It describes the situation in out-of-home care and presents proposals for a holistic developmental plan. Three main objectives are presented as follows (Sotsiaalministeerium, 2014):
- The increase of family-based placements and development of new family-based placement types;
- Rise of quality of out-of-home care;
- Support for leaving the care and transition to independent life as well as holistic development of aftercare measures.

The proposals from the Green Book of Policies on Children without Parental Care are already carried out by the European Social Fund measure called „Asendushoolduse kvaliteedi tõstmine" (Improving the quality of out-of-home child care) (Osila et al., 2016). The objective is directly connected to European Quality for Children standards (Table 2.1.1.).

Table 2.1.1. Standards for Out-of-Home Child Care in Europe (Quality4Children, 2007).

Standard Area 1: Decision-making and admission process	Standard 1: The child and his/her family of origin receive support during the decision-making process Standard 2: The child is empowered to participate in the decision-making process Standard 3: A professional decision-making process ensures the best possible care for the child Standard 4: Siblings are cared for together Standard 5: The transition to the new home is well prepared and sensitively implemented Standard 6: The out-of-home care process is guided by an individual care plan
Standard Area 2: Care-taking process	Standard 7: The child's placement matches his/her needs, life situation and original social environment Standard 8: The child maintains contact with his/her family of origin Standard 9: Caregivers are qualified and have adequate working conditions Standard 10: The caregiver's relationship with the child is based on understanding and respect Standard 11: The child is empowered to actively participate in making decisions that directly affect his/her life Standard 12: The child is cared for in appropriate living conditions Standard 13: Children with special needs receive appropriate care Standard 14: The child/young adult is continuously prepared for independent living
Standard Area 3: Leaving-care process	Standard 15: The process of leaving care is thoroughly planned and implemented Standard 16: Communication in the leaving-care process is conducted in a useful and appropriate manner Standard 17: The child/young adult is empowered to participate in the leaving-care process Standard 18: Follow-up, continuous support and contact possibilities are ensured

All of those changes in out-of-home care have been rapid. Estonia has been independent from Soviet Union since 1991 and since then out-of-home care together with residential care has changed from institutionalized, hospital style placements into child-rights based family-based or family-like placements. It does not mean that the development process should stop. The experts who were interviewed, presented some new ideas and ways to proceed with lawmaking and practices in out-of-home care. Besides, the strong support to have more family-based out-of-home care, a new training system for caregivers and foster families is in developing process and a new draft regulation which divides current residential care into residential care home, family care home and after care, is also in process of development (Riisalo, 2017; Sepp, 2017). Previously the caregivers needed to participate in 160 hours of pedagogical and social work training (Sepp, 2017). Sepp (2017) who participated in the meetings where ideas for the new training programme were developed, said that the training programme most likely focuses also on communication skills as well as on the importance of involvement of children and young people. Knowledge about new directions on how to improve children's wellbeing helps caregivers also to support and motivate children with their studies (ibid).

The overall trend is that the caregiver should be able to provide holistic care and support as a parent would do at home. The main role of the caregiver in residential care home is to fill in

the role of parent for a child and perform tasks which are related to positive parenting (Kukk, 2017). Some of the residential care homes have a support or trust caregiver system which helps to develop trusting relationship between a child and his/her trust caregiver (Kaljuvee, 2017). Children from residential care homes also participate in a Big Brother Big Sister programme and some of them spend weekends and holidays with support families (Sepp, 2017). Sepp (2017) emphasises the importance of trusting relationships. She claims that whether it is a caregiver, a support person or someone from the support family, as long as there is one or two relationships based on common trust, a child obtains potential to develop resilience.

The objective of residential care homes is to provide family-like care for the children who do not have parental care. For families in Estonia, privacy of home is considered important. It is therefore needed to maintain the separation of public services from private affairs. In this context, Riisalo (2017) claims that it is not necessary to offer specific services such as healthcare or educational support within residential care homes. Help with studies must be provided to all children who need it by the educational support system irrespective of where they live (ibid). Residential care homes consequently are obligated to motivate the child to fulfil his/her potentials and support each child based on the individual needs (Raag, 2017). Sepp (2017) is confident to talk on behalf of all caregivers who work with children in residential care and states the following:

> I think on the level of residential care homes and on the level of EATL, one of the main directions is to make sure that the young people are successful later in life and their entering to labour market is smooth and that they remain in the labour market. Therefore, it is extremely important to acquire education and professional training. EATL encourages young people to take part in different seminars and career workshops. The main focus is on development of social skills, self-leadership skills and assertiveness. The main goal is that they themselves could choose and would be motivated to study. I think, I say it on behalf of myself and my colleagues. [Author's translation from the original quotation]

Caregivers in residential care homes should be free from all prejudices regarding the children and their earlier childhood. Drawing presumptions from the capabilities of their biological parents is never justified (Sepp, 2017). Additionally, the caregiver should keep all the promises provided to children and young people in to enforce trust. The caregiver can explain why it is important to study and lift the self-confidence of a child. Participation in different events and listening to success stories also help to motivate a child. Life at school plays an important role as well as participation in different after school activities. All of this should be organized in co-operation between the caregiver and a child. (Sepp, 2017)

As mentioned above, out-of-home care is moving to more family-based or family-like placements. Therefore, all public services are used outside the residential care home and are provided on equal terms to all the children. Accordingly, it is important to explain the educational support system and which services are provided to help and motivate all children as well as children in out-of-home care.

2.2 Education System and Funding

Public education in Estonia is free and paid by the state. Therefore, people with different socio-economic backgrounds may proceed to further and higher education institutions after they have completed compulsory schooling.

Basic education in Estonia is a compulsory minimum for all people under the age of 18 (Haridus- ja teadusministeerium, n.d.). Most children start school when they are 7-years-old. Basic school has nine grades and after that a person is free to choose whether to continue with the studies or leave the education system. When choosing to continue with the studies a person has three options. Firstly, he/she may continue in vocational training. Secondly, he/she may continue with vocational training together with high school examinations at the end of the studies. Thirdly, he/she may continue the studies in high school. When one is having good state examination results, the latter two provide an option to proceed further to vocational training after high school, to university or to university of applied sciences. (Haridus- ja teadusministeerium, n.d.)

In comparison to other EU member states, a relatively small number of basic school graduates continue with their studies in full-time vocational training. On the academic year 2013/2014 the percentage of basic school graduates advancing to vocational school was 26,7 % (Ossinovski, 2014). The strategy of lifelong learning includes a target for 2020 to increase the percentage of basic school graduates to 40%. Another issue is that 3,1 % of students completing primary education and 29,8 % completing secondary education do not continue their formal education (cited from EHIS, 2013). It is needed to improve the likelihood of students obtaining a vocation through secondary and higher education as well as applied and vocational education. (Ossinovski, 2014)

According to the Basic and High Schools Act, the school holder covers the costs of the school with the support given from the state's budget (Põhikooli- ja gümnaasiumiseadus, 2010). In most cases this is the responsibility of a local authority (KOV) (Haridus- ja teadusministeerium, n.d.). KOV also has the responsibility to establish basic and high schools, restructure the schools and close the schools when needed (ibid). Furthermore, KOV must keep records of attendance of children in compulsory schooling and organize inspections as well as organize the transport to school and back and ensure school meals (ibid). Most of the basic schools together with vocational (for the students who start vocational training after basic school) and high schools serve hot meals free of charge. Parents and guardians usually pay for pencils, notebooks, textbooks and school trips.

In vocational training or university, it is possible to apply for different scholarships. Both systems have two types of main scholarships (Haridus- ja teadusministeerium, n.d.):

- Output-based grant – Paid for the students per their school results;
- Need-based grant – Paid for the students who may have economic difficulties to continue with their studies.

The scholarships have another purpose to motivate students to finish school within the nominal study period time (Haridus- ja teadusministeerium, n.d.).

There is a special scholarship for university students who live or have lived in out-of-home care (Üliõpilaste stipendiumite liigid, suurus ja määramise üldtingimused, 2013). A person

loses his/her place in residential care home after he/she has finished studies and decides not to continue with the studies immediately after high school. Despite that, it is still possible to apply for the scholarship three years after he/she has finished high school (ibid). In the spring of 2017 the scholarship is 160 Euros per month (ibid). In addition, there are some foundations that offer special scholarships to young people in out-of-home care. Examples are SEB Charity Foundation ('SEB Heategevusfond', n.d.) and Estonian Children Foundation ('SA Eesti Lastefond', n.d.)

Scholarships are not the only way to increase the number of students continuing their education and to support young people in out-of-home care. The minister of education at the time, Ossinovski (2014) claims that in order to increase the amount of students continuing their education, the development and availability of study counselling and career services should be improved. In the regulation, he states that the services are not equally available everywhere (ibid). Thus, there was a need for the study counselling and career services centres. Today regional Rajaleidja centres offer the following services: career information; career guidance; special educational counselling; speech therapy; social pedagogical counselling; and psychological counselling (Rajaleidja, n.d.). The regional educational support centres are still new and require time to get accurate feedback from which to improve the system. According to Kukk (2017), new educational support system is good on paper, however, the quality depends on the work of specific region and there are often long queue times for the counselling sessions.

In sum, the educational support system is needs based. Children and young people in care are entitled to use the services on the equal basis with other children and young people. Nevertheless, there are some special educational scholarships for young people who live or have lived in out-of-home care.

2.3 Research Findings in Estonia

In 2016 political research centre Praxis published a study which aimed to explore how young people from out-of-home care have managed their transition to adulthood. The study included research about influence of education in successful transition to adulthood. The authors claim that higher education level and specialization help youth to successfully start an independent life (Osila et al., 2016). Although good education plays an important part on how children succeed in independent life, the study showed that children in residential and foster care in Estonia have low educational ambitions (Osila et al., 2016). The study also showed that children in residential care prefer vocational training and are more likely to proceed to vocational education (Osila et al., 2016).

Osila et al. (2016) also present that young people from out-of-home care have lower education than national average. However, Kukk (2017) and Riisalo (2017) stress that caution is needed when interpreting the statistics. According to Riisalo (2017), a large percentage of children in residential care have special needs, in effect mainly with emotional or psychological issues. In out-of-home care the corresponding age groups compared with the whole population have many times more children and young people with disabilities (Sotsiaalministeerium, 2014). Out of children and young people in residential care about 42% have a disability (ibid). In 2013, the proportion of children and young people with disabilities in ages 0-24 from the total population of Estonia was 3.7% (ibid). The statistics do not present the comparison between

children and young people who do not have disabilities. Yet, it is important to continue with the work and support children in out-of-home care to fulfil their potential.

Similarly to Sebba et al. (2015), the study by Osila et al. (2016) finds that children in residential care may face hardships when their studies are disrupted and they want to continue with their studies later. Even though children in residential care homes have a possibility to stay in the residential care until they finish their education, it is financially almost impossible to change the speciality or to take a gap year between the studies (Osila et al., 2016). Osila et al. (2016) conclude that the lower education level among children who have lived in the residential care homes or in foster care is due to factors such as lower educational ambitions, low awareness about the support and scholarship possibilities, school changes and gaps in the early education as well as early drop-out from the education system in order to work and support themselves financially.

Puhm (2014) has researched youth participation in the out-of-home care process. One part of the study concludes thoughts of youth about involvement in the decisions concerning formal and informal education. The participants of the study had very different views on how well they were included in the decision-making process. A participant who had a positive experience share his/her views on the decision-making process and explained how it had been for his/her friend:

> When she finished school and there was a question where to study next, then the care giver and she talked about it. They discussed about her interests and what kind of options there are for her. Furthermore, they talked about the speciality and how good prospects it holds for the future and if it is suitable for girls. She made a quick decision because she had a clear vision about her interests for the future. She is very happy with her choice. [Author's translation from the original quotation.]

Research studies by Osila et al. (2016) and Puhm (2014) are the only research papers I found that are somehow related to education of children in out-of-home care. To my knowledge, there are no research papers in Estonia which are directly aimed at the educational pathway of children in out-of-home care. The ambition with the present study is to analyse the value of education for children and young people in a thorough manner. This can contribute to specific recommendations which take the needs of this vulnerable group into account.

3 Analytical Framework

In this chapter I present three main analytical approaches chosen for the degree report. Two of the chosen theories, theories on resilience and social capital, emerged while reviewing the previous research on the problem area and linking it to the research aim. Resilience theory helps to seek for stable conditions for the children to thrive, even during occasional hardships. The negative childhood experiences can clearly contribute to issues related to the performance and interest towards education. Thus, in the context of this study, it is important to understand and find out which are the facilitators for resilient behaviour and thinking among children and young people in residential care. As I learned from the previous research on the problem area, strong social capital can contribute to resilience and is found to be important facilitator for better educational outcomes. Hence, I decided to concentrate further on this aspect which emerged from resilience theory. The analytical concept of new sociology of childhood is presented to provide a holistic approach on how children and young people should be seen in society as well as how to build resilience and social capital based on the ideas of new sociology of childhood. Theories on resilience, social capital and the new sociology of childhood provide a framework for analysing the empirical data of this research from a comprehensive perspective.

In this chapter I only searched peer reviewed articles. I carried out a data search in the online database of University of Gothenburg, Google Search and Google Scholar. I searched for recent articles preferably with the highest number of citations. Some research papers and relevant grey literature reports were found by reviewing the bibliography lists of the existing peer reviewed articles and study materials of master's programme in social work and human rights at the University of Gothenburg. For the analytical framework the following search words were used: new sociology of childhood; children as social actors; children as social agents; motivation and participation; motivation theory; increase of motivation through participation; participation rights of children and child-centred approach; resilience; resilience of children; resilience of children in out-of-home care and resilience of children in care; social capital theory; social capital of children; social capital of children in out-of home care; social capital of children in care; bonding, bridging and linking ties.

3.1 Children as Social Actors: New Sociology of Childhood

Until a couple of decades ago, children have been regarded as passive objects of the care and nurturing by adults, and as someone who are not yet humans and therefore have no rights (Qvortrup, Brandy, Sgritta, & Wintersberger, 1994). According to the new sociology of childhood, children are experts about their own lives and their opinion should be heard (Mason & Danby, 2011). Prout (2011) claims that the new sociology of childhood sees childhood as a social structural form. James and Prout (1997) present main ideas of the new sociology of childhood as follows:

- Childhood is a social construction which has similarities in different cultures, but at the same time is not universal.
- Childhood is a variable of social analysis. Relationships of children and cultures of childhood are an important part of research.
- Children are active social actors and they influence society around them.

- The purpose of the new sociology of childhood needs to be reconstructing childhood in society.

Considering childhood as a social structural form gives possibilities to redefine what childhood is and how children are seen in the society (Mason & Hood, 2011). The new sociology of childhood gives much more strength to the voice of children and allows to trust the children since children have the most relevant information about their own lives.

Article 12 of the Convention on the Rights of the Child (CRC), formulated in 1989, was a substantial part of child indicators movement as well as a paradigm of new sociology of childhood. The CRC is often divided into three main categories of rights: provision, protection and participation rights (Quennerstedt, 2010). Article 12 of CRC and the theory of new sociology of childhood share the central message for participation rights of children – the right to be heard and right to express their views (Krappmann, 2010). With the CRC, children were acknowledged as right-holders. Freeman (2007) claims that rights are important in order to exercise one's agency and to be a decision-maker who can shift social assumptions and constraints. On the basis of the new sociology of childhood, children are independent agents. Thus, they are entitled to participate in research or in decision-making process.

Participation is a wide concept and can mean different things for adults and professionals who co-operate with children. Hart (1992) refers to three levels of non-participation and six levels of participation (Appendix 1). It is good to involve children in the highest participation levels. Though, not all children like the same degree of responsibility and involvement, so it is necessary to offer them a choice (Hart, 1992). Participation of a child means that the child has appropriate information and is given an opportunity to express his/her views (Bessell, 2011). Most importantly, the child can impact the decisions making process (ibid).

Even though all adults have once been children, their opinions about the well-being of children should not be confused with the actual well-being of the children today (Casas, 2011; Punch, 2002). Therefore adults might not decide on behalf of the best interest of a child. Article 3 of CRC calls for actions based on the best interests of the child. Participation of children in the decision making process and research studies is a foundation for reassuring that all decisions are based on the best interest of a child (Ben-Arieh, 2008; Casas, González, Navarro, & Aligué, 2013). Implementation of article 3 and article 12 is a way forward to ensure in practice the values of the new sociology of childhood (Lansdown 2004 cited by Zermatten, 2010). It is important to take into account the developmental needs of children and young people and provide them appropriate opportunities to participate in decisions that affect them (Winkworth & McArthur, 2006). Moreover, there is a value in promoting a collaborative approach between adults and children (ibid). Same guidelines and evaluation should be followed by policy makers and professionals working with children (ibid).

In management theories, participation of all stakeholders is seen as an indicator which increases commitment to the goals (Locke, 1996). Commitment to goals at the same time increases motivation to reach the goals (ibid). However, even more important is the rationality and importance of the goal (ibid). Interestingly enough, I did not find research papers about new sociology of childhood and increase of motivation through participation. Locke's approach allows to make assumptions that children's contexts are similar to adults' and thus, it is important to involve children and young people while setting their educational goals. Therefore, participation of children in planning of their educational progress and setting high,

yet achievable goals might help children to find motivation to study and proceed with further or higher education.

Based on the new sociology of childhood, children and young people should be involved in decisions regarding their lives. In the context of this study, it is important to understand how the young people in residential care understand their level of involvement in such decisions. The research question from the perspective of new sociology of childhood is therefore as follows: *How do young people in residential care in Estonia assess their involvement in decisions regarding their education?*

3.2 Resilience

Children in out-of-home care are vulnerable mainly for two reasons: their experiences before coming to care and separation from the birth family or significant others (Atwool, 2006). They have often experienced difficulties or maltreatment in their life and it is common that their attention towards educational achievements are low compared to the average (Bell & Romano, 2015). Resilience describes how well a person copes with difficult situations and recovers a normal life (Masten, Best, & Garmezy, 1990; Montgomery, Burr, & Woodhead, 2003). The studies about resilience of children in out-of-home care help to understand and develop the facilitators which can help children to succeed (Bell & Romano, 2015). Thus, in the context of this research paper, resilience theory helps to understand which factors help children to recover from the hardships and focus on their studies.

Many researchers have studied resilient behaviours of children in out-of-home care and claim that resilience theory is particularly relevant when studying behaviours of children in out-of-home care (South et al., 2016). Höjer and Johansson (2013) emphasise the importance of finding balance between considering children in out-of-home care as vulnerable and needy versus resilient and independent. Children and their ability to cope with difficult situations vary. In the first chapter of this degree report I have shown research results which highlight worse educational outcomes of children in out-of-home care due to lack of resilience. Rees (2013) on the other hand presents stories of children from out-of-home care who have been through many adversities in their lives, but yet have succeeded.

Atwool (2006) claims that there are protective factors and risk factors which can influence how well a person can overcome hardships. Recent research papers have focused more on the protective factors or in other words facilitators (Atwool, 2006; Besthorn, 2005). Atwool (2006) disagrees with the latter approach because it describes only one side of the situation and therefore does not allow a full understanding of the phenomenon. The risk factors cover a range of different genetic, biological, environmental or socio-economic issues that increase the likelihood of inability to adapt (Besthorn, 2005). The appearance of one or more risk factors does not mean that a person certainly does not adapt, but risk factors simply indicate the possibility to fail (Jenson & Fraser, 2006). Resilience depends both on the individual and group's strengths and is significantly affected by the availability of protective factors (Boyden & Mann, 2005). Resilience occurs in a combination of positive personality traits (temperament, sense of humour, feelings of purpose, belief, in a bright future and spirituality) and a supportive social environment (Montgomery et al., 2003).

„The short list" (Table 3.2.1) of individual, family, community and societal characteristics by Masten (2001 & 2007) provides an idea what creates resilience among children, however it

does not develop solutions (Goldstein & Brooks, 2013). „The short list" highlights important aspects to focus on while carrying out interviews for the empirical part of this study with the young people from out-of-home care. Resilience is a wide concept and I had to limit which of the characteristics are the most important in the context of this degree report. Therefore, a few of the characteristics from the original list are left out in the list presented here because of limited access to the data, irrelevance for this study or irrelevance in Estonian cultural conditions.

Table 3.2.1 Examples of promotive and protective factors (Masten 2001 & 2007 cited by Goldstein & Brooks, 2013: 21)

Factors	Characteristics
Child characteristics	Good cognitive abilities, problem solving skills, and executive functions
	Ability to form and maintain positive peer relationships
	Effective emotional and behavioural regulation strategies
	Positive view of self (self-confidence, high self-esteem, self efficacy)
	Positive outlook on life (hopefulness)
	Faith and a sense of meaning in life
	Characteristics valued by society and self (talents, sense of humour, attractiveness to others)
Family characteristics (As well as out-of-home care placement characteristics in the context of current study)	Stable and supportive home environment
	Harmonious interparental relationship
	Close relationship to sensitive and responsive caregiver
	Authoritative parenting style (high on warmth, structure/monitoring, and expectations)
	Positive sibling relationships
	Supportive connections with extended family members
	Parents involved in child's education
	Parents have individual qualities listed above as protective for child
	Socioeconomic advantages
Community characteristics	High neighbourhood quality
	Safe neighbourhood
	Low level of community violence
	Access to recreational centres
	Effective schools
	Well-trained and well-compensated teachers
	After-school programs
	School recreation resources (e.g., sports, music, art)
	Employment opportunities for parents and teens
	Connections to caring adult mentors and prosocial peers
Cultural or societal characteristics	Protective child policies (child labour, child health, and welfare)
	Value and resources directed at education
	Prevention of and protection from oppression or political violence
	Low acceptance of physical violence

Positive relationships with significant adults help children to overcome problems more successfully and develop resilient features quicker than children who do not have this kind of support (Masten et al., 1990). The attachment theories are the ones to look into when studying resilience (Atwool, 2006; South et al., 2016). Positive attachment with the primary caregiver gives children a feeling of safety and comfort which both help to deal with difficult situations

later in life (Bowlby 1969 cited by South et al., 2016). Resilience theory, however, goes beyond early childhood attachment and includes everything that can help to overcome hardships in life (South et al., 2016). For example, overall strong social networks and social capital have been seen as influential contributors to developing resilience (Höjer & Johansson, 2013).

Gillian (2001 cited by South et al., 2016) highlights the importance of resilience-led perspective when working with children. He claims that resilient features of children in out-of-home care can be increased by promoting the following:

- meaningful social relationships with peers and adults;
- support of the adults such as carers and teachers;
- positive experiences at school and importance of leisure activities (Gilligan, 1999).

In success stories, schools are often claimed to be neutral and positive places where resilience of children in out-of-home care is increased through empowering experiences (Höjer & Johansson, 2013). Empathy and commitment by school professionals as well as safe environment at schools are great facilitators for increasing resilience among children in out-of-home care (ibid).

To conclude, resilience in children is important part of finding and sustaining strength to focus on the studies. The professionals need to acknowledge the experiences of these children and give appropriate support in order to increase children's resilient thinking and behaviour. The research question from the perspective of resilience is therefore as follows: *Which facilitators increase resilience among young people in residential care to support their educational attainments?*

3.3 Social Capital Theory

Social capital in the broadest way refers to sociability, social networks and social support, trust, reciprocity, and community and civic engagement (Morrow, 1999). Social capital theories have different standpoints. Most of the research in the 20th century was adult-centred (Morrow, 1999). It was therefore challenging for me to find studies which specifically focus on the social capital of children. In the present study, the main focus is on positive social capital and its benefits on the educational outcomes and prospects of children in out-of-home care.

Coleman (1988), a well-cited social capital researcher, sees social capital as a sum of resources one can have by using social relations. Yet, not all relationships have the same quality and ability to contribute to the increase of social capital (ibid). Schneider (2004) sums up Coleman's ideas by presenting three necessary aspects in creation of social capital – building networks; trust and access to resources. The latter could include the availability of social services or jobs. Networks in isolation are not enough and it is important to build trust. Therefore the quality of the networks is more important than the quantity (ibid). Thus, if the relationship ties within family, friends or organizations provide access to resources that one needs, then the social capital is present (ibid). The author claims that an organization or individual is more likely to have positive social capital by having few good connections with other people or organizations rather than the one who has many weak connections.

Social capital is often divided into three types of network ties: bonding ties; bridging ties and linking ties (Kawachi, Kim, Coutts, & Subramanian, 2004; Szreter & Woolcock, 2004). Bonding ties develop within groups such as families, friends, clubs and are characterised by strong connections (Kawachi et al., 2004). Social capital in the bonding relationships is described as positive or negative by different scholars (Schneider, 2004). Bonding social capital can be also called closed social capital, which means the relationships develop in closed communities (ibid). Some scholars suggest that if the closed community has negative bonding social capital then the members have limited access to the resources they need (ibid). Bridging ties refer to relationships across groups or between individuals who are not closely connected to each other, regardless of their differences (Kawachi et al., 2004). Those groups or individuals, however, have relatively similar power or status position in the society (ibid). Linking social capital shows ties between people or institutions from different power hierarchy levels (Szreter & Woolcock, 2004). It refers to relationships between government office and community-based organization or the people it serves (Schneider, 2004). The concept of linking ties is not studied further in this research.

Coleman (1988) specifically points out the importance of strong relationships within the family and community. He claims that better educational achievements and intellectual development of children are examples of good use of strong social capital within families. Thus, he suggests that social capital within family and closed community has a big role in the creation of human capital. Coleman is critical about families where there is a physical absence of parents from children's lives and about mobile families that have moved many times and thus the social relations that create social capital have been broken too often. In his words, the children, who are growing up with just one parent or in modern nuclear families, lack social capital.

Coleman's approach allows one to make assumptions that children in out-of-home care lack social capital. However, many researchers together with Coleman have merely focused on the adults' ability to benefit for children's social capital and the studies do not consider children's role in creating social networks (Leonard, 2005; Offer & Schneider, 2007). Social capital of children is often seen in compliance with their parents' social capital (Leonard, 2005). Coleman (1988) emphasizes the role of family and time spent with children as some of the main sources of social capital. Moreover, he claims that social capital together with financial and human capital in the family is a resource for better educational outcomes. The author suggests that intergenerational closure or, in other words, good relationships between generations are extremely important to create social capital for children. Intergenerational closure allows children to follow the role models and get appropriate information (Coleman, 1988). It is a good way to monitor children's behaviour and make sure that all community members have shared norms (ibid). Coleman's approach underestimates children's abilities to create their own social environment and social capital (Morrow, 1999; Offer & Schneider, 2007). However, it is important to realize the time context of Coleman's studies. Much has changed since then about the way children are seen in the society.

The new sociology of childhood enables to have a different look on how social capital is generated for and by children. Children do not need social capital merely for their future, but also in the present (Leonard, 2005). In the new approach intergenerational relationships are not seen as adult dominated and are much messier than described by Coleman (ibid). Both generations can benefit from each other and children are able to create social capital for themselves as well as for adults (Leonard, 2005; Offer & Schneider, 2007). Research by Stanton-Salazar shows that children can develop trusting and sustaining relationships with

peers and adults from which they can benefit in academic achievements (Stanton-Salazar 1997 and 2001 cited by Offer & Schneider, 2007). Even though the sources and the creators of social capital for children are different in Stanton-Salazar and Coleman's studies, they both refer to the importance of social capital for the education of children. Therefore, it is important to carry out research on the social capital of children and how it contributes to their academic choices in life.

All things considered, in the context of this study, bonding ties seem to be the most valuable when it comes to children and young people in relation to their educational pathway. The claim has to be further studied with empirical evidence. Furthermore, it is not evident, how exactly social capital influences the educational pathway. Therefore, the research question from the perspective of social capital theory is as follows: *In what way is social capital important for the support in relation to education?*

4 Research Methodology

In this chapter I give an overview of the choice of methodology, data collection, choice of research participants and the type of analysis method. Moreover, self-reflection on the ethical issues, limitations of the study and research process are presented.

4.1 Choice of Methodology

The empirical part of the degree report is based on qualitative research methods. Qualitative research methods provide data which enables to research views of young people in out-of-home care as unique and at the same time from more holistic perspective than the analysis of quantitative research could in the context of this degree report (Hirsjärvi, Remes, & Sajavaara, 2005). In qualitative research, it is much more important to give a diverse overview of the phenomenon, not merely test the theory and hypothesis (ibid). Since the study focuses on researching personal and social experiences, as well as presenting descriptions and interpretations of the data, qualitative research is used to proceed with the research.

Qualitative research methods enable flexibility which is important while researching personal and social experiences (Laherand, 2008). To some extent all participants of this study experience their life in out-of-home care differently. Furthermore, there are many factors such as the time when they moved to their current home and why, their relationship with biological family and many more factors, which influence their opinions and views. Husserl, the founder of phenomenological theory, claims that all knowledge is based on experiences and thus it is important to research on the phenomenon through studying the experiences (Laherand, 2008).

4.2 Data Collection

Semi-structured individual interviews were conducted with eleven young people who live in out-of-home care in Estonia. Data collection took place between 25th of February and 12th of March 2017. All the interviews were different and unique. However, in average the interviews lasted between 40 minutes up to an hour. All eleven interviews took place in the residential care setting where the interviewed young person lives. Some of the participants live closer to school during the week, but in those cases, they still live in the residential care setting on weekends.

Since the research sample did not involve children under the age of 15, I did not consider it necessary to have a data collection method which is specifically directed to research with children. The choice is also supported by Punch (2002) who claims that same data collection methods could be used when researching young people or adults. The choice of semi-structured interview as a data collection method is reasonable because it gives an opportunity to place the answers in a wider context, to clarify the answers when necessary and to ask about personal experiences more in depth (Hirsjärvi et al., 2005). Witzel has said that a semi-structured interviewing method provides an opportunity to be guided by the theory and at the same time to be open to new ideas and solutions (cited by Laherand, 2008). The method enables both, inductive and deductive thinking during the research process (ibid). Thus, an open mind and flexibility are keys, when researching experiences of people.

A semi-structured interview plan (Appendix 2) was developed before the interviews were conducted. Interview questions are based on the information provided in the literature review, the concepts of new sociology of childhood, social capital theory, resilience theory and the Estonian context in out-of-home care.

4.3 Research Participants

Interviews for the study were conducted with eleven young people from the ages of 16 until the age of 25. Four interviewees were male and seven female. The participants meet the following criteria:

- lives in residential care home or is financially dependent on the residential care home;
- is in the final grade of basic school or in high school, vocational training or university;
- plans to finish or has finished basic school on the grounds of full state curriculum.

According to the register of residential care homes there are 29 residential care homes in Estonia (Asenduskodud, n.d.). Interviews with 11 participants from five residential care homes were carried out. The size of the sample was considered optimal in the given time frame. Clearly, the sample cannot provide a representation of certain groups. Instead, the analysis is aimed at finding possible similarities and differences between a diverse set of participants. A respective variety of opinions adds perspectives to the analysis and thus improves the quality of this research. In order to obtain the diversity, no more than three young people participated from one residential care home.

I contacted eight residential care homes via e-mail. First, gatekeepers, or in this case contact persons, were in most cases the managers or social workers of the residential care homes. After the managers gave permission to conduct the study, they forwarded the task of communication to respective caregivers or social workers.

The residential care homes which were contacted are located in five different counties of Estonia. Three of the residential care homes were contacted because I knew one or more staff members from there. The rest of the residential care homes were chosen from the list of residential child care homes in Estonia. When choosing to which residential care home to write I considered several criteria such as: availability of information on the residential care home and contact details; time of travel from the capital of Estonia; and distance from the other residential care homes potentially participating in the study, in order to reconcile travels. I wrote them about the aim of the study and confidentiality rules. I also mentioned that if the residential care home finds it necessary, then permission from the local authorities (KOV) could be asked. None of the residential care homes, however, found it necessary.

Six residential care homes were interested to see the results of the study and gave permission to conduct the interviews. One of the residential care homes did not respond to my e-mail. I decided not to call them, because by that time I had enough potential participants. One of the residential care homes replied that their children are involved in so many studies so they had to refuse my offer. Gatekeepers of six residential care homes talked to young people and asked who would be interested to participate in the study. In one of the residential care homes the gatekeepers were interested in the study, but young people did not want to participate. The staff advised me to provide motivating presents for the young people, but since the degree

report does not have funding I had to agree with the situation. All in all, eleven young people from five different residential care homes participated in the study.

There are 15 counties in Estonia and the participants of the study live in three different counties. Nine participants from three residential care homes live in towns. Two participants live in smaller villages. Two participants live in family-like residential care homes. Six participants live in residential care homes or family units which are intended for young people. Although the remaining three participants live in support apartments and two of them live with support families, they are all still listed in residential care homes and are closely connected to respective arrangements (e.g. activities, dinners, funding).

Three of the participants were acquainted with me before the interview. I had done an internship for half a year in the residential care home where they live. I had supported one of them with English language studies for a short while. With the other two young people, I did not have direct relations, but they knew me as I had often been in the house playing with the younger children. I did not notice any difference between the styles of answering in comparison to other participants who did not know me from before. Therefore, I do not discuss it further in the analysis chapter of the study.

In order to ensure the confidentiality of the participants, names are changed into letter-number combinations (Table 4.3.1.). First letter is the same for all the participants, letter R stands for respondent. This is followed by the identity number. The final letter of the combination indicates the current education level: V (vocational training after basic school); B (basic school – final grade); U (university); H (high school). For example, combination R1V indicates that the views of the same person could be found in the findings and analysis chapter by following participant number one who is studying in vocational training after basic school.

Table 4.3.1. The participants' current educational level

Participant	Age	Type of school
R1V	18	Vocational training after basic school
R2B	16	Basic school (in final grade)
R3U	21	University
R4H	17	High school
R5V	18	Vocational training after basic school
R6V	18	Vocational training after basic school
R7U	25	University
R8H	18	High school
R9H	18	High school
R10V	17	Vocational training after basic school
R11B	16	Basic school (in final grade)

In the following, short descriptions about each participant are presented. The mentioned aspects are: duration of stay in residential care; transitions between different out-of-home care placements; and current living arrangements.

R1V has lived in residential care for about nine years. He had been in temporary shelters for a few times after which he was given a permanent placement in the residential care home.

R2B has lived in residential care for five years. During her stay, the residential care home changed its location. Before that she lived in a foster family.

R3U has lived in residential care for nine years, from which six years in a residential care home and three years in different support apartments. A support apartment is similar to foster care, but the living costs are funded by the residential care provider and many of the activities relate to the residential care home.

R4H has lived in residential care for seven years. Before he moved to the current residential care home, he lived with his family in a temporary shelter for several years.

R5V has lived in residential care for three years. Before that she lived with a foster family for almost all her life. She does not remember her biological family that much.

R6V was a very young boy when he moved to the residential care home. He lived in the same residential care home until he finished basic school. Even though after basic school he changed the residence, the residential care service provider is still the same and most of the people are familiar to him from before.

R7U has lived in residential care for about nine years. However, he lived in a residential care home about half a year and after that he moved to a support apartment. Before moving to residential care, he stayed in a temporary shelter in two separate occasions, in total for about half a year.

R8H has lived in residential care for ten years, from which three years in another residential care home in another town, three in a support apartment and four in the current residential care home.

R9H has lived in a residential care home for seven years. Before that she lived in a temporary shelter for about two to three years. She lived there with her family.

R10V has lived in residential care for two years. During work days, she lives in a school dormitory, but she comes back to the residential care home on weekends.

R11B is a basic school student. She lives in a residential care home on the weekends and during the week she lives in a school dormitory.

4.4 Research Process and Self-Reflection

Self-reflection is an important part of a research process. Before and after research the researcher should go through complete self-reflection on the accuracy of methods in the context of the research and necessity of the research (Punch, 2002). The research process of current degree report started in the spring of 2016 when I wrote the first research plan for the Kristjan Jaak Scholarship Foundation. During summer 2016 I met several people who work with children in out-of-home care and in the child protection field in Estonia. Experts from the Estonian Union for Child Welfare advised me to look into literature about educational prospects of children in out-of-home care. After consultations with my supervisor Ingrid Höjer and introductory reading on the subject, I saw the necessity to study the relation between education and young people in out-of-home care.

Considering the new sociology of childhood, it was important for me to include children or young people to the study as active participants. In an ideal case I would have liked to give the participants more possibilities to get involved in the research processes (e.g. develop the aim of the research together and/or give the analysis of the research paper to the young people for comments before the submission). Unfortunately, the time limit and translation issues made it impossible within this study. Nevertheless, presenting the views of young people in out-of-home care gives an integral overview of the phenomenon and is therefore important for opening the discussion in the society.

As mentioned above, interviews with young people were held at their home. Qualitative research is guided by the aspiration to understand people's experiences, conceptions and interpretations and is therefore held in the natural environment for the participant (Laherand, 2008). With some of the young people I talked in the common areas and with some of the young people I talked in their rooms. There were no substantial differences between those interviews, but in my opinion the interviewees who could stay in their rooms relaxed a bit faster. It was especially difficult when someone entered the room during the interview. In those situations the young people stopped talking and we waited until the person left the room.

Before the interview I gave all the participants information about the confidentiality rules and their rights as the interviewees. After that, I asked them to sign an informed consent (Appendix 3). All young people shared personal stories and seemed to trust the confidentiality agreement.

In a qualitative research, the researcher influences the research process in many ways. For example, the influence may be caused with directed questions or even with body language. Even though I made the interview plan mainly with open questions, it was hard to follow the plan in active conversations and therefore sometimes instead of an open question I begun with a closed question. I also used some short phrases (e.g. "Ou yeah yeah" or "mm mmm") in between the conversation to show support. However, in some cases it might have sounded like I agreed or disagreed with the ideas. This was not my intention. Fortunately, young people still continued to talk and share their opinion. My young age (25) was probably an asset to make the participants open themselves up more easily.

4.5 Ethical Considerations

Ethically conducted research is something desirable, yet hard to achieve. It is especially important to follow the ethical principles while doing the research with children and young people (Punch, 2002). It is too ambitious to consider current research ideal from the ethical perspective, but there are a few guidelines I followed throughout the research process. The degree report is based on the following ethical principles:

- permission from the gatekeepers and information about the research aims and process;
- participation of young people on voluntary basis;
- confidentiality of the participants;
- informed consent signed by the participants;
- and feedback to the people involved.

Negotiating access involves ethical considerations. Hammersley and Atkinson (2007) claim that it is important to consider whose permission needs to be asked. They emphasise the need to negotiate permission from the gatekeepers when it comes to children. Accordingly, even though I knew three of the participants beforehand and I could have just contacted them, I had to consider the ethical research practice and ask permission from the gatekeepers before. Moreover, the gatekeepers and research participants have to have appropriate information about the research in the process of negotiating access (Hammersley & Atkinson, 2007). I made sure that the gatekeepers and contact persons were aware of the research aims and potential results. Even though, I asked to share the information about the topic, it turned out during the interviews that most of the young people either were not informed about the research details or had forgotten about them.

Gatekeepers were informed that the young people themselves had to be interested and wanted to participate. At the beginning of one interview I was not sure that the participant wanted to be interviewed. The decisions of children or young people not to participate in the research or step out in-between the interview should be respected by the researcher (Mason & Hood, 2011). Therefore, I asked for clarification from the participant. He/she said it is okay and we continued with the interview. Nevertheless, since I was already there it might have been politeness instead of an actual will to participate. Those examples lead researchers to the questions such as how to motivate people to participate in a research. One arguably unethical option is the promise to give gifts for the participants. I did not provide material motivation packages to the participants to guarantee that all participants would participate because of their interest towards the study itself. Chocolates were given to all participants after the interviews, but they did not know about it beforehand. Because of that principle I could not interview young people from one residential care home. Thus, from the ethical perspective it is good that I did not motivate young people with gifts, but it sets some limitations to the study. The limitations are discussed further in part 4.7.

For confidentiality reasons, some information is left out from the analysis. For example, I did not specifically analyze the influence of the residential care home location on the educational pathway. I also describe stories as general examples and link only necessary information to the participants. However, as I said to young people before the interviews, I change details and leave information out, but the reality is that I cannot guarantee that people who know them very well do not recognise them.

From the ethical perspective, it is important to inform the participant about the research aims, confidentiality rules and their rights as participants. Before the interviews we talked about those things and after that signed the informed consent (Appendix 3). Informed consent makes a distinction between "open" methods and "covert" methods (Homan, 1992). Thus, the data collection method in the current degree report can be described as an "open" data collection method. Homan (1992) is careful of calling "open" data collection method as an ethical way of research, since often the consent is negotiated in order to get access to and probe more private topics. On paper the participant has a right of refusal, but in practice it rarely works in that way (ibid). This is ethically a critical aspect of the current study. Participants do not see the analysis of the data before it is published. It means they have to trust my assurance that I will not use any personal information in a wrong way. After publishing, they might not agree with what I wrote, but it is impossible to take it back. As a researcher, I have to be careful not to exploit their rights to confidentiality.

After the research has been submitted I make a conclusion about the main findings of this research paper in Estonian. The conclusion in Estonian will be sent to all of the residential care homes where the participants live. I asked all the participants whether they would like to have the conclusion sent to their personal e-mail. Six young people were interested to have the results in Estonian to their personal e-mail. I consider it important to show the young people what were the main findings of the research. This way I can show why their thoughts are important and valued.

4.6 Analysis Plan

After the interviews were conducted I transcribed the audio data into text documents. For the coding and categorizing process MAXQDA Analytic Pro 12 programme was used. The main goal of the coding process is to separate the text into different sections based on the common themes (Laherand, 2008). It makes it easier to have an overview of the data and to develop categories (ibid). I used a descriptive coding system (Appendix 4). „Descriptive coding summarizes in a word or short phrase – most often a noun – the basic topic of a passage of qualitative data." (Saldana, 2015, p. 102). The principle of inductively deductive coding was used, which means that by reading the text, some initial codes were developed, and based on those codes the further passages were matched with the codes (Kalmus, Masso, & Linno, 2015).

As an analysis tool I decided to use content analysis. The categories were created based on the emerged themes and research questions. In other words, I combined inductive and deductive approaches which is also called a hermeneutic circle (Kalmus et al., 2015). A deductive approach allows supporting and/or expanding the existing theory (ibid). Adding an inductive approach enables the researcher to be open to new themes and to seek actively for evidence which might correct the current theories (ibid).

In order to highlight the thoughts of participants, I present quotations. All the quotations are translated from Estonian to English. If some words are left out it is marked with […]. If a sentence or more are left out it is marked with [---]. My descriptive explanations are added in between the square brackets.

4.7 Limitations of the Study

As always the time frame, funding, possible setbacks with gatekeepers or participants and other unpredictable problems set some limitations to the study. Correct time management is an important tool to overcome such issues. Meetings with my supervisor helped to keep the time plan throughout the research process. Some of the limitations presented below are also related to the short time frame given to the research project done only by one person.

More time and more participants is almost always better and adds reliability to the research. For this study, eight residential care homes were contacted and only five participated because otherwise the workload would have been too much for a single researcher. I had to choose which ones to contact. Webpages of residential care homes are different and some provide more information than others. I noticed that unconsciously I was choosing to contact the ones with more information or the ones I had heard more of. The assumption that there is a connection between a well-organized Webpage and well-organized work in residential care

home might be premature, but is important to present this in the context of the limitations of the study.

As mentioned above, I did not provide material motivation packages to the young people. Thus, the young people that decided to participate in the study had to be motivated themselves. It leads to questions such as who wants to participate and why and who was asked to participate by the gatekeepers. One way to see a participant is as an active and talkative young person who is more willing to have a new experience than other young people from the same residential care home. Other reason to participate might be that they have specifically something to say about the life in residential care homes or education system. This however, is probably not the case, since many participants were not informed about the topic and the aim of the research by the gatekeepers.

One of the criteria for participants was that a young person plans to finish or has finished basic school on the grounds of full state curriculum. This means that many young people from residential care were not included in the sample. The sample is only presenting ideas of young people who have done relatively well on the compulsory schooling level. However, I find it a necessary requirement in consideration of the time and word count limitations.

Gatekeepers play also an important role when choosing who to invite to participate in the research. While doing interviews, I heard young people discussing that "good children" are being interviewed. That indicates that gatekeeper from some residential care homes turned to young people who do better at school and are more active in the residential care home. Therefore, most likely the research sample consists of young people who have better educational outcomes in comparison to their peers from the same residential care homes and thus might be less critical towards the care system in general.

Finally, it is important to note that the study involved only four male participants. The uneven gender distribution makes it difficult to make any gender specific conclusions. Therefore, a gender based analysis is not present in this study.

Despite those limitations, the study can provide material about which practices are already working and which ones are not working for those young people who participated in the study. It gives an opportunity to see the problem areas as well as strong sides of the Estonian system from where other countries could learn. The limitations of this study indicate in which way the topic should be researched further.

5 Findings and Analysis

In this chapter I present the main information from the interviews with the young people who participated in the study. The findings are integrated with an analysis based on the analytical concepts and previous research. This way unnecessary repetition is avoided and it is easier to see the connections between empirical data and theories.

Firstly, I present background information about their life experiences prior moving to residential care and their first impressions on residential care. Background information helps to understand what the participants have experienced in life and how these experiences affect their academic success. Secondly, the necessity of education and overall educational goals of the participants are described. Whether the participants find education necessary, determine how much effort they put into achieving the educational targets. Thirdly, I write about which facilitators and barriers affected the educational achievements as told by the participants. Finally, concluding remarks summarise the thoughts of participants on how to improve the care and education system to provide best possible educational opportunities for the children in residential care.

5.1 Life Experiences and a Move to Residential Care

Educational outcomes of young people in residential care are influenced by many different factors. Some of the factors appeared long time ago but still have a great influence on a child or a young person. The factors influencing educational outcomes include: age when he/she was placed to residential care; the amount of school changes and placement changes he/she has had; experiences with biological family; and many more. Educational outcomes in the compulsory level of schooling determine whether a young person is able to continue further studies.

As mentioned in the previous chapters, out-of-home care can function as a facilitator for better educational outcomes in comparison to children from an unstable family environment (Jackson et al., 2005; Sebba et al., 2015; Wade et al., 2010). The mistreatment and instability experienced by the children in earlier life has increased their vulnerability. It makes the task to provide best education for children in out-of-home care a complex task from the start. It is important to understand the experiences which influence children's behaviour and abilities, and from there to provide the best support possible.

The participants of this study have had very difficult experiences prior moving to residential care. Five of the young people had similar stories about alcoholism which had lead to their parents' overall coping problems. Despite that, the way they described the influence of the past to themselves, was not the same. There were stories about violence in the family and lack of economic and overall coping skills. The ones, who were separated from their parents when still very young, seemed to be more neutral towards what had happened in their family. Some of the participants described how experiences in the biological family influenced their own coping skills and schools results. There was a trend to equalize the hardships to experiences of other children in the residential care home by saying it was typical thing. Nevertheless, the stories are very personal and sensitive in nature. As follows, quotations from the participants are presented without their personal identification combinations, in order to protect their confidentiality.

Like many others in here [the residential care home]...parents so called drink, fight and are not able to maintain themselves. They do not work. Most have had such reasons, that the parents are incapable to maintain the family.

It was a typical Estonian thing. Dad hits mom and children are in the middle of that and this is not so nice.

I came here because my parents were alcoholics and they were violent because of that. Due to that the school results went down. I did not stay at home and so I did not manage to go to school also.

I was 12-years old when I had already made two suicide attempts. So, I think I would not have had any educational pathway at all.

All the participants have experienced hardships in their lives and the past still has an influence on their well-being. In the context of this degree report it is important to understand how those experiences have affected the participants' educational outcomes and choices. Brodie and Morris (2010) claim that often pre-care experiences explain why children in out-of-home care have lower educational achievements.

I asked young people to describe the impressions they had on the residential care homes when they first moved there. Beckett and McKeigue (2010) together with Ferguson and Wolkow (2012) claim that unfamiliar surroundings and lack of stability, while the care proceedings are still in progress, can be scary for a child. Young people who participated in the study also described first impressions of residential care as something unfamiliar and a bit scary. Many of them had unstable placements before permanent residence was found for them. For some of the young people who moved to residential care together with their siblings, the adjustment with the new placement seemed to go more smoothly.

R11B: I was afraid. I did not like it that much here...so many people that I did not know. We became friends quickly, but still I was afraid and wanted to go back home.

R6V: The first impression was unfamiliar. But since me and my siblings were the first ones in the new house...we were there.

Getting used to the new placement was easier for the children who were part of the decision making processes.

R3U: Yes, of course I remember. I wanted to come here so badly. [---] I had a friend who lived here. I had visited her in this place and I wanted to come here not anywhere else. [---] I remember that I could eat so much. We were so poor and we did not have much to eat. I remember that I called my aunt and said that there is so much food here.

This aligns with the new sociology of childhood and claims by Mason and Danby (2011) who see children as experts of their own lives. The participants who were involved in the decision making process, described it as something they wanted and the first impressions met their expectations. Even though, in most of the cases, the young people found the stability and support they desperately needed, those experiences from the past will always stay with them. People who work with children in residential care have to acknowledge those experiences.

5.2 Educational Pathway

In the current chapter, the objective overview of the participants' educational profile and their subjective perspectives on the value of education are presented. In addition, the opinions of the young people about their educational choices in the past, present and future are described.

5.2.1 Educational Profile of the Participants

In this section, I give a short overview on where the participants currently stand in their educational pathway and where they want to proceed. Furthermore, participants' perceptions on themselves as students are presented.

All the participants said that they currently enjoy their studies and they all have decided their field of further and higher education. The two university students are in a bachelor level. R7U wants to proceed to the labour market after that. R3U is not sure about her plans after she has finished her undergraduate degree. R4H, R8H and R9H are in high school. They described themselves as good and conscientious students. Even though there are some subjects they do not enjoy at school, they generally enjoy attending school. Two of the high school students, R9H and R4H want to go to university after they have finished high school. R8H wants to proceed to vocational training after high school instead of a university. Four participants are on vocational training. Three of them want to finish vocational training together with national exams. R10V, R1V and R6V all want to continue their educational pathways somewhere else afterwards. R5V is not sure if she wants to study more or proceed to search for a job. Two participants are in the final grade of basic school. R2B wants to study further in a vocational school. R11B plans to go to high school and continue her studies after high school at a university.

Some of the participants have had setbacks on their educational pathway. R3U and R7U had changed their programme at the universities. Both were unhappy before and said that now they had found something that met their interests. They both were helped by their caregivers to find the most suitable solutions to change programmes and still stay in the residential care. R1V had a one year break from studies just after he started a programme in the vocational school. The caregivers pushed him to study further and now he is self-motivated as he sees the purpose of the studies. R5V was unhappy with her first vocational school because of difficulties in adapting to new people. She changed the school after one year and started to follow a new programme in a different vocational school. Now she is much happier with her programme and she sees that her future job could be related to what she is studying.

Besides R5V, all the other participants saw themselves as the good students. They pointed out that they were more successful compared to most of their peers from the same residential care homes. It also means that the caregivers trust them more and give them more freedom. The following provides greater weight to my assumption that the young people were specifically chosen as study participants by the caregivers because they are so called good children or more successful at school.

> R2B: I think those other young people here do not study at all. Their attitude and so...they do not contribute any time for studying. In my opinion they do not care about education at all. It is better than nothing when they even participate in some of the lessons.

R4H: I have always been different compared to others here. [---] I am much smarter than other children from residential care. The caregivers have trusted me much more than others. I feel like I am on totally different level compared to others here.

R9H is explaining why she and her siblings can be more successful in comparison to other young people from the same residential care home because the life in her biological family was not so hard. However, looking into the profiles of the eleven participants it does not count as the only factor. Most of the participants have experienced severe maltreatment in the past, yet they are successful students. Additionally, some setbacks were experienced during the studies but in spite of that, the young people have recovered well. Thus, there must be other facilitators which helped the young people to develop resilient behaviour.

5.2.2 Perceived Value of Education

In this section, the perceptions by the young people on the value of education are presented. In addition, the young people described their understanding about their caregivers' opinion on the value of education.

In general, the participants consider education valuable. R2B and R8H said that a good education is important in order to get a well-paid job and expand one's opportunities in the labour market. The thoughts of participants are similar to the study by Jackson et al. (2005), where the research respondents saw a great value in their university experience and were aware of the advantages that their degree gives them compared with most of the other people who have been in out-of-home care. Only two of the participants of the present study proceeded to higher education, but experiences from vocational school were seen equally valuable.

R8H added that school not only provides knowledge about different subjects, but at the same time one can develop other skills such as social skills. R5V said at first that education is not necessary, but then admitted that she had had good professional training at the vocational school. She claimed however, that often the diploma is more important for the employers than the knowledge one gets from the studies. R1V said that whether one needs to be educated or not, depends on the speciality and future plans. Nevertheless, he believes that with good education, success in the respective field is very likely. R10V and R11B said that some people do not need to go to school. For example if they are smart enough to be successful without going to school or they are self-motivated to find their knowledge from the books. R10V and R11B however enjoy going to school and find it necessary to achieve their goals. R9H, R6V, R7U and R3U see the value of education from the self-educational perspective. They said they enjoy going to school for the added value they get from there.

R9H: You learn to value right things. It is not only about learning the subjects in the curriculum.

R6V: In the ninth grade I did not care so much about the education. But now when I think more about it, if I would finish my education at this stage? I think that I need to learn more to get to the top level.

Good education is therefore appreciated by all the participants. However, similarly to R6V,

the other participants stated that it was not like that in the basic school level. Participants said that when they were younger they did not study for themselves. Instead they studied to please caregivers or their parents. Most of the participants found internal motivation after they finished compulsory schooling, because after that they were free to make their own choices. Unfortunately, it was not like this for all the participants. R3U even studied on a programme she did not like at the university level because she did not want to disappoint her caregiver.

> R3U: It might not seem like that for anyone else, but I have studied for my caregiver. When I first went to the university I felt that I did it because of her. I imagined how unhappy she would be if I would not finish university. She wants me to go, okay I will go then, I thought. After some time, she said to me: "Do you know that you do not need to study for me?"

Some of the participants described good education as a ticket to better life than their parents had.

> R4F: I think education, finishing high school and so helps me closer to my goals.
> I: If you wish you can share your goals.
> R4H: The main thing is that I want to become rich. This is something I want and education helps me to get there.
> I: Why do you want to be rich?
> R4H: Because I was poor when I was little. And then somehow it got me. I thought all the time what I would do if I were rich.

The wish to achieve a better future makes them value the education more than they otherwise would. Jackson and Cameron (2011) consider high aspirations to be the cause of a strong need to be different from parents as an individual level facilitator on the educational pathway of young people in out-of-home care. Thus, the thoughts of the participants are comparable to thoughts of other young people in out-of-home care.

Research shows that the way the caregivers perceive the necessity of education affects the children and young people in out-of-home care (Cheung et al., 2012; Flynn et al., 2013; Jackson & Cameron, 2011; Johansson & Höjer, 2012; Welbourne & Leeson, 2012). Participants highlighted that education seems to be considered as extremely important in residential care homes.

> R3U: Absolutely! This is something they basically stand for...education is the most important thing.

Nevertheless, what was expected from the young people varied between different residential care homes. Some of the homes pushed the young people to aim higher with their goals. R11B for example described how the caregivers wish that she would continue her studies in a stronger school and maybe even have an exchange year abroad. In other residential care homes they give more space to the young people when everything is under control at school. R1V described how the caregivers expect him only to study without any further requirements as all the other decisions should be made by the person himself.

In sum, the participants understand that for a better position in the labour market they need to have knowledge about specific professions. For a few of the participants, higher education means more than just better job possibilities later in life. They appreciate the added value and

wish to expand their general knowledge base. A wish to have better life than their parents is something that makes those young people value education more. It is most likely something that makes those young people different from other young people at their age. The participants have a common opinion that the caregivers keep education in high regard. Thus, a good education is perceived as important by the young people and in their opinion for caregivers as well. The alignment of values stated by the young people can provide a good basis for building strong education support networks.

5.2.3 Choice of Further Education

In this section, an overview on how the participants make their choices about further education is presented. As mentioned above, many of them have a goal to have better life compared to their parents. Aiming for higher education than their parents had, is one way to get closer to achieving this goal. There are other factors which also influence the choice of education.

At this stage, all the participants who have continued to further education have made this choice themselves. Even the ones who said that in some ways others influenced them, made the final decision based on their own judgement. Many of the participants chose merely due to their interest in the speciality. R9H applied for high schools which help her to get knowledge about subjects in relation to the speciality she wants to study after she has finished high school. The future plans drive the educational decisions of R11B as well.

> R11B: I want to become x [profession], because I want to do something in my life. I want to help and people from this profession help a lot. Maybe I want to do it, because I have a lot of experiences myself.

Most of the participants have been free in their educational decisions after they finished compulsory schooling. However, concerning the choice of basic school, there were only a few participants who could participate in the decision making. Often, the choice of basic education is dependent on the available opportunities near to the living area.

A few of the participants had felt strong influence to their educational choice by the caregivers, yet they did not feel that they were forced into something. R8H said that she was more influenced by the caregivers in the residential care home than she maybe should have been. She went to high school, because it was something what was expected from all young people who lived in this residential care home. She was about to go to study a speciality she was not that interested in. Fortunately, she got some strength in high school and she has now decided to go to study something she likes herself. In her words, in spite of her doubts, the residential care home had a positive view on her own choices. She mentioned that the residential care home has become more open towards different choices over time.

Similar thoughts were described by R3U and R7U who both were afraid to change their programme at university because they did not want to upset their caregivers. R3U said that when she decided to change the programme, the reaction of the caregivers were not as bad as R3U had expected. It was a bit harder for R7U, because his caregiver advised him to finish his programme and then start a new one. R7U decided to do the opposite and after that the caregiver agreed and supported his decision.

As mentioned above, most of the participants have been supported to make their own educational choices after compulsory schooling. For some of the participants, reasons for preferring one school for another were rather pragmatic. For R3U it was pure coincidence that she applied for the programme that she now enjoys. R5V chose her first school based on the wish to go as far from home as possible. R10V said she chose to go to vocational school because it does not start so early in the morning than high school lessons. She wanted to leave her hometown and try independent life. R2B decided that she will go to vocational school, because then she can have vocational training and a high school certificate at the same time.

Siblings, peers from the residential care homes and classmates also influence young people's choices. R4H pointed out that his opinion changed over time. When he was younger he wanted to go to vocational school, because many people from the residential care home went there. When he grew older he understood that there are other options and he made a choice to go to high school. R9H also said that in a way she chose high school because everybody went there and she did not have any other plans. She said there was a role model in the residential care home who went to university and he has influenced her decisions a lot. R11B could already choose which basic school she wants to attend. She decided based on her sister's invitation to join her at the same school where she was already studying.

Young people who participated in the study had a clear message about a good educational pathway. They claimed that a good educational pathway is individual and should not be forced onto someone. Similarly to researchers of new sociology of childhood (e.g. Ben-Arieh, 2008; Mason & Hood, 2011; Casas et al., 2013), the participants consider children as experts of their own lives and therefore the decisions about educational pathway have to be collaborated with the children and young people themselves. The participants highlighted the importance of satisfaction with the chosen speciality.

> R4H: You need to choose something what you like yourself.

> R1V: I would not recommend anything to the children here. They need to make their own plans. Like we do, the ones who are older, make our plans. [---] When you want to go to vocational school or high school then just do it for yourself and not for them [refers to caregivers]. They do not care...as long as you go to school.

Those are just a couple of examples of the same thought. R7U develops the idea even further and advises the caregivers to inspire children to try out different things in life, so they can find something they are very passionate about. R5V and R2B were the only ones who referred to the relation between good education and possibilities to get a good job.

All in all, I can conclude that young people who participated in the study are given freedom to choose a speciality they are interested in. In one of the residential care homes the young people felt more the pressure to go to high school after finishing basic school, but the participants added that this approach has changed over time. The importance of these findings relates to the supporting research question of the present study regarding the new sociology of childhood which is further elaborated in the concluding discussion chapter.

5.3 Facilitators and Barriers on Educational Pathway

In the following, I present several facilitators and barriers in the educational pathway of those young people. As everything is not black and white, the facilitators and barriers are not separated from each other. Some factors might be facilitators for some of the participants and barriers for the others. Therefore, it is important to consider the factors holistically.

5.3.1 Residential Care Home

In this section, I present the young people's perceptions on residential care home and in which way the life in residential care home has helped them to achieve their educational goals. The satisfaction with residential care placement is important in order to ensure the overall well-being of the children and young people. The overall well-being can improve the concentrated approach to education.

The participants are generally positively minded about the residential care homes they are staying at. For the ones who were very young while separated from their biological families, out-of-home care is something they see as normal and familiar.

> R6V: [...] When I was little I did not wonder where my parents are. I had a totally different life here. I thought this is the best life one can have.

Some of the participants said that residential care has changed their behaviour and attitude. Residential care homes provide routine and discipline for the children. The participants gave examples of caregivers who have taught them to be more independent and better time managers. The participants talked about positive examples of inclusion in decisions and freedom to express own opinion. The empirical data indicates that there are residential care homes in Estonia which are working based on the ideas of new sociology of childhood. This means that more strength is given to the voices of children and young people (Mason & Hood, 2011). Flexibility, individual approach and different opportunities are appreciated by the participants. One of the residential care homes gives young people the opportunity to work in the residential care home. This is perceived very well by the young people themselves. It provides them an opportunity to earn some pocket money which they can spend on spare time activities of their own choice, e. g. cinema visits.

Regarding education, the participants claimed that living in residential care have helped them to focus on their studies and aim high. They said there are no limits if one is self-motivated to study. R11B, R3U, R7U and R1V said that their goals on the educational pathway are higher than they would have been when living with their biological families, because of the support they get from the residential care homes. R5V and R9H are the only ones who think that living in residential care has not changed their approach to education. R5V moved to foster care when she was very little and does not remember the life with her biological parents. R9H said that she was also a good student when she lived with her mother.

> R3U: I think, without this residential care home I would not have had any kind of path at all. I remember how depressed I was. This is the only thing I remember from my previous life. [---] So I think there would have not been any kind of educational pathway for me.

> R1V: I cannot even imagine what kind of person I would be...
> I: Do you think you would be studying to become x [name of speciality]
> R1V: I think I would not study at all. I think I would not have finished even basic school.
> I: What has been different here, that has helped you do get as far as you are now?
> R1V: I think the caregivers we had here before. They tried to make me understand that it is all for me not for other people.

The international research studies I have presented in chapter one, show that out-of-home care acts as a facilitator for educational outcomes of children who have experienced maltreatment or been neglected in their biological families (Brodie & Morris, 2010; Gilligan, 2000; Welbourne & Leeson, 2012). Brodie and Morris (2010) conclude that children and young people themselves find out-of-home care to have positive effects on their educational achievements compared to their earlier childhood. The participants of this study are also positively minded about residential care and how it has affected their approach to education.

Some participants also mentioned a few negative aspects of their current home. The disadvantages were mainly related to relationships among the young people and the caregivers. Masten et al. (1990) claim that positive relationships with significant adults help children to overcome the issues more successfully. To help children to focus on their studies it is necessary to improve the situation.

> R1V: Those caregivers we have at the moment or the ones who are the youth leaders...they have worked with younger children for so long time and they need some time to adjust with the young people. They treat us like...at the beginning they treated us like little kids. Now they have realized that we are old enough to be responsible for our own actions and they have started to act normal.

Even when residential care home is generally perceived well by the young people themselves, the perceptions in the society about residential care also affect them. Most commonly, residential care homes are called children's homes by the ordinary people in Estonia. This title carries the idea of children growing up in very poor conditions and often do not reflect on the current out-of-home care system. R6V lived in modern family-like residential care home and even though he is very positive about his placement, his perception about other residential care homes is much more negative.

> R6V: I think when I would have ended up in the children's home...I have heard how many people have to live in the same room...it is awful. Here we have a limited number of people.

R7U was bullied at school because of the fact that he lived in residential care. It made it harder for him to see residential care home as a nice and stable new home. He started to make friends when he moved to a support apartment and did not feel like he lived in residential care anymore.

In sum, participants describe residential care as a facilitator for their educational outcomes and overall dedication to education. Masten (2001 & 2007 cited by Goldstein & Brooks, 2013) emphasises on how stable and supportive home environment can increase resilience among children and young people. The participants feel that residential care homes have offered them such environment which helps them to concentrate on their studies.

5.3.2 School Environment

As follows, the opinions of participants on different school related facilitators and barriers are presented. Whether the participants like or dislike going to school, depends on many aspects. For many successful young people from out-of-home care, school plays the role of a neutral and positive place (Höjer & Johansson, 2013).

First and foremost, the empowering experiences are connected with the other people and most often with peers. Relationships with peers can act as a facilitator and help to increase resilience (Gillian 2001 cited by South et al., 2016). However, bad relationships with peers can sometimes act as a barrier and can therefore significantly influence the perceptions on school. R10V and R1V pointed out that meeting peers can be a factor why they are going to school. R10V also shares how friends can make it easier to adjust with new situations. R9H simply enjoyed the atmosphere at school and therefore likes to go to school. Unfortunately, R11B and R7U have experienced bullying at school. It makes them more attentive towards such issues. R7U appreciate much more the good atmosphere at the university in comparison to other schools. R5V did not say she was bullied, but she dropped out voluntarily from a vocational school because she did not like the people there.

> I: How do you like going to school?
> R5V: It is okay, I suppose. I did not like it in the previous school, now I kind of like it.
> I: What was different there?
> R5V: People from the course.
> I: You did not get along with them?
> R5V: Not really, yes.

Teachers also have a large role to play. The participants pointed out that they are more willing to go to lessons and study at home for the lessons which are given by nice and interesting teachers. Vice versa, they do not like subjects given by teachers they dislike. Strictness and grumpiness is something the participants did not value. R9H was the only one who also referred to study methods. However, as others, she emphasised on the importance of friendly and positive atmosphere. R9H adds that communication between students and teachers makes for a good education.

Participants who have enjoyed going to school showed also greater motivation to study and they see their future in brighter colours. Positive experiences at school increase resilient features among young people in out-of-home care (Gillian 2001 cited by South et al., 2016). Resilience helps young people to overcome the issues from the past and focus on the studies.

Besides relationships with peers and teachers and the overall atmosphere at school, there might of course be hardships with learning which also affect one's perceptions of school. R5V was struggling to keep up with the classmates. The level of studies was too high for her. Fortunately, there was a social pedagogue at school who helped R5V and they prepared an individual study plan for her. Researchers have found that children and young people in out-of-home care need a flexible and individualised approach to their curriculum and learning style improvement (Ferguson & Wolkow, 2012; Welbourne & Leeson, 2012). Despite the individual curriculum, R5V did not like going to school because of her learning difficulties. Now that she is in vocational school and the level is closer to her capabilities, she enjoys it much more. The participants seem to prefer the subjects they are good at. R6V also had hardships in basic school. He had the lowest grades and was struggling to finish with the

national curriculum. He said it was mainly because he was lazy. However, R6V still enjoyed going to school because he is a very social person and he liked to spend time with his friends.

Many researchers consider school changes as risk factors for the educational outcomes of children (Berridge, 2012; Brodie & Morris, 2010; Ferguson & Wolkow, 2012; Sebba et al., 2015). The participants feel relatively neutral about their school changes. Even for some of the participants the school changes were something exciting and not stressful at all. However, for some of the participants, adaption with the new situation and new people took longer time. The effect a school change can have on a person, depends therefore more on the personality. Every case is different and should be taken with caution.

Gaps in studies were not a common problem among the participants. The ones, who had experienced it, said that it had an extremely negative effect on the educational outcomes. Osila et al. (2016) conclude in their study that gaps in the early education is one of the factors which negatively affect educational outcomes of children in out-of-home care. R7U said that when he was in a temporary shelter, the social workers rarely checked where he was during the day. He started to skip school and spent time on public transport instead. R6V had experienced a sudden emotional breakdown and hadn't gone to school for some time. R6V highlighted the importance of attending school on a regular basis. Some participants have felt peer pressure to skip school for fun. As mentioned earlier, gaps in studies act as a barrier for a good educational pathway. Fortunately, any of the participants had not had a long gap in their studies.

In sum, there are many aspects at school which may act as facilitators or barriers. In shaping the interest towards school, the participants highlighted the following factors: good relationships with peers and teachers; overall positive atmosphere at school; and suitable level of studies. The participants have not had long gaps in their study, yet they mentioned it as a possible barrier. School changes, however, are not seen as a barrier by the participants.

5.3.3 Study Support Network

By study support network in the current context I consider: extra tutoring; career information; career guidance; social pedagogical counselling; psychological counselling; support network at school; grading system; feedback; and support network inside residential care home. Many studies have found shortcomings in the accessibility and the support system for young people in out-of-home care (Brodie & Morris, 2010). The participants of this study did not see many flaws in the support system for children in out-of-home care in Estonia.

Some of the participants said that they did not need additional help with their schoolwork, but in those cases they were the ones who helped other children in the residential care home with homework. Not all of the participants have managed without any help. They said that if they are falling behind with any of the subjects at school, then the first thing to do is to go to consultation lessons. It is provided by the teachers at school. Other options in this case would be to ask help from classmates, caregivers or peers at the residential care home. Some residential care homes hire private tutoring for the children when needed.

This study shows that the participants most likely approach school staff with the questions about study programmes and learning issues, but they trust their caregivers the most. Harker et al. (2003) and Sebba et al. (2015) claim that teachers and school staff have the most

influence over educational outcomes of children from out-of-home care placements. Strong relationships with professionals such as teachers and caregivers can have a positive influence on children's educational achievements (Cheung et al., 2012; Flynn et al., 2013; Jackson & Cameron, 2011; Johansson & Höjer, 2012; Welbourne & Leeson, 2012).

R11B and R9H indicated at the study support opportunities what other participants did not mention. R11B said that she is getting help with English language from her support person. R9H said that several years earlier they had volunteers in her residential care home. Volunteers came weekly to the residential care home and everybody had opportunities to ask for help.

It appears from the interviews that it is much more common to ask help from the class teacher than social pedagogue or psychologist. Class teachers are trusted by the young people and often class teachers know the life stories of those young people. The fact that class teachers know much about the young people was seen as a positive factor. Höjer and Johanson (2013) emphasise that this kind of trusting relationships between children and school professionals as well as commitment by the school professionals are great facilitators for increasing resilience among children in out-of-home care.

> R9H: Maybe to the class teacher. We have very caring class teacher. [---] I think I would go to her at first when I have a problem. She has also said that if we have problems then we should go and talk to her about it. She said: "Even when it is something bad and very big, you should come and we can find a solution together".

All the participants said that they had either a social pedagogue or a psychologist at school. However, only few of them have had contact with these people. School-based social workers and social pedagogues are seen as more supportive for the children who have had difficult educational experiences (Pritchard & Williams, 2009). To some extent this view finds support from the empirical data of this study. On the one hand, R5V who had learning difficulties was helped by the social pedagogue to develop individual curriculum for her. Participants described how social pedagogues helped to solve communication problems between students. R7U on the other hand was bullied at school and wished that adults would have talked to him, but nobody did approach him over this issue.

According to the participants, external motivation from the study support network was mostly needed when they were on compulsory schooling. Afterwards when they could choose their own path, it has been much easier to find self-motivation. They named four types of external motivators: 1) interesting lessons and supportive teachers; 2) grades; 3) disciplining by the caregivers; and 4) positive encouragement.

Firstly, as I have inferred in the previous parts of the analysis, interesting lessons and supportive teachers are appreciated by the young people and it is something that motivates them to attend school. Furthermore, they are also more willing to finish homework on time for those subjects they find interesting. As R4H and R9H said, sometimes you like the subject only because the teacher is such a nice person. Jackson et al. (2005) stress similarly to the findings of this study that inspirational people around children can help them find motivation to show better results.

Secondly, grades continue to have a role as an external motivator even for those participants who are self-motivated to go to school and enjoy their study programme. However, there were

just a few participants who consider grades as the main source of motivation for themselves.

> I: How do you motivate yourself to study?
> R5V: When the grades are fine, then everything is okay
> I: Are grades important for you?
> R5V: Yes. At the moment grades are the main thing I work for.

Often better grades provide privileges such as a possibility to go on a trip or visit friends. Researchers claim that lower expectations by the professionals to children in care can negatively influence educational achievements and vice versa (Cheung, Lwin, & Jenkins, 2012; Flynn et al., 2013; Jackson & Cameron, 2011; Johansson & Höjer, 2012; Welbourne & Leeson, 2012). The participants did not say anything to disprove this statement. Yet, as I pointed out previously, one of the residential care homes had high expectations for all young people to continue with their studies in high school and this approach was not supported by the young people at all. Thus, high expectations by the professionals to children in out-of-home care are good only when balanced with the personal interests and capabilities of children and young people.

Thirdly, as inferred from the interviews, disciplining by the caregivers is something that is more applied for students on the basic school level. Dæhlen (2015) stresses that educational outcomes in compulsory schooling stage are strongly related to the admission to upper secondary school. According to the participants, if the children have very low motivation to study at compulsory level of education then disciplining by caregivers is relevant to sustain the educational pathway.

After children in residential care have finished compulsory schooling, they are expected to have internal motivation to continue with their studies. The ones who decide to quit school can stay in the residential care until they are under 18. All participants who have finished basic school have decided to study further. They said the residential care homes in various ways try to motivate those young people who plan to finish studying. For example, some residential care homes give more pocket money to the young people who continue with their studies.

In participants' opinions, disciplining children and young people to study have positive effects. The involvement of parents or caregivers in a child's education is listed as a promotive factor for resilience (Masten 2001 & 2007 cited by Goldstein & Brooks, 2013). The participants said that they lacked self-motivation at an earlier age and it was good that their caregivers and foster parents contributed time to see if everything is under control with their studies. Many of them admitted that they did not study for themselves. In R8H's opinion there is nothing wrong in studying for someone else if it disciplines a child to continue with his/her studies.

> R2B: In the primary school I studied to please my foster mother. She checked all the time whether I have done the homework or not. If she would have not checked my homework then I would have not done it at all.

Lastly, positive encouragement is probably the best external motivator for raising internal motivation. It is appreciated by all the participants. Previous research has also showed evidence that moving into out-of-home placement where there is supportive attitude towards educational progress helps to increase young people's motivation (Harker et al., 2003). Based

on the stories the participants shared, it is possible to make a claim that positive encouragement and supportive attitude works best if it comes from the person a child trusts.

> I: How did she motivate you? Why did it work better than what others have said or done?
> R5V: I do not know, but she talked that others here have had hard times and similar problems as me and I am not alone with my problems.

To conclude, the participants pointed out that interesting lessons and supportive teachers, grades, disciplining by the caregivers and positive encouragement are the four main types of external motivators from the study support network. External motivators can be very useful for those students who lack self-motivation. However, for very good educational outcomes, self-motivation is also needed. There are possibilities to get help and the support network seems to work for those young people. Participants themselves were not critical about the educational support system. Their thoughts were similar to the young people in UK who said that they already get good educational support (Welbourne & Leeson, 2012). However, the practical tools used in Estonia, as described by the participants in the present study, are not as advanced as the foreign examples which I highlight in section 1.3.1. As it seems, the study support system is not structured uniformly and therefore the support in practice might vary within the country.

5.3.4 Material Support

In this section, I present the opinions of the participants on the sufficiency of the material support they receive for their studies. Estonian students do not have to pay for tuition but there are still living expenses that the children and young people must account for when planning their full time studies. Therefore it is a critical aspect for sustaining their educational pathway.

As it turned out, the participants are rather positive about the educational funding system. There were a few complaints which I mention below in this section. The participants said that education is something that the residential care homes prioritize and they have never felt that there are limited choices due to the lack of material support. Some of the participants even claimed that they have more opportunities than many of their classmates who live with their biological parents.

> R10V: How to say...I do not need anything more really. When I am provided...I have an opportunity to study and they pay my school expenses...and therefore I do not have any complications, then I think that this is enough to motivate someone to study.

> R3U: I have a feeling that with the life here I have better opportunities than those people who maybe live with their parents, those who are the average Estonian people. Sometimes I have even had bad feelings because I have so much more and they have hard time and they cannot afford some things. [---] Regarding education there is nothing I have not been able to achieve.

The researchers of the international YiPPEE project and in the UK claim that inadequate financial support for continuing in education is a system level barrier and can cause great uncertainty for the young people in out-of-home care (Brodie & Morris, 2010; Jackson et al,

57

2005; Jackson & Cameron, 2011). The cited authors say that it is important that children and young people in out-of-home care are informed about available funding opportunities. The participants of the present study know quite well about different funding opportunities and are guided by the residential care homes when needed. They did not seem worried or uncertain about the financial support. These thoughts are different from other research findings in Europe.

However, a few participants did not completely agree with the others. They claimed that even though they can continue with their studies, there is not much pocket money and therefore it might be more appealing to go to work. One participant highlighted that young people who decide to go to vocational school after high school are not favoured by the current funding system and it could be improved.

> R8H: [---] In a way the state could not do anything for me to go to high school or not. But at the same time it would be great if there were scholarships for high school students also. Or even that in vocational school there is such kind of system that if you go there after basic school you get meal allowance, but if you go there after high school then you do not get it. Why should I have more money to eat there than the person who goes there after basic school? I do not get why the high school students are so poorly supported.

In terms of student support, vocational and secondary education are treated partly in similar ways. For both, the students are applicable to meal allowances. A difference is related to scholarships as high school students do not get similar opportunities to financial support as vocational education students do. Therefore, R8H points attention to the lack of money received for personal use. Some residential care homes have begun to solve the problem by providing more pocket money to young people in high school. This is however not a general practice of all residential care homes. From the government perspective it makes sense, because the state support is rather prioritised to vocational students as indicated in the strategy of lifelong learning, described in chapter 2.

Most of the young people, who participated in the study, did not seem to worry too much about the rigidity of the financing system. Osila et al. (2016) mentioned that the care system is inflexible in relation to educational pathway for young people over the age of 18. When the young person stops to study, he/she has to move out from the residential care home. When the person decides to continue after a study break, the state does not cover the expenses of his/her studies (ibid). The participants were aware of this requirement, however the way they saw it was different. Some of the participants knew about the requirement, but had not thought about how it affects their decisions. For others it was clear that they need to work hard in school to ensure the place in the residential care home. In a way, the requirement worked like a motivator for the young people. R3U thought it is unfair to push young people from residential care to continue with their studies without any breaks. She added that most of the young people need some time to think and experience life outside the school system before they decide about further education. Fortunately, as Sepp (2017) and many participants mentioned, some KOVs might be ready to continue with the funding if the young person shows great self-motivation to go back to school.

To conclude, it can be said that overall, the participants are satisfied with the material support they receive for their studies. Young people claimed that there are socioeconomic advantages for children and young people in residential care. Masten (2001 & 2007 cited by Goldstein &

Brooks, 2013) name socioeconomic advantages as a family level characteristic which can increase resilience. Nevertheless, some of the participants felt that there is a lack of money for more personal expenses. The inflexibility of the financing system for young people over the age of 18 was also mentioned as a barrier of educational pathway. The participants are well aware that they need to continue with their studies without any gaps in order to keep their place in the residential care home.

5.3.5 Social Capital

In this section, I analyse how social capital can be important for the support in relation to education. The perceptions of the participants are presented. Separation from the loved ones is never easy. The participants have all experienced separation from their biological families or foster families and many of them more than once in their life. Trusting relationships and strong social capital are important for the education of children (Offer & Schneider, 2007). Fortunately, at this stage all of them have at least one person in their life that they can trust.

Those participants who have lived in residential care since they were very young said that they trust their caregivers and siblings the most. For the ones who moved to residential care later, the most important relationships are either with their siblings or with their friends. The relationships with the biological families are analysed further in the next section.

Most of the participants have a support caregiver. The support caregivers are supposed to look after some of the children in a more consistent manner. They must keep an eye on their school grades and have closer contact with that child. This way the residential care homes want to ensure that every child has someone they have a closer relationship with. Sepp (2017) claims that every child needs to have at least one person he/she can trust completely. Children in out-of-home care want to feel that there is someone who genuinely cares about them (Sebba et al., 2015; Welbourne & Leeson, 2012). The participants appreciate the support caregiver system. Some participants have a strong affection relationship with their support caregivers. Unfortunately, for few of the participants it has not been so flawless and they have had different support caregivers over time. In those cases, the participants did not describe the relationship with the support caregiver as strong and meaningful.

> R10V: We have trust caregivers [same as support caregivers]. They are supposed to talk with their young people about their problems and everything else what is in their mind. And they call if you are away.

> R3U: My support caregiver has inspired me so much and she has always believed in me [---] For me this person has always been her. She understands me.

Bonding ties are strong and based on trust. Bonding ties give a person an opportunity to share life with people who he/she feels attached to. An individual is more likely to have positive social capital by having a few good connections with other people rather than the one who has many weak connections (Schneider, 2004). Not all caregivers are trusted by the young people and they might not want to share their personal problems with them. Therefore, it is important that they have at least one person they can trust and open up with, in case they need it.

R6V said that he enjoys talking about his future and analyse what to do. R3U on the other hand said that she had bad experience with a caregiver who pushed herself too much into her

personal life and tried to fix things. R3U said that she prefers to talk about her problems only with some people and sometimes not to talk at all, since it might recall painful memories.

Besides caregivers, the participants also have close relationships with their support families, support persons and friends. Not all of the participants have support families and support persons, but they are appreciated by those participants who have them. Close friends are usually from school or from a residential care home. The participants said that there are issues what could only be discussed with friends and not anyone else. Therefore, just as Morrow (1999) together with Offer and Schneider (2007) describe, additionally to social capital generated for young people they are also able to create their own social environment and social capital by themselves.

Stories shared by the participants are stories of broken families. There has been pain of loss and disappointment. Problems inside the birth families continue to have influence on the children and some children in out-of-home care require longer time to fulfil their educational potential (Sebba et al., 2015). It is necessary to keep providing social work support to the birth families (ibid). Good relations with parents are important for the increase of resilience (Masten 2001 & 2007 cited by Goldstein & Brooks, 2013). Unfortunately, many participants do not currently communicate with their birth parents. Some of them have decided by themselves to stop communicating with their parents because their parents have not changed their way of living.

> R2B: I do not want to talk to mum that much, because she still has not managed to get herself free from alcohol. It was quite horrible to talk to her.

> R1V: I told them not to communicate with me anymore about three to four years ago. After that we have not talked to each other.

The present study shows that if the relationship with some of the family members is strong, then it can act as a facilitator for increasing resilience and educational potential. All participants besides R1V are in contact with some of their family members. As mentioned above, in most cases they do not want to communicate with their parents. They are much more likely in close contact with their siblings. Positive relationships with siblings and extended family increase resilience (Masten 2001 & 2007 cited by Goldstein & Brooks, 2013). Young people described how their family members are supporting and motivating them with their studies.

> R6V: Certainly my family – brother, sister and sister-in-law, they all help me. This is very nice and it gives a lot of positive energy and motivation to move forward.

> R10V: My grandparents have always supported me. They have given me money for the school supplies whenever I have needed it. They are always very proud of me, because I am still at school and I have not stopped studying.

Relationships with biological families can work as facilitators or barriers. In most cases siblings are the greatest support network for those children. Even those participants who have lived in residential care home almost their whole life trusted their biological siblings more than other people from the same residence.

The participants also consider bridging ties important. As an example, they mainly see the

bridging ties beneficial when they are looking for a job or they need an apartment. They did not consider bridging ties important in relation to their educational pathway. Thus, I decide not to analyze it further in the context of the present study. Therefore, bonding ties are seen as greater facilitators in relation to good educational pathway than bridging ties. Bonding ties are an important part of a stable and secure life. It is easier for the participants to focus on their studies because they do not feel that they are alone with their problems. There are always people around them who they trust.

In sum, for the young people who participated in the study, the strongest bonding ties are with their caregivers, siblings, friends, support families and persons. Bonding ties are considered important in relation to good educational pathway by the participants. Research by Stanton-Salazar shows that children can develop trusting and sustaining relationships with peers and adults from which they can benefit in academic achievements (Stanton-Salazar 1997 and 2001 cited by Offer & Schneider, 2007). The participants also said that when it comes to planning for the future or issues at school, they are more likely to reach to people who they have really close relationships with.

5.3.6 Individual Level Facilitators and Barriers

In this section, individual level facilitators and barriers on educational pathway are presented. The ways one can overcome hardships in life determine in many cases what kind of educational pathway one can have.

The participants of this study tended to protect themselves by making their hardships smaller in words and said that they have gotten used to their life in residential care home. When I asked R11B whether she believes she manages to reach her goals or not, she answered that she must believe she will. These kinds of hesitations about their abilities, yet determination to their life goals, characterize most of the participants quite well. Future-oriented approach is considered to be a facilitator at an individual level for better educational outcomes (Jackson & Cameron, 2011). Different kinds of resilient thoughts were present at several interviews. For example, as mentioned previously in the analysis chapter, young people who participated in the study have high aspirations because of a strong need to be different from their parents. This is also considered to be an individual level facilitator for better educational outcomes by Jackson and Cameron (2011).

If the young people felt supported in the residential care home, then the resilient behaviour by the participants occurred similarly as Jackson and Cameron (2011) and Montgomery et al. (2003) describe in their studies.

> I: You have told me about several sad experiences in your life. How has this affected you?
> R2B: At the beginning it was hard, but after some time you will get over it [She refers to separation from her foster family]. You will get used to the new life.
> I: What exactly do you mean by that?
> R2B: At the beginning I was sad every evening. I was comforted and supported. At the end I tried to think less about it.

The individual characters of the participants are very different from each other as expected from any other group in the society. Low self-esteem, which is named as an individual level

barrier by Jackson and Cameron (2011), was present in several cases. Many of the participants showed positive personality traits such as sense of humour, feeling of purpose and belief in a bright future. Positive personality traits are noteworthy in relation to development of resilient behaviours (Montgomery et al., 2003). Some, but not all of them pointed out personality traits based on which they have made their choice of education or which have helped them to achieve their goals. For example, R6V said he is an open communicator and this has saved him from a lot of problems at school. R8H and R7U said that they are not leaders from their nature and they prefer when some decisions are made for them. They like to focus on smaller things and improve specific skills. Further studies are needed for a more holistic analysis on the connection between personality traits and motivation to study among children in residential care.

The clearest connection for me stands between the level of self-motivation and freedom to decide. It was clear that participants had a harder time to find self-motivation at the basic school level. One part of it is of course the age factor, but only to some extent. Participants said they are more motivated to study in vocational school or university because it is something they have chosen themselves and they did that based on their interest. Locke (1996) claims that participation is an indicator which increases commitment to goals and at the same time commitment to goals increases motivation to reach the goals. This argument finds evidence based on the empirical data of this study. R1V eloquently summarizes the thought with the following words:

> R1V: [laughs] I was not that motivated to attend school in basic school. The vocational school I chose by myself. [---] Now when I am in the vocational school I go there for myself, not for the teachers.

Even when others can motivate a person to go to school and proceed to further studies, this so called extra mile is possible only with high self-motivation. While there are many factors which generate self-motivation, the possibility to choose an own educational pathway seemed to be most appreciated by the young people themselves.

All the participants who have proceeded to vocational school, high school or university enjoy their programmes. Nevertheless, one of the participants said her academic capabilities are barriers for her. R5V would like to become a police officer, but in order to do that, she needs to graduate from high school. According to her, she is not capable to do that. This is unfortunate, but it is good to know that at least she likes her programme at vocational school as well. Based on the limited information I have on R5V, it is difficult to make any conclusions whether she has had enough support or not, if there are any biological or environmental aspects which influence her capabilities or other issues.

In sum, the participants named many individual level facilitators which can increase their resilience and therefore be helpful in relation to their education. The self-motivation of children and young people to study, high self-esteem and positive outlook on life are the hardest goals to reach, yet it can give the best results on educational pathway. According to the knowledge from the interviews, it is possible to increase self-motivation of young people when relying on the basic ideas of new sociology of childhood – inclusion in decision making process and children as experts of their own lives.

5.4 Proposals for Improvement from the Young People

As follows, I present young people's proposals for improvements in the support network. During the interviews with the participants I asked from the young people what the main aspects are in education and care systems which need to be improved in order to help children to utilize all their academic potential. At first the young people who participated in the study were modest to express their opinion about the necessary changes in education and care system. Many of them are very happy with their placement and did not see what could be changed. They added that it is individual and what has worked for them might not work for others.

> R3U: Wow, this is a good question! Somehow I always feel uncertainty when the question is about someone else. I cannot imagine what could motivate others [...].

Accordingly, I asked them to focus more on the general out-of-home care system in Estonia and talk about the positive sides about their out-of-home care experience which could be expanded to other residential care homes. From there we discussed whether the facilitators they have had could be facilitators for other children and young people in residential care as well.

As mentioned in the facilitators section of this chapter, most of the participants agreed that at this moment, all children from residential care are provided with sufficient economic support to continue with their studies until they are 25-years old. They said it is more about internal motivation and support inside the residential care home than economic issues.

Nine participants agreed with the state's goal to have more family-like out-of-home care. Two young people did not find it necessary to have family-like out-home-care for all the young people. Furthermore, they even find it a bit confusing or scary. In the UN Guidelines for the Alternative Care of Children (2010) it is stated that in most cases, family-based out-of-home care should be preferred, yet, based on the individual needs of each and every child, placement to residential care can sometimes be reasonable. A young people who had lived in SOS children's village in Estonia pointed it out as a good example. Other young people from other residential care homes mentioned SOS children's village as a good example as well.

> R9H: I would like to have a family house. I have thought about it a lot...like SOS children's villages and some other new residential care homes. There they have like a little house and seven young people. I imagine it to be very cosy and nice.

The participants stressed the importance of significant people around them. Mostly, the young people talked about the importance of trusting relationship between a child and a caregiver. Some of them had better relationships with their support caregiver and they found it especially necessary for all the children. R9H said that if the caregiver is busy with too many children then a support person could help a child with choices in relation to education. Many young people who participated had also support families which seemed to constitute a great support network for them. Not all but most participants had someone in their lives they trusted. However, they pointed at the bonding ties with significant adults as something that needs to be improved consistently because not all children in residential care have it.

> R4H: I will talk about the carers then. I believe the most that caregivers should be able to, is to get along with the children. For real get this trust...trust from both sides, so

that the child would not be afraid to talk about his/her problems and in general also. This is the most important in my opinion.

Some of the issues children have are more related to school and therefore it is also important to have support at school. R7U talked about an unfortunate situation when he did not have someone to turn to with his problems. He claims that it is important to focus on the individuals and not merely the study programme.

R7U as well as other young people talked more about the necessity of individual-based or child-centred approach. They advise not to push all children into the same educational pathways, but at the same time to always support them and give as many second chances as needed. Brodie and Morris (2010) present a similar message about the importance of child-centred approach when working with children in out-of-home care.

> R3U: I cannot imagine what motivates others to study, but I think it might be giving second chances and providing opportunities for studying. [---] I look up to Silva [A caregiver whose name is changed by the author.] very much. There once lived a boy in this residential care home who always ran away from home. [---] When spring came he always ran away and left school in the middle of the school year. And every autumn Silva started to study with him from the beginning. [---] She did not give up and she gave him as many changes he needed...and this is something really special in my opinion. I think all caregivers should do that. And I also think she has given me so many second chances. [---]. Yes, there should be more second chances.

Less frequently mentioned proposals by some of the participants were as follows. Firstly, children need something to do such as hobbies or other after school activities. Boredom can lead to lower motivation at school. Thus, it is important to make sure that spare time activities are available. Secondly, one of the participants pointed out that going straight from high school to university is too quick and there should be something more related to real life in between, so it would be easier to make a choice. This is complicated for children in residential care, because if they are over the age of 18 and finished with studies, they lose their place in residential care. Therefore, the recent popular choice of taking a gap year is not possible. However, interviews with experts and young people showed that there are some positive examples where the KOVs have given second chances for the young people who are self-motivated to continue with their studies. Lastly, young people mentioned various seminars, which are often organized by the EATL, as useful and necessary. Since not all young people go to these seminars it would be good to expand the reach of the seminars to all young people in residential care.

All in all, young people who participated in the study said that residential care homes provide a good support network for children and young people. They said that currently all children and young people in residential care should have sufficient material support for their educational pathway. Proposals to have more family-like and family-based out-of-home care were presented by most of the participants. The participants highlighted the importance to provide support caregivers to all children and young people in residential care. Last but not least, child-centred individual approach was emphasised.

6 Concluding Discussion

The aim of this degree report was to determine the different influences behind educational choices of young people in residential care. The empirical data of the present study is based on qualitative interviews with eleven young people who live in residential care in Estonia. Therefore, the findings of this study show some trends, but do not allow to make a generalization about the residential care in Estonia.

I found out that a good support network contributes to better educational outcomes and possibilities to undergo post-compulsory education. In my opinion the experiences the participants have of the life in the residential care homes give an opportunity to look deeper into the out-of-home care system. Therefore, the thoughts from young people who live in residential care are especially valuable. As follows, conclusions in relation to the research questions are presented. Thoughts by young people who participated in the study are assembled and complemented with my comments. Suggestions on how the professionals could use this information in their everyday practice are added.

Research question 1: Which are the main factors on which young people in residential care base their choice of education?

Young people's educational choice is mainly based on their interest in the speciality. However, factors such as distance from the residential care home, degree of difficulty and role models also influence their choices. Children and young people who live in residential care have different ambitions and capabilities. In residential care homes, emphasis is given to education which also influences young people's choice to proceed to further and higher education. Not all young people in residential care are capable to go to university. Nevertheless, it is important to ensure that all young people proceed to some kind of further education and find a speciality that meets their capabilities and interests. All the participants who were interviewed for this degree report had managed to find something they would like to study and many of them had already proceeded to further studies.

Research question 2: How is the educational support system perceived by young people in residential care?

According to the interviewees, young people in residential care in Estonia are supported to make their own decisions about further and higher studies. Further research has to confirm how comprehensive this practice is. My assumption based on the interviews would be that young people in residential care in Estonia are trusted by the caregivers to make their own decisions about their educational pathway, yet the caregivers motivate young people to proceed to further studies. Based on the interviews and analytical framework of the present study, such decision autonomy and external motivation by professionals would be the best practice to follow. However, every person is different and therefore child-centred individual approach should always be the goal.

Young people who participated in the study did not see any barriers on their educational pathway based on the financial support they get from the state and local governments. This is something what differs in this research compared to many research papers in Europe (e.g. Brodie & Morris, 2010; Jackson et al., 2005; Jackson & Cameron, 2011). Even though it is hard to take a gap year between the studies like many other young people in Estonia, it is not impossible with the guidance of caregivers and additional support from local governments.

The latter is not a universal practice as those are exceptions for young people who show great commitment to continue with their studies after a short break. Interestingly, the participants said that sometimes they feel financially too privileged in comparison to the peers who live with their parents.

Extra tutoring opportunities are also provided to the young people. Mainly the tutoring is offered by the school, but sometimes the residential care homes are willing to pay for a private teacher. Known to me, there are no universal educational support programmes for children and young people in residential care in Estonia. However, one of the residential care homes has had volunteers who helped children with their studies. It is questionable whether residential care homes follow the state's guidance to have more family-like service by having organized volunteers come to residential care homes. Young people who had received help from the volunteers considered it a positive practice. The participants did not describe any flaws in the educational support system. As a researcher, I see a possible risk in not having universal educational support strategies for children and young people in residential care as this can be a barrier in sharing good practices. Therefore, I would suggest analysing the different existing practices in Estonia in a wider cooperation involving the state, KOVs, the residential care homes, the schools, the children and other stakeholders. At this point the state has no influence over how the residential care homes manage the support system.

Research question 3: What are the necessary factors that help the young people to dedicate to their studies?

It was a positive surprise to see such a high self-motivation among those young people. Education for those young people is considered as a ticket to better life than their parents have had. However, as discussed previously in this degree report, the sample of participants might be relatively more capable and ambitious to forego further studies compared with their peers from the same residential care homes.

In the compulsory school level, the main influence towards a higher devotion to education is external. Participants described four types of external motivators: 1) interesting lessons and supportive teachers; 2) grades; 3) disciplining by the caregivers; and 4) positive encouragement. The participants consider external influence necessary for those children who lack self-motivation. External motivators help to get by a period of low self-motivation.

Those participants, who were already in their post-compulsory studies, enjoyed their study programmes and therefore liked to go to school mostly based on their self-motivation. Decision participation in relation to educational pathway contributes to self-motivation. While there are many other factors which generate self-motivation, the possibility to choose an own educational pathway seemed to be most appreciated by the young people. In my opinion, based on this knowledge, the caregivers should act as follows:

- support a child with the educational decisions he/she has made, unless the decision involves dropping out from the educational system;
- explain and help the less motivated young people to understand the purpose of education;
- provide opportunities to make decisions in relation to education or after-school activities even on compulsory level of schooling.

More elaborate discussion on the necessary factors is provided in the following, which more specifically includes the topics of new sociology of childhood, resilience and social capital.

Research question regarding new sociology of childhood: How do young people in residential care assess their involvement in decisions regarding their education?

The participants were positive about the decision autonomy they have had regarding their education. After compulsory schooling young people in residential care are generally entitled to make their own decisions about their educational pathway. The participants of this study highly valued their right to be part of decisions regarding their education. A strong message from the participants of this study was that every person should be able to make a choice of further education based on his/her own interests. The role of a caregiver in this process in the opinion of participants is to support and inform a young person, but not to interrupt during the final decision. The participants pointed out that a higher autonomy on the educational pathway can lead to higher self-motivation.

Research question regarding resilience: Which facilitators increase resilience among young people in residential care to support their educational attainments?

Below I present an overview of the most relevant factors which increase resiliency among young people in residential care to support their educational attainments as mentioned by the interviewees of the present study (Table 6). This is based on „The short list" (Table 3.2.1) of individual, family, community and societal characteristics by Masten (2001 & 2007 cited by Goldstein & Brooks, 2013).

Table 6. Adjusted list of examples of protective factors

Factors	Characteristics
Child characteristics	Good cognitive abilities, problem solving skills, and executive functions Ability to form and maintain positive peer relationships Effective emotional and behavioural regulation strategies Positive view of self (self-confidence, high self-esteem, self efficacy) Positive outlook on life (hopefulness) Characteristics valued by society and self (talents, sense of humour, attractiveness to others)
Family characteristics (As well as out-of-home care placement characteristics in the context of current study)	Stable and supportive home environment Close relationship to sensitive and responsive caregiver Authoritative parenting style (high on warmth, structure/monitoring, and expectations) Positive sibling relationships Caregivers involved in child's education Socioeconomic advantages
Community characteristics	Access to recreational centres Effective schools After-school programs School recreation resources (e.g., sports, music, art) Connections to caring adult mentors and prosocial peers
Cultural or societal characteristics	Protective child policies (child labour, child health, and welfare) Value and resources directed at education

All of those factors were mentioned by the young people during the interviews. Caring people in residential care homes together with participants' protective individual characteristics have contributed the most to resilience and successful educational attainments. Other factors from the original „short list" (Table 3.2.1) by Masten (2001 & 2007 cited by Goldstein & Brooks, 2013) were not mentioned by the young people, yet were neither denied.

Research question regarding social capital: In what way is social capital important for the support in relation to education?

Social capital and especially bonding ties play an important role for the support in relation to educational pathways for those young people. Strong and trusting relationships with significant others give young people confidence to proceed to further and higher studies. Support by the caregivers is most appreciated by the young people. Bonding ties with siblings are also important in relation to education. Older siblings become role models for their younger siblings.

Relationships with biological parents are often fragile. Most of the participants did not see their biological parents on a regular basis, because it was too hard for them. Lower emotional state in relation to family issues also affected their educational outcomes.

The best way to build social capital is through family-based or family-like out-of-home care. In other cases the support or trust caregiver system can contribute to stronger bonding ties as well. Although it is relatively common in Estonia to have a support or trust caregiver, not every residential care home has this system. In my opinion it is one of the easiest ways to start building trusting relationship between a child and a caregiver and it should therefore be extended to other residential care homes.

In conclusion, Estonian out-of-home care system and specifically residential care have valuable practices and set-up which help children and young people to focus on their studies. When starting this degree report I assumed the discussion of this paper would be critical and full of proposals for improving the system. Currently, my only concern is related to the fact that every residential care home is following different practices even though most of them are meeting the needs of children and young people. It is positive that the state is moving towards more family-based or family-like placements for the children which should improve the quality in all residential care homes. Through these changes it is possible to provide the best possible out-of-home care for children without parental care and give the best support on their educational pathway. It could be argued that already now the Estonian out-of-home care system has a good potential to provide examples of success at an international level.

6.1 Recommendations for Future Research

This research has covered the Estonian context based on the opinions of educationally a rather successful group of young people who live in residential care. It gives an overview of what has helped them and what might help others in residential care to access a desired education. Limitations to time and length of the study determine how the research is carried out. In most cases there are some areas that could have not been researched due to the limitations. As follows, I present ideas for further research.

Firstly, further studies could be done with young people who are not pleased with their residential care homes. This would give a deeper knowledge about the Estonian context and it would give an opportunity to compare the thoughts of these two groups. However, it might be difficult to find respondents for this kind of study. With children under the age of 18 years, permission from the gatekeepers is needed. The gatekeepers can be reluctant to give permission because of the fear of negative image to residential care homes. One option would be to contact young people directly, but then they have to be more than 18 years old.

Secondly, since 42% of children in residential care are with disabilities (Sotsiaalministeerium, 2015), it is also important to research their opportunities in life and how they perceive their experiences in residential care in relation to educational pathway.

The present study did not indicate clearly which personality traits are facilitators for better educational outcomes. Further studies are needed for a more holistic analysis on the connection between personality traits and motivation to study among children in residential care.

Finally, in management theories, participation of all stakeholders is seen as an indicator which increases motivation (Locke, 1996). Locke's approach was confirmed in children's context in the present study, because decision participation in relation to educational pathway contributed to participants' self-motivation. Interestingly enough, I did not find research papers about the relation of new sociology of childhood to the increase of motivation through participation. Since this study did not directly focus on motivational theories, the findings of the paper do not give comprehensive answer to which extent participation in decisions contribute to internal motivation. This problem area needs international evidence-based support and should therefore be researched further.

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Appendix 1 – Levels of Participation

Hart (1992) refers to three levels of non-participation and six levels of participation.

- Manipulation – non-participation where children do not have enough information or full understanding of the issue and they do not understand their actions. Manipulation is also when children are consulted but given no feedback afterwards, so they do not know in which ways the information they gave to the adults was used.
- Decoration – non-participation, but here adults do not pretend that children are involved in the planning and decision-making process. Children are used for decoration and often they have little idea of what it is all about.
- Tokenism – non-participation, where children are in some ways given a voice (for example children hold a speech at a conference), but as it often appears they actually have little or no opportunity to formulate their own opinions.
- Assigned but informed – this is the first level of participation. The main criterion here is the knowledge about the cause. Children understand fully what is their role in the project and what is the project aiming to achieve. Their involvement does not have to be time consuming, but it has to have a purpose and children need to do it on a voluntary basis.
- Consulted and informed – Some cities have recently consulted with children when it comes to city planning. On the current level of participation they would inform children about the results afterwards and children could reflect on results. On this level children have all the knowledge needed in order to form an opinion on the issue and their opinions are treated seriously. However, the project is still designed and run by adults.
- Adult initiated shared decisions with children – Hart calls this a first level of true participation. Even though adults initiate the project, the decisions are shared. An example is when all members of the community are expected to participate and share opinions on the same right basis.
- Child initiated and directed – Children are able to initiate and direct a project they believe in if the conditions are supportive. This is more common in the school environment than in the community.
- Child initiated shared decisions with adults – on this level children are the initiators, but adults need to co-operate with children and be willing to support them with their projects. Hart thinks the key feature here is adults' interest of children and young people and their ability to respond to the energy from the young organizers.

Appendix 2 – Interview Guide

Semi-structured individual interviews with young people who live in residential care

General information about the participant (age; type of school and grade; how long has he/she been in the residential home; where else has he/she lived; what are the reasons to live in out-of-home care)

Q1: Life at residential care home.

Q2: Questions about life at school (favourite subjects; hard subjects; from where he/she got/ gets help; people at school).

Q3: School transitions (did he/she have to change schools; how was he/she included to the decisions relating to school transitions; how did the transition affect him/her?).

Q4: Choice of profession.

Q5: Future plans in relation to education and work (what are his/her plans after graduating from basic school/ vocational school/ high school/ university?)

Q6: Importance of education (what is the purpose of education; how is education going to help him/her to achieve what he/she wants in life?).

Q7: Self-confidence (to which extent the carers believe he/she can achieve what he/she wants; how much he/she believes in himself/herself regarding future achievements?).

Q8: Role models (how have other people influenced his/her choice of education?).

Q9: Resilience (which are the challenges he/she might need to face regarding his/her choice of education; in which way have experiences in residential care home changed him/her?).

Q10: Motivation (what is his/her level of motivation to study; what motivates him/her; how does he/she motivate himself/herself?).

Q11: Funding (which funding opportunities does he/she have to continue with his/her studies in vocational school/ university; where does he/she get his/her knowledge about the funding and other support options?).

Q12: Social capital and participation (who are the people he/she can talk to and trust; does he/she feel they support him/her with decisions; how does he/she describe the network around him/her; how easy it is to voice his/her opinion to decision-makers about issues he/she thinks are important?).

Appendix 3 – Informed Consent

Informed consent

The following is a presentation of how we will use the data collected in the interview.

The research project is a part of our education in the International Masters program in Social Work at the University of Gothenburg, Sweden. In order to insure that our project meets the ethical requirements for good research we promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the Project.
- Interviewees have the right to decide whether he or she will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for us to document what is said during the interview and also helps us in the continuing work with the project. In our analyze some data may be changed so that no interviewee will be recognized. After finishing the project the data will be destroyed. The data we collect will only be used in this project.

You have the right to decline answering any questions, or terminate the interview without giving an explanation.

You are welcome to contact us or our supervisor in case you have any questions (email addresses below).

Student name & e-mail   Supervisor name & e-mail

Interviewee:

Appendix 4 – Categories and Codes

Appendix 3. Descriptive coding system and categories

Category	Codes (*)
Background information	Life before residential care (20); First impressions about the residential care home (9); Criteria for staying in the residential care home (6); Perceptions about residential care home (18)
Perceptions on school	Reasons for attending school (19); Everyday school-life (23)
Educational pathway	Good education pathway (14); Opportunities (2); Education valued by others around the participant (23); The necessity of education (27); Me versus others (16); How much others believe in the participant (13)
Plans for the future	Goals (12); Conversations about future (16); The base for decisions in relation to education (54); Preparations for independent life (9); Further education (20)
Bonding ties	Trust between participant and adults (22); Relations with biological family (21); Relationships with the caregivers (26); Relationships with peers (23); Support family (3); Support person (2)
Bridging ties	Bridging ties (13)
Facilitators	Possibilities to get good education (9); Material support (33); Study support network (31); Character (13); Self-belief (16); Self-vindication (9); Resilient behaviour and thinking (21)
Barriers	Barriers (16); Challenges because of living in residential care (11); Peer pressure (5); School changes (13); Gaps in studies (9)
Residential care as a facilitator	Changes in person because of living in residential care (22); Feels residential care is better for him/her (10); Residential care supports education (12)
External motivators	External motivators (46); Adults disciplining children to study (16); Positive encouragement (7)
Self-motivation	Unmotivated to study because (15); Self-motivation (42); Motivation in correlation with participation (5)
Proposals for improvement	Proposals for improvement (21)

*Indicates how many times the code was used.