




Educational pathways and outcomes for care-experienced children: A 16-year longitudinal study

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Abstract

Children who are removed from their birth families during childhood—termed care-experienced—can be at risk for lower educational attainment and poorer school experiences, often linked to deprivation and behavioural factors. However, research often uses aggregated measures that obscure the complexities of care (e.g. timing, and placements) and evidence is needed to understand the factors that could explain the link between care-experience and attainment. We used anonymised, individual-level, population-scale linked data from the Secure Anonymised Information Linkage Databank, covering children born in Wales between 2000 and 2003. Children were followed until their examinations at age 10/11 and 15/16 to assess attainment. To capture the complexity of care experiences, we conducted latent class analysis to identify distinct care profiles. Using a three-step approach, we estimated the association between these profiles and attainment at age 10/11. To explore the pathways to attainment, we applied causal mediation analysis to assess how school-related factors—school moves, free school meals, and suspension or exclusion—mediated the relationship between the care profiles and their attainment at age 15/16. We identified seven care-experience profiles. Children who were adopted had the highest attainment, while those entering foster care later had

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the lowest. School-related factors explained some of the lower attainment among children with short, early care who returned home. These findings highlight the complexity of care experiences and their association with attainment. We advocate for improved support in Wales, including implementing the Virtual School Model and broader definitions to ensure inclusive support for children who may be hidden to schools.

KEYWORDS

administrative data, attainment, care-experienced, mediation, social care

Key insights

What is the main issue that the paper addresses?

The paper addresses the pathways in which care-experienced learners experience challenges with their academic progress, providing greater detail on how different placements, duration, and age on entry can contribute towards attainment.

What are the main insights that the paper provides?

The paper identifies that all care-experienced children have lower attainment at age 11 compared to all pupils in Wales. In terms of pathways towards attainment, children with short-term experiences of care are more likely to be suspended or excluded, move school, or experience household poverty, of which contributes towards the lower attainment observed at age 16.

BACKGROUND

In the UK, care-experienced children are individuals who have spent more than 24 hours in out-of-home accommodation by social care services (Childrens Act, 1989). Many children enter care due to experiencing abuse or neglect, with the number of children who are looked-after in Wales rising from 5745 in 2014 to 7210 in 2023, representing a 26% increase (Welsh Parliament, 2024). This sub-population of children requires attention as many leave school with no or few formal qualifications (Luke & O'Higgins, 2018), with estimates showing a 27 percentage-point difference in early year outcomes compared with all pupils (58% and 85% respectively) in Wales (Welsh Government, 2016). Over time educational disparities widen, with 17% of care-experienced children achieving national expectations at age 16, compared with 55% of all pupils (Welsh Government, 2016). Educational interventions are key to supporting development, where a lack of support can place children at risk for later disadvantage (Ashiabi & O'Neal, 2015; O'Higgins et al., 2021). Research shows that care-experienced young people are at significant risk for psychosocial problems, such as economic hardship, illicit drug use, criminal convictions, and mental health problems in later adult life (Centre for Social Justice, 2021; Dregan et al., 2011; Forsman et al., 2016). In this

article, we draw on multidisciplinary evidence to theorise these pathways, recognising how children's social work is influenced and requires collaboration by education, psychology and public health (Bronstein, 2003). Through this multidisciplinary lens, we draw upon evidence to investigate how complex care experiences and placements relate to educational attainment through varying school experiences.

Research on children's care-experience and educational attainment

In Wales, children's care experiences are represented by social care placements which include foster care, kinship care, residential care, children's homes, adoption, and residing with parents, which is defined as 'placed with own parents or other person with parental responsibility' (Statistics for Wales, 2021, p. 9). Across the research and evidence, the placement type, stability, and length, alongside the age on entry to care have been identified as differentially associated with educational experiences and outcomes—the following paragraph reviews the evidence on these aspects.

Placement type has been related to different educational outcomes as described in Sebba et al. (2015), who found that children who experienced foster or kinship care had improved outcomes at age 15–16 years compared with those in residential care in England. This was echoed by Scottish research, which compared foster care to children in residential care or being looked-after at home (McClung & Gayle, 2010). In the US, Font (2014) found that children in non-kinship foster placements initially scored below average but then improved rapidly, whereas those in kinship placements started stronger but declined in specific skills such as maths, English and cognition. In terms of adopted children, a systematic review found that they were performing less well than their non-adopted peers (Brown et al., 2017); more specifically, research in the UK found that adopted children were overperforming compared with their peers in English, but 5% less overall (Wijedasa & Selwyn, 2011).

Building on this, placement stability is measured by the number of placements, with fewer placements indicating greater stability (Maclean et al., 2017) and fewer educational challenges (Goyette et al., 2021). Zima et al. (2000) found an increased risk (18%) of academic delay with each additional placement; however, the Australian Institute of Health Welfare (2011) found no association, suggesting context differences. Linked to this, the duration of placement is related to educational outcomes. In Sebba et al. (2015), shorter stay placements were related to educational instability and lower performance, with these children having the lowest standardised score by age 15–16 years compared with all other groups, including children who have social service intervention but are not removed; this has also been confirmed in other studies using English data (Berridge et al., 2020; O'Higgins et al., 2021). Reflecting on Ward (2009), short-term placements may disrupt the child's ability to envision the future as they are often accompanied by change which leads to feelings of uncertainty.

In addition to placement types and timing, the age on entry into care is related to educational attainment. Teenagers are more likely to have lower educational outcomes than those who enter at an earlier age (Burley & Halpern, 2001; Sebba et al., 2015). Moreover, children entering care between ages 9–16 years have a higher likelihood of educational attainment if they enter care earlier, and have stable placements (Sebba et al., 2015). Explanations behind this suggest that early entry is often linked to abuse or neglect while later entry is associated with behavioural problems or family breakdown (O'Higgins et al., 2017). Despite these interrelated findings, many studies measure these factors individually, for example, duration, or placement type, or only evaluate two-way interactions (e.g., placement and instability) but this can be reductionist and obscure complex interactions of care histories. Every care-experienced child has different needs, characteristics, and experiences which

can deepen our understanding of their educational outcomes (Luke & O'Higgins, 2018; Sebba et al., 2015). Our study therefore aims to incorporate multiple measures of the care-experience in order to predict educational disparities, influenced by Sebba et al. (2015)'s work which acknowledges complex care histories in England. Beyond this, estimating the relationship between care experiences and educational outcomes is—to date—largely descriptive. Therefore, we also aim to explore the potential risks and support strategies for children, attempting to understand 'what works' for care-experienced children.

Pathways from care to educational attainment

A systematic review by Luke and O'Higgins (2018) identified that factors such as deprivation and educational experiences may modify the relationship observed between care status and attainment at age 15–16 years. Research highlights that care-experienced children are significantly more likely to be identified with a learning need or difficulty, in England this was estimated at 83% compared with the 37% for children with no social care intervention (Jay & Gilbert, 2021); this increase has also been confirmed in other studies (Luke & O'Higgins, 2018). Intertwined with greater difficulties is the high rate of suspension or exclusion that care-experienced children experience, with preliminary results suggesting 40% of care-experienced children were formally excluded from education in England, and this was increased further if they were also identified with a learning need (Jay et al., 2022). O'Higgins et al. (2021) found that autistic children were unlikely to meet the national expectations of education at age 15–16 years, although the measure was crude. In addition, school attendance was found to be one of the strongest predictors of attainment, with unauthorised absences being negatively related to attainment at age 15–16 years in (Luke & O'Higgins, 2018). In reverse, attainment gaps can be reduced if children attend secondary schools which prioritise educationally disadvantaged children, with progress varying dependant on placement stability (Sinclair et al., 2021).

Other experiences outside of schooling may contribute indirectly to educational attainment. For instance, Fleming et al. (2021) found that care-experienced children are more likely to be treated for depression and 7.9% of self-harm admissions were attributed to children being in care. A large cross-sectional study in England found that mental health difficulties were related to lower educational attainment and persistent absence (a co-occurring driver of attainment) (Lereya et al., 2019). More specifically, in a sample of children in contact with welfare services, internalising and externalising symptoms were associated with school engagement, but this association was not present in reverse (Stiles et al., 2018). Wider determinants, such as deprivation, culturally, economically, and socially, can also be related to lower attainment for care-experienced children. Children who enter the care system often experience higher levels of deprivation during their early childhood (Melis et al., 2023), which may persist after their first placement. In Luke and O'Higgins (2018), it was estimated that children who were in short-term care were more likely to be recipients of free school meals (an indicator of in-home poverty in England and Wales) as 46.5% were eligible. This compares to 26.8% who were eligible when experiencing care for 1–2 years, 16.3% for those in care between 2–5 years, and 7.5% for those in care over 5 years. Within the study, they found that early deprivation and free school meals eligibility was associated with a 21-point reduction in overall attainment scores at age 15–16 years old, whereas more proximal deprivation had a smaller effect size.

Interventions and support strategies have been conducted to support educational progress. Evans et al. (2017) conducted a systematic review of educational interventions for care-experienced children and found that only five positively impacted academic skills; there were 12 educational interventions in total. In another review, some school-based interventions did

elicit positive results in literacy skills, with three articles supporting this, but the inclusion criteria were specifically foster care rather than other placement types (Männistö & Pirttimaa, 2018); it was noted, however, that school-based interventions are considered less stigmatising than home-based interventions, which hold promise for academic development.

Theorising educational pathways for children in care

As many care-experienced children experience instability, it is challenging to encompass the competing risk and protective factors that contribute towards educational progress. Bronfenbrenner's socioecological model (Bronfenbrenner, 1974, 1977, 1979, 1986) built on by Stern et al. (2022) in terms of trauma, can aid in theorising this complexity. O'Higgins et al. (2017) found 70 risk factors related to children with experience of foster and kinship care's educational achievement. Factors included individual characteristics (i.e., being male, ethnic minority status group, disability, cognitive ability), relations with carers, teachers, peers, social workers (i.e., the microsystem) and the social care and school system (i.e., exosystem) as reciprocal relationships. In addition, wider aspects include public policy and poverty (macrosystem) and intergenerational trauma and inequities (chronosystem). Regarding care, factors including reasons for entry, age into care, length of time in care, instability, and placement type and more are flagged as important for outcomes. Combined, this system contributes towards opportunities and barriers in young people's educational chances.

Hence, we must explore a multiplicity of variables which contribute to care experiences when estimating educational attainment, adjusted for individual, relational, and structural aspects. To date, few papers have done this, but where they exist, for example, Mc Grath-Lone et al. (2020)'s sequence analysis in England, the results prove insightful and detailed. Therefore, this research aims to move beyond binary definitions of the care-experience and determine heterogenous groups of care histories including timing and placements within the care system to estimate educational attainment. In addition, we aim to understand the pathways towards attainment, exploring mechanisms which may disrupt or pose additional risk for educational attainment. We build on Berridge et al. (2020) who state the need for large-scale data to investigate potential mediation pathways between care and educational attainment. Our analysis uses longitudinal data to first explore the different care-experienced profiles, educational attainment at ages 10–11, and then school experiences during secondary school (age 11–16) which may mediate educational attainment at ages 15–16.

Our research questions (illustrated in Figure 1) included:

1. What heterogenous care profiles emerge when using data on placement type, duration of care, and age on entry from birth until age 10/11 examinations?
2. What are the educational outcomes of these care profiles at the end of primary school (age 10–11 years)?
3. What individual and school-related aspects are possible mechanisms of the association between care profiles (up to age 10–11 years) and educational attainment at age 16?

METHODOLOGY

We built a retrospective, observational cohort study of children born in Wales between September 2000 and August 2003, using anonymised, individual-level, population-scale linked data sources. This electronic cohort included records on all births in Wales, UK, and those children who moved to Wales in their first year of life. The data were accessed

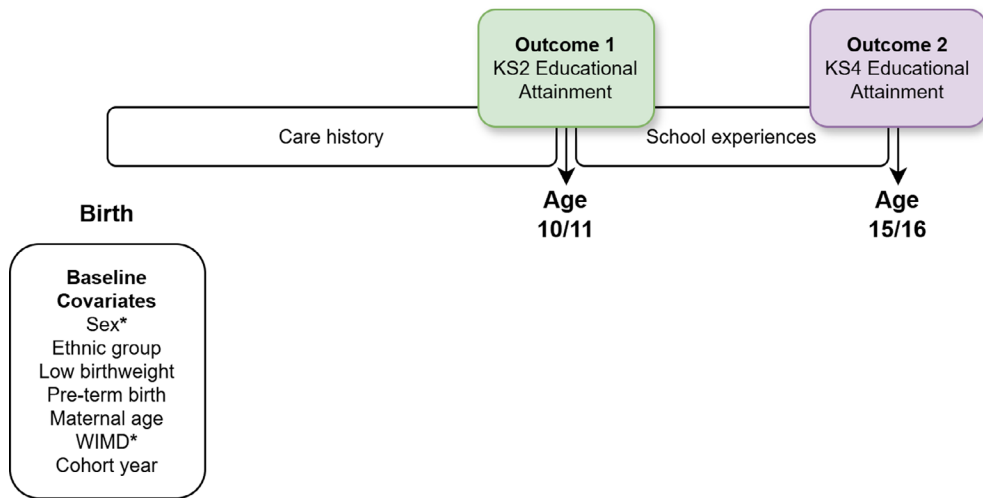


FIGURE 1 Research questions depicted to illustrate timing, covariates, and outcomes.

via the Secure Anonymised Information Linkage (SAIL) Databank, the national Trusted Research Environment for Wales (Ford et al., 2009; Jones et al., 2014; Lyons et al., 2009; Rodgers et al., 2009, 2012). We used national administrative records on births, population demographics, health, education, and social service intervention; for a full list of tables used in the research, see [Supporting Information S1](#). Births in Wales are recorded across three main data sources, so we used these to create a single cohort of children who had care-experience. As discussed in Lowthian et al. (2025), due to children's social service records having lower linkage rates, we employed additional linkage processing by using the anonymised version of a children's Unique Pupil Number (UPN) care data sources with the same week of birth and sex to improve linkage; see Bailey et al. (2025). Following this, we applied the criteria shown in [Figure 2](#) to ensure that the data integrity and appropriate records were selected for analysis. Our final sample consisted of 1140 children who had full Welsh care history data that could be linked with education records.

Ethics

Ethical approval was granted for this study on 18 November 2022 by Swansea University (SU-Ethics-Staff-181122/541). This included the use of data from SAIL (along with their own governance procedures, IGRP 1391), and working with the public patient involvement groups.

Public patient involvement and engagement (PPIE)

We engaged with groups related to our research and who could be affected by its outputs (Aiyegbusi et al., 2023), viewing these groups not as participants but as research partners that contribute to the *research process* (Mc Menamin et al., 2022). Most notably, we collaborated with CASCADE Voices (2023), an advisory group comprising care-experienced young people who provide support for research ideas and development. In our first session, we discussed the relevance of different placement types used to develop the care profiles, and young people identified the most important placements to include in analysis; we only

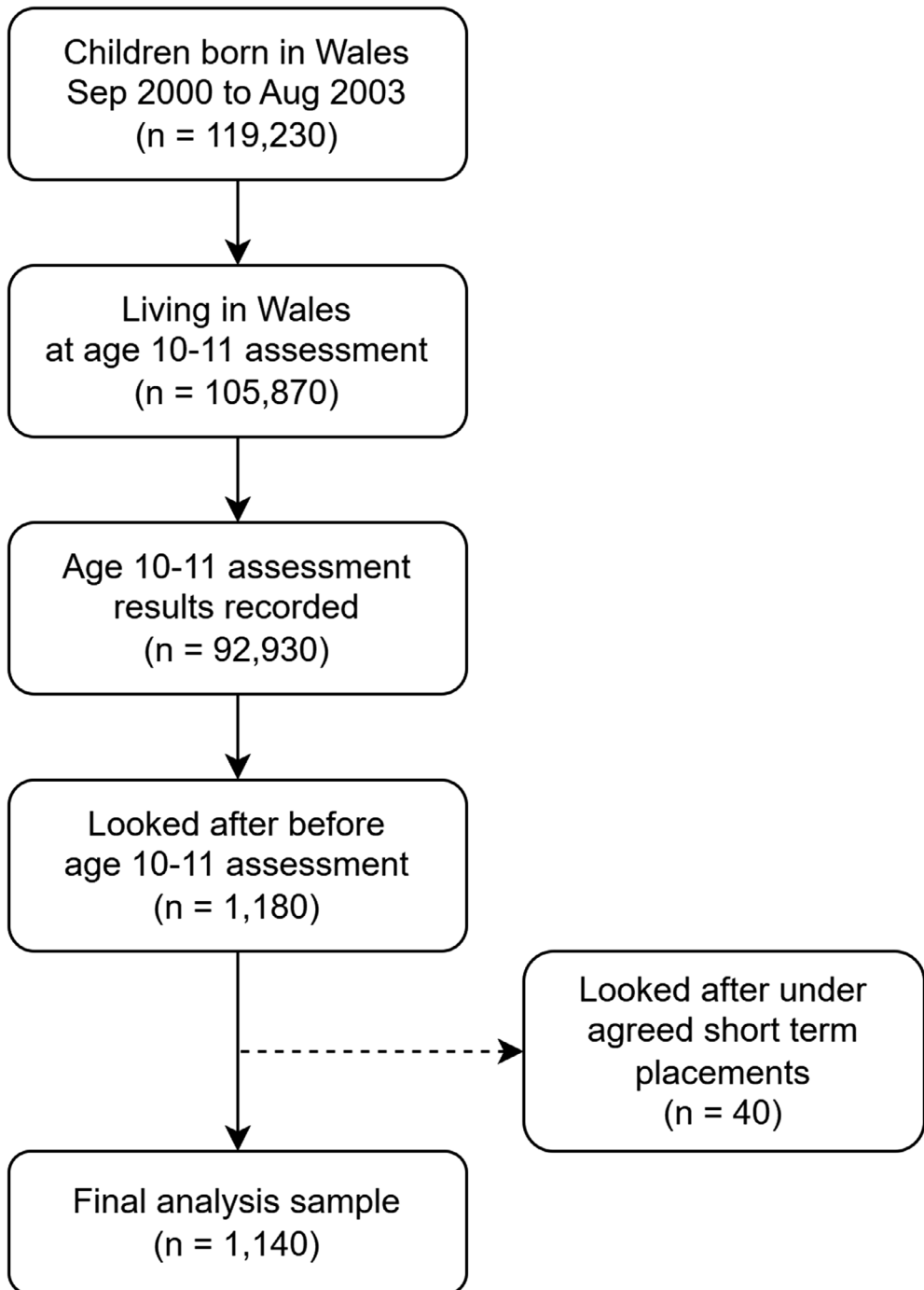


FIGURE 2 Flowchart of sample selection.

excluded placements if they were too small in numbers to include in analysis, for example, residential care, or mother-baby units. In addition to this, young people worked through the school and individual factors which they thought could explain the relationship between care and educational attainment. We paired their perspectives with the academic literature

to finalise the variables which we would include in our mediation analysis; we found these to be relatively corroborative. After our initial session, we ensured that we would meet with the group before any dissemination of findings to understand the impact. From this, we recognised that our measures of educational outcomes were crude, and they obscure wider educational outcomes felt and understood by care-experienced children (Kelly et al., 2025). Our research is not intended to be stigmatising, but rather to help improve identification of which groups need greater support to reach their potential.

Alongside our work with young people, we worked with the SAIL Consumer Panel group to gain a deeper understanding of wider public perceptions of our study, and we worked with primary school teachers to understand practitioner perspectives. These discussions provided real-world context to our initial research aims. Finally, we collaborated with an advisory group comprising academics, government officials, and professionals from educational and social care sectors to provide feedback on our research design, statistical analysis, and dissemination strategies.

Measures

The first exposure was children's social service information before assessment when aged 10–11 years—termed Key Stage Two (KS2) at date of sample (National Assembly for Wales, 2007). Following this, we derived their type of placement: foster care, kinship care, adoption, and residing with parents which is defined as being 'placed with own parents or other person with parental responsibility' (Statistics for Wales, 2021, p. 9). Foster care is provided by foster carers, agencies (private organisations), and parent–child foster placements whereas kinship care is provided by a relative or friend; both are managed by small areas of governance in Wales. We also included more formal placements including care ceasing due to adoption or returning home to parents. All placement variables were binary (0 and 1+) to achieve model convergence. Following this, we estimated the age of the child when they first entered care and the duration of time they spent in care overall; we excluded children who had short-term breaks, which are often used to provide carers with respite.

For outcomes, we estimated attainment at age 10–11 years (KS2) in our first analysis, where children had to obtain a Level 4 in Language and Mathematics (Strand, 2002). In the mediation analyses, educational attainment at age 15–16 years was estimated, with students needing to achieve five A*–C grades, including Language and Mathematics. We used a binary measure, so if children met the level expected they would achieve a score of 1, and if not then 0. For context, 82%–83% of children met the national expectations at age 10–11 years in 2011 (StatsWales, 2011), and 51% at age 15–16 years (StatsWales, 2012).

Where possible, our analyses were adjusted for key covariates, including sex (male being the reference class), ethnic group (the ethnic majority in Wales—White, was the reference class), maternal age (seven categories) and the Welsh Index of Multiple Deprivation (WIMD) at birth (deciles, with the reference being most deprived) (Welsh Government, 2022). We also included birth characteristics including pre-term (<36 weeks), low birthweight (≤ 2500 g), and the year the child was born, termed as birth cohort (2000, 2001, 2002, 2003). We also included learning difficulty, defined using a variety of sources (Kontopantelis et al., 2021; Madley-Dowd et al., 2023; Welsh Government, 2019)—however, we did not achieve model convergence when including this in the models.

Our mediator variables were binary and were measured across secondary school (age 11–16 years) and largely occurred before young people's age 15/16 examinations. We included average school attendance (<80% or >80%), whether they had ever been eligible for free school meals (an indicator of household poverty), and school moves

(No/Yes). We also estimated if they were ever identified with a learning need, termed Special Educational Need, and we explored if they had ever been suspended or excluded from school. Outside of school factors, we also explored whether children had ever been treated, diagnosed, or identified with a symptom of mental illness using codes developed from John et al. (2016).

Statistical analysis

Data management was conducted using SQL (via the IBM DB2 database in SAIL) and R (R Core Team, 2025), analysis was largely completed using Mplus version 8 (Muthén & Muthén, 2017) and Stata 18 (StataCorp, 2023). We registered our statistical analysis plan on the Open Science Framework on 1 March 2023 and made revisions in January 2024 and again in July 2025 Lowthian et al. (2023).

The first part of our analysis involved us estimating an unconditional latent class analysis model using the exposure measures regarding placement type and timings. We ensured that the log-likelihood replicated, with double and then triple the random starts for stability. Following this, we assessed the Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) where the lowest value indicates a superior model and entropy (0–1.00, with larger values indicating less classification error) (Collins & Lanza, 2009). We also inspected the Vuong-Lo-Mendell-Rubin likelihood ratio test (VLMRT), the Lo-Mendell-Rubin adjusted test (LMRLRT) and the Bootstrapped likelihood ratio test (BLRT) which tests if the new model is improved to the previous, for example, 5-classes compared with 4 (Weller et al., 2020). Additional classes were added until the log-likelihood would no longer replicate, convergence failed, or the fit criteria showed additional classes was not favourable, all of which was balanced with theoretical interpretability (Melendez-Torres et al., 2018). After deciding the best-fitting unconditional model in the 1st step, we applied the bias-adjusted three-step manual approach as demonstrated in Nylund-Gibson et al. (2019). Then, the estimated conditional probabilities for modal class assignment given true latent class membership are computed. In the 3rd step, values from the 1st step (modal assignment as nominal indicator) and 2nd step (classification error) are used, and the distal outcome (educational attainment at 10/11 years) is an additional indicator of the latent class variable. This produces an adjusted model which estimates the relationship between the latent classes and educational attainment at age 10/11 years.

The second part of the analysis included causal mediation analysis (VanderWeele, 2016). We used the care profiles generated in the unconditional latent class model (1st step) as a nominal exposure to ascertain if the mediator variables individually explained the relationship between care-experience and attainment at age 15–16 years. We used the technique as described in Hammerton et al. (2024) to handle binary mediators and outcomes in a causal mediation framework. We intended to use the gold standard technique (updated pseudo class draws) and the BCH method, but the numbers in our sample were too small. Instead, we used the modal versions of the profiles, meaning we discarded the uncertainty in how likely individuals were in each profile and took the profile Mplus estimated as their best fit. We could do this as our latent class analysis had a high entropy (0.90), so minimal bias was introduced (Heron et al., 2015). We tested each mediator separately, identifying if any had statistically significant ($p < 0.05$) total natural indirect effects when comparing different latent class profiles in relation to educational attainment at age 15/16 years. To better understand the indirect effect directions, we used Stata 18's *logistic* command which clarified interpretation and consistency of results with Mplus. Note that this analysis could only adjust for sex and deprivation due to model non-convergence with additional covariates.

RESULTS

There were 1140 children in total who had been in care up to a day before attainment at age 10–11 years, and 60% met the nationally expected levels of attainment. Most children were born in the year of 2002 ($n=380$) and 2001 ($n=360$), with fewer children born in the year 2000 ($n=100$). Nearly, a quarter of mothers were under 19 years of age (23%) at birth, with most aged 20–24 years (33%). In terms of birth characteristics, 12% of the children were born pre-term and 15% had a low birthweight; there were a greater number of male children (55%). Around a third of children were in the most deprived decile of WIMD, and 81% of children were on or below the 5th decile suggesting a high number of children in deprivation at birth. Few children in our sample were of a minority ethnic group (4%, Asian, Black, Mixed or Other), so we derived a binary variable for analysis. Furthermore, very few children had been diagnosed with a learning difficulty in our sample (3%). On average, the age a child first came into care was around 5–6 years of age, and the duration was around 2–3 years. Most children had experienced a foster care placement (79%), and around a quarter had experienced kinship care (28%) or living with parents (20%), and 35% returned home. Other characteristics like adoption (5%) and the placement ceasing due to adoption (3%) were smaller. See [Table S2](#) for full estimates.

Latent class analysis

We decided that the 7-class solution was the best solution as it had a lower BIC and AIC, and all likelihood ratio tests showed an improved fit compared with six classes. The 8-class solution was unable to replicate the best log-likelihood, but it did have a lower AIC and BIC value; however, the LRT suggested that 8 classes were not improved compared with 7. [Table S3](#) for estimates in full. From this, we had class probabilities across seven profiles estimating the probability of each placement, and the average age and duration of time spent in care,¹ as given in [Table 1](#). Then, we labelled each class to aid interpretation.

For Class 1 (14%), children entered care on average at 2 years and 2 months; they spent just under a year in care. This class had a high chance of foster care (0.83) and returning home (0.81), with some chance of kinship care (0.28) and parental care (0.17). We labelled this class **Early short care return home**.

Class 2 (3%) on average entered care just before 2 years of age (1.92); they had a medium duration of care (3.27). Children in this class had a high probability of foster care, adoption,

TABLE 1 Class probabilities and means for the 7-class solution.

| | Class 1 | Class 2 | Class 3 | Class 4 | Class 5 | Class 6 | Class 7 |
|----------------------|------------------|----------------|------------------|------------------|------------------|------------------|------------------|
| N, % | 154 (14%) | 38 (3%) | 264 (23%) | 118 (10%) | 178 (16%) | 210 (18%) | 174 (15%) |
| Age 1st in care | 2.09 | 1.92 | 8.20 | 1.01 | 3.12 | 6.37 | 8.17 |
| Duration | 0.90 | 3.27 | 0.77 | 8.93 | 5.99 | 3.43 | 1.04 |
| Foster care | 0.83 | ~1.00 | 1.00 | 0.80 | 0.83 | 0.89 | 0.25 |
| Kinship care | 0.28 | ~0.00 | 0.00 | 0.44 | 0.31 | 0.26 | 0.64 |
| Parents | 0.17 | ~0.00 | <0.05 | 0.44 | 0.37 | 0.21 | 0.21 |
| Adoption | 0.00 | ~1.00 | 0.00 | <0.10 | 0.06 | <0.05 | 0.00 |
| Returned home | 0.81 | ~0.30 | 0.44 | 0.21 | 0.28 | 0.12 | 0.30 |
| Ceased to be adopted | 0.00 | ~1.00 | 0.00 | ~0.00 | 0.00 | 0.00 | 0.00 |

and then the placement ceasing to become adopted (~1.00). There was a lower chance that children returned home from care placement(s) (~0.30). We labelled this class **Early fostering to adoption**.

Class 3 (23%) comprised of children who first went into care at 8 years and 3 months old, with under a year spent in care on average (0.77). All children had a foster care placement and had some chance of returning home (0.44). We labelled this class **Late, short fostering – some return home**.

Class 4 (10%) entered care at around 1 year of age, and were in care the longest, close to 9 years (8.93). They had a high probability of foster care (0.80), and some chance of kinship care or residing with parents (0.44). Some children returned home (0.21) or were adopted, but this was not high in likelihood. We labelled this class **Early, long fostering, and mixed placements**.

Class 5 (16%) entered care on average at 3 years of age and were in care for a long duration (5.99). Children in this class had a high likelihood of being in foster care (0.83), and some chance of kinship care (0.31) and parents (0.37). Some children returned home (0.28), but adoption was unlikely (0.06). We labelled this class **Pre-school long mixed placements**.

Class 6 (18%) on average entered care at 6 years and 5 months of age (6.37) and had a reasonably long time in care (3.43). These children had a high probability of being in foster care once (0.89), and less chance for kinship care (0.26) or residing with parents (0.21); they had a low likelihood of returning home (0.12). We labelled this class **Mid-entry, long-term fostering**.

Class 7 (15%) had children who entered care late at 8 years and 2 months of age on average, who were in care for a year (1.04). They had a high chance of kinship care (0.64), and some chance of foster care (0.25), or residing with parents (0.21). Some children returned home, but this was not a high chance (0.30). We labelled this class **Late, short kinship, and mixed placements**.

Educational attainment at age 10–11 years: Predictors and outcomes

We inspected the probability of attainment for each latent class, given in [Table 2](#); latent class prevalence remained within a 1% difference after this step was performed. Across these probabilities, those in the class ‘*Early fostering to adoption*’ had the greatest probability of attainment (0.60), followed by ‘*Early short care return home*’ (0.52), and ‘*Pre-school long mixed placements*’ (0.48). In contrast, ‘*Late, short fostering – some return home*’ had the lowest probability of attainment (0.36), and the other classes ranged between 0.45–0.42 and were very similar in probability.

TABLE 2 Age 10/11 attainment probabilities across latent classes with 95% CI's.

| Classes | Attainment probability | Lower CI | Upper CI |
|--|------------------------|----------|----------|
| <i>Early fostering to adoption</i> | 0.60 | 0.34 | 0.86 |
| <i>Early short care return home</i> | 0.52 | 0.30 | 0.74 |
| <i>Pre-school long mixed placements</i> | 0.48 | 0.26 | 0.69 |
| <i>Late, short kinship, and mixed placements</i> | 0.45 | 0.24 | 0.67 |
| <i>Mid-entry, long-term fostering</i> | 0.43 | 0.22 | 0.64 |
| <i>Early, long fostering, and mixed placements</i> | 0.42 | 0.20 | 0.65 |
| <i>Late, short fostering – some return home</i> | 0.36 | 0.15 | 0.58 |

To compare the probabilities, pairwise difference tests were conducted to identify statistically significant differences (see [Table S4](#)). We found key differences particularly among the ‘*Early fostering to adoption*’ class, which had higher attainment than ‘*Late, short fostering – some return home*’ (0.24), ‘*Early, long fostering and mixed placements*’ (0.18), and ‘*Mid entry, long-term fostering*’ (0.17). In addition, ‘*Late, short fostering – some return home*’ was statistically lower (–0.11) than ‘*Pre-school long mixed placements*’. Lastly, ‘*Early short care return home*’ had higher attainment (0.16) than ‘*Late, short fostering – some return home*’.

In terms of the covariates which predicted attainment at age 10/11 years, being female and in an ethnic minority group increased the likelihood of attainment, whereas being born to an older mother reduced the likelihood; see [Table S5](#). We also explored the covariates’ association with class membership, with our sample size being smaller due to missing data and listwise deletion methods ($n = 1100$, see [Table S6](#)). Compared with the ‘*Early fostering to adoption*’ class, all classes showed children less likely to be born into affluent circumstances. In addition, ‘*Mid entry, long-term fostering*’, and ‘*Late, short kinship and mixed placements*’ were less likely to be born to older mothers.

Pathways to educational attainment at age 15–16 years: causal mediation analysis

We found that overall, 14% achieved the nationally expected levels of attainment at age 15–16 years. Of our sample, 5% had mental illness, 48% were eligible for free school meals, 35% were suspended or excluded, and 77% of the sample were identified with a special educational need. On average, 25% moved schools, and attendance, on average, was 93%.

We tested school and individual factors to ascertain if they mediated the relationship between the care profiles and educational attainment at age 15–16 years. Headline results are shown in [Figure 3](#) with total natural indirect effects (TNIE), whereas full estimates including total effects, total natural indirect effects and logistic regression estimates are in [Tables S7–S22](#), due to the high volume of estimates. We were unable to estimate school attendance or mental illness as a mediator due to model non-convergence.

Special educational needs

We did not find any evidence of special educational needs having an indirect effect on attainment age 15–16 years through the care profiles shown. We found minimal differences between classes in terms of likelihood of SEN, see [Tables S7–S10](#). Wider interpretation analyses showed that girls had a 48% decrease in odds in SEN identification compared with boys (OR 0.52, 95% CI 0.39–0.70). We also found that young people who had SEN identified at any point in secondary school had an 87% decrease in odds of attaining (OR 0.13, 0.09–0.19); note, as we could only use two covariates in the mediational model, we hypothesise that these associations would be attenuated further if additional covariates were added.

School moves

We found that the class ‘*Early short care return home*’ had a lower likelihood of attainment at age 15–16 years through school moves when compared with other classes—see [Figure 3](#) for data visualisation. In our logistic regressions to aid interpretation, we found the ‘*Early short care return home*’ class had higher odds of having school moves compared with other

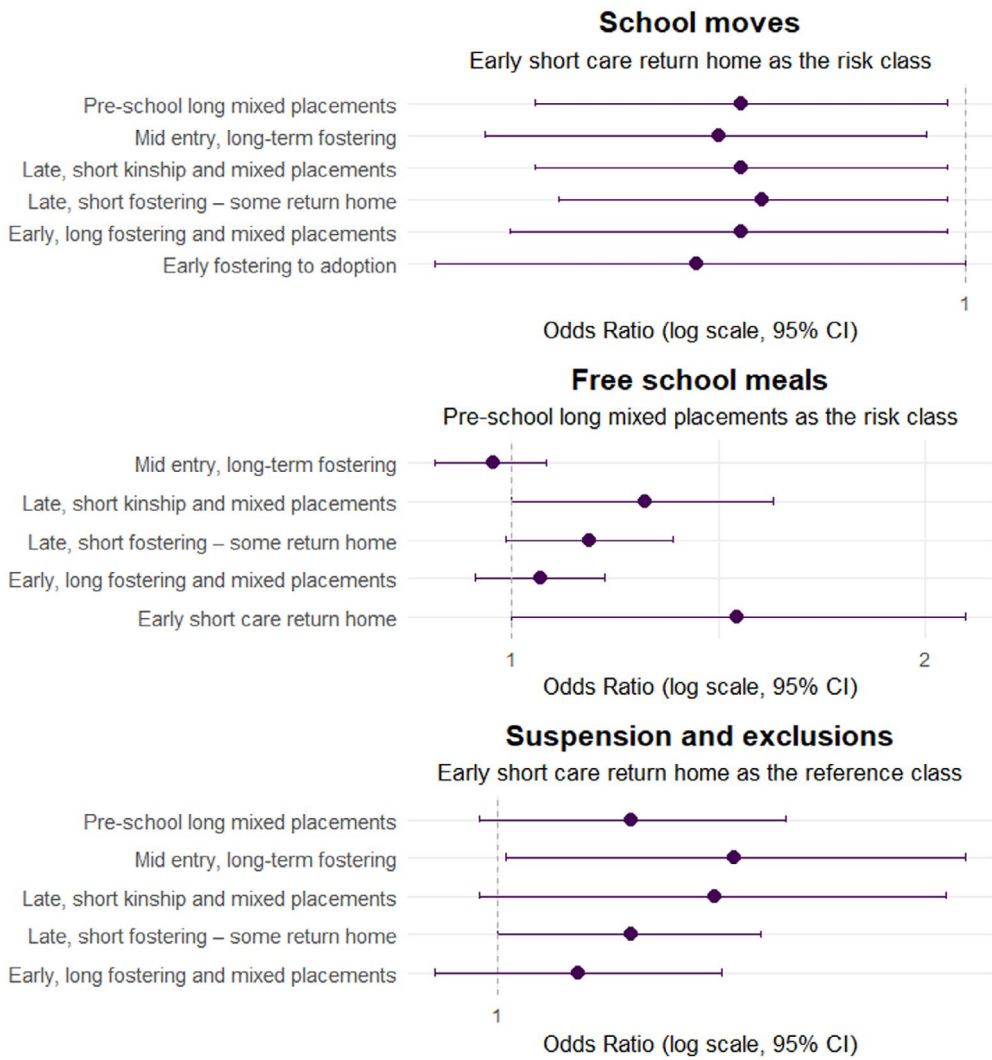


FIGURE 3 Total natural indirect effect of school moves, free school meals, and suspensions and exclusions from care-profiles to educational attainment at age 16.

classes (OR 2.02–2.55), see [Tables S11–S14](#). In addition, as the level of affluence increased at birth, children had 6% lower odds of moving schools (OR 0.94, 0.89–1.00) and girls had 39% higher odds of moving schools (OR 1.39, 1.06–1.83). School moves were related to a 46% decrease in the odds of achieving (OR 0.54, 0.35–0.85); note, as we could only use two covariates in the mediational model, we hypothesise that these associations would be attenuated further if additional covariates were added.

Free school meals

We found that when the class ‘Pre-school long mixed placements’ was compared with ‘Early short care return home’ and ‘Late, short kinship and mixed placements’ there was a higher likelihood of attainment at age 15–16 years through free school moves when compared with other classes—see [Figure 3](#) for data visualisation. In our logistic regressions to aid

interpretation, we found 'Early short care return home' and 'Late, short kinship, and mixed placements' classes had a higher odds of free school meals eligibility compared with other classes, see Tables S15–S18. Other analyses showed that less deprived children at birth had 7% lower odds of free school meals (OR 0.93, 0.89–0.98), and there were no differences for sex. Note, we removed the 'Early fostering to adoption' profile as the model could only converge with this class removed, and we could only use two covariates in the mediational model—we hypothesise that these associations would be attenuated further if additional covariates were added.

Suspended and/or excluded

We found that when 'Mid entry, long-term fostering' and 'Late, short fostering – some return home' were compared with the 'Early short care return home' class, there was a higher likelihood of attainment at age 15–16 years through suspension or exclusion—see Figure 3 for data visualisation. In our logistic regressions to aid interpretation, we found that 'Early short care return home' often had higher odds of suspension or exclusion compared with other classes, see Tables S19–S22. Alongside this, we found that less deprived children had 8% lower odds of being suspended/excluded (OR 0.92, 0.87–0.97), and girls had 37% lower odds of being suspended/excluded (OR 0.63, 0.49–0.82). Additionally, being suspended or excluded reduced the odds of GCSE attainment by 70% (OR 0.30, 0.19–0.47). Note, we removed the 'Early fostering to adoption' profile as the model could only converge with this class removed, and we could only use two covariates in the mediational model—we hypothesise that these associations would be attenuated further if additional covariates were added.

DISCUSSION

Our study represents one of the first to integrate multiple dimensions of children's social care in relation to educational attainment. We illustrate how distinct care profiles are associated with differential risks to educational attainment, advancing the field to acknowledge the complex interplay between care experiences and educational attainment. Building on our previous work on care-experienced children's early attainment, we see a notable decline in attainment for all care-experienced groups when using the same birth cohort for a longer period of time Lowthian et al. (2025). In addition to this, we find that poorer school experiences can explain the relationship between short-term care experiences and educational attainment at age 15/16 years, considered a pivotal stage in adolescence and related to future education and work opportunities. We discuss our findings in relation to wider literature, and then consider implications for practice, policy, and future research.

Educational attainment of care-experienced children

Adopted children had the highest attainment of all groups, but remained 20 percentage points below the general population of children at 80%–84% (StatsWales, 2017). Reflecting on our research using the same birth cohort, adopted children were meeting the nationally expected level at age 6/7 years Lowthian et al. (2025), suggesting a decrease in attainment over time. However, in this analysis, we followed children for a longer period and included children who were adopted at an older age, who may have experienced increased levels of abuse, neglect, or adverse experiences which in turn can impact educational outcomes

(Julian, 2013). A systematic review by Brown et al. (2017) found that adopted children attain higher grades than other looked-after children, aligning with our research, but there was mixed evidence in relation to adopted children attaining grades in line with non-adopted peers. Recent evidence from the Department of Education in England compiled by Brown and Shelton (2023) shows that adopted children achieve 5 percentage points less in English and Maths comparing attainment at age 6/7 to age 10/11, with the drop in attainment aligning with our study. As adopted children lose the legal duty for monitoring in school, they can become hidden, which may mean that challenges or issues they face are overlooked (Brown & Shelton, 2023).

Our second highest attainment group were children who entered care early in life for a short period of time and then returned home to their parents, 52% on average attained the grades required at age 10/11 years; this is around 30 percentage points below the general population. Data from England suggested that children who enter care for a short period and then return home achieve lower grades than children in care for longer periods (Department for Education, 2025). However, in a systematic review, numerous longitudinal studies did not find a link between length of time in care and attainment suggesting an England-specific effect, or other underlying explanations (O'Higgins et al., 2017). Interestingly, our results align with Sebba et al. (2015) who found that these groups were higher achievers than other care-experienced groups at age 6/7 and 10/11 years (KS1 and KS2). In their report, they state that children who enter foster or kinship care early, but do not experience many short periods of care interspersed with reunifications or placements, can educationally progress, which somewhat aligns with our findings as this group had a relatively short period in foster care specifically. However, we cannot ascertain in this analysis if children had been in and out of care multiple times over the short duration. Nevertheless, our findings suggest that length of time in care alone is not sufficient to ascertain educational outcomes, and a multiplicity of aspects such as early entry and reunification may contain protective factors.

Other profiles contained children who had experienced foster, kinship, and parental care, who were 32–42 percentage points below the general population (80%–84%). Across the four groups, there was only a 6 percentage-point difference on average between them. This finding relates to a systematic review which suggested that multiple placements can be negative for educational progress (O'Higgins et al., 2017). In terms of defining differences between the groups, there were three groups which had a high likelihood of foster care and they shared the commonality of being in care for a long period of time (3–9 years of time), entering care in the early years (<7 years of age), and reunification with parents was unlikely. Whereas the other group largely experienced kinship care placements and entered care late (>8 years of age). In terms of situating our findings on educational attainment, our findings align with Font (2014) who compared the educational progress of children with non-kin and kin-based placements. She revealed that the educational attainment of children became quite similar, regardless of the percentage of time spent in a placement with a relative; notably, children in kin placements did not progress as rapidly as those largely in non-kin placements (who also had lower attainment at baseline). Given the complexity, we cannot clearly ascertain which factors contributed the most to attainment, but we can provide evidence that mixed placements in the early years attained at a similar level to those who enter kinship care at a later age in Wales.

Our lowest attaining group had late-entry short-term foster care where some children returned home; this group were 40–44 percentage points below general population estimates (80%–84%). Wider research states that the reasons behind care entry are important for outcomes, with late entry often associated with child behaviour problems and family conflict or breakdown (O'Higgins et al., 2017). Subsequently, behavioural problems may extend difficulties into other domains including internalising and externalising symptoms (specifically for girls, see Sempik et al. (2008)) and poorer educational outcomes, with

Sebba et al. (2015) stating adolescents who entered care unrelated to abuse or neglect had lower attainment. Reflecting on our two groups of late entrants to care (~8 years of age), we note a 10 percentage-point attainment difference between them, with the key difference being placement type where kinship-placed entrants fare better in attainment. This suggests that for late entrants, kinship care could be more protective for attainment than foster care later in childhood, but more research is needed to confirm these findings establishing reasons for entry as well as placement and timing.

Identifying risks for care-experienced children's educational attainment

We found that if children with early, short-term care experiences had school moves, were suspended or excluded, or were eligible for free school meals during secondary school it was indirectly associated with lower educational attainment; also, free school meals were also an indirect pathway for those who had late-entry kinship care. Our findings broadly align with wider studies which have explored school exclusions, moves and deprivation for children with social service involvement (Jay & Mc Grath-Lone, 2019; Sinclair et al., 2019). Luke and O'Higgins (2018) reviewed other studies to find that exclusions, school moves, special educational needs, were all disproportionately and negatively experienced by care-experienced children, mirroring our findings. Notably, they found that exclusions and school moves were significant predictors of educational attainment at age 15/16 years in England, after adjusting for key demographic and school confounders providing further weight to our findings.

Reflecting on each pathway, we found that suspensions and exclusions were particularly important for those who had early, short-term foster care who later returned to parents. School suspension or exclusion is punishment rooted in shame and isolation, with qualitative work finding it exacerbates disengagement with education for care-experienced young people (Goding et al., 2022). In practice, when these children arrive at school, staff may be unaware that the child was previously in care, and if known, problems could be assumed to be resolved given the child was reunified. This can obscure children from support and overlooks pre-care experiences, notably adversity, which relates to poorer behaviour later in life (Gilbert et al., 2009), whereas schools have a legal duty to support children who are currently in care. Despite the poor school experiences, these children had higher attainment than other groups at age 11, so rethinking behaviour management strategies for early, short-term care-experienced children could indirectly benefit educational attainment. Behavioural management such as managed moves may offer more positive solutions to a challenging situation, where the child, teacher, and caregivers identify other settings which may be appropriate (Messeter & Soni, 2018). Research suggests that positive relationships at the new setting with teachers, peers, caregivers, and management, alongside a personalised plan, can facilitate a positive move for a child who is currently in care (Messeter & Soni, 2018). Currently, managed moves are not statutory nor have a formal process (White & Rogers, 2025), and for children whose social care involvement is hidden there may not be a priority.

In a similar vein, school moves were also a pathway towards lower educational attainment for those with short-term care who then returned home. While this is mirrored in other quantitative studies (Luke & O'Higgins, 2018; Sebba et al., 2015), school moves can act as a *proxy* for school exclusion. Unexplained school exits can be hidden through informal processes to reduce the number of permanent exclusions—with a third of unexplained exits in England comprising care-experienced children (Hutchinson & Crenna-Jennings, 2019). While moving schools can be positive, there is a concern that schools do not follow the

procedures provided, nor tackle the underlying problems which prevent a child from succeeding in school, and hence a high risk of a failed move (White & Rogers, 2025). Reflecting on this, there is a tension between the avoidance of school exclusions and school moves, and our study cannot decipher this further due to the limitations with administrative data. Wider research points to variations in managed moves, with successful moves comprising shared goals between parents or caregivers and schools, positive relationships, and an accurate assessment of the young person's needs (Hutchinson & Crenna-Jennings, 2019; White & Rogers, 2025).

Our final pathway which had a negative association on educational attainment was being eligible for free school meals—this was a pathway for both early short-term care-experienced children, and those who entered kinship care later in childhood compared with those with earlier, more stable long-term placements. In the UK, being eligible for free school meals is a proxy for economic disadvantage where carers are often in receipt of government financial assistance. This can mean that children are multiply disadvantaged both experiencing early adversity within an economically difficult environment. In Wales, many children who enter the care system were born and developed within a high deprivation environment (Luke & O'Higgins, 2018; Melis et al., 2023). Educational systems often value more affluent, traditionally middle-class values and activities, and deprivation (socially, culturally, and economically) can indirectly block children's access to the cultural capital needed to achieve in the education system (Walker & Walker, 2017). Indeed, wider research has found that a lack of engagement with cultural activities can impact formal education success (Jackson & Cameron, 2012). However, for care-experienced children, some research has suggested that deprivation is not a strong contributor of attainment, such as in Luke and O'Higgins (2018). From this, we recommend that further research is conducted in this area to ascertain the pathways of deprivation towards attainment for different care-experienced groups. Furthermore, we encourage research to consider an array of deprivation including neighbourhood, income, cultural and social deprivation as they may manifest differently on educational experiences.

We did not find any indirect pathways for special educational needs, and we were unable to test mental illness diagnoses or attendance. Further research should continue this work, exploring pathways for different children, particularly given the increase in mental illness in adolescence (Carter et al., 2025), ongoing problems with attendance post-COVID-19 (Hunt, 2023), and the new system for children's additional learning needs in Wales (Welsh Government, 2021a).

Educational policy in Wales: Tensions and recommendations

Starting from the *Raising Ambitions Strategy* (Welsh Government, 2016) Wales has focused on supporting the educational outcomes of care-experienced children, which was followed by the *Corporate Parenting Strategy* (Welsh Government, 2023), and the *Legacy Report* (Welsh Government, 2021b). The *Legacy Report* along with a report by Macdonald (2020) explicitly focused on governance in Wales, and the ability for it to support care-experienced children—notably it focused on the Virtual School Model (VSM). Across Great Britain the VSM is employed at a devolved level to support children in care, with the word 'virtual' underscoring a professional multisector team which is not in a physical school. Virtual Schools become the link across social care and education systems, whereby Virtual School Headteachers (VSH) have a strategic, leadership role to ensure sectors are acting in the best interests for children in care's educational outcomes (Bettencourt et al., 2025; Drew et al., 2018). In England, it is a statutory requirement to have a Virtual School, and in Scotland it is not statutory but common practice (Bettencourt et al., 2025). Within these Virtual Schools numerous benefits

have been achieved including increased attendance, reduced exclusion (aligning with this research), and tentative increases in academic attainment along with increased child voice in decision making.

In response to the absent VSM in Wales, along with a fragmented and inconsistent system, the Welsh Government provided £1.2 million in 2020 across 12 local authorities as pilot funding to create a more integrated system for care-experienced children (Dunne & Burley, 2024; KilBride et al., 2025; Macdonald, 2020). Following the evaluation published in late 2025 (KilBride et al., 2025), there are now five, soon to be six, local authorities having a VSH—only half of the 12 pilot funded local authorities introduced the VSM. The evaluation revealed positive outcomes in terms of increased attendance, increased completion of Personal Education Plans, reduced exclusions and tentative suggestions of increased educational attainment. However, there were missed opportunities such as the absence of a consistent monitoring system, and the evaluation was largely based on qualitative interviews and case studies, which had limited discussions of children's voice. Despite the attempt to develop an integrated system, as recommended by Sir Alasdair MacDonald (Macdonald, 2020), there remains fragmentation across Wales. Reasons for this include existing local authorities without a VSH seeing the existing roles as equivalent (despite lower status and agency), alongside a misunderstanding of what the VSM is, and what the VSH does (Dunne & Burley, 2024; KilBride et al., 2025).

Nevertheless, the recommendations are positive and inclusive of a senior lead to champion care-experienced learners, a shared monitoring framework, and a focus on children's rights—of which includes adopted children who need more educational support, yet are not always able to access it. We urge that the Welsh Government must support all care-experienced children—particularly when England continues to progress, with the VSM being extended to support post-16 learners, and all children with a social worker (Rees Centre, 2021). We find that significant proportions of care-experienced children in our research have poor school experiences, which may feed into attainment, and Wales must respond to this urgently with a permanently funded, consistent approach that is flexible to the Welsh context and local demands.

Limitations and conclusions

When interpreting our findings, we note that our research has several considerations and limitations. First, much of the research, including this paper, focuses on the risks which no doubt adds to the continual stigma felt by care-experienced children (Ellis & Johnston, 2024). In our engagement work with young people, it was mentioned how the research uses crude measures of education which obscures the experiences and voice of care-experienced children. We acknowledge that quantitative measures only capture part of the educational story for care-experienced children and supplementing this research with other quantitative measures (e.g. teacher relationships) and qualitative research would be desirable (Davey, 2006). Indeed, there are positives shown in other research, for instance, Sinclair et al. (2021) found that children who were in care for at least 12 months at age 16 had the ability to progress well providing they had a stable placement, and attended a supportive school.

Perhaps most importantly, we recognise that our research does not capture the full cohort of adopted children. As discussed in Lowthian et al. (2025), we only have a small proportion of adopted children available ($N=40$), but during this time around 400 children were adopted. We encourage readers to carefully interpret our results on adopted children as this is not representative of children in Wales and should not be interpreted that adoption is the preferable placement over others (e.g. reunification). Building on this, our research does not

adjust for pre-care experiences, such as physical abuse, neglect, domestic violence, and others, it is likely that the care groups identified will have different trauma experiences which additionally relate to educational outcomes. Related to this point, we do not adjust for other school experiences (e.g. bullying) or psychosocial factors (e.g. friends, self-esteem etc.) which could shape educational experiences. We also acknowledge that our analyses do not bootstrap confidence intervals due to this feature not being available with the code in Mplus.

To the best of our knowledge, this is the first study to analyse population-level data to explore the educational outcomes of heterogeneous groups of all care-experienced children, and to test mediating pathways to derive risk factors. This study finds seven groups of children who experienced different care placements including adoption, kinship, foster, and parental care at differing ages and for varying time lengths. No group of care-experienced children in our article met the general populations' proportion of educational attainment at age 11 but adopted children and those with short-term early care experiences had the highest attainment overall. Other groups varied but had similar levels of attainment on average despite differential placements and timings, except for later foster care entry (around age 8) who had the lowest attainment. For children with short-term experiences of care, school-aspects including suspension and/or exclusion, school moves, and eligibility for free school meals mediated the relationship between care and attainment, identifying a potential pathway for reduced attainment at age 16. Our findings urge policymakers to continue their commitment to supporting care-experienced children's educational experiences. Wales must reflect on the VSM adopted by other countries alongside the positive findings from their pilot and move towards a more cohesive system across Wales and GB to facilitate improved multisector working for one of our most vulnerable populations.

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CONFLICT OF INTEREST STATEMENT

No authors have any conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from SAIL Databank. Restrictions apply to the availability of these data, which were used under approval for this study. Data are available from SAIL Databank (<https://saildatabank.com/>).

ETHICS STATEMENT

Ethical approval was granted for this study on 18 November 2022 by Swansea University (SU-Ethics-Staff-181122/541). SAIL Databank has independent processes to ensure the governance and ethical access of anonymised administrative data (our project is under IGRP 1391). Data were only accessible by approved team members on this project, and all outputs were reviewed for statistical disclosure risks. Our ethical approval also included working with the public patient involvement groups—young people and teachers. For the young people, we worked with CASCADE Voices where all materials were discussed previously, and the young people could join or leave the session at any point. No personal information was taken from these sessions and notes were taken anonymously. For teachers, access was granted through the headteacher, and perspectives and opinions on the research and practice were collected anonymously and reported as so. We also had a professional advisory group which comprised of academics, government employees, third-sector workers, and practitioners in social care and education; notes were taken anonymously, and all stakeholders had an opportunity to name themselves on our stakeholder report to ensure contribution recognition.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES

During the preparation of this work EL used ChatGPT to support the naming of the latent classes available, that is, *Early short care return home*, it was specifically used to help shorten the length of the names, so they were better consolidated for readers. EL also used ChatGPT to generate graph code and problem-solve in terms of coding and data issues. For literature reviewing and writing, to source papers EL used SciSpace, ChatGPT and ResearchRabbit, and Co-Pilot was used in stand-alone sentences to improve already written sentence structure—this was limited in nature. After using ChatGPT, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

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Endnote

¹ Areas of this analysis had to be masked for statistical disclosure reasons, '~' and '<' or '>' represent masked estimates and are indicative of the real estimate. Our masked estimates are as close to the real estimate as possible, while maintaining data anonymity; for classes with a small count, less detail can be provided due to disclosure risk.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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