



Department of Families, Housing, Community Services and Indigenous Affairs

**National Standards for Out of Home Care
Final Report**

July 2010

This report contains 95 pages

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The findings in this report are based on a qualitative review and the reported results reflect a perception of stakeholders but only to the extent of the sample surveyed, and documentation made available to KPMG. Any projection to the wider stakeholders is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, stakeholders consulted as part of the process.

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1 Executive summary

'All governments and the non-government sector are committed to making sure that vulnerable children are looked after and cared for in a safe and supportive environment wherever they live. This requires a consistent and concerted national response across all levels of government.'

From 'Developing National Standards to protect vulnerable children', Minister Macklin media release 14 October 2009

1.1 What is Out of Home Care?

While there are a range of definitions for Out of Home Care, the Australian Institute of Health and Welfare defines Out of Home Care as 'alternative accommodation for children under 18 years of age who are unable to live with their parents, where the state or territory makes a financial payment or where a financial payment has been offered but declined'. The Australian Institute of Health and Welfare data does not include children and young people who are living in Out of Home Care outside the child protection system, such as placements made in disability services, medical or psychiatric services, juvenile justice facilities, overnight childcare services or supported accommodation assistance services.

The development of National Standards for Out of Home Care is a key action under the *National Framework for Protecting Australia's Children 2009–2020*, which was endorsed by the Council of Australian Governments on 30 April 2009.

1.2 Childhood outcomes

It is widely reported that children and young people who have been placed in Out of Home Care have poorer life outcomes than children and young people not living in care.¹ Children and young people in Out of Home Care deserve the same opportunities, to grow up safe and well, and to reach their potential.

The key areas of well-being for children and young people² include:

- Physical and Mental Health;
- Learning, Participating and Achieving;
- Safety and Security;
- Identity;

¹ Bromfield, L., & Osborn, A. (2007), 'Getting the big picture': A Synopsis and Critique of Australian Out-Of-Home Care Research, Australian Institute of Family Studies, Melbourne, <http://www.aifs.gov.au/nch/pubs/issues/issues26/issues26.html> - accessed December 2009.

² Information from research and national consultations with young people, families, carers, representatives from non-government organisations and government agencies and departments.

- Culture, Spirituality and Community; and
- Family and Relationships.

1.3 Developing National Standards to influence outcomes

The National Standards for Out of Home Care seek to drive improvements in the quality of care to ensure that children and young people living in care have the same opportunities to reach their potential in all areas of well-being.

1.4 What people told us

The consultation process to inform the development of National Standards for Out of Home Care included:

- 14 workshops with representatives from government and non-government organisation's across Australia (317 participants);
- 12 workshops with carers (foster, kinship and residential) across Australia (96 participants);
- 7 workshops with young people who live or have lived in Out of Home Care (64 participants); and
- 52 written submissions.

During the consultations participants provided a diverse range of feedback, with most indicating support for the development of National Standards. Please note that there was a low representation of Indigenous stakeholders at both the carer and government/non-government workshops and this may lead to a bias in views.

Some of the critical points that have assisted in shaping the development of the National Standards include:

- **Maintaining Family Connection:** Children and young people need to know their family, and maintain family connections.
- **Stability:** The need for increased stability for children, young people, carers and child protection workers.
- **Supporting Transition from Care:** Children and young people living in Out of Home Care need to be supported to make decisions about their future, in particular their transition to independent living.
- **Training and Support:** Carers and child protection workers need to be better supported to undertake their roles, with a particular emphasis on training and support provided to carers.

- **Improved Practice and Relationships:** Children and young people need increased involvement in decision making and communication processes with the aim that decisions are made in their best interests. This process needs to be based on respect and understanding.
- **Improved Access to Support Services:** Children and young people need improved support and timely access to services, particularly physical and mental health, and education services.

The support for National Standards that emerged during the consultations is accompanied by the view that coverage of the National Standards (that is, to whom they apply) is a complex issue to resolve, with differing views put forward throughout the consultations. The consultation process also suggested that the standards should be independently monitored and measured, and progress reported publicly.

1.5 Proposed National Standards for Out Of Home Care

The Proposed National Standards have been based on the following principles which have been informed by the consultation process.

The principles include:

- Care provided to children and young people living in Out of Home Care is focussed on their best interests and maximising their potential.
- Children and young people living in Out of Home Care are provided with opportunities for their voice to be heard and respected.
- Children and young people living in Out of Home Care have their privacy respected.
- Carers are key stakeholders and partners in the system.
- Children and young people living in Out of Home Care are provided with a level of quality care that addresses their particular needs and improves their outcomes.
- The National Standards should add value to the current state and territory arrangements and not be unnecessarily burdensome.
- Continuous improvements are made to enhance the life outcomes of children and young people living in Out of Home Care.
- Changes to the Out of Home Care outcomes for children and young people are measured, monitored and reported in a transparent and consistent manner.

The proposed National Standards are outlined below:

- **Standard 1.** Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care.
- **Standard 2.** Children and young people participate in decisions that have a significant impact on their lives.
- **Standard 3.** Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principles.
- **Standard 4.** A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements.
- **Standard 5.** Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed.
- **Standard 6.** Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms.
- **Standard 7.** Individual education plans are developed, implemented, and reviewed regularly for children and young people in care.
- **Standard 8.** Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment.
- **Standard 9.** Children and young people in care are supported to participate in social and/or recreational activities, such as sporting, cultural or community activity.
- **Standard 10.** Children and young people in care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up.
- **Standard 11.** Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis.
- **Standard 12.** Carers are assessed and receive relevant ongoing training, development and support.
- **Standard 13.** Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the

children and young people supported to participate in both the development and updating of their plan.

- **Standard 14.** Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation.

1.6 Where to from here?

Prior to implementing the National Standards for Out of Home Care there are a number of issues that warrant further consideration, including:

- The coverage of the National Standards and those for whom they apply?
- How will the National Standards be monitored and measured?
- How will changes as a result of the National Standards be reported publicly?
- Mutual recognition of National Standards and alignment to current state and territory standards.

To resolve these issues, the Commonwealth, state and territory governments and the non-government sector will need to continue to work collaboratively.

2 Introduction

The Australian Government, state and territory governments and the non-government sector are committed to addressing the needs of vulnerable children and young people, in particular those at risk of abuse and neglect.

State and territory governments have responsibility for statutory child protection and provide a range of services to enhance the safety of children and young people through:

- *universal interventions* that target whole communities and families, to prevent maltreatment and abuse;
- *early interventions* to help vulnerable families, children or young people who are at risk of maltreatment, in order to alleviate problems and prevent their escalation; and
- *targeted interventions* focused on families where an incident has already occurred, in order to reduce the long-term implications and reduce the likelihood of repeat incidents.³

These interventions span a number of different areas including early childhood, physical and mental health, family support, education, community services and justice.

Recognising that the safety and well-being of children is the responsibility of all levels of government, the first *National Framework for Protecting Australia's Children 2009-2020* (the National Framework) was developed by the Commonwealth in partnership with state and territory governments and the non-government sector.

In order to measure the effectiveness of the National Framework, the government and non-government sector have set the following target:

“a substantial and sustained reduction in child abuse and neglect in Australia over time.”

Under the National Framework there are 12 national priorities,⁴ including:

- *Joining up service delivery* – Implement a ‘joined up’ approach to service design, planning and delivery, targeted to the hard-to-reach, most disadvantaged families and children, by leveraging services and support from Commonwealth, state and territory governments.
- *Closing the Gap* – Support Indigenous community-building activities in areas such as culture and connectedness, strengthening families and communities and speaking up about abuse.
- *Improving support for carers* – Continue to explore options for improving financial and non-financial support to grandparents, kinship and foster carers, provide specialist supported playgroups for grandparents and other carers, and provide enhanced support for grandparents and kinship carers as a specified target group under the *Communities for Children* program.

³ The Allen Consulting Group Pty Ltd (2008), *Inverting the Pyramid: Enhancing Systems for Protecting Children*, Australian Research Alliance for Children and Youth, n.p., p. 4.

⁴ Commonwealth of Australia (Council of Australian Governments) (2009), *Protecting Children Is Everyone's Business: National Framework for Protecting Australia's Children 2009-2012*, http://www.fahcsia.gov.au/sa/families/pubs/Protecting_children/Pages/2_three_year_plan.aspx - accessed November 2009.

- *Developing National Standards for Out of Home Care* – These standards will aim to improve the outcomes and experiences of children and young people who are unable to live with their families.
- *Transitioning to independence* - To increase support through non-government organisations for young people leaving care to better establish their independence and for state and territory government initiatives to better support young people as they leave care.

The development of National Standards for Out of Home Care (National Standards) is one of the important, early actions under the National Framework, and all state and territory governments and the non-government sector have agreed to collaborate in developing these standards.

The KPMG Project Team was engaged by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to develop National Standards for Out of Home Care.

2.1 Methodology

The approach to the project included:

- A review of current Out Of Home Care policy and practice in Australia and internationally, including New Zealand, United Kingdom and Europe ;
- Key stakeholder consultations with members of the National Framework Implementation Working Group (the group that has a hands on role in the implementation and delivery of actions under the National Framework);
- Development of a consultation paper as the basis for a consultation process on the National Standards for Out of Home Care;
- Stakeholder consultations in all capital cities and five regional locations, including:
 - 14 workshops with representatives from government and non-government organisation's across Australia (317 participants);
 - 12 workshops with carers across Australia (96 participants);
 - 7 workshops with young people who live or have lived in Out of Home Care (64 participants); and
 - 52 written submissions.

An overview of the consultations is provided in Section 5.

- Development of a final report which will include the proposed National Standards.

2.2 Structure of the report

This report is structured as follows:

Report to Develop National Standards for Out of Home Care

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- Section 3 – Setting the scene
- Section 4 – The chance to grow up safe and well
- Section 5 – Stakeholders perspective
- Section 6 – Proposed National standards for Out of Home Care
- Section 7 – Implementation issues.

The report also has the following appendices:

- Appendix A – Alignment to current standards
- Appendix B - Consultation attendees.

3 Setting the scene

3.1 Learning from history

All children and young people have the right to be safe, to receive loving care and support, and have access to the services they need to enable them to succeed in life. This basic right is fundamental to the well-being of a child or young person and his or her healthy development.

Former child migrants and the Forgotten Australians were denied the basic right of all children to receive protection, support and loving care. Australians are committed to learning from this history and improving the opportunities given to our children and young people.

The Australian Government, state and territory governments and the non-government sector recognise families as the central unit that supports, nurtures and guides children and young people. In turn, effective supports for vulnerable parents and families are an important priority. There is a national commitment to provide child-centred, family-focused responses as the most effective way to help children and young people who are disadvantaged or at risk of becoming disadvantaged later in life.

3.2 How many Australian children experience Out of Home Care?

At 30 June 2009, there were 34,069 children living in Out of Home Care in Australia.⁵ The Australian Institute of Health and Welfare reports that the number of children living in Out of Home Care increased by 44 per cent between 2005 and 2009.⁶ The rate of children living in Out of Home Care differs between jurisdictions, ranging from 4.3 per thousand in Victoria to 9.4 per thousand in New South Wales.⁷

In 2008–09, the majority of children in Out of Home Care were in home-based care (94 per cent), living either in foster care (47 per cent) or with relatives (45 per cent). A small proportion of children were living in residential care (4.8 per cent) or other care arrangements (2.7 per cent).⁸

3.2.1 Aboriginal and Torres Strait Islander children in Out of Home Care

In 2009, Aboriginal and Torres Strait Islander children aged 0–17 years were over nine times as likely to be in Out of Home Care as non-Aboriginal and Torres Strait Islander children (44.8 in every thousand compared with 4.9 in every thousand).⁹ At 30 June 2009, there were 10,512 Aboriginal and Torres Strait Islander children living in Out of Home Care in Australia.¹⁰ The

⁵ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 38.

⁶ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 38.

⁷ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 38.

⁸ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 42.

⁹ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 46.

¹⁰ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 46.

Australian Institute of Health and Welfare reports that this over-representation of Aboriginal and Torres Strait Islander children living in Out of Home Care has been increasing over the past decade in every state and territory,¹¹ but the Australian Institute of Health and Welfare cautions that the increase may be due to a combination of improvements in the identification of Indigenous people as well as increases in the number of Indigenous children requiring child protection.¹²

Nationally, over 70 per cent of Aboriginal and Torres Strait Islander children (7,600) in an Out of Home Care placement in 2009 were placed with relatives/kin, other Indigenous caregivers or in Indigenous residential care. This figure can be attributed to the use of the Aboriginal Child Placement Principle by all jurisdictions, which recognises the right of an Aboriginal child to be raised in an environment that allows children to access their own culture, extended family and community.¹³ However, this principle has highlighted the complexity of disadvantage and the relatively poorer socioeconomic circumstances of some Aboriginal and Torres Strait Islander families and the lack of Aboriginal and Torres Strait Islander carers (accredited or otherwise) available to the Out of Home Care system.

The number of placements made in accordance with the Aboriginal Child Placement Principle varies greatly between states and territories, highlighting a number of issues that require further investigation including the need for more support for recruitment, assessment, training and support for Aboriginal and Torres Strait Islander foster carers and kinship carers. At 30 June 2009, 2,861 Aboriginal and Torres Strait Islander children in Australia were placed with non-Indigenous carers.¹⁴

3.3 Current Out of Home Care services and standards in Australia

Out of Home Care services are designed to:

- provide a safe environment;
- contribute to improving developmental outcomes; and
- assist in addressing issues that led to the Out of Home Care placement, such as family vulnerability.

In Australia, each state and territory government has a duty of care, and invests a great deal, in aiming to develop an Out of Home Care system that provides the opportunities for optimal development and well-being of children and young people in care. Given the range of developmental stages and transitions a child or young person may go through whilst in care, it is important that the Out of Home Care system provides necessary and appropriate supports to aid this process. This involves fulfilling many of the roles that a parent or family would be expected to satisfy, including supporting children and young people through key life transitions, identifying

¹¹ In 2000, Aboriginal and Torres Strait Islander children were 6.1 times as likely to be in Out of Home care as non Aboriginal and Torres Strait Islander children (18.3 in every 1,000 compared with 3 in every 1,000 nationally).

¹² Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, pp. 21-2.

¹³ Secretariat of Aboriginal and Torres Strait Islander Children (2005), Achieving Stable and Culturally Strong Out-of-home Care Policy Paper.

¹⁴ Australian Institute of Health and Welfare (2010), Child Protection Australia 2008-09, Child Welfare Series No. 47, Cat. No. CWS 35, Canberra: AIHW, p. 67.

when the child or young person needs assistance and ensuring that protective conditions are present.

Each state and territory government has its own legislative and policy framework governing and regulating their child protection system. The Australian Institute of Family Studies has analysed the principle pieces of legislation across Australia pertaining to child protection, and identified broadly similar provisions relating to:

- the principle of ‘best interests’ of the child;
- whole-of-government and community responsibility for child protection and child welfare;
- early intervention;
- the participation of children and young people in decision making;
- culturally specific responses to Aboriginal and Torres Strait Islander people;
- diversion from the court system;
- Out of Home Care;
- permanency planning and stability of care; and
- after care.¹⁵

The approach to ensuring quality provision of Out of Home Care services in Australia is primarily focused on service standards for providers (in some cases this is primarily the State/Territory Government) and setting out processes, procedures and accountability requirements.

Some jurisdictions are moving towards a quality assurance model for Out of Home Care. Such models tend to focus on what is expected of providers rather than specific outcomes for children and young people living in care. Discussions of quality and standards in relation to Out of Home Care generally relate to building sector capacity (i.e. increasing the number of caseworkers) or setting service-level standards (i.e. ensuring that children and young people have timely access to health professionals or that a caseworker is allocated within a specified time).

3.4 Why develop National Standards for Out of Home Care?

The Australian Government, state and territory governments and the non-government sector are developing National Standards for Out of Home Care that will assist children and young people to be provided with high quality care regardless of where they live. National Standards will assist children and young people who are unable to live with their family to receive the best possible care and support.

¹⁵ Bromfield and Holzer (2008), A National Approach for Child Protection: Project Report, AIFS Child Protection Clearing House, p. 25, <http://www.aifs.gov.au/institute/pubs/cdsmac/projectreport.pdf>, accessed November 2009.

Most Australian jurisdictions already regulate the Out of Home Care system with a series of policies and standards that cover:

- Organisational management and capacity – including governance arrangements and management capability. For example, Victoria has a standard on the organisation’s leadership and management capacity to provide clarity of direction, provide accountability and support quality and responsive services for children, youth and their families.
- Provision of quality care to children and young people – such as the placement of children in a suitable living arrangement, or case management and support of the child or young person. For example, South Australia has a standard on case management that requires Families’ SA (South Australia) caseworkers to meet best-practice standards in working with young people, their families and carers.
- Recruitment of carers and employees – with the aim that staff are adequately qualified to provide care to a child (and young person). For example, Western Australia includes a standard concerning carers and staff recruitment, training, assessment and support, as does Victoria and New South Wales.

The development of National Standards aims to address the inconsistencies in state and territory regulations and standards for Out of Home Care. National Standards will help assist every child or young person in care to receive the same opportunities to develop as children or young people who are not living in Out of Home Care.

4 The chance to grow up safe and well

For the great majority of Australian children and young people, their families provide the support they need for their health and well-being. This includes the necessary resources and experiences that enable them to grow and develop to become contributing members of their communities.

In circumstances where the child or young person's immediate family may not be able to adequately provide for the development of their child or young person, or require support themselves, extended family or other forms of Out of Home Care are required to step in and take on a supportive role in meeting these needs.

For these children and young people it is important that the key objectives of the Out of Home Care system provides them with a safe environment with the aim that they are able to achieve the levels of health and well-being appropriate for their age.

The circumstances leading to a child or young person being placed in Out of Home Care can have a significant impact on a child's or young person's health and well-being. Therefore, it is important that Out of Home Care service providers are equipped and supported to fulfil the role of parents, either temporarily or for the longer term.

Over the last 10 years, all Australian governments and the non-government sector have increasingly recognised the importance of investing in the well-being of children and young people. Areas of investment have included early childhood services, health, education, family support, cultural safety and child protection to give children and young people the best start in life.

In conjunction with this approach Australia ratified the United Nations Convention on the Rights of the Child in 1991. The Convention on the Rights of the Child articulates the rights of children and provides a set of principles to assist the way children are viewed. Australia is accountable for this commitment before the international community.¹⁶

The World Health Organization (WHO) defines 'health' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹⁷

The WHO considers a state of well-being¹⁸ to be one where an individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The growing emphasis on children and young people's well-being has led to improvements in data and information collection on the circumstances and experiences of children and young people to support policy and practice. In Australia, the Australian Institute of Health and Welfare¹⁹ and state government reports – including the Victorian Government's *The State of Victoria's Children Report 2006*²⁰ and the New South Wales Commission for Children and Young People *National*

¹⁶ <http://www.unicef.org/crc/> - accessed April 2010

¹⁷ <http://www.who.int/about/definition/en/print.html>, accessed November 2009.

¹⁸ http://www.who.int/features/factfiles/mental_health/en/, accessed November 2009.

¹⁹ Australian Institute of Health and Welfare (2009), *A Picture of Australia's Children 2009*, Cat. No. PHE 112. Canberra: AIHW, is an example of such a report.

²⁰ Victorian Government Department of Human Services (2006), *The State of Victoria's Children Report 2006*.

*Consultation Report*²¹ – provide valuable information. Non-government organisations also produce reports such as the annual *National Survey of Young Australians* undertaken by Mission Australia²² and the *CREATE Report Card 2009: Transitioning from Care: Tracking Progress*.²³ Together, these sources contribute data and information on the experiences of children and young people, and provide insight into their views and aspirations.

A similar focus is evident internationally. For example, *The State of the Nation's Children* published by the Office of the Minister for Children and Youth Affairs in Ireland,²⁴ *The Good Childhood Inquiry: What Children Told Us*, from The Children's Society²⁵ in the United Kingdom, and *The State of London's Children Report*²⁶ published by the Greater London Authority, allow some inter-country comparisons to be drawn. It is also possible to assess changes in circumstances over time where studies are repeated, as is the case for the Australian Institute of Health and Welfare reports in Australia.²⁷

Whilst Australian and international research is not directly comparable, it is possible to identify several common areas where a 'good' childhood experience is considered essential for a positive transition to adulthood.

4.1 Outcomes for children and young people living in Out of Home Care

It is widely reported that children and young people who have been placed in Out of Home Care have poorer life outcomes than other children and young people.²⁸ Life outcomes are influenced by many factors, including the age that children and young people enter care and the number of care placements experienced.

Reports by the Australian Institute of Health and Welfare indicate that children are placed in care because they are the subject of a child protection substantiation, because their parents are incapable of providing adequate care or because alternative accommodation is needed during times of family crisis.²⁹ This indicates that children and young people placed in Out of Home Care are likely to have experienced a significant life disruption and may require support to catch up on developmental stages.

²¹ New South Wales Commission for Children and Young People (2005), *A National Consultation with Children and Young People on the Australian National Plan of Action for a World Fit for Children*, NSW Commission for Children and Young People, Surry Hills, NSW.

²² Mission Australia (2008), *National Survey of Young Australians 2008: Key and Emerging Issues*, Mission Australia, Sydney.

²³ McDowall, J (2009), *CREATE Report Card 2009: Transitioning from Care: Tracking Progress*, Sydney: CREATE Foundation.

²⁴ Office of the Minister for Children and Youth Affairs, Ireland (2008), *State of the Nation's Children*, Department of Health and Children, Dublin.

²⁵ The Children's Society, UK (2006), *The Good Childhood Inquiry: What Children Told Us*, The Children's Society, United Kingdom.

²⁶ Mayor of London (2004), *The State of London's Children Report*, Greater London Authority, London.

²⁷ Annual reports (e.g. *Child Protection Australia*) published by the Australian Institute of Health and Welfare enable comparisons over time.

²⁸ Bromfield, L., & Osborn, A. (2007), 'Getting the big picture': A Synopsis and Critique of Australian Out-Of-Home Care Research, Australian Institute of Family Studies, Melbourne, <http://www.aifs.gov.au/nch/pubs/issues/issues26/issues26.html> - accessed December 2009.

²⁹ Australian Institute of Health and Welfare (AIHW), 2009, *Child Protection Australia 2007-08*, Child welfare series no.45 Cat. No. CWS 33. Canberra: AIHW, p. 52.

Research has also shown that parental risk factors are often present in cases where children and young people are placed in Out of Home Care.³⁰ Of parents with children and/or young people in care, 32 per cent had a psychiatric illness, 37 per cent reported alcohol abuse, 43 per cent reported substance abuse, and domestic violence was present in 56 per cent of cases.³¹

The disadvantage experienced by children and young people living in Out of Home Care is pronounced when looking at educational outcomes. Research indicates that young people leaving care have poorer educational qualifications, are younger parents, are more likely to be homeless and have higher levels of unemployment, offending behaviour and mental health issues.³²

Research from Barnardo's in the United Kingdom found that:

- 70 per cent of young people in foster care and over 80 per cent in residential care leave school with no qualifications;
- fewer than 20 per cent go onto higher education and fewer than one per cent to university;
- children in residential and foster care are 10 times more likely to be excluded from school than their peers; and
- up to 30 per cent do not participate in mainstream education, and between 50 and 80 per cent are unemployed between the ages of 16 and 25 years.³³

Similarly, the *CREATE Education Report Card* in 2006 found that young people in Out of Home Care do not perform as well as their peers at school and are more likely to have experienced disruption through relocation or exclusion.³⁴

The educational circumstances reported by participants in the Report Card, indicated a number of key challenges faced by children and young people in care, including that they:

- are less likely to continue within mainstream education beyond the period of compulsion;
- are more likely to be older than other children and young people in their grade level;
- attend a larger number of primary and high schools than other students; and
- miss substantial periods of school through changes of placement.³⁵

Of the young people who responded to the *CREATE 2009 Report Card* on their current activities, almost a third (29 per cent) reported being unemployed or looking for work. A similar proportion

³⁰ Victorian Ombudsman (2009), Own Motion Investigation into the Department of Human Services Child Protection Program, Victorian Ombudsman, Melbourne, p. 61.

³¹ Victorian Ombudsman (2009), Own Motion Investigation into the Department of Human Services Child Protection Program, Victorian Ombudsman, Melbourne, p. 61.

³² Stein, M (2006), 'Research Review: Young People Leaving Care', Child and Family Social Work 2006, 11, 3, 273-9.

³³ Cited in Jackson, S & Sachdev, D (2001), Better Education, Better Futures: Research, Practice and the Views of Young People in Public Care, London: Barnardo's.

³⁴ Harvey, J & Testro, P, (2006), CREATE Education Report Card, p. 10, Sydney, CREATE Foundation.

³⁵ Harvey, J & Testro, P, (2006), CREATE Education Report Card, p. 10, Sydney, CREATE Foundation.

reported being in full-time, part-time or casual work (28 per cent). A small number were studying at TAFE (11 per cent) and 2.8 per cent reported that they were at university.³⁶

CREATE has also collated information on the health outcomes of young people in care.³⁷ Particular health challenges for these children and young people include illness and disability, higher rates of teenage pregnancy, risk-taking behaviour and self-harm and poor access to dental, optical and aural health services. Mental health is also a significant issue for young people in care; research by the Royal Children's Hospital Mental Health Service shows that nearly two-thirds of children and young people living in Out of Home Care had mental health diagnoses and required mental health referral.³⁸

There is a growing interest in examining the positive experiences of those children and young people where residential or foster care has contributed towards better outcomes for them. In 2006, the Social Work Inspection Agency in Edinburgh identified the following five factors as critical to success: having people who care about you, being given high expectations, receiving encouragement and support, being able to participate and achieve, and experiencing stability.³⁹

A recent Australian study also identified continuity of placement as an important factor in enhancing outcomes for children and young people in care. The study found that young people 'who had had one placement that lasted for at least 75 per cent of their time in care were more positive about their time in care, were less mobile, and had better outcomes twelve months after they left care'.⁴⁰ Another current research project is examining ways to improve and develop resilience within children and young people.⁴¹

For Aboriginal and Torres Strait Islander children and young people, a key factor to success in Out of Home Care is a well-matched placement with an Aboriginal or Torres Strait Islander family in line with the requirements of the Aboriginal Child Placement Principle.⁴²

Aboriginal and Torres Strait Islander people believe that a child or young person's cultural and spiritual needs, and their physical, emotional and developmental needs, are of equal importance.

³⁶ McDowall, J, (2009), CREATE Report Card 2009. Transitioning from Care: Tracking Progress, Sydney: CREATE Foundation.

³⁷ Harvey, J & Testro, P, (2006), CREATE Health Report Card, Sydney, CREATE Foundation.

³⁸ N Milburn, Royal Children's Hospital Mental Health Service (2005), Protected and Respected: Addressing the Needs of the Child in Out of Home Care: The Stargate Early Intervention Program for Children and Young People in Out of Home Care, Royal Children's Hospital Mental Health Service.

³⁹ Happer, H, McCreadie, J & Aldgate, J (2006), Celebrating success: What helps looked-after children succeed, Edinburgh: Social Work Inspection Agency.

⁴⁰ Cashmore, JA, & Paxman, M (2006), 'Predicting after-care outcomes: The importance of 'felt' security', Child and Family Social Work, 11, 232-41.

⁴¹ Gilligan, R (2000), 'Adversity, Resilience and Young People: the Protective Value of Positive School and Spare Time Experiences', Children & Society, Vol 14.

⁴² Secretariat of Aboriginal and Torres Strait Islander Children (2005), Achieving Stable and Culturally Strong Out of Home Care Policy Paper, p.15.

‘Kids need to know their culture, otherwise all the things they have inside them don’t mean anything.’⁴³

4.2 What do children and young people need to grow up safe and well?

The Convention on the Rights of the Child affirms health and well-being as fundamental human rights – good health and well-being are crucial to effective participation in most aspects of life.

It is widely recognised that disruptions to a child or young person’s development can have an impact on long-term outcomes. For example, failing to transition effectively from preschool to primary school may impact on a child’s future learning and educational attainment.⁴⁴

For many children and young people, transition points can be disrupted as they move into care, when they are in care and also when they leave care.

The following six areas have been identified as being the key areas of overall child well-being and providing a pathway for successful childhood and adolescent transitions:

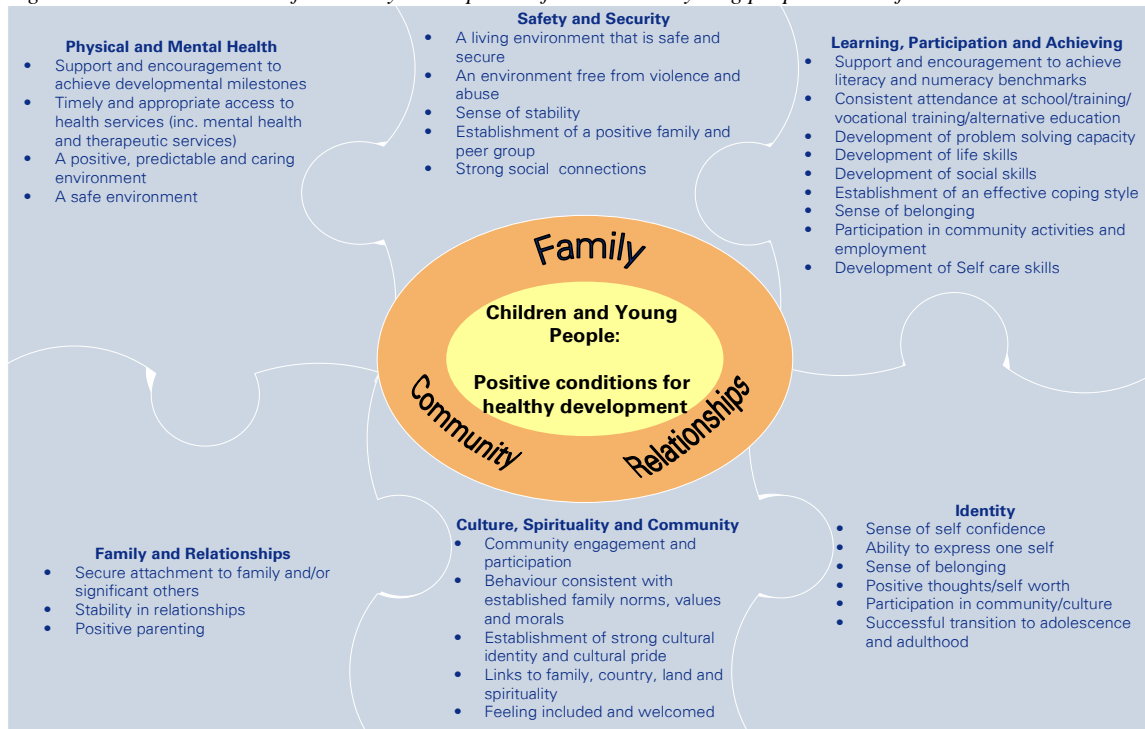
- physical and mental health;
- safety and security;
- culture, spirituality and community;
- identity;
- learning, participating and achieving; and
- family and relationships.

As indicated in Figure 1, for each area of well-being there are a number of positive conditions for healthy development. Family, relationships and community can influence these conditions.

⁴³ Secretariat of Aboriginal and Torres Strait Islander Children (2005), *Achieving Stable and Culturally Strong Out of Home Care Policy Paper*, p. 14.

⁴⁴ Ladd, JM and Price, JM (1987), 'Predicting children's social and school adjustment following the transition from preschool to kindergarten', *Child Development*, 58(5), 1168-89, Cited in Kay Margetts, *Transition to School: Looking Forward*, AECA National Conference, Darwin July 14-17, 1999; and Blair, 2001; Duncan et al., 2007; Reynolds and Bezruczko, 1993, Cited in *The Smith Family and Australian Institute of Family Studies (2008), Home to School Transitions for Financially Disadvantaged Families*, p. 2.

Figure 1: Positive conditions for healthy development of children and young people in Out of Home Care



Source: KPMG

The positive conditions for the healthy development of children and young people were subject to extensive discussion during the consultation process.

All of the positive conditions that children and young people require for healthy development set out in the figure above cannot be provided by the child protection system alone. The National Standards will require the support of a number of systems in assisting children and young people living in care to receive the positive supports they need.

4.3 The six areas of well-being discussed in consultations

4.3.1 Physical and mental health

Identifying and promoting a nurturing environment for the healthy development and growth of a child or young person continues to be a key focus for Australian governments and non-government organisations.

The childhood and adolescent years are periods of significant growth, development and change and it is the responsibility of all families that the physical and mental health needs of their children/young people are supported.

Feedback from stakeholders during the consultation process indicated that the area of physical and mental health should be addressed by the National Standards. Stakeholders also emphasised the need for the improved provision of therapeutic support services and better access to mental health

services to address the traumatic experiences of children and young people living in Out of Home Care.

Positive mental health is critically important for children and young people in developing emotional connections, stability and confidence. In research conducted in 2007, foster carers indicated that 54 per cent of children and young people living in foster care arrangements required professional help for their mental health issues; however, only 27 per cent received this assistance. Further, 61 per cent of children and young people in foster care had exhibited behavioural problems compared with 14 per cent of those in the general community.⁴⁵

- Support and encouragement to participate in physical activity
- Nutrition and healthy eating
- Timely access to appropriate health services including: dental, speech/occupational therapy, counselling, family support
- Access to therapeutic services

The importance of enhancing the focus on mental health and therapeutic responses for children and young people living in Out of Home Care was highlighted in the consultations and submissions. The findings of a study undertaken by Sawyer et al (2007)⁴⁶ stated that the incidence of mental health issues in adolescents in home-based foster care was two to five times higher than that reported in the Australian Bureau of Statistics' *National Survey of Mental Health and Well-being*⁴⁷ for children and adolescents in the general population. Externalising problems, such as attention, delinquent, and social problems, were found to be more common than internalising problems, such as anxiety and depression.

Further, O'Neill and Absler's research found that children in non-biological care (foster, residential or kinship care) were referred to mental health services in far greater numbers than children in biological care.⁴⁸ Ensuring that carers are able to respond to the health and mental health needs of children and young people in care is also critically important. Butcher's research regarding foster carers in Queensland established that carers wanted training that was both practically oriented and nationally accredited, as well as specialist training to enable carers to provide therapeutic foster care.⁴⁹

The Australian Institute of Family Studies draws attention to numerous research articles which show that children in care experience significantly poorer mental health outcomes than children who had never been in care and a significant minority of children in care experienced complex psychological and behavioural problems.⁵⁰

The Child and Family Welfare Association of Australia submission noted that health outcomes and expectations are particularly important for children and young people who have a disability and are in care as '*they need access to additional specialised health services and effective coordination of case management*'.

⁴⁵ Sawyer M, Carbone J, Searle, A and Robinson. P (2007), The mental health and well-being of children and adolescents in home based foster care.

⁴⁶ Sawyer, M.G., Carbone, J.A., Searle, J.A. & Robinson, P. (2007)⁴⁶. MJA. *The mental health and wellbeing of children and adolescents in home-based foster care; Australia.*

⁴⁷ This was noted in the study by Sawyer et al.

⁴⁸ O'Neill, C. & Absler, D. (1999) in: Out-of-Home Care in Australia: Messages from Research by Leah M. Bromfield, Daryl, J. Higgins, Alexandra Osborn, Stacey Panozzo, and Nicholas Richardson, June 2005.

⁴⁹ Butcher, 2005 in: Bromfield, L. & Osborn A. (2007), 'Getting the big picture': A synopsis and critique of Australian out-of-home care research', Child Abuse Prevention Issues, No. 26.

⁵⁰ O'Neill, 1999a; O'Neill & Absler, 1999; Tarren-Sweeney, 2006; Tarren-Sweeney & Hazell, 2005, 2006 in: Bromfield, L. & Osborn A. (2007), 'Getting the big picture': A synopsis and critique of Australian out-of-home care research', Child Abuse Prevention Issues, No. 26.

4.3.2 Safety and Security

Feeling safe and secure is essential to emotional well-being and is generally understood to be a necessary precondition for good health.⁵¹ ‘Safety’ also includes cultural safety, a concept that acknowledges the need for ‘an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need’.⁵²

‘Children’s sense of security and safety increases when they have the protection of parents, a personal safe place to be, or trusted people around them.’⁵³

Safety encompasses a range of personal considerations, such as protection from the risk of personal injury and accident, protection from harm, exploitation or maltreatment, and protection from violence.

The stability and security of a child’s environment also contributes to their sense of feeling safe. Stability in a child’s life is important in ensuring that connections to family and the community are made and maintained, in particular for social and educational activities, and particularly as education outcomes are closely associated with stability.⁵⁴

- An environment that is safe and secure
- An environment free from violence and abuse
- A space to call your own.

A submission from a Victorian foster carer suggested that security of placement is important because it provides a sense of “belonging and acceptance” into the family, and that children in Out of Home Care often need security of placement as permission to explore, experiment and test their boundaries as part of healthy development. Another submission from a foster carer (location not provided) supported the notion that stability underpins all the areas of well-being. The Child and Family Welfare Association of Western Australia also highlighted that the National Standards need to focus on stability and security.

A sense of security for a child or young person allows them to express themselves without fear, and develop self worth and confidence by feeling safe and secure in their environment (whether that be in care, at school or other places they attend).

Safety also involves external considerations, such as feelings of living in a safe neighbourhood and being free from the fear of crime. Both actual and perceived safety can have an impact on overall health and well-being. For example, there are associations between stress and anxiety in children and poor learning outcomes. Safety provides a key foundation for improved well-being and developmental outcomes.⁵⁵

⁵¹ Victorian Government Department of Human Services (2006), *The State of Victoria's Children Report 2006*, p. 76.

⁵² http://culturalsafetytraining.com.au/index.php?option=com_content&view=article&id=59&Itemid=69, accessed December 2009.

⁵³ New South Wales Commission for Children and Young People (2007), *Ask the Children: Overview of Children's Understandings of Well-being*, p. 4.

⁵⁴ Stein, M (2006), 'Research Review: Young People Leaving Care', *Child and Family Social Work* 2006, 11, 3, 273-9.

⁵⁵ Government of the United Kingdom(2007), *Aiming High for Young People: A ten-year strategy for positive activities*, UK: HM Treasury , p. 7.

4.3.3 Culture, Spirituality and Community

Most children and young people recognise that they belong to a community, and they commonly define this in terms of where they live. It is within this environment that children and young people seek to access many of the cultural, sporting and leisure activities that allow them to participate in a community that is broader than their family or school environment. This has particular resonance for Aboriginal and Torres Strait Islander people, as well as people from other culturally and linguistically diverse backgrounds, including newly arrived migrants and refugees.

For Aboriginal and Torres Strait Islander children and young people, ‘community’ is defined in terms of a predominant connection to culture that is broader than the community within which they live,⁵⁶ and this has been found to be the case wherever the child or young person lives.

- Spending time with family or friends
- Participation in cultural activities
- Access to community services relevant to your culture or identity

The maintenance of connections to family, community and country forms the basis of the development of the Aboriginal or Torres Strait Islander child or young person’s identity as an Aboriginal or Torres Strait Islander person, their cultural connectedness, and the emergence of their spirituality.⁵⁷ For Aboriginal and Torres Strait Islander children and young people strong cultural identity is integral to who they are and a source of pride. The teaching, maintenance and regaining of Aboriginal cultural practices for Aboriginal children are the responsibility of the whole community.⁵⁸

For young people from culturally and linguistically diverse backgrounds, maintaining a sense of culture and connections to the community are also important. As noted in the submission from the New South Wales Department of Communities, children placed within culturally/ethnically similar families, or families specially trained and assessed to provide culturally competent care, have the following benefits:⁵⁹

- increased stability of placement;
- a positive sense of self and cultural identity;
- better communication and less misinterpretation due to language and cultural barriers; and
- familiarity with food, language and customs.

- Support and encouragement to participate in cultural and spiritual events
- Participation in faith or community groups

In their submission, Settlement Services International (SSI) proposed that:

“For children and young people who are members of culturally and linguistically diverse communities, maintaining relationships with key individuals and membership of groups can be

⁵⁶ New South Wales Commission for Children and Young People (2007), Ask the Children: Overview of Children’s Understandings of Well-being, NSW , p. 15.

⁵⁷ Secretariat of Aboriginal and Torres Strait Islander Children (2005), Achieving Stable and Culturally Strong Out-of-Home Care Policy Paper, SNAICC, Melbourne , p. 8.

⁵⁸ http://www.vacca.org/03_about_us/beleifs_values.html - accessed December 2009.

⁵⁹ NSW State Government (2003), Children and Young People from Non-English Speaking Backgrounds in Out-Of-Home Care in NSW Research Report, Department of Community Services NSW , p. 3 - originally produced by the Lutheran Immigration and Refugee Service, 2003.

essential to several areas of well-being identified (culture and community, spirituality) irrespective of placement stability and should be monitored throughout the child's time in care."

The majority of feedback from consultations on the National Standards for Out of Home Care focused on Culture and Community, particularly in relation to Aboriginal and Torres Strait Islander children and young people as well as children and young people from culturally and linguistically diverse backgrounds.

The term 'spirituality' is open to a range of interpretations, and is often used to describe a person's inner life or to define those aspects of a person that are unseen, or intangible, and give meaning or purpose to their life. Spirituality is also used to describe a set of personal beliefs; it can be connected to a person's cultural or religious heritage, and may be linked to institutional religions or participation in faith-based events and activities. It includes the beliefs and values that children and young people may hold and follow, as well as any faith-based activities that children and young people participate in. The Life Without Barriers' submission noted that culture and spirituality are strongly linked.

Spirituality can assist a child or young person to develop a positive sense of identity and to maintain connections with family and significant others which may help to enhance their sense of belonging.

There is strong evidence that spirituality is important in shaping a young person's perception of their quality of life and it is understood to be important for health and well-being.⁶⁰ Spirituality or connection to a church-based group as a strong protective factor for a child or young person is often cited in both Australian⁶¹ and international⁶² literature. Surveys of Australian youth provide evidence that spirituality, or faith, is important for 14 to 15 per cent of the young people surveyed.⁶³

For Aboriginal and Torres Strait Islander children and young people, the development of Aboriginal or Torres Strait Islander spirituality is closely linked to family and country or land, and spiritual development depends on connections to particular people and places being maintained. Aboriginal spirituality has been described as feeling connections with people and places⁶⁴ – feeling proud, knowing you have connections and bonds with people, and being welcomed.

4.3.4 Identity

The Northern Territory Children's Commissioner felt that "self identity/self worth" must be included in the National Standards, as it is important for the well-being of the developing child or young person.⁶⁵ This was reinforced in the consultations and the submission process.

⁶⁰World Health Organization (1998), Health Promotion Glossary, WHO, Switzerland. <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf>, accessed November 2009.

⁶¹ Commonwealth of Australia, Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia, op. cit., p. 38.

⁶²World Health Organization (2005), Risk and Protective Factors, http://whqlibdoc.who.int/publications/2005/9241593652_eng.pdf, accessed November 2009.

⁶³ Mission Australia (2008), *National Survey of Young Australians 2008: Key and Emerging Issues*, p. 9.

⁶⁴ SNAICC information provided to KPMG.

⁶⁵ NT Children's Commissioner Submission.

Strong and positive relationships with family, friends and community are important to a child or young person’s sense of self-worth, well-being and to their development of values and morals. Families and significant adults play a principle role in teaching values. Connections provide children and young people with stability, without which emotional and psychological development can be adversely impacted. Maintaining relationships with significant people and groups promotes stability leading to better emotional and psychological development.

Some studies have shown an association between conditions such as depression and the presence of psychosomatic symptoms with poor child–parent relationships.⁶⁶ The evidence suggests that friends, parents, relatives and family friends are the top three sources of advice and support for all age groups;⁶⁷ that families are the main source for teaching values,⁶⁸ and family attachment is a strong, protective factor.⁶⁹

The Secretariat for Aboriginal and Torres Strait Islander Children reports that for Aboriginal and Torres Strait Islander children and young people, a key factor to success in Out of Home Care is a well-matched placement with an Aboriginal or Torres Strait Islander family in line with the requirements of the Aboriginal Child Placement Principle.⁷⁰

- Open and honest communication in your care environment
- Constant relationship with a trusted adult
- Maintaining or developing friendships with peers

During the consultations, identity was raised as an important area for the National Standards for Out of Home Care to address. In their submission, the Children’s Youth and Family Agencies Association of Western Australia suggest that identity is critical for all children and young people. Identity should address where the child has come from, their sexual or gender identity and who they want to be.

4.3.5 Learning, participating and achieving

Participation in education and learning is generally associated with positive lifelong outcomes. Such participation develops important cognitive skills and imparts knowledge that is important for a person’s future. It also provides an environment where children and young people can develop important social and life skills.

- Attainment of practical life skills including: self care skills, making friends and networks, basic cooking, basic budgeting, problem solving, learning to drive
- Consistent attendance at school
- Encouragement and access to resources to achieve literacy and numeracy benchmarks

The recent focus in Australian jurisdictions on the preschool and early primary years is supported by research demonstrating that participation in early childhood programs is beneficial for intellectual development and independence, sociability and concentration, and language and cognitive development. Participation in education is also

⁶⁶ Office of the Minister for Children and Youth Affairs, Ireland, p. 42.

⁶⁷ Mission Australia (2008), *National Survey of Young Australians 2008: Key and Emerging Issues*, p. 15.

⁶⁸ New South Wales Commission for Children and Young People (2007), *Ask the Children: Overview of Children’s Understandings of Well-being*, p. 14.

⁶⁹ For example, Commonwealth of Australia (1999), *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*, April 1999, p. 72.

⁷⁰ Secretariat of Aboriginal and Torres Strait Islander Children (2005), *Achieving Stable and Culturally Strong Out of Home Care Policy Paper*, p.15.

associated with a lower incidence of personal and social problems in later life, such as school dropout, welfare dependency, unemployment and criminal behaviour. Participation, especially in the preschool and early primary years, is therefore of significant potential advantage to children from disadvantaged backgrounds.⁷¹

The submission from the Australian Children's Commissioners and Guardians stated that:

"For the National Standards to actually achieve the aim of giving children and young people in Out of Home Care the same opportunities as other children to reach their potential in all the key areas of well-being, financial support should extend to extra curricular activities. The opportunity to be involved in organised sport, learn a musical instrument, or attend drama classes, for example, would also assist children and young people in Out of Home Care to experience a more typical Australian childhood. Children and young people living in Out of Home Care have reported to ACCG members that they want to be able to do the types of things that their friends not in care are able to do."

Children and young people living in Out of Home Care need to be provided with opportunities to participate in extra curricular activities, including:

- community activities (i.e. sport, community groups);
- social activities (i.e. visiting friends, gallery, zoo);
- extra curricular activities (i.e. camps, bands, scouts); and
- employment (i.e. part time jobs).

The Convention on the Rights of the Child also outlines the right of the child to participate fully in cultural and artistic life, and encourages the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

The Benevolent Society submission supported the participation of children in the decision making process. This reflects the assertion by Delfabbro, Barber and Bentham⁷² in their 2002 article that ensuring decisions are made in line with children's wishes can result in better placements and outcomes, with better psychological benefits around their self esteem also evidenced. And is reiterated by O'Brien, who highlighted that giving a voice to children is based around the empowerment of young people, and in particular children and young people in care, to enable them to have a meaningful involvement in the decision-making processes which affect them.⁷³

In their submission, the Secretariat of National Aboriginal and Islander Child Care noted that provisions for participation and engagement of children in decisions and planning affecting their life should be incorporated into the National Standards. This was also noted in the New South Wales Children's Guardian submission.

In their submission Berry Street acknowledged that supporting the involvement of children and young people in healthy leisure and recreation activities enables them to develop supportive friendships and networks beyond the boundary of the Out of Home Care environment.

⁷¹ Australian Institute of Health and Welfare (2009), A Picture of Australia's Children 2009, Cat. No. PHE 112, Canberra: AIHW, p. 48.

⁷² Delfabbro, P. H., Barber, J. G. & Bentham, Y. (2002a) in: Out-of-Home Care in Australia: Messages from Research by Leah M. Bromfield, Daryl, J. Higgins, Alexandra Osborn, Stacey Panozzo, and Nicholas Richardson, June 2005.

⁷³ O'Brien, A (1997) in: Tomison, A M; Stanley, J (2001). Strategic Directions in Child Protection: Informing Policy and Practice. Unpublished report for the South Australian Department of Human Services Brief No. 7 Alternative care: Placement decision making.

4.3.6 Family and relationships

The stability of relationships to significant others in a child and young person’s life is important. Whilst connection and relationship building with family (including extended family) is of primary importance, where this is not possible, relationships with others outside of the family need to be encouraged.

- Positive relationship with parents
- Positive relationship with significant others
- Participation in community activities

An extract from the submission by Uniting Care Australia notes “*Case management that engenders strong relationships between children and young people and their birth family or community – where possible and appropriate – can assist children’s development of identity, culture, and spirituality.*”

The submission from the Family Inclusion Network (FIN), Australian Capital Territory, noted that, research suggests the majority of young people who leave care return home to their parents and/or relatives. This was also noted in the Child and Family Welfare Association of Australia submission which outlined that ‘*international evidence supports that over 80 per cent of children post their care experience return to live or have significant contact with their family (Ward, Bullock and Clough 2006)*’.

The Care Leavers of Australia Network (CLAN) also believes that family relationships and connections are significant and should be an area of focus for the National Standards. The Anglicare Australia submission also stated that family and kinship connection is integral to the well-being of children and young people. The submission highlighted the results of the Queensland survey – The 2009 Views of Young People in Care – which indicated that children and/or young people felt that they did not have enough contact with their family. It also stated that it is critical that siblings should be placed together in care where possible. As noted by McBride (2007), siblings are family, and the connection to family helps give children their identity as well as their feeling of belonging in the world.⁷⁴

Relationships with significant others is also critically important. In a study by O’Neill in 2004, children reported that adults (such as teachers) who listened to and supported them in the long-term were a highly valued resource.⁷⁵ PeakCare also noted in their submission that “*Young people who participated in the Listen Up Forum identified the importance of relationships in the healing and well-being of young people in care and stressed the need for young people to stay connected with those who they deem important in their lives (CREATE, Testro, PeakCare, and Queensland Youth Housing Coalition, 2009).*”

Whilst Uniting Care Australia noted that “*Children’s access to at least one adult role model is well documented as a fundamental protective factor particularly in situations of socio-economic disadvantage. Specifically in out of home care, Mason and Gibson (2004) have found that children and young people in care nominate “connections with people with whom they are familiar, know and/or have something in common” as an overarching need. This indicates the broad application of the need for high-quality relationships with any or all participants in an OOHC arrangement (this may be their teacher, an aunt or uncle from their kinship group or a respite carer).*”

⁷⁴ McBride, R.2007. *Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State*. New York State Office of Children and Family Services.

⁷⁵ O’Neill (2004) in: Osborn, A. & Bromfield, L. (2007), Participation of children and young people in care in decisions affecting their lives, Research Brief No. 6, National Child Protection Clearinghouse, Australian Institute of Family Studies.

4.4 Positive outcomes for children and young people in care

The table below outlines the areas of focus discussed in this section, and examples of the outcomes sought by focussing on those areas.

Table 1: Example outcomes that the Out of Home Care system can impact

Domains	Out of Home Care System	Outcomes
Physical and Mental Health	→	Attainment and maintenance of good physical and mental health
Safety and security	→	Stability in environment Social connections developed
Learning, participating and achieving	<i>How can the Out of Home Care system contribute to ensuring the wellbeing of children and young people?</i> →	Achievement of developmental milestones Achievement of literacy and numeracy milestones Achievement of education potential Participation within the community Life skill development
Identity	→	Stability in behaviour Connections to significant others
Culture, Spirituality and Community	→	Strong cultural identity and pride Participation in community or other groups
Family and Relationships	→	Positive relationships with family and friends

4.5 Conclusion

The areas of focus cover the broad spectrum of elements that assist in developing healthy children and young people. Improving outcomes for children and young people in care requires a comprehensive response across their life course, including:

- early intervention and family support;
- providing better quality care to assist them in overcoming challenging circumstances they were in before entering into the Out of Home Care system;
- stability and continuity;
- providing opportunities for more gradual transition from care; and

- providing on going support particularly for children and young people with mental health problems and complex needs.⁷⁶

⁷⁶ Stein (2006), op cit.

5 Stakeholder perspectives

This section presents a summary of the outcomes of the consultations held in each state and territory.⁷⁷ It includes summaries of:

- discussions with young people;
- discussions with carers;
- discussions with non-government organisations and government stakeholders; and
- feedback from families.

In addition, the views expressed in the 52 written submissions that were received are considered as part of this summary (see Appendix B for the list of submissions). This section considers the implications of the feedback on the design and focus of the National Standards.

5.1 Discussions with young people

*“A desire to be part of the family and not to be seen as different”
- young person in Out of Home Care*

A critical component of the stakeholder consultation process for the development of the National Standards for Out of Home Care has been the engagement of young people who have been or are currently in the Out of Home Care system within Australian jurisdictions. As part of the consultative process, CREATE Foundation assisted the KPMG Project Team in developing and refining appropriate questions, facilitating young people’s participation in the consultation process and supporting the KPMG Project Team personnel to discuss issues related to Out of Home Care with young people in a safe and client-oriented environment.

Consultations were held in each capital city except Darwin. The aim of the consultation process was to ascertain key information regarding:

- What makes a positive Out of Home Care experience?
- What makes a negative Out of Home Care experience?
- What elements of the Out of Home Care experience could be improved?

A total of 64 young people, ranging from 12 to 25 years of age, with varying levels of engagement and care experiences participated in the consultation process. The representatives had diverse care perspectives and had experiences in the care system in the context of: residential care, kinship care, self-selected care, foster care, transitional care, and leaving care services. Participants were provided a \$30 incentive in recognition of giving up their time to share their experiences.

⁷⁷ Please note there was a low representation of Indigenous stakeholders during the consultations.

No written submissions were received from young people during the consultation period.

5.1.1 A positive out of home care experience

The majority of young people reported that their personal care experiences had been negative with minimal aspects of their experience resulting in positive outcomes. On exploration, the positive aspects of care appeared to depend on the context of care, with those who had experienced a more home based care system (for example foster care) expressing more positive thoughts on the experience compared with those whose experience was confined to residential care. Aspects of care that have benefitted young people were universally recognised as:

- a perception of “improved safety”;
- the development of positive relationships with carers and caseworkers;
- belonging to a family and/or community;
- a sense of stability;
- access to resources and support that aid in the development of education, skills, and personal needs;
- support to develop or maintain connections with birth families; and
- participation in decision-making about their own lives.

Factors identified that were seen to contribute to a positive care experience related to having:

- a smooth transition from one placement to another;
- regular contact between siblings if in different placements;
- appropriate contact with birth families and significant others;
- transparent rules, rituals, structures, and processes for setting limits and boundaries that are recognised and accepted as part of the placement;
- stable relationships and appropriate affection between the child/young person and carer, increasing the emotional bond and support of the young person’s potential;
- planned leaving care interventions that support the young person in making his/her own decisions; and
- establishing independent living skills, including supports and counselling, during the after care process.

There was minimal variation in responses regarding the prioritisation of what was required to make a placement a valuable experience. Overall, participants recognised that collectively, all of

the above elements enabled and facilitated Out of Home Care experiences to result in positive outcomes.

5.1.2 What can improve the experience?

There were a number of generic improvement strategies highlighted by the participants, including:

- **Focus on strengthening (where appropriate) the young person's connection** with birth and extended family networks, including siblings.
- **Development of a more thorough assessment and training tool for potential carers.** It was suggested that there be more rigorous screening, education and training of carers (foster, residential carers and affiliated care staff), in conjunction with an increased emphasis on the demands of caring for traumatised children and young people that is complemented by a deep understanding of the developmental needs of young people.
- **Improved placement matching to reduce placement breakdown,** but also to minimise the risk of placement breakdowns for those children and young people already in Out of Home Care (especially in residential care settings). The influence of those around a child/young person is paramount during childhood and adolescence, with many participants noting the negative impact (mainly increased stress, fear, and damage to personal property) of bullying, and being subjected to substance abuse and violence while in care.
- **Development of and an increase in available care options.** The apparent lack of available placement options means that young people can be placed in situations that are inappropriate and are not “what is best” for meeting their needs. It was suggested that placement arrangements need to be designed to reflect how a young person's needs will be best met, which requires creativity and innovation that can at times contradict care regulations or departmental guidelines. This appears to be especially pertinent in relation to self-selected placements or relative/kinship placements. Examples were presented in which issues existed in relation to carer clearance screening, in that prospective carers do not meet the necessary requirements but are placements of “choice” by the young person.
- **Exploration of “normalising” Out of Home Care accommodation,** ensuring the experience is “more like home”. Universally, there was agreement that there is a strong need to normalise placement settings and affiliated accommodation. Many examples were offered, but the majority agreed that residential care settings do “little” to create a “home like structure” and are highly “regimented”, e.g. locks on cupboards, alarms on all entry points and set meal times. It was noted that often the physical environment of placements is not welcoming and does not allow for young people to create a place that is representative of who they are.
- **Improving relations between the young person and caseworkers.** Many examples were cited across all jurisdictions (except Northern Territory) of the need to have a positive relationship with departmentally assigned caseworkers. This relationship is critical in the process of sharing information, decision-making and advocacy for the young person. This is also associated with ensuring that caseworkers are assigned to a young person in care, and that interaction is frequent and positive in nature.

- **The allocation of an independent mentor or advocate outside of the child protection system** to support and navigate a young person's journey during the Out of Home Care experience. This would allow the young person to open up to and/or trust someone not connected to their care and provide an independent person to hear their voice.
- **Increased and improved access to services** including health, medical, counselling, appropriate educational opportunities, and dental services.
- **Development and implementation of programs to support the transition from Out of Home Care.** It was noted that there should be an increased emphasis on planning for placement exit, and that the process requires appropriate resources, funding, and information sharing. It was noted that post care support should be compulsory.

Whilst the majority of views expressed by participants were similar, there were some differentiations across jurisdictions. The basis of these differences appears to arise from jurisdictional experiences, associated legislative requirements, and the young person's knowledge of the Out of Home Care system. Additional improvement strategies that were noted include:

- **An increased emphasis on early intervention strategies**, aimed at educating birth parents about protection issues in order to avert statutory responses and placements. This was raised during the consultation in Victoria and was in direct reference to the relatively recent introduction of Child FIRST and the Child and Family Services Reform agenda.
- **Development of a "life story book"** or similar tool to allow a young person's milestones, achievements and personal information to be recorded and accessible to the young person regardless of placement context. This includes the promotion of photo taking, collection of awards/merit certificates and other personal achievements and is a concept recognised in a variety of jurisdictions, but is recorded under an assortment of definitions.

5.1.3 Overall consultation themes

The key issues emerging from the consultations from the perspective of young people who have experiences with Out of Home Care include:

- The importance of validation and recognition of the diversity of needs of children and young people living in Out of Home Care.
- The need for improved placement matching – with an emphasis on the need for sustainable and stable care placements. This was expressed as a desire to be part of a family and not to be treated differently to other family members.
- Improved screening, assessment, selection, training and education of carers and all those who work in the Out of Home Care sector to enable them to support the complex needs of children and young people living in Out of Home Care.
- The importance of appropriate affection, trust, care and support in Out of Home Care in contributing to the development of self-respect and respect for others.
- The significance of clear and transparent communication – participative and inclusive decision-making was described as a key element to ensuring a positive Out of Home Care

experience. Children and young people highlighted the need for their views, ideas and opinions to be heard and acted upon where appropriate. This transcends to the need that adequate and appropriate information is conveyed to children and young people in care about jurisdictional practices, policies and legislative requirements that relate to them. In particular, this would include the participation in and sharing of information about care plans with children and young people (where appropriate).

- Appropriate and well-facilitated support for young people particularly at key transition points occurring before, during and after Out of Home Care placements. The support required by children and young people should be reflected in care plans and resourced accordingly. This support requires consistent involvement by caseworkers and interaction with the child or young person during their care.
- The need to improve formal support, planning and information for the transition from care to independent living – young people identified the lack of preparation and support for this significant life event as a major issue impacting on their well-being and future prospects to become self-sufficient.
- Facilitation of connections to their birth family (where it was safe to do so) and history were raised by young people as an important part of establishing their sense of identity and belonging.

The themes that have emerged throughout consultations with young people reiterate some the discussions in the broader stakeholder consultations and review of relevant literature that also suggest that children and young people living in Out of Home Care fundamentally want someone to care for them, provide love, offer guidance, and provide assistance to cope with the trauma they may have experienced to enable them to transition successfully into adult life.

5.1.4 Implications for National Standards for Out of Home Care

Children and young people living in Out of Home Care need to be supported in determining their future and becoming independent. This requires nurturing via living in a supported, protective and caring environment and can be achieved through:

- appropriate placement matching;
- the development and strengthening, where appropriate, of contact with a child or young person's birth family, including siblings;
- ensuring that those who work with the child or young person are adequately qualified, and that the care relationship is one based on respect and understanding; and
- ensuring that the child or young person is cared for in appropriate living conditions that encourage respect, security, a sense of healthy living and access to supports such as education, medical, health, and counselling.

With regard to the success of Out of Home Care outcomes, there are a range of factors to be aware of:

- The manner in which decision-making and communication processes are developed and embedded into practice. The decision-making processes around Out of Home Care need to be governed by identifying the best option to meet the best interests of the child or young person, with the next phase of decision-making commencing by recognising and finding the best placement that meets these requirements. This process needs to be inclusive of relevant stakeholders, and most importantly, where appropriate, the child or young person.
- Stability in the child and young person's life – that is broader than placement stability – and includes stability of relationships to significant others, stability of schooling, and stability of community and/or participation in community activities (such as sport).
- The need for suitable leaving care or transitional care support is critical when identifying a positive placement experience. The consultations highlighted the need for the young person to be empowered to participate in their leaving care process and that all leaving care processes should be based upon the individual care plan. There is also a strong view that, once a young person has left care, they have the opportunity to access and receive follow-up and support.

5.1.5 Family member feedback

During the consultations there were a number of stakeholders representing families, parents, peak bodies and advocacy groups. Feedback from families during the consultations included:

- the importance of maintaining family connection when children and young people are living in Out of Home Care particularly given many children and young people leaving care return to their birth family;
- the need to move away from an adversarial system toward more collaborative and strengths based approach to build better relationships between child protection authorities, parents, carers and children and young people and improve outcomes for children and young people; and
- the need to provide earlier support to parents and families to assist with issues to reduce the likelihood of the removal of children and young people by child protection agencies.

Views expressed by parents indicate their desire to reduce the number of children and young people removed from the care of their families by ensuring that state agencies (and services) work with families at an earlier stage (i.e. undertake more preventative work with families) and engage with families more often. When children and young people are in care then there is a need to maintain connection with families and continue the relationships formed prior to going into care.

5.1.6 Conclusion

The information derived from the consultation process with young people provides a sound base from which the National Standards, indicators and measures can be developed. There was unanimous support from participants for the need to “belong” and have opportunities to become self-reliant and self-sufficient. The themes that have emerged reiterate some of the discussions in the broader stakeholder consultations and literature research and essentially suggest that a child and young person, at its simplest construct, want someone to care for them and provide love,

guidance and assistance to cope with the traumas they may have experienced, but also to transition into adult life successfully.

5.2 Carers' perspective

This section provides an overview of the consultations held with carers regarding the development of the National Standards for Out of Home Care.

The KPMG Project Team consulted with 96 carers at the following locations: Perth, Geraldton, Adelaide, Alice Springs, Brisbane, Canberra, Darwin, Hobart, Melbourne (Box Hill), Melbourne (Flemington), Port Augusta and Sydney. The experience of the carers who took part in the consultations ranged from three weeks to over 30 years.

There were six written submissions provided by carers during the consultation stage.

The information in this section provides an overview of the main themes from the consultations and written submissions, with analysis of any shared and contrasting views across the locations. The implications of the consultation for the development of the National Standards are provided at the end of the section.

5.2.1 Comparison of key consultation questions

The following questions were discussed at the consultations:

- How can Out of Home Care be improved to make it a better experience for children and young people?
- Are the key areas of well-being for children and young people identified the right ones on which to focus?
- To whom should the National Standards apply (carers, community organisations, government)? Why?
- How should the National Standards for Out of Home Care be monitored and measured?

This section provides an overview of responses elicited through consultations with carers.

How can Out of Home Care be improved to make it a better experience for children and young people?

Acknowledgement of the carer as an equal and valued partner in the Out of Home Care team

All carers consulted expressed strong views for carers to be formally recognised as partners in the care relationship, and to have the right to participate in decisions regarding the children and/or young people in their care (including residential carers). Carers indicated that the insight gained from their daily and close involvement with the child or young person meant they were in a position to provide valuable input into case decision-making. There was dissatisfaction across all

consultations about carers' lack of authority, the minimal input that they have in the decision-making process, and a consistent view that this inhibits the achievement of best interest outcomes for the child or young person.

Feedback from all consultations considered this issue to be particularly important in light of the very significant turnover of caseworkers in the lives of the children and/or young people in their care. Case examples where the number of changes of caseworkers was at the extreme end were cited in all consultations, with many carers indicating that most children and/or young people in their care have several changes of caseworker each year. In discussing this issue, carers also commented on the youth and inexperience of caseworkers. At all consultations, carers considered that too many caseworkers lacked sufficient professional and life experience to undertake their duties effectively, and anecdotal examples were provided at several consultations of caseworkers behaving in a way they viewed as unprofessional, or crossing professional boundaries.⁷⁸ This issue, combined with the nature of the caseworker role, was perceived by carers to contribute to 'burnout', which in turn led to workforce turnover. All carers saw this as a highly negative aspect of the Out of Home Care system.

The Circle Program – This was a foster care pilot program that provided therapeutic training for all key individuals in the care relationship, with an emphasis on equal and collaborative communication between all key individuals. Positive feedback was provided by carers about this program.

Melbourne carer consultation.

In discussing the unique relationship between the carer and the child, carers in Sydney and Melbourne considered it likely to be the closest and most trusted relationship the child or young person will have. This was exemplified for many carers by the relationships continuing into adulthood, and for other carers by children in their care disclosing long-standing issues.

The Melbourne consultation suggested that carers enter into a formal co-guardianship arrangement with the State. The formal accreditation of carers in Victoria was seen to reinforce their 'entitlement' to this role. Carers indicated that this arrangement would bring about decision-making efficiencies, particularly for decisions that are primarily day-to-day parenting tasks, such as organising medical or hair appointments and giving permission to participate in school excursions.

All carer consultations discussed the need for a collaborative and more respectful culture and practice between carers and caseworkers. The experience of most carers was that this was too often lacking, and many cited instances of having been reprimanded, feeling their role is threatened, or in some cases, investigated after having raised issues.

All children and young people living in Out of Home Care should be supported by care that is specialised and prioritises their needs, regardless of location and circumstance

Feedback from all consultations considered that meeting the needs and best interests of children and young people in care should be the principle that governed all activities and practices of the Out of Home Care system.

⁷⁸ Note these examples were provided during consultations and no verification has been made on these issues.

The Sydney and Melbourne consultations considered that, while children and young people should be a partner in decision-making that affects them, there was a balance to be struck between supporting children and young people to participate on the basis of them being able to express their views and desires, and unintentionally burdening them with decisions that children of that age would not normally be expected to make. In one location carers considered that involving children in these decision-making processes particularly assisted the emotional well-being of children and young people, as it conveyed a view that they are respected and important. Across all consultations, carers considered that the carer should act as advocate for the child or young person in instances where the capacity of a child or young person is diminished by age or by disability.

The issue of access visits was raised in all consultations, with key themes being the impact of such visits on the child's emotional development, the inability of the system to give weight to the child's view about access visits, and the extent to which access visits disrupted schooling, and on occasions put the child in a situation where harm could occur. Most consultations provided examples of the negative impact on a child's emotional state in instances where parents failed to attend planned access arrangements, and most cited issues arising from the artificiality of the access arrangements, which are often supervised and occur in clinical and sometimes custodial settings.

All carer consultations discussed the need for improved and prioritised access to therapeutic services for children and young people in care. A Melbourne consultation went a step further by specifying that access be immediate, ongoing and not time limited.

In considering support for children and young people in their care, and access to services they required, a Melbourne consultation also considered issues of priority. The need to have access to a dedicated caseworker was seen as a priority, as was the need for continuity both of the carer and the caseworker.

Carers noted the significant safety, health and well-being outcomes that prioritised and specialised support can bring for children and young people living in Out of Home Care. The positive effects are considered to be both short and long-term, and to have particular importance considering the special vulnerability of children and/or young people in care. These impacts are considered to also influence carer well-being. Carers whose children/young people are well supported are themselves better supported and this can result in improved carer longevity and satisfaction.

The needs of Aboriginal and Torres Strait Islander children and young people were discussed across all consultations. There was particular consideration of the principles and strategies that have been developed to support cultural needs, and how these translate into outcomes for Aboriginal and Torres Strait Islander children and young people. A number of carer consultations noted that compliance with the Aboriginal Child Placement Principle often resulted in sudden and multiple placement changes for Aboriginal children and young people, sometimes undermining the well-being objectives of the principle. However, these comments need to be taken in the context of the harm of removing Aboriginal children from their families, community, land and culture.

Stability of placements

Stability for children and young people living in Out of Home Care was a central issue raised in all consultations. There was agreement amongst all carers that stability was essential for their child's well-being.

Two key aspects of placements were identified as essential for achieving stability: the approach adopted by caseworkers in organising initial placements, and the ongoing management of those placements.

Most carers considered that the initial placement of children and young people should take into account both the short and long-term objectives for the child, particularly if reunification with the family was the objective.

A common perception was that current practices prioritise only the short-term safety needs of the child. Whilst this consideration was seen as essential, it can often lead to practice that compromises the child's longer-term safety and well-being. Allied with this, all consultations expressed the view that improved planning of placements is required in order to find a 'best match' between the carer and child at the outset (or in the case of residential care, best placement match).

The number of carers and caseworkers in a child's life was identified in all consultations as an issue that was having a negative impact on the well-being of the child.

Instability was identified in all consultations as having negative long-term health and well-being impacts on the child. Carers commonly held the view that the attachment issues observed in many children and young people were a result of a history of instability. In one carer consultation there was an observation that many children and young people carried an expectation of instability which resulted in them developing behaviours and attitudes that 'protected' them from forming attachments and developing relationships.

Carers in all consultations considered that achieving longevity for carers was closely linked to the stability they experience with children and/or young people in their care.

A carer provided an example of a poor placement change they had experienced. The carer had received a telephone call from their child's caseworker that the child was going to be picked up in one hour to be moved to their next placement. The child did not have adequate time to farewell the carer, or to farewell those with whom they had built relationships whilst living with the carer, such as with the carer's extended family and the child's friendship network.

All people working with the child should be adequately trained and prepared

The difficulties and challenges of caring for many of the children and young people who come into care was a consistent theme in the consultations with carers. The complexity of issues presented by children and young people living in Out of Home Care was noted by most carers, with many carers with lengthy experience commenting that the complexities have increased over the years. One carer in Melbourne believed that a perspective change is required; rather than trying to determine which children are suffering trauma and other issues, the assumption should be that all children entering care have suffered trauma and the focus should therefore be on assessing the severity of the issues exhibited by the child.

While carers have taken on the role voluntarily, and with some expectation of its difficulty, carers considered that their preparation and skill level was not always adequate. Carers in all consultations expressed the view that improved support and training for both carers and caseworkers is critical to improving outcomes, as well as for ensuring the sustained involvement of carers for the long term. The consultations indicated that training of carers varied considerably between jurisdictions and within jurisdictions, depending on whether a carer worked for a government or non-government agency, and that it had varied a great deal over time. In some instances, children had been placed with carers prior to any training having been undertaken: one carer described how she had had a child placed with her within one day of having registered her interest in becoming a carer.

Training and support needs to be provided at a time that enables carers to attend. Most consultations highlighted the limitations of the training available to carers, with some unable to attend due to work commitments or their commitments as a carer.

Training is an ideal opportunity for carers to meet each other and build a support network. This was considered to be important considering the isolation that sometimes arises from caring for a child. Many carers commented that the behaviour of the child in their care limited their social activities, with many describing how they would no longer visit friends' homes, and some commenting that they had left paid employment in order to better care for their child.

All children and young people living in Out of Home Care should be assisted to leave Out of Home Care empowered and with the same opportunities as other children and young people

The objective for all children and young people in Out of Home Care to develop into healthy adults who have the same opportunities as all children and young people was seen by carers as a priority.

Carers at all consultations held the view that building the confidence and resilience of children and young people in care (which some carers referred to as 'empowerment') should be a key priority. Carers commented that one way to achieve this was to listen to children and young people's ideas and concerns, and encourage age appropriate involvement in decision-making that concerns their future. A Melbourne consultation highlighted the downstream benefits of this approach, with children and young people becoming increasingly confident in positively facilitating activities and decisions that affect them. The Sydney consultation considered that the emotional well-being of a child can be greatly improved if their input is, and is perceived to be, respected and important.

Carers provided many examples of children and young people expressing anxiety about, or resisting, decisions where their opinions had been overlooked. Carers considered that case decisions that are in the best interests of the child or young person are not prioritised over other objectives such as process requirements – that is, decisions made about fulfilling processes were prioritised higher in some instances than decisions about the best interests and well-being of the child or young person.

Are the key areas of well-being for children and young people identified the right ones on which to focus?

Physical and mental health

Carers at all consultations agreed that physical and mental health was an important key focus area for the National Standards.

Both Melbourne consultations suggested separating the focus area into two – Physical Health and Mental Health – given the breadth of the area and considering the significant physical and mental health needs of a child living in Out of Home Care. Mental health was highlighted at the Melbourne consultation as being particularly significant given the prevalence of mental health issues in the Out of Home Care population.

Carers held the view that the spectrum of health services should range from those that treat severe health deficits through to allied health services (such as speech therapy), services that provide early intervention for emerging issues and services that proactively promote positive well-being for children and young people.

Most carer consultations considered improved access to services as a key means of ensuring the safety of children and young people in Out of Home Care. A Melbourne consultation highlighted adolescent health as an area requiring special attention, particularly during the leaving care phase.

Safety

All carer consultations agreed that safety was an important key focus area. Safety was considered to be important for both the physical and emotional protection and security of the child.

Carers considered that safety should be a strong priority for all individuals involved in making decisions about a case. Carers commented that procedural matters and the need to meet timelines often take precedence over a child's longer-term safety. This was observed to sometimes result in unsuitable care arrangements. For example, a worker's priority is often perceived to focus on placing the child as quickly as possible, rather than completing the assessments necessary to identify the most suitable, long-term placement.

Some carers considered that the safety of children and young people in informal care arrangements was not given equal priority. Currently, informal care arrangements do not carry a requirement for the mandatory supervision that applies to formal care arrangements.

All carer consultations considered improved access to physical and mental health services to be important in ensuring safety. There are immediate risks for the child and the placement in not receiving timely treatment for such issues. The longer-term issues that can result are also significant: an increase in the severity of the issue not only impacts on the potential for treatment success, but can also lead to serious health issues in adulthood. The benefits of improved access to services were therefore seen to include longer-term efficiencies.

Carers at a consultation discussed the need for preventative services for young people living in Out of Home Care as a proactive approach that prevents safety from becoming an issue in the first place.

Culture and Community

All carer consultations agreed that culture and community should be a key focus area for the National Standards.

Discussions included consideration of family relationships and friendships, cultural heritage and ethnicity and methods to achieve better outcomes in this area including greater education and cultural activity opportunities.

Cultural considerations were also identified as sometimes impeding good Out of Home Care outcomes. Some carers indicated that the priority given by some caseworkers to finding a carer who matches a child's cultural background over and above all other considerations was not always appropriate. This issue was noted particularly for children and young people who have identified as Aboriginal and Torres Strait Islander, who can often end up in multiple placements over short periods of time.

Carers also discussed the practices associated with implementation of the Aboriginal Child Placement Principle. Carers held the view that the primary focus of caseworkers was on compliance with the principle (because performance in that area is publicly reported) and that this came at the expense of a focus on maintaining a stable placement. Several carers reported instances of having Indigenous children or young people in their care for lengthy periods, with the children and young people frequently being told that they would be moved 'soon', resulting in a very uncertain and unsettling situation for the child. However, these comments need to be balanced within the context of the potential harm of removing Aboriginal children from their families, community, land and culture.

Most carers at one carer consultation had experience in providing care for Indigenous children and young people. Carers indicated that, in some cases, more cultural support could be provided to children and young people, and greater support provided to non-Indigenous carers to enhance their understanding of Indigenous issues and culture.

Spirituality

Spirituality received strong support at carer consultations as a key focus area. Spirituality was commonly seen as the foundation for development of personal values and beliefs, which are usually aligned with the norms of the child's family and community. Spirituality was also embraced as a concept that incorporates a more holistic understanding of a child's health and well-being needs. One carer noted that spirituality is a key focus area nominated by the World Health Organisation as important to well-being.

The Melbourne consultation considered that spirituality was important for the child's development of connectedness and identity. The Hobart carers highlighted the importance of spirituality being an aspect of a child or young person that is developed, rather than imposed.

Emotional development

All carer consultations supported emotional development as a focus area for the National Standards. It was notable that carers considered the children and/or young people in their care to

be their children, and spoke of them in those terms. Carers whose families comprised biological children as well as foster children spoke in terms that did not distinguish between them.

Carers often considered emotional development to be a more important focus area than mental health, given the incidence of trauma in the care population. The Sydney consultation considered that emotional development should be grouped with the physical and mental health focus area.

A Melbourne consultation emphasised the importance of developing emotional resilience, independence, and confidence. At another consultation it was discussed that children and young people living in Out of Home Care are often not equipped to distinguish between appropriate and inappropriate behaviour directed towards them, and must be equipped to address this effectively.

At several consultations, carers questioned guidelines and/or caseworker advice about the relationship between carer and child.

The importance of age appropriate expectations was considered in several consultations. Carers commented that having 'high expectations' of young people should not be confused with placing responsibility inappropriately on young people. For example, some young people who have had considerable responsibility placed on them exhibit signs of pressure and anxiety, which is detrimental to their well-being. In another location carers noted that some very young children, particularly those whose parents are drug addicted, often exhibit "parentified" behaviour as a result of having to look after themselves and adults from an extremely young age.

Learning and achieving

The learning and achievement of children and young people living in Out of Home Care was discussed extensively across all carer consultations, with a mix of both positive and negative experiences raised. This area was seen by carers as essential for the National Standards.

The effective integration and engagement of children and young people living in Out of Home Care in schools was a recurring issue, and it was considered by many carers that some schools could do better. There were also examples provided of schools and teachers demonstrating positive commitment to improved outcomes for children and young people living in Out of Home Care. The expectation that children and young people in care have for their successful learning and achievement was also identified as an important component.

During one carer consultation it was noted that inadequate attention was paid to ensuring children and young people had a good education experience. Individual Education Plans, while a requirement, were rarely completed, and the education support provided to children and young people with a disability was considered to be particularly poor. In instances where a child was deemed to require additional or integration support, carers were unclear about whose role it was to pursue the support.

The obvious visibility of the additional support that children and young people living in Out of Home Care may require in schools were observed by carers to sometimes result in difficulties, such as stigmatising effects of the support provided by a special aide to assist with behaviour problems, or scapegoating of the child by their peers.

In some instances, schools may be misinformed or operating under a misunderstanding. An example was provided by a carer of the children in her care being asked to exclude themselves from class photographs, and of a young Indigenous person, who has been part of a winning basketball team, arriving home with a photo of the winning team but with her face having been rubbed out due to an interpretation of the requirement that children and young people living in Out of Home Care not be identified.

Children and young people living in Out of Home Care are often excluded from school, and every carer consultation included several examples of this practice. Many carers expressed the view that children and young people living in Out of Home Care were not welcomed by schools. At the extreme end, there were examples of children as young as five or six who were excluded from school for behavioural issues. One carer had a teenage boy in her care who she was attempting to home school following his exclusion from several local schools. Another carer had, at her own expense, enrolled the child in her care at the local Catholic primary school, following a pattern of exclusion from the local state primary school, whilst another carer told of the children in her care being asked not to attend school on the day when national testing was undertaken. At all consultations, carers considered that they were not provided with sufficient support to assist the child in their care, or to take on the education sector.

Improved integration and enjoyment of school may be achieved with greater flexibility in the types of assistance provided to children and young people in care who have special needs. The Sydney and Melbourne consultations suggested alternatives such as external and home tutoring as possible strategies. Proactive strategies to achieve successful participation and integration were also suggested, such as involvement in extra-curricular activities that encourage and provide leadership roles and opportunities.

Consultations also provided positive education examples. The Melbourne carers noted that they had observed an increase in awareness within schools of the importance of effective integration and engagement of children living in Out of Home Care. Of particular note were examples of primary schools proactively working towards the social development and integration of students living in Out of Home Care. One primary school had provided anger management classes for children, and their younger pre-school siblings (as prospective students), who had demonstrated signs of behavioural difficulties.

Stability in schooling is a key priority for learning and achievement. There were several examples of children and young people having to delay starting or missing substantial amounts of school because of placement issues. Sydney carers suggested improved and formal coordination processes, involving all key individuals, around the initial choice of school and the provision of ongoing support.

Suggestions for additional key areas of focus

In addition to the six key focus areas outlined in the National Standards for Out of Home Care Consultation Paper, the carer consultations suggested consideration of Identity and Stability. These were usually noted by carers as ideal outcomes that could be expected as a result of the effective implementation of the six key focus areas. Some carers felt strongly however that they should be nominated as focus areas.

Identity

Carer consultations acknowledged the imperative of children and young people living in Out of Home Care developing a strong identity. It was commonly considered to be an overarching outcome, best achieved through a ‘best interests’ approach.

A Melbourne consultation saw spirituality and religion as a key part of identity, whilst another Melbourne consultation considered identity as an additional key focus area for the National Standards. The carers noted the particular importance of a child living in Out of Home Care having access to significant others (such as extended family members) in developing identity. The carers also highlighted that related practical needs, such as identity records, should be kept in a way that is mindful of the child’s best interests.

The Adelaide consultation suggested that identity could fit into the key focus area of Culture and Community.

Stability

Stability was identified at all carer consultations as the most critical outcome and priority for children and young people living in Out of Home Care. Out of Home Care processes and practices play a key role in the achievement of stability.

Consultations also identified stability as a key issue because of its influence over all other outcomes. In particular, the carers noted the negative effects of high numbers of placement changes. Instability was also arising as a result of caseworker turnover, with many children and young people having had many caseworkers throughout their care history.

To whom should the National Standards apply (carers, community organisations, government)? Why?

All carer consultations held the view that the National Standards should apply to all relevant sectors.

The issue of whether the National Standards should apply to both formal and informal care arrangements was raised in many consultations, with views varying within groups. On the one hand, some participants indicated that the less they had to do with the formal care and protection system the better, while others held the view that the lack of formal support for and scrutiny of informal placements often led to a lesser standard of care. These widely varying views were most stark in one series of consultations, where some participants stated that they were reluctant to ring the government agency for fear of the placement being changed, and others holding the view that many Indigenous children and young people in kith and kin placements were not receiving adequate support and care. Again, care must be taken in interpreting these views as they need to be taken in the context of the harm that can be done by removing Aboriginal children from their families, community, land and culture.

A Melbourne consultation suggested that the National Standards should also apply for young people aged between 18 and 21 years, given that some young people may wish to stay in their Out of Home Care placement beyond the age of 18 years.

How should the National Standards for Out of Home Care be monitored and measured?

The need to improve monitoring and measurement of the effectiveness of Out of Home Care systems was commented on at all carer consultations.

The importance of independent and impartial monitoring and measurement was a consistent theme across consultations, and engaging an independent monitoring and reporting body was a frequently suggested strategy. The potential for such a body to also identify common and emerging issues within jurisdictions was highlighted at the Hobart and Sydney consultations as a key benefit of such an approach.

Many carers found it difficult to distinguish between a National Standards approach and the need to address what they saw as key deficiencies in practice standards or case practice approaches in their jurisdictions, and commented on the need for National Standards to guide the carer-caseworker relationship.

Carers considered that measurement and monitoring needed to be frequent, given that the circumstances of children, young people and carers can quickly change. The Brisbane consultation suggested that children and young people in care have assessments every 12 to 18 months against the six key focus areas of the National Standards. Measurement at key development stages or transition points was suggested by a Melbourne consultation in recognition of the key points at which the child may be vulnerable.

Some jurisdictions, such as Victoria, have implemented the Looking After Children (LAC) framework, and carers are familiar with the LAC action and assessment records. Some of these carers commented on the suitability of that approach for determining needs and assessing outcomes, although many carers commented on the need for a more streamlined approach than is currently in place. The Brisbane consultation considered that measurement and monitoring needs to be undertaken in a manner that does not stigmatise or traumatise the child.

The importance of both qualitative and quantitative measurement was discussed at a Melbourne consultation. The need for better qualitative data that identifies the unique needs of the child was highlighted. It was felt that quantitative tools can sometimes mask unique or individual issues. Quantitative measurement was considered necessary, however, as a means of ensuring greater accountability around outcomes for children and young people in Out of Home Care more broadly. Some carers commented that outcomes data for children and young people in care should already be available, and carers at both the Sydney and Adelaide consultations suggested that the National Assessment Program – Literacy and Numeracy (NAPLAN) data could be used to assess learning and achievement outcomes. The Adelaide carers encouraged monitoring the number of placements that Out of Home Care children and young people are experiencing.

Adopting a continuous improvement approach for the Out of Home Care system was raised at the Sydney consultation and both of the Melbourne consultations. It was felt that this approach would result in issues identified through monitoring and measurement being followed up. A comment from a Melbourne consultation indicated that the monitoring regime should also include consequences in order to deal with possible non-achievement of the National Standards. Some queried whether an appeals process would be required to support this process.

In contrast, carers at several consultations advocated for simplicity or more streamlined approaches, mindful of the resource commitments required to support such activity. Carers who held this view were mindful of the risk of creating a new bureaucracy that might consume resources that would be better utilised in supporting children and young people in care.

Most carers indicated that performance against the National Standards should be publicly reported.

Other issues

Carers at all consultations raised the matter of the financial support provided to carers. Carers highlighted the variations across jurisdictions in the level of foster care allowance paid, and the absence, or extremely low level, of financial and other support provided to kinship carers in some jurisdictions. In many instances, kinship carers are elderly grandparents with limited income and limited capacity to provide for the future needs of their grandchildren. A further issue consistently raised concerned the failure of state and territory governments to make provision for the additional costs borne by carers relating to homes and vehicles.

Several consultations raised the issue of the lack of a Superannuation Guarantee Contribution payment for foster carers. This was most commonly raised by carers who had made a 'career' of being a foster carer, and had been involved in providing care for 20 to 30 years.

Two consultations raised an issue concerning the use of family day care providers as foster carers, and the significant financial reimbursement discrepancies that have resulted.⁷⁹ Carers claimed that family day care providers are paid \$25 per hour, 24 hours per day, per child. Some family day care providers have several children in their care, providing them with a substantial income that bears no comparison with the foster care allowance paid to foster carers.

5.2.2 Implications for the National Standards for Out of Home Care

The consultations with carers highlighted a number of areas where changes are required to bring about improvements for children and young people living in Out of Home Care. The areas highlighted by carers span the policy, legal, administrative, financial and practice domains.

From the perspective of the carers who took part in the consultations, the following key implications for the National Standards for Out of Home Care have been identified:

- The National Standards should support higher rates of stability of placements in the Out of Home Care system. A large number of carers commented that a requirement to adhere to practice guidelines or particular policies, particularly where these requirements were monitored and reported, often took precedence over the need to secure and maintain a stable and positive placement for the child.
- The National Standards should support the development of collaborative practice and effective relationships between all parties involved in the care of the child or young person. At all consultations carers expressed the view that the quality of Out of Home Care was negatively

⁷⁹ Note that no verification has been made on this issue.

impacted by carers' lack of authority and the negative relationships that often developed between carers and caseworkers.

- The National Standards should support carers and workers to undertake their roles effectively in order to improve the quality of Out of Home Care. At all consultations carers indicated that the provision of training and support at all levels of the Out of Home Care system was an essential tool for maintaining confidence and capacity to undertake roles effectively.
- The National Standards should support improved and timely access to the services necessary to improve the physical health, mental health, and education outcomes, of children and young people living in Out of Home Care. At all consultations carers expressed the view that children and young people entering Out of Home Care were starting 'behind the eight ball' and all consultations highlighted the difficulties in accessing support services.
- The National Standards should support improved collaboration across service sectors in order to improve outcomes for children and young people living in Out of Home Care. A particular focus at the consultations was the role of the education sector in supporting children and young people living in Out of Home Care to participate in and complete school. While many carers felt that the education sector and some schools 'could do better', the manner in which Out of Home Care operated was also seen to be a factor contributing to poor education outcomes.
- The National Standards should support improved safety for children and young people living in Out of Home Care. At all consultations carers provided examples of decisions, procedures and practices that in their view placed children and young people in unsafe circumstances, and impacted on emotional development.
- The National Standards should apply, at a minimum, to formal arrangements in the Out of Home Care system. There was a diversity of views regarding wider coverage of the National Standards.
- The National Standards should be independently measured and monitored, and performance should be publicly reported.

5.2.3 Conclusion

Consultations with carers have raised issues and concerns at a range of levels in the Out of Home Care system. The key issues raised included the need to:

- improve stability in the Out of Home Care system by reducing caseworker turnover, reducing placement change, and encouraging the building of longer-term care relationships;
- improve the capacity of the carer to act as an advocate for the child by more formally recognising the role that carers play in the care relationship;
- develop more collaborative practices within Out of Home Care in order that all parties can work effectively in the best interests of the child;

- improve the availability of support services to address the identified needs of children and young people in care;
- implement practices and arrangements that enable children and young people to attend school and achieve good educational outcomes;
- better support and manage children and young people's transition from care; and
- improve the training and support provided for foster carers, and for kinship carers.

Carers were overwhelmingly in favour of developing National Standards, although there was divergence about the coverage of standards, they also indicated that the standards be independently monitored and measured, with performance publicly reported.

5.3 Non-government and government representatives – what they said

This section outlines the discussions and feedback from consultations and written submissions from non-government and government stakeholders. It includes:

- key themes;
- common issues raised during the discussions; and
- points of difference.

The KPMG Project Team undertook 14 workshops across Australia with 317 participants and received 46 written submissions.

5.3.1 Areas of focus

Family and Relationships to be a focus

In all discussions with non-government and government stakeholders, the need to put greater emphasis on maintaining family relationships was highlighted, particularly maintaining connections if the child/young persons placement changes. In Cairns, participants wanted these connections to remain regardless of placement moves, while in Brisbane, participants not only highlighted the need for maintenance of family relationships, but also for more work to be put into building better relationships with the aim of reunification – including more support for parents whose children and/or young people are living in Out of Home Care. This was reiterated in Hobart, however, carers' relationships with families was also raised as an area where further work and support was required. Ensuring that children and/or young people at least maintain a connection with family (be that birth parents, siblings or other family members) was considered to be of such significance that it warranted its own focus area within which the National Standards should be developed. Participants in Sydney, Brisbane, Melbourne and Port Augusta also noted that it was important for children and young people to understand where they came from prior to care and the reasons why they were placed in care. Finally, in order to develop a better sense of

their identity, and self worth, it was critical that maintenance of significant relationships with family was promoted, supported and facilitated by carers and case managers.

Identity to be recognised

Across the consultations, the discussion around identity centred on two positions. Many stakeholders contended that the achievement of good outcomes across the focus areas will assist in developing a child/young person's identity. The other side to the discussion was that a child or young person's identity was considered to be an important area on which to focus separately. In particular, the sense of identity was strong for Indigenous children and/or young people and there is a need for children and/or young people to be active contributors to the community in order to find their "sense of belonging" in the community. Further, across all discussions, the issue of documentation and life books was raised as one way of ensuring that children and young people understood where they came from, and there is a need for better documentary evidence of the child or young person's time living in Out of Home Care. Identity also needs to include discussions around self-presentation skills, sexuality and self-determination, and these need to be included in the care of children and young people in care. Participants also noted that the need for connection to community and culture needs to be maintained to assist with the development of the child/young person's identity.

Learning and Achieving to be expanded

While most participants across the consultations felt that learning and achieving was an important area of focus, there was consistent feedback that it was too narrowly defined. In order to address these, the following points were noted across the consultations:

- vocational training should be included in Learning and Achieving as this is a viable and well used education pathway;
- alternative education pathways should be included as children and young people in Out of Home Care can often disengage from the mainstream education system due to a variety of reasons that can be linked back to them being in Out of Home Care;
- ensuring the basic life skills are attained such as budgeting, self care skills and maintaining healthy habits were also seen as critical elements under Learning and Achieving; and
- participation in employment should also be a viable goal for those children and young people in care, particularly as this develops work experience to be used for future employment opportunities, provides an income and a sense of contribution and self worth.

These points were considered important as they all assist with transition from care and/or into adulthood. The skills learnt during childhood and adolescence should enable children and young people in Out of Home Care to transition effectively into adulthood. However, many participants felt that Learning and Achieving did not adequately reflect this and that an emphasis on learning that is not necessarily related to literacy and numeracy was as important.

Further, the accountability for Learning and Achieving was discussed in detail across the consultations with participants in all locations noting that the state and territory education departments should also be accountable for the outcomes of children and young people living in

Out of Home Care as it is their policies and actions that can contribute to exclusion from the mainstream education system.

Spirituality was seen as problematic

The term “spirituality” caused significant debate across the consultation workshops. There was some support for highlighting spirituality, although most agreed that the term itself was problematic due to the connotations of the term – generally considered to mean religious or associated with religion. Participants in Darwin indicated that Spirituality could be incorporated under Culture and Community as it is a particularly important element for Indigenous children and young people. This was reiterated in Alice Springs, while those in Adelaide noted that spirituality is important to one’s identity and could be incorporated into a separate area of identity.

However, most participants noted that the term could be updated, with examples including faith and community, and faith based activities and connections, to remove the connotations with religion (or the disproportionate weighting towards religion) and broaden the explanation of spirituality.

Participation is important

Participation was raised in the context of a range of settings, in particular:

- participation in community activities;
- participation in employment; and
- participation in decision-making activities that effect the care for the child/young person.

In Sydney, participants noted that Participation should be a stand-alone focus area, and that children and young people are provided opportunities to participate in a range of activities, ranging from cultural, sporting and school. Participants in Melbourne also noted that young people should also have the opportunity to be economic participants in the community, for example through part/time or casual work, which allows them to build independent financial skills, develop self-confidence and gain experience for future employment opportunities.

Further, as noted in Learning and Achieving, participants indicated that children and young people should be engaged in, and active participants of, the education system, including attending school, but also if this is not appropriate then having access to alternative education settings and/or undertaking vocational training.

Importantly, most participants indicated that children and young people should also participate in any decision-making processes such as case planning and placement changes. This sentiment was reiterated across most consultation sessions with participants noting the importance of children and young people having some sense of control of their lives and the pathways available to them.

Participation is critical...
That participation of children and young people in Out of Home Care decision making should be considered across all aspects of well-being...
NSW Children’s Guardian Submission

The overwhelming sentiment was that children and young people living in Out of Home Care should be able to participate in activities they enjoy and that make them happy.

5.3.2 Important factors for National Standards

Improved Carer support and training

Improved carer support and acknowledgement of the work they undertake was universal feedback across all consultations. This support included:

- better training opportunities such that carers are skilled enough to deal with issues arising from the children and young people in their care;
- inclusion in care team processes and recognition of the contribution they can provide regarding input into care plans and needs for children and young people;
- recognition of the work they undertake and the circumstances upon which they sometimes do this work;
- provision of respite services for carers in order to allow some time out from their caring responsibilities; and
- improved financial incentives for all carers.

Carer Support...

Trained and authorised carers from a range of cultural backgrounds and with a range of skills and attributes to match the needs of children and young people in out of home care

Department of Human
Services, NSW,
Submission

The Benevolent Society in their submission stated that if these “*issues are not addressed then the lack of viable places available for children and young people will render any National Standards ineffective*”.

This support is needed not only for foster carers, but importantly also for kinship and professional carers. In Adelaide, for example, participants noted that carers should be recognised for their skills and be placed on an equal footing as social workers, while those in Darwin considered that carers should have the opportunity to become more highly skilled in order to deal with often complex and challenging behaviours of children and young people.

Transition from care

As with carer support, transition from care was raised at every session, particularly in regards to how poorly this is being undertaken. Participants in Sydney highlighted that transition planning and access to services and supports must be undertaken so that young people leave care successfully. Discussions ranged from providing access to services post leaving care, ensuring transition planning starts early in the care period, and the notion that support should not stop once the young person has turned 18 years of age. Some

Transition planning...

- Transition plans for children leaving care should be required by the National Standards
- These plans must include support and resources for ongoing support as adults.

SNAICC Submission

participants highlighted the UK as an example where support is provided on an ongoing basis until 22 years of age, with less frequent contact and support provided until 25 years of age.

Many stakeholders cited the literature, which highlights that young people transitioning from Out of Home Care comprise arguably one of the most vulnerable and disadvantaged groups in society. Many young people experience multiple disadvantages resulting from their abuse or neglect prior to entering care, their often negative experiences in care, and the lack of support provided to them as they transition from care. Compared to most young people, they face particular difficulties in accessing educational, employment, housing, and other developmental and transitional opportunities.⁸⁰

The state and territory Children’s Guardians and Commissioners put forward a joint submission that reiterated the views of stakeholders – “*that the National Standards achieve appropriate supports for the transition from care process*”. This submission also put forward a model whereby young people aged 15 to 25 years would receive support by specialised Transition from Care teams in each state and territory. In Perth, this notion was taken one step further by suggesting that the transition process and responsibility for the outcomes post care, requires a Whole of Government approach. Further, it was apparent that all participants felt the current age for support ceasing (in most cases 18 years of age) was inadequate, and that support should be provided until the young person has established themselves within the community (at least until 22 years of age).

Provision of therapeutic support services

Access to support services for children and young people was discussed at length during the consultations, with the majority of participants noting that children and young people living in Out of Home Care require better access to therapeutic support services. In particular, this was identified as important to address issues that many children and young people living in Out of Home Care face on a daily basis. Participants in Hobart noted that the need for access to therapeutic services should be identified as soon as children and young people enter care and that, importantly, these services must be delivered. While participants in Coffs Harbour also noted that it is not just access to therapeutic services that is required, but also a therapeutic care approach for all children and young people living in Out of Home Care. It was noted that a shift is required from a minimum safety approach during placement, to finding placements that enhance well-being and development. This was also raised in the Australian Childhood Foundation submission which noted that a key driver for good outcomes is “*the extent to which the environments the child experiences are therapeutic and allow for healing*”.

High quality health services...

“If we are truly committed to ensuring better outcomes for children in care then access to health services must encompass therapeutic services in recognition of the abuse and trauma children in care have suffered”

PeakCare submission

Notably, there was unanimous agreement that identifying the need for therapeutic support, ensuring access and providing support was required to address the trauma issues that children and young people may face.

⁸⁰ Mendes, Philip (2009) 'Young People Transitioning from Out-of-Home Care: A Critical Analysis of Australian and International Policy and Practice', *Australian Social Work*, 62: 3, 388-402.

Maintaining contact and connecting with family members

As noted in the above discussion regarding the areas of focus, maintenance of connection to family was considered critical to ensuring good outcomes for children and young people in Out of Home Care. This again was universal feedback across the consultations and, as a result, has been recognised with a separate area of focus such that the National Standards are developed to support connections with family. Both CLAN and FIN highlighted the need for maintenance of familial relationships (particularly with parents and siblings) in their submissions. However, it should be noted that the majority of stakeholders also noted this as a precondition to good outcomes.

Stability of children and young people in care

The notion of stability was raised across the consultations and in varying contexts, including stability of:

- placement;
- relationships;
- carer; and
- education.

While most people highlighted that the optimum outcome is for a child to have a stable placement, it was acknowledged that this is not always possible for a variety of reasons (such as breakdown in relationship with carer, not culturally appropriate etc). However, there must be some stability in the child/young person's life to assist with development and building resilience and confidence. Most participants noted that actual placement itself can determine the stability of the child or young person in that, if the placement is not within or close to their community, it will be difficult to maintain contact with family and friends, and may require the child or young person to move schools, further disrupting their network of friends and activities.

Participants noted that stability in any of these areas would be beneficial and that support for, and development of, appropriate strategies is required so that relationships, networks and education are maintained, as these are critical to ensuring a stable placement.

Information sharing

Information sharing regarding medical history and difficulty in accessing appropriate information was raised as an issue by stakeholders – with disruptions in the lives of children and young people leading to slippage or omissions in follow-up on general health, dental and other issues. This was also raised with regard to the lack of information provided to carers and/or agencies on children and young people placed in their care. Importantly, this does not allow a carer or agency to understand the 'full picture' of the child's life history so that care can be provided that is tailored

Shared responsibility...

Birth parents to the fullest extent feasible to be engaged in raising their children in partnership with the State or its funded agency...

CLAN submission

What helps with stability?

Life Without Barriers suggest the following for placement stability:

- carer training and support
- manageable caseloads
- continuity of case workers
- timely decisions by courts and caseworkers
- a strong attachment between the child and carer(s)
- stability of school placement.

and responsive to the child's needs. Stakeholders raised the use of electronic or paper based health 'passports' to assist with continuity of health care.

5.3.3 Application of National Standards

This question was vexed across the stakeholders, with varying levels of agreement regarding the coverage of the National Standards. Inherent in this discussion was the applicability of the standards to the following groups:

- kinship carers, where no relationship exists with an agency and has not been mandated by a court order; and
- care arrangements that are not within the purview of child protection agencies, such as disability accommodation, juvenile justice arrangements and other care arrangements.

Participants were divided about whether the National Standards should have application where no formal arrangements exist with kinship carers, citing the difficulty in monitoring and measuring whether outcomes are being met. Participants in Cairns noted that National Standards should apply to all sectors and stakeholders and those expectations for kinship carers should not be different. The New South Wales Children's Guardian took a slightly different view in suggesting a stepped implementation of the National Standards with initial coverage of those children and young people in statutory care, and then further coverage of voluntary care arrangements after an evaluation of the National Standards.

A common view was that the National Standards apply to all parties within the system (such as Government, and non-government organisation carers) but with varying applicability depending on what influence they have over system outcomes. This was raised in Brisbane, Sydney and Melbourne (Box Hill).

Further discussions were held around what accountability arrangements are in place for other government agencies that have an ability to influence outcomes of children and young people in care. Principally, this would involve Education and Health departments, however, in some sessions, Juvenile Justice was also raised. This point gained momentum throughout the consultations and is especially important given the Out of Home Care system can only be responsible for certain outcomes. Most participants agreed that these National Standards should also apply to a wider mix of government agencies so that they are held accountable for practices and policies that do not assist with the development and attainment of children and young people in care.

Simply put, the question of "to whom the National Standards should apply" generated further questions for consideration, such as what to do with kinship carers, how to support other system participants who are not within the Out of Home Care system to meet and be accountable for National Standards, and how much influence over voluntary care arrangements can the Out of Home Care system reasonably expect to have.

5.3.4 Monitoring the National Standards

The discussion regarding the monitoring of National Standards centred on the notion of an independent monitoring process for the National Standards, particularly independent from Out of Home Care

Home Care funding bodies. The need for independence was a strong principle in ensuring that outcomes were reported and made transparent. Options discussed during the consultations included:

- a National Children’s Commissioner/Guardian that would have responsibility for monitoring and reporting against the outcomes of the National Standards;
- a combination of external and self assessment with findings to be made public at a state/territory level; and
- the CREATE Foundation could be funded to provide a ‘report card’ on each state and territory.

These models were put forward in the context of public reporting, irrespective of the outcomes of assessments against the standards.

Further, a number of points were raised regarding the process of monitoring and what needs to be in place for this to occur including:

- development of appropriate data recording systems to allow for data collection and, more importantly, for data use;
- ensuring a range of stakeholders are included in the monitoring/measuring process; and
- That monitoring did not place any extra burden for agencies in working within the National Standards framework.

In all consultations, the need to include the child and young person in the monitoring process was considered critical, particularly given that some areas of focus can only be measured by seeking direct feedback from the child/young person about their experiences in care.

Overall, the monitoring of the National Standards should:

- be undertaken by an independent third party separate to the funding agency for Out of Home Care;
- place no extra burden on agencies;
- include the ‘voice of the child’; and
- ensure findings are made public.

5.3.5 Implications for National Standards for Out of Home Care

The consultations with non-government and government stakeholders highlighted a number of areas where changes are required to bring about improvements for children and young people living in Out of Home Care. These include that the National Standards should:

- Support carers and workers to undertake their roles effectively in order to improve the quality of Out of Home Care.
- Support improved and timely access to the services necessary to improve the physical and mental health outcomes, and education outcomes, of children and young people living in Out of Home Care, in particular therapeutic services.
- Support higher rates of stability in the Out of Home Care system, whether that is stability of placement, relationship or education. Ensuring children and young people are placed appropriately in the beginning should also be a goal of the system which in turn may lead to greater levels of stability.
- Encourage maintenance of and connection to family in order to assist with stability and development of children and young people and ensure that family and children are included in the decision-making processes where appropriate.
- Seek to improve the transition from care process and provide better support to young people transitioning from care.
- Be independently measured and monitored, and performance should be publicly reported.
- Not place any additional burden on agencies.

The coverage of the National Standards is considered a complex issue that requires further discussion.

5.3.6 Conclusion

Consultations with non-government organisations and government stakeholders have raised issues and concerns at a range of levels across the Out of Home Care system, however, most participants were in favour of developing National Standards. The issues raised are not insurmountable; however, they require careful consideration in order to implement the National Standards on the best possible foundation. Principally, the issues to do with carer and workforce support need to be addressed given they are the primary mechanism for looking after children in care. Transition from care is also an element that requires better support and focus as, if this is not undertaken appropriately, it impacts individuals and other parts of the service system (such as housing, health and education).

5.4 How does this feedback shape the National Standards?

This section outlines a number of issues and areas that have emerged as being critically important for the development of National Standards for Out of Home Care based on the consultations and written submissions.

5.4.1 Shaping the National Standards – a shifting view

The following issues raised during the consultations have influenced the refinement of the areas of focus for children and young people's health and well-being, and the National Standards.

- **Maintaining Family Connection**

Knowing their family, and maintaining family connection was a priority for the young people who took part in the consultations, as it was for non-government organisations and government stakeholders. The young people who participated in the consultations identified the importance of knowledge of their birth family, even where they had subsequently had minimal contact, and many spoke about developing and strengthening contact with their birth family as a priority. This included ways of developing relationships with their siblings, some of whom were also in care but in different placement arrangements. All young people spoke of the need 'to belong', and the importance of having people who cared about them. While many carers spoke of positive relationships with the parents and families of children and/or young people in their care, the need to maintain family connection did not emerge as a priority focus in the carer consultations.

- **Stability**

All stakeholder groups commented on the need for the National Standards to support higher rates of stability in the Out of Home Care system. It is notable that for the young people who participated in the consultations 'stability' is a broader concept than placement stability; it relates to life more generally and includes stability of relationships, stability in schooling and stability of community and/or participation in community activities such as sports teams. Young people spoke of their wish to be nurtured in a supported, protective and caring environment, which many felt could be achieved through improved placement matching.

- **Supporting Transition from Care**

All stakeholder groups commented that children and young people living in Out of Home Care need to be supported to determine their future and becoming independent, and considered that National Standards could establish the conditions for this to occur. Many of the young people who participated in the consultations were leaving or had recently left care, and all spoke of the importance of suitable leaving care or transition care and support arrangements. All spoke of the need for continued follow up and support, as they often did not have strong informal support networks. The consultations with non-government organisations and government stakeholders also considered that the National Standards had a role to play in improving the transition from care process.

- **Training and Support**

The need for the National Standards to support carers and workers to undertake their roles more effectively was a theme at all stakeholder consultations, with the training and support provided to carers a particular focus. Young people commented on the need for those working with them to be adequately qualified. Non-government organisations and government stakeholders identified the need for improved carer support and better acknowledgement of the work they undertake. This incorporated better training opportunities to improve carer skill and better equip them for caring for challenging children and young people. Non-government organisations and government stakeholders identified other supports: greater recognition for the work undertaken by carers and the circumstances in which it is undertaken, providing

respite services for carers in order to support their caring responsibility, particularly where caring responsibilities are challenging, and improving the financial support paid to carers. Carers saw the provision of training and support was an essential tool for maintaining their confidence and developing their capacity to undertake the caring role effectively. Many carers saw the level and quality of training and support provided as a significant influence in carers' decisions about whether to continue in the role.

- **Improved Practice and Relationships**

All stakeholder groups commented on practice and relationship issues, with comments generally informed by each stakeholder perspective. For young people improvement in this area includes changes to decision-making and communication processes for identifying options for meeting the best interests of the child or young person. Importantly for young people, this process should be inclusive of the child or young person, and be based on respect and understanding. Non-government organisations and government stakeholders identified the need to include carers in care team processes, acknowledging their contribution to care plans. Carers supported the development of collaborative practice between all parties involved in the care of the child or young person. Carers commonly saw that the quality of Out of Home Care was negatively impacted by their lack of participation in decision-making, something that too often led to negative relationships between carers and caseworkers.

- **Improved Access to Support Services**

All stakeholder groups emphasised a need for the National Standards to support improved and timely access to the services that children and young people living in Out of Home Care require. Particular mention was made of services that address physical and mental health issues, and education services. Young people participating in the consultations, many of whom were living in residential care, expressed this need in terms of ensuring that they are cared for in conditions that encourage respect, provide security, and promote healthy living. Young people also spoke of the need for supports such as education, medical, health services, and counselling support. Many carers spoke of their experience of issues arising from the untreated trauma of the children and/or young people in their care, and considered access to support services as vital, particularly because they had found such services so difficult or impossible to access. Non-government and government stakeholders also noted the need for the National Standards to support access to services necessary to improve physical and mental health outcomes, in particular therapeutic services, and education support for children and young people living in Out of Home Care.

5.5 Conclusion

Consultations with stakeholders have raised issues and concerns across a range of levels in the Out of Home Care system, and have also revealed a high level of support for developing National Standards as a mechanism to address some of the most serious issues.

The issues raised require careful consideration and in particular require consideration of the role the National Standards might play in developing strategies to address them. Many of the issues identified will require action on a range of fronts: developing and maintaining the carer sector and caseworker workforce; improving the availability of therapeutic services; improving the response of the education sector to children and young people living in Out of Home Care, and developing

effective transition from care arrangements, are all examples of issues that require focus and effort above and beyond the National Standards.

The support for National Standards that has emerged from these consultations is accompanied by the predominant view that the National Standards should apply broadly, certainly to all involved directly in the provision of Out of Home Care (in formal arrangements)⁸¹ and in some instances beyond, that they are monitored and measured independently, and that they are publicly reported.

⁸¹ Noting the divergent views regarding formal and informal care arrangements.

6 National Standards for Out of Home Care

This section provides an overview of:

- the principles underpinning the National Standards for Out of Home Care; and
- the proposed National Standards for Out of Home Care, including rationale.

The section concludes with a summary and highlights some implementation issues that are further discussed in section seven.

6.1 Principles for the National Standards

The proposed National Standards have been based on the following principles which have been informed by the consultation process.

The principles include:

- **Care provided to children and young people living in Out of Home Care is focussed on their best interests and maximising their potential**

Rationale: All children and young people in care should expect to have their best interests as the primary concern for the decisions about their care arrangements.

- **Children and young people living in Out of Home Care are provided with opportunities for their voice to be heard and respected**

Rationale: Children and young people need to be able to say what they feel about their experience in care and be listened to.

- **Children and young people living in Out of Home Care have their privacy respected**

Rationale: Children and young people need to be able to feel safe and protected, without the stigma associated with being in Out of Home Care.

- **Children and young people living in out of home care are provided with a level of quality care that addresses their particular needs and improves their outcomes.**

Rationale: The National Standards need to be measurable in order to ascertain performance and identify areas of improvement, and be able to be monitored to validate that system performance is improving.

- **The National Standards should add value to the current state and territory arrangements and not be unnecessarily burdensome**

Rationale: The National Standards provide mutual recognition to current arrangements to minimise additional administrative burden on governments and non-government organisations.

- **Continuous improvements are made to enhance the life outcomes of children and young people living in Out of Home Care**

Rationale: The National Standards should drive system improvement to raise the performance of the system and deliver positive outcomes for children and young people living in Out of Home Care. The National Standards should focus on quality to drive system improvement on a continuous basis.

- **Changes to the Out of Home Care outcomes for children and young people are measured, monitored and reported in a transparent and consistent manner**

Rationale: Performance against the National Standards will be transparent to maximise confidence in the outcomes of Out of Home Care and performance reporting.

- **Carers are key stakeholders and partners in the system**

Rationale: Carers are the critical support for the child/young person and should be viewed as a partner in the care of the child/young person.

6.2 Overview of the proposed National Standards

The table below provides an outline of the National Standards and includes:

- the proposed National Standards; and
- the rationale for including each Standard.

Table 2: National Standards for Out of Home Care⁸²

Rationale	Potential Standard
<p>Children and young people needing care often arrive after experiencing a family crisis, domestic violence, forms of abuse or neglect. To address ongoing mental health and trauma-related issues, these children and young people must have their health assessed and their safety and security assured. From the outset, careful thought should go into placing these children and young people with suitable carers, with the children/young people and carers given a say in the home they go to.</p>	<ul style="list-style-type: none"> • Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care. • Standard 2. Children and young people participate in decisions that have a significant impact on their lives. • Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle. • Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements. • Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed.

⁸² Please note that these take on the concepts of timeliness and appropriateness which must be defined and agreed upon by all parties so there is consistency in measurement and collection of data across all jurisdictions.

Rationale	Potential Standard
	<ul style="list-style-type: none"> • Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms.
<p>Children and young people in care should experience “growing up” in the same way as other children and young people. Highly traumatised and vulnerable children and young people can find it hard to go to school, pursue training, move into jobs and build the skills they need for an independent life. Even engaging in social activities can be hindered, which can affect confidence and social skills. Children, young people and their carers may feel reluctant to ask for help in accessing the opportunities that will allow children to participate and achieve.</p>	<ul style="list-style-type: none"> • Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care. • Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment. • Standard 9. Children and young people in care are supported to participate in social and/or recreational activities.
<p>Emotional care is just as important as physical health for children and young people who are separated from their birth family. Children and young people can lose their sense of identity, particularly those with Indigenous or culturally and ethnically different backgrounds. Maintaining family, cultural, spiritual and community links can strengthen children and young people’s sense of identity and help them feel loved and accepted in their homes.</p>	<ul style="list-style-type: none"> • Standard 10. Children and young people in care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up. • Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis.

Rationale	Potential Standard
<p>The important people who are providing care need to have training and support to help them deliver the best care possible in often complex circumstances. The children and young people too must be confident that their carer understands them, listens and knows how to plan for the future. Most importantly, children and young people must feel safe and secure with their carer.</p>	<ul style="list-style-type: none"> • Standard 12. Carers are assessed and receive relevant ongoing training development and support. • Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan.
<p>‘It’s time to leave’ sounds easy, but transitioning out of care can be one of the most difficult stages. Children and young people should keep special memories and information about their time with families so they can maintain a sense of identity. Young people moving to an independent life will need emotional resilience as much as practical help to prepare for the future.</p>	<ul style="list-style-type: none"> • Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation.

7 Considering Implementation

This section provides an overview of a number of issues that require attention for a smooth implementation process. Many of these issues were raised throughout the consultation process and have been noted for completeness. These issues include:

- alignment and mutual recognition of current state and territory standards;
- coverage of the National Standards and implications for placement options;
- establishing a minimum data set and baseline data;
- quality improvement versus compliance; and
- monitoring and reporting of the National Standards.

These issues are discussed below.

7.1 Alignment with current state and territory standards

A number of the National Standards for Out of Home Care are similar to standards already in place in a number of jurisdictions. **Appendix A** provides a comparison of the proposed National Standards to current state and territory standards.

Alignment with current state and territory standards is critical to minimise administrative imposts in the service system. State and territory monitoring regimes in most instances are relatively recent, and substantive investment has been made in developing these systems and processes. It is intended that the National Standards will provide for mutual recognition wherever possible, rather than add another layer of reporting.

7.2 Coverage of National Standards

As noted in the consultation summary the issue about who is covered by the National Standards was a point of contention with all stakeholders groups. In general, at an aspirational level, all parties agreed that all stakeholders involved in the provision of Out of Home Care services should be covered by the National Standards. Some groups went so far as to suggest that the National Standards could create a benchmark for all who are involved in supporting children and young people during their journey through childhood and adolescence.

The majority of stakeholders recognised the challenges involved in determining who should be covered by the National Standards. The groups that consistently presented most challenges in terms of coverage were:

- Kinship carers, where no relationship exists with an agency and where the arrangement has not been mandated by a court order. Participants were divided about whether the National Standards should have application where no formal arrangements exist with kinship carers, citing the difficulty in monitoring and measuring whether outcomes are being met.

- Care arrangements that are not in the purview of child protection agencies, such as disability accommodation, juvenile justice arrangements and other care arrangements. When coverage of these sectors was raised, there was a consistent view that they should be subject to similar standards even though they do not fall under the formal definition of Out of Home Care.

One option to consider may be the New South Wales Children's Guardian's proposed path of having a stepped implementation of the National Standards, with initial coverage confined to those children and young people in statutory care, followed by coverage of voluntary care arrangements after an evaluation of the National Standards. Possible extension to other care areas such as disability, and juvenile justice (also proposed by the Association of Children's Welfare Agencies submission) could be considered later.

In addition to the issue of coverage is the need to consider the impact the duration of the placement has on the capacity of the Out of Home Care system to respond to the full suite of requirements that arise from the National Standards. For example, participants in the consultations (principally representatives from non-government organisations and government agencies and departments) noted that it would be difficult to have a positive impact on a child/young person's outcomes if the child or young person is only in Out of Home Care for a short period (less than 6 months) compared to those in care long-term, or on a permanent basis.

7.3 Minimum data set

With regards to Out of Home Care there is limited consistency in data items collected across jurisdictions that enable ready comparison. Accurate measurement of performance against the National Standards, both within jurisdictions and between jurisdictions, is dependent on the collection of consistent and comparable information of data items across jurisdictions.

While the Australian Institute of Health and Welfare provides some national data on the Out of Home Care system, this is reliant on jurisdictions providing the information. At present this is underpinned by different data collection processes and data counting rules. In order to measure and monitor the National Standards, a minimum data set and agreed counting rules must be developed, to collect consistent and common information that reflects current performance at client, organisation, state and territory, and national levels. This would draw on existing collections and processes wherever possible.

7.4 Establishing the baseline

In order to improve the system at an individual, organisation, state and territory, and national level it is necessary to understand the 'as is' state of the system that is being monitored, so that realistic performance targets can be established. This would allow areas where performance is not at the required levels to be focussed upon in the first instance.

7.5 Quality improvement

The benchmarking of the National Standards must increase over time so that there is a focus on continuous improvement rather than meeting minimum requirements. In order to achieve this,

review mechanisms must be agreed so that the benchmarks can be updated to reflect contemporary practice and research evidence.

7.6 Monitoring of the National Standards

Consistent feedback from the consultations suggested monitoring should be undertaken by an independent body.

There are a range of options that could be used to independently monitor the National Standards, including;

- Government requirement for self assessment, planning and reporting;

In some respects this regime is currently in place in jurisdictions across Australia. However, this approach is complemented with external assessments undertaken by the Children's Guardian/Commissioner, Government Department responsible for Out of Home Care, or an external third party.

- Establish new registration and inspection processes;

This is the route that England, Wales and Scotland have taken over recent years, with all residential facilities and all government (Local Authority), not-for-profit and private fostering services being registered by new independent regulatory bodies, and being inspected against their minimum national (country specific and not UK-wide) standards.

It should also be noted that common to all of these jurisdictions, is public availability of all inspection reports via the websites of the regulatory body. Higher level monitoring can also be achieved: in Scotland for example, a report was prepared in 2007 that aggregated data from individual inspections to 'paint a picture' of what was happening nationally.⁸³

- External accreditation of government, private and not-for-profit organisations by an existing or new Australian independent body;

This is a strong feature of Out of Home Care in the US and Canada with a focus upon organisational excellence. While there are a range of, and to some extent competing, accreditation bodies in place in North America with their own systems of standards and monitoring, they generally seem to operate in similar ways. One of the best known and possibly the one that is most focused upon the needs of children, young people and families is the New York based Council on Accreditation (COA).⁸⁴

- Incorporation of National Standards into current state and territory standards;

⁸³ Scottish Commission for the Regulation of Care (2007). *The quality of fostering and adoption services in Scotland* [Electronic Version]. Retrieved 10/10/08 from http://www.carecommission.com/index.php?option=com_content&task=view&id=5736&Itemid=16

⁸⁴ Refer to <http://www.coastandards.org>

All Commissioners for Children (or variations including Children’s Guardian in NSW and Child Safety Commissioner in Victoria) have responsibility in some shape or form for monitoring Out of Home Care.

- Accountability of state and territory governments are accountable to the Commonwealth government;

The United States of America has a Child and Family Service Review system in place whereby the Federal government monitors the performance of states through federally conducted evaluations of state child welfare systems by reviewing outcomes in three main areas (Safety, Permanency, and Well-being) as well as seven systemic factors.⁸⁵ Administered by the Children’s Bureau which is part of the Department of Human Services, the purpose is measure compliance with federal policies. Where states are deemed to not comply, they are given an opportunity to put a case forward before financial penalties are imposed.

- Commissioning and publishing more Out of Home Care research and evaluation;

Thinking of the term ‘monitoring’ in a broader and more national context, an option that might complement another approach would be to have a larger and ongoing national Out of Home Care research and evaluation programme in place. This would enable ‘richer’ data to be collected on the experiences on children and young people in Out of Home Care whilst also allowing for some generalisations to be made.

- Monitoring against forms of data already collected;

None of the jurisdictions monitored Out of Home Care standards by such means. However, this approach forms part of the Child and Family Service Review system in the United States of America although they also use site visits as well.

- Publish results.

As highlighted from the consultations, publishing results may also be seen as a legitimate form of monitoring.

7.7 Conclusion

The issues outlined above represent some of the challenges to the implementation of National Standards. To resolve these issues, the Commonwealth, state and territory governments and the non-government sector will need to continue to work collaboratively.

⁸⁵ Refer to <http://www.acf.hhs.gov/programs/cb/cwmonitoring/>

A Alignment of the proposed National Standards to current state and territory standards

Table 3 provides a summary which indicates the degree of alignment between the proposed National Standards and current state and territory standards.

Table 3: Alignment to current standards

Jurisdiction	Some Similarities	Similar	Good Alignment
South Australia			Yes – strong alignment
Queensland			Yes – Strong Alignment
New South Wales			Yes – Strong Alignment
Victoria			Yes – Strong Alignment
Western Australia		Yes – Similar	
Australian Capital Territory		Yes - Similar	
Northern Territory	No standards available for comparison		
Tasmania	No standards available for comparison		

The following tables provide an overview of how the National Standards compare to current state and territory state and territory standards.

Table 4: National Standards compared to Western Australian arrangements

Proposed National Standards	Western Australia	Alignment with Proposed National Standards
Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care	Standard 1: Assessing the wellbeing of a child	Yes, particularly with WA standards:
	Standard 2: Protection and safety of children and young people	Standard 1
Standard 2. Children and young people participate in decisions that have a significant impact their lives	Standard 3: Safety for children and young people in care	Standard 2
	Standard 4: Responding to the needs of children and young people and families.	Standard 3
Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle	Standard 5: Planning with children, young people, their families and carers	Standard 4
	Standard 6: Children and young people in placement	Standard 5
Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements	Standard 7: Accountability and governance	Standard 6
	Standard 8: Carers and staff recruitment, training, assessment and support	Standard 8
Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed	Standard 9: Complaints and disputes.	Standard 9
Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms		
Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care		
Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment		

Proposed National Standards

Western Australia

**Alignment with Proposed
National Standards**

Standard 9. Children and young people in care are supported to participate in social and/or recreational activities

Standard 10. Children and young people in care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up

Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis

Standard 12. Carers are assessed and receive relevant ongoing training development and support

Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan

Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation

Table 5: National Standards compared to South Australian arrangements

Proposed National Standards	South Australia	Alignment with Proposed National Standards
Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care	Standard 1 Entering care: requiring all care providers to individually match young people to suitable placements	Yes, particularly with SA Standards:
Standard 2. Children and young people participate in decisions that have a significant impact their lives	Standard 2 Case management: requiring Families SA case workers to meet best practice standards in working with young people, their families and carers	Standard 1
Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle	Standard 3 Care provision: applying to family based (foster care, relative care and kinship care) and non family based care arrangements (residential care, transitional accommodation, commercial care workers, congregate care and independent living) and requiring that contracted care providers provide a safe and secure living environment suitable for young people’s needs and subject to regular monitoring and review	Standard 2 Standard 3 Standard 4 Standard 5 Standard 7
Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements	Standard 4 Participation: requiring that children, young people, their families and carers are supported to participate and make decisions in their case planning	
Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed	Standard 5 Care records; requiring that the sector maintains records to appropriate standards including confidentiality standards	
Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms	Standard 6 Customer relations: mandating the appropriate response to all customer complaints	
Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care	Standard 7 Transition planning: requiring transition planning to occur for young people entering care to the point when they leave care	
Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment	Standard 8 Sector partnerships:	
Standard 9. Children and young people in care are supported to participate in social and/or recreational activities		

Proposed National Standards	South Australia	Alignment with Proposed National Standards
<p>Standard 10. Children and young people in care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up</p>	<p>requiring that government and non-government service providers work in partnership to deliver services to young people</p>	
<p>Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis</p>		
<p>Standard 12. Carers are assessed and receive relevant ongoing training development and support</p>		
<p>Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan</p>		
<p>Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation</p>		

Table 6: Proposed National Standards compared to Queensland arrangements

Proposed National Standards	Queensland	Alignment with Proposed National Standards
<p>Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care</p>	<p>Outcomes indicators:</p> <ul style="list-style-type: none"> • Effective Assessment 	<p>Yes, strong alignment with all.</p>
<p>Standard 2. Children and young people participate in decisions that have a significant impact their lives</p>	<ul style="list-style-type: none"> • Appropriate Interventions • Safe Out of Home Care 	
<p>Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle</p>	<ul style="list-style-type: none"> • Stable Out of Home Care • Best Health Possible • Best Education Possible 	
<p>Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements</p>	<ul style="list-style-type: none"> • Individual Needs Met • Special Needs of Aboriginal and Torres Strait Islander Children met 	
<p>Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed</p>	<ul style="list-style-type: none"> • Successful reunifications 	
<p>Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms</p>	<ul style="list-style-type: none"> • Successful transitions to independence 	
<p>Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care</p>		
<p>Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment</p>		
<p>Standard 9. Children and young people in care are supported to participate in social and/or recreational activities</p>		
<p>Standard 10. Children and young people in</p>		

Proposed National Standards	Queensland	Alignment with Proposed National Standards
<p>care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up</p> <p>Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis</p> <p>Standard 12. Carers are assessed and receive relevant ongoing training development and support</p> <p>Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan</p> <p>Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation</p>		

Table 7: Proposed National Standards compared to New South Wales arrangements

Proposed National Standards	New South Wales	Alignment with Proposed National Standards
<p>Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care</p>	<p>Standard 1: Children and young people are treated in accordance with the United Nations Convention on the Rights of the Child and the Charter of Rights for children and young people in out-of-home care in NSW.</p>	<p>Yes particularly with NSW standards:</p>
<p>Standard 2. Children and young people participate in decisions that have a significant impact their lives</p>	<p>Standard 2: Children and young people are cared for in safe, nurturing environments which are tailored to their specific needs.</p>	<ul style="list-style-type: none"> • Standard 2 • Standard 3
<p>Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle</p>	<p>Standard 3: Children and young people have a positive sense of identity.</p>	<ul style="list-style-type: none"> • Standard 4 • Standard 5 • Standard 6 • Standard 7
<p>Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements</p>	<p>Standard 4: Children and young people have placements which facilitate the involvement of their families, communities and other significant attachments.</p>	<ul style="list-style-type: none"> • Standard 8 • Standard 9 • Standard 10
<p>Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed</p>	<p>Standard 5: Children and young people actively participate in decision-making processes relating to their lives.</p>	<ul style="list-style-type: none"> • Standard 11 • Standard 13
<p>Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms</p>	<p>Standard 6: Children and young people and their families have their rights to confidentiality and privacy respected and they have fair processes to resolve complaints.</p>	<ul style="list-style-type: none"> • Standard 14 • Standard 20
<p>Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care</p>	<p>Standard 7: Children and young people are cared for in placements which meet their specific emotional and social needs.</p>	
<p>Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment</p>	<p>Standard 8: Children and young people have their health and developmental needs assessed and addressed.</p>	
	<p>Standard 9: Children and young people reach their educational potential.</p>	
	<p>Standard 10: Children and young people have initial assessments based on their best interests and are placed according to their identified needs and, where relevant, the Aboriginal and Torres Strait Islander Placement Principles.</p>	
	<p>Standard 11: Children and young people have case plans which have been developed through formally constituted case conferences which lead to stable placements based on permanency planning principles that best meet their individual needs.</p>	
	<p>Standard 12: Children and young people, where appropriate, have behaviour</p>	

Proposed National Standards	New South Wales	Alignment with Proposed National Standards
<p>Standard 9. Children and young people in care are supported to participate in social and/or recreational activities</p>	<p>support/management plans.</p>	
<p>Standard 10. Children and young people in care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up</p>	<p>Standard 13: Children and young people are monitored in their placements and their stipulated reviews occur.</p>	
<p>Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis</p>	<p>Standard 14: Young people have leaving care plans from the age of 15 years which prepare them for independent living and have tangible support, where necessary, when they have left out-of-home care.</p>	
<p>Standard 12. Carers are assessed and receive relevant ongoing training development and support</p>	<p>Standard 15: Children and young people have a permanent record of their histories which contain all relevant documentation which they can easily access throughout their lives.</p>	
<p>Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan</p>	<p>Standard 16: Children and young people are placed with designated agencies that have recruited appropriately skilled and experienced staff through fair and consistent processes which have resulted in a stable, committed and qualified workforce. Those selected are provided with appropriate training for their role, including initial and ongoing training relevant to their current position and further development as well as supervision and support which is useful and timely to facilitate better outcomes for children and young people.</p>	
<p>Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation</p>	<p>Standard 17: Children and young people are placed with designated agencies that have identified and appropriately assessed their kinship carers. Kinship carers are provided with appropriate training for their role, including initial and ongoing training as well as supervision and support which is useful and timely to facilitate better outcomes for children and young people.</p>	
	<p>Standard 18: Children and young people are placed with designated agencies that have recruited appropriately skilled foster carers. Those selected are provided with appropriate training for their role, including initial and ongoing training as well as supervision and support which is useful and timely to facilitate better outcomes for children and young people.</p>	
	<p>Standard 19: Children and young people are placed with designated agencies that have recruited appropriately skilled residential care</p>	

Proposed National Standards	New South Wales	Alignment with Proposed National Standards
	<p>staff. Those selected are provided with appropriate training for their role, including initial and ongoing training relevant to their current position and further development as well as supervision and support which is useful and timely to facilitate better outcomes for children and young people.</p> <p>Standard 20: Children and young people are protected from abuse and harm.</p> <p>Standard 21: Children and young people are placed with designated agencies that have established record keeping systems in relation to their authorised carers and staff. These records reflect due process and procedural fairness with the rights of authorised carers and staff to privacy and confidentiality respected.</p> <p>Standard 22: Children and young people are placed with designated agencies that have good systems of governance.</p> <p>Standard 23: Children and young people are placed with designated agencies that have current agreements with their funding bodies for the provision of out-of-home care.</p> <p>Standard 24: Children and young people are placed with designated agencies that engage in planning, evaluating and continuous improvement.</p>	

Table 8: Proposed National Standards compared to Victorian arrangements

Proposed National Standards	Victoria	Alignment with Proposed National Standards
<p>Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care</p>	<p>Standard 1: The CSO has the leadership and management capacity to provide clarity of direction, ensure accountability and support quality and responsive services for children, youth and their families</p>	<p>Yes, particularly with VIC standards:</p>
<p>Standard 2. Children and young people participate in decisions that have a significant impact their lives</p>	<p>Standard 2: The CSO promotes a culture which values and respects children, youth and their families, carers, staff and volunteers</p>	<p>Standard 2</p>
<p>Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle</p>	<p>Standard 3: Staff, carers and volunteers support positive outcomes for children, youth and their families</p>	<p>Standard 3</p>
<p>Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements</p>	<p>Standard 4: The CSO creates a welcoming, safe and accessible environment which promotes the inclusion of children, youth and families</p>	<p>Standard 5</p>
<p>Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed</p>	<p>Standard 5: The CSO promotes the safety, stability and development of children and youth</p>	<p>Standard 6</p>
<p>Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms</p>	<p>Standard 6: The CSO strengthens the capability of parents, families and carers to provide effective care</p>	<p>Standard 7</p>
<p>Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care</p>	<p>Standard 7: The CSO provides responsive services to support the best interests of children and youth</p>	
<p>Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment</p>	<p>Standard 8: The CSO creates an integrated service response, which supports the safety, stability and development of children and youth.</p>	
<p>Standard 9. Children and young people in care are supported to participate in social and/or recreational activities</p>		
<p>Standard 10. Children and young people in care</p>		

Proposed National Standards	Victoria	Alignment with Proposed National Standards
<p>are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up</p> <p>Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis</p> <p>Standard 12. Carers are assessed and receive relevant ongoing training development and support</p> <p>Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan</p> <p>Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation</p>		

Table 9: Alignment with Australian Capital Territory Standards

Proposed National Standards	Australian Capital Territory	Alignment with Proposed National Standards
Standard 1. Children and young people are matched with the most suitable carers and the care environment, according to their needs, that will provide stability during their time in care	<ul style="list-style-type: none"> • Section 1: Casework Practice 	Yes, particularly with ACT standards:
Standard 2. Children and young people participate in decisions that have a significant impact their lives	<ul style="list-style-type: none"> • Section 2: Management of Authorised (Foster) Carers • Section 2A: Management of Residential Care 	<ul style="list-style-type: none"> • Section 1 • Section 2 and Section 2A
Standard 3. Aboriginal and Torres Strait Islander communities are consulted in decisions concerning the placement of their children and young people and placements are made in accordance with Aboriginal and Torres Strait Islander Child Placement Principle	<ul style="list-style-type: none"> • Section 3: Meeting needs while in care 	<ul style="list-style-type: none"> • Section 3 • Section 4 • Section 5
Standard 4. A comprehensive health assessment is provided to children and young people entering care, with ongoing medical needs attended to in an appropriate and timely way, and children and young people have their own written health record which moves with them if they change placements	<ul style="list-style-type: none"> • Section 4: Rights, confidentiality and complaints • Section 5: Care records • Section 6: Leaving Care 	<ul style="list-style-type: none"> • Section 6
Standard 5. Children and young people entering into care receive timely and appropriate therapeutic assessment and support as needed	<ul style="list-style-type: none"> • Section 7: Working with other agencies and liaison with the community 	
Standard 6. Children, young people and carers are able to access objective advice, ask for help, have their concerns listened to, and have information and access to review mechanisms	<ul style="list-style-type: none"> • Section 8: Organisational management 	
Standard 7. Individual education plans are developed, implemented, and reviewed regularly for children and young people in care	<ul style="list-style-type: none"> • Section 9: Planning, evaluation and service development 	
Standard 8. Children and young people between 15 and 18 years are supported to be engaged in appropriate education, training and/or employment	<ul style="list-style-type: none"> • Section 10: Human resource management 	
Standard 9. Children and young people in care are supported to participate in social and/or recreational activities		
Standard 10. Children and young people in		

Proposed National Standards	Australian Capital Territory	Alignment with Proposed National Standards
<p>care are supported to stay in contact with their families, friends, culture, spiritual sources and communities (providing it is safe and appropriate) and have their life history recorded as they grow up</p>		
<p>Standard 11. Children and young people in care are supported to identify and stay in touch with at least one significant family member or other person who cares about their future, who they can turn to for support and advice on an ongoing basis</p>		
<p>Standard 12. Carers are assessed and receive relevant ongoing training development and support</p>		
<p>Standard 13. Each child and young person has a case plan developed that details their health, education and other needs, which is implemented and reviewed regularly, with the children and young people supported to participate in both the development and updating of their plan</p>		
<p>Standard 14. Young people have a transition from care plan, commencing at 15 years old, which is reviewed at least annually, details support to be provided after leaving care and involves children and young people in its preparation</p>		

B Consultation attendees and submissions

The following sections include a list of the submissions received, as well as a table outlining the attendees at the non-government and government consultation sessions. The number of carers and young people who attended consultation sessions is also provided in aggregate form to maintain the confidentiality of participants.

B.1 Submissions received

- Anglicare Australia
- Anonymous Out of Home Care worker
- Anonymous submission
- Anonymous submission
- Association of Children's Welfare Agencies
- Australia Association of Social Workers
- Australian Capital Territory Department of Disability, Housing and Community Services
- Australian Childhood Foundation
- Australian Children's Commissioners and Guardians
- Australian Foster Care Association
- Australian National University
- Barnados Australia
- Berry Street
- Freda Biggs OAM
- Care Leavers Australia Network
- Centre for Excellence in Child and Family Welfare
- Cerebral Palsy League
- Child and Family Welfare Association of Australia
- Brad Cork
- Janet Cormick
- CREATE Foundation
- Department of Child Protection and NGO Sector WA
- Department of Human Services, New South Wales
- Helen Falconer
- Families Australia
- Family Inclusion Network – Australian Capital Territory
- Fetal Alcohol Syndrome and Related Disorders Inc

- Foster Care Association Victoria
- Leanne Fry
- Sharon Glen
- Guardian for Children and Young People – South Australia
- Michael Keane
- Life Without Barriers
- National Disability Services
- National Investment for the Early Years
- New South Wales Children’s Guardian
- Northern Territory Children’s Commissioner
- Northern Territory Department of Health and Families
- PeakCare
- Queensland Commission for Children and Young People
- Salvation Army Australia, Southern Territory.
- Secretariat of National Aboriginal and Islander Child Care
- Settlement Services International
- The Benevolent Society
- Zoe Tomlin
- UnitingCare Australia
- Victorian Child Safety Commissioner
- WACOSS
- Wanslea Family Services
- Whitelion
- Josie Wilson
- Youthlaw

B.2 Consultation attendees- government and non government sector

Name	Organisation
Adelaide	
Steven Mole	AC Care
Bev Hall	AFUW
Carolyn Hill	Anglicare Home Based Care
Albert Barolds	Anglicare South Australia
Mel Palmer	Anglicare South Australia
Glenis Morrison	Anglicare South Australia Family and Community Enterprise Services
Pam Simmons	Children's Guardian
Maureen Maddern	Connecting Fosters Carers
Janice Clark	Disabilities South Australia
Helen Jeffreys	Department of Families and Communities
Jennifer Harvey	Department of Families and Communities
Kimberley Kammerman	Department of Families and Communities
Mary Nippert	Department of Families and Communities
Nancy Rogers	Department of Families and Communities
David Holmes	Department of Families and Communities
Sheena Gray	Department of Families and Communities
Alana Cole-Munro	Department of Families and Communities
Gayle Bartlett	Department of Families and Communities
Rohan Bennett	Department of Families and Communities
Les Wanganeen	Department of Families and Communities
Catherine Morgan	Department of Families and Communities
Paul Heinrich	Department of Families and Communities
Mallika Prasad-Chowta	Department of Families and Communities
Gabrielle Healy	Department of Families and Communities
Lizzie Crisp	Department of Families and Communities
Steph Mudie	Department of Families and Communities
Sue Foster	Department of Families and Communities
Paul Regan	Department of Families and Housing, Community Services and Indigenous Affairs
Sue Brown	Key Assets
Andrea Newton	Lutheran Community Care
Ian Thompson	Novita Children's Services
Kay Anastassiadis	South Australia Health
Kym McIntosh	Southern Junction Community Services
Rebecca Lamb	Southern Junction Community Services
James Magee	Southern Junction Community Services
Mia Clifford	Time for kids Inc.
Roslyn Francis	YouthCare
Catherine Chalmers	YouthCare
Mel Diplock	YouthCare
Perth	
Karoline Jamieson	Anglicare West Australia
John Berger	Anglicare West Australia
Sarah Lamb	Anglicare West Australia
Trish Fraser	Anglicare West Australia
Glenda Kickett	Centrecare Inc. (West Australia)
Andrea Smith	Centrecare Inc. (West Australia)
Trina Whitton	Child Protection Policy and Learning, Department of Child Protection

Name	Organisation
Jacquie Daisley	(West Australia) Child Protection Policy and Learning, Department of Child Protection (West Australia)
Robyn Huddleston	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Pippa Monger	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Andrea Nixon	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Judith Wilkinson	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Sue Williams	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Clara Kirika	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Anne-Marie Loney	Child Protection Policy and Learning, Department of Child Protection (West Australia)
Leah Bosnan	Commission for Children and Young People
Sahba Salekian	Create
Anne-Marie Loney	Department for Child Protection
Debbie Henderson	Family Inclusion Network
David Vicary	KeyAssets
Jan Lee	Mercycare Family Services
Paul Everall	Parkerville Children and Youth Care
Basil Hanna	Parkerville Children and Youth Care
Mark Burgess	Parkerville Children Youth Care Inc
Lisa McAneny	Parkerville Children Youth Care Inc
Vicki Scott	Salvation Army
Michelle Francis	Salvation Army
Eugene Arthurs	UnitingCare West
Wendy Ayres	Unitingcare West
Jason Ng	UnitingCare West
Lyn Shirley	Unitingcare West
Mike Clare	University of Western Australia
Ian Brown	Wanslea Family Services Inc.
Belinda Lord	Wanslea Family Services Inc.
Pauline Dixon	Wanslea Family Services Inc.
Lorilee Beecroft	Western Australian Council of Social Services
Geraldton consultation	
Cleo Kerone	Department of Child Protection
Karen Lewis	Geraldton Resource Centre
Terri Thiemt	Department of Child Protection
Darwin consultation	
Julie Rothal	Anglicare Northern Territory
Howard Bath	Board of Inquiry CP
Karen Prenzler	CREATE Northern Territory
Heather Havens	Darwin Family Day Care
Sarah Lloyd	Darwin Family Day Care
Leonie Warburton	Department of Health and Families
Ruth Brebner	Department of Health and Families
Jill Jackson	Department of Health and Families

Name	Organisation
Frank Vincent	Department of Health and Families
Faye Veitch	I TEC Health
Natalie Hunter	Life Without Barriers
Catherine Collier	Life Without Barriers
Alice Springs consultation	
Ruth Turpie	Department of Health and Families
Brente Jobs	Department of Health and Families
Sharon Davis	Department of Health and Families
Christa Bardjea-Westermann	Teengentyere Council
Ken Brown	Teengentyere Council
Cairns consultation	
Karen Dini-Paul	Abused Child Trust Inc
Peter Marino	Alternate Care Pty Ltd
Anna Marino	Alternate Care Pty Ltd
Pauline Carlton	Child Safety, Youth and Families, Far North Region
Joanne Bradbury	Child Safety, Youth and Families, Far North Region
Anne Brosnan	Department of Communities
Jane Sheehan	Families Plus
Karen Heales	Families Plus
Leeana Kent	Outdoor Care
Genevieve Sinclair	Youth Empowered Towards Independence
Brisbane consultation	
Temi Oladapo	Child Safety, Youth and Families Policy & Performance, Department of Communities (Queensland)
Michelle Scott	Child Safety, Youth and Families Program and Partnerships, Department of Communities (Queensland)
Peter Jensen	Child Safety, Youth and Families Program and Partnerships, Department of Communities (Queensland)
Belinda Mayfield	Child Safety, Youth and Families Practice Development, Department of Communities (Queensland)
Vicki Hall	Commission for Children and Young People
Barry Salmon	Commission for Children and Young People and Child Guardian
Lucas Moore	CREATE
Helen Missen	Department of Justice and Attorney-General
Shellee Valentine	Department Premier and Justice
Rosamund Thorpe	Family Inclusion Network
Simon Glen	Family Inclusion Network
Annette Williams	Family Inclusion Network
Julie Haughton	Julia Heylesbury Family Group Home
Soraya Shah	Lifeline Community Care (Families Plus Division)
Sarah Scamp	Lifeline Community Care (Families Plus Division)
Clio Thiris	Lifeline Community Care (Families Plus Division)
Mairead Nothing	Mercy Family Services
Kathy Corbiere	Non Government Organisation Sustainability, Department of Communities (Queensland)
Gail Slocombe	Peakcare Queensland
Kathryn Mettler	Peakcare Queensland / Ethnic Communities Council of Queensland
Dianne Griffiths	Peirson Services
Maree Crawford	Royal Children's Hospital
Julie Gray	Silky Oaks Children's Haven
Darren Frame	Silky Oaks Children's Haven
Hobart consultation	

Name	Organisation
Diane Keygan	Australian Childhood Foundation
Paul Mason	Commissioner for Children
Rachael Irvine	CREATE
Alison Jacob	Department of Health and Human Services
Mark Byrne	Department of Health and Human Services
Julian Joscelyne	Department of Health and Human Services
Stuart Oldfield	Department of Health and Human Services
Jackie MacKenzie	Department of Health and Human Services
Tim Vaastra	Department of Health and Human Services
Christine Officer	Department of Health and Human Services
Monika Scott	Department of Health and Human Services
Leah Woolford	Department of Health and Human Services
Michelle Folder	Department of Health and Human Services
Katie Murray	Department of Health and Human Services
Nick Evans	Department of Health and Human Services
Danny Ransley	Department of Health and Human Services
Mary Landers	Department of Health and Human Services
Nicky Osbourne	Department of Health and Human Services
Angele McGossa	Department of Health and Human Services
Jean Shaw	Department of Health and Human Services
Beverly Thomson	Department of Health and Human Services
Deb Charlton	Family Inclusion Network
Katrina	Family Inclusion Network
Dianne Besler	Family Support Services Association
Ken Avery	Foster Care Association
Sue Burke	Grandparent Parenting
Carleen O'Brien	Kennerley Homes
Jo Lang	Kennerley Homes
Collen Moran-Ford	Office of Commissioner
Sian Ettershank	Office of Commissioner
Arielle Williams	Uniting Care
Tracey Wicks	Uniting Care
Coffs Harbour consultation	
Angela Franklin	Ageing, Disability and Home Care – Department of Human Services
Warrick Brown	Ageing, Disability and Home Care – Department of Human Services
Dana Clarke	Burran Dalai Out of Home Care & FSS
Kim Hawken	Connecting Carers New South Wales
Sue Macindoe	Department of Education and Training
Peter Moore	Life Without Barriers
Hazel Folland	Life Without Barriers
Wendy Orth	Unitingcare Burnside, Mid North Coast
Sydney consultation	
Michelle Lester	Aboriginal Child, Family and Community State Secretariat
Lo-Shu Wen	Association of Children's Welfare Agencies
Jackie Palmer	Anglicare
Kerry Melbourne	Barnados Australia
Stella Rohrt	CareSouth
Michelle Macmillan	CatholicCare
Gabrielle Boyd	CatholicCare
Jessica Cox	CatholicCare Hunter-Manning
Jacqui Culver	CatholicCare Hunter-Manning
Kerryn Boland	Children's Guardian

Name	Organisation
Leonie Sheedy	Care Leavers Australia Network
Anna Basik	Commission for Children and Young People
Lou-Anne Lind	Commission for Children and Young People
Astrid Hocking	Connecting Carers New South Wales
Vicki Papa	CREATE Foundation
Danielle Woolley	Department of Communities
Susan Nicholson	Department of Communities
Theresa Tasende	Department of Communities
Elizabeth Callister	Department of Education and Training
Susan Lake	Department of Education and Training
Jacqui Reti	Department of Education and Training
Raylene Saunders	Department of Education and Training
Michelle Power	Department of Education and Training
Maja Patoor	Department of Human Services - Ageing, Disability and Home Care
Lisa Walterhausen	Department of Human Services - Ageing, Disability and Home Care
Rosemary Royer	Department of Human Services - Ageing, Disability and Home Care
Loretta Allen-Weinstein	Department of Human Services - Juvenile Justice
Tina Loppacher	Department of Human Services - Juvenile Justice
Frank Ainsworth	Family Inclusion Network
Ivan Brown	Guardian Youth Care
Rita Fenech	Karitane Support Network
Renee de Gois	Life Without Barriers
Trish Jean	Life Without Barriers
Irene Han	Lifestyle Solution
Rob Dawson	Lifestyle Solutions
Florence Davidson	Mallee Family Care
Amanda Lowe	Mallee Family Care
Mike Owens	Marist Youth Care
Lisa Cook	Multitask Human Resource Foundation
Bev Orr	National Foster Care Association
Shobha Sharma	New South Wales Health
Janet Coppin	New South Wales Ombudsman
David Hunt	Office for Children: Children's Guardian
Helen Lawson	Office for Children: Children's Guardian
Merryl Bingham	Office for Children: Children's Guardian
Lisa Gardiner	SAL Consulting
Annelies Hoogland	SAL Consulting
Melita Smilovic	Settlement Services International
Finn Callanan	Stepping Stone House
Kevin Crowe	Southern Youth and Family Services
Kathleen Clark	The Benevolent Society
Sue Moore	Uniting Care
Monica Bernacki	Uniting Care
Jill Smith	Youth off the Streets - New Pathways Residential Treatment Services
Cass Herring	Youth off the Streets - New Pathways Residential Treatment Services
Melbourne consultation	
Gavin Kempin	Alternate Care NW
Antoniette Bonaguro	Anglicare Victoria
May Davey	Anglicare Victoria
Dr Daryl Higgins	Australian Institute of Family Studies
Julian Pocock	Berry Street Victoria
Steven Smith	Centre for Excellence

Name	Organisation
Judith Newbold	Centre for Excellence
Frank Golding	Care Leavers Australia Network
Geoff Jende	Department of Human Services
Tracey Hodge	Department of Human Services
Mary Roberts	Department of Human Services
Wendy Rich	Department of Human Services
Catherine Burnett	Department of Human Services
Pete Jacobson	Department of Human Services
Dani Aszenzo	Department of Human Services
Dani Melilli	Department of Human Services
Alicia Zineder	Department of Human Services
Ruth Champion	Department of Human Services
Ines Muscella	Department of Human Services
Jade Exell	Department of Human Services
Judith Luttrell-Mackay	Department of Human Services
Coleen Howe	Department of Human Services
Angelique Phillips	Department of Human Services
Michele McElroy	Department of Human Services
Janet Elefsiniotis	Good Shepherd Youth & Family Service
Anne L McLeish OAM	Grandparents Australia
Dianne Noyce	Lisa Lodge
Elizabeth McRae	Mirabel Foundation
Phillip Mendes	Monash University
Bryan Crebbin	Office of the Child Safety Commissioner
Ray Carroll	Office of the Child Safety Commissioner
Hilary Berry	Office of the Children's Commissioner – Northern Territory
Julie Roach	Orana Family Services
Lynne McRae	Oz Child: Children Australia Inc
Bronwyn Harrison	Oz Child: Children Australia Inc
Sharon McRae	Oz Child: Children Australia Inc - South Melbourne
Andrew Broom	Oz Child: Children Australia Inc - South Melbourne
Cas O'Neill	Post Placement Support Services
Emily Cheesman	Secretariat of National Aboriginal and Islander Child Care
Maureen Buck	Waverley Emergency Adolescent Care
Peter Dawson	Youth for Christ
Canberra consultation	
Sue Mannion	Australian Capital Territory Foster Care Association
Annette Kelly-Egerton	Barnardos
Lisa Stockheim	CREATE Canberra
Austin Kenney	Data and Information Office for Children Youth and Family Support
Adele Gillespie	Data and Information Office for Children Youth and Family Support
Rione Gooderham	Department of Families and Housing, Community Services and Indigenous Affairs
Emma O'Keefe	Department of Families and Housing, Community Services and Indigenous Affairs
Jess Kirwan	Department of Families and Housing, Community Services and Indigenous Affairs
Jo Smith	Directions Australian Capital Territory alcohol and other drug services
Ineke Wylde	Directions Australian Capital Territory alcohol and other drug services
Steve Hackett	Family Relationships Services Australia
Lynne Harwood	Galilee
Sharon Fookes	Galilee

Name	Organisation
Sharon Storr	Galilee
Paula Sargent	Inanna
Kathy Devitt	Inanna
Mary Ivec	Inanna Management Committee
Pam Greer	Life Without Barriers Australian Capital Territory
Lisa Lentini-Shortland	Marymead Child and Family Centre
Fiona May	Marymead Child and Family Centre
D. Chamber	Office for Children, Youth and Family Support
S. Sina	Office for Children, Youth and Family Support
Darren Winr	Office for Children, Youth and Family Support
Paul Wyles	Office for Children, Youth and Family Support
Jenny Lintern	Office for Children, Youth and Family Support
Rick Stevens	Office for Children, Youth and Family Support
Lauren Slocum	Premier Youthworks
Natasha Murtagh	Premier Youthworks
Wilf Rath	Richmond Fellowship
Port Augusta consultation	
Marie Skipworth	Aboriginal Family Support Services
Russell Keneally	Aboriginal Family Support Services
Elizabeth Ward	Centacare Whyalla
Kylie McGuire	Centacare – Port Lincoln
Nathalie Barber	Centacare Ceduna
Rebecca Tuohy	Centacare Ceduna
Cheire Hellowell	Centacare Whyalla
Kimberly Pursche	Centacare Whyalla
Jodie Sawley	Centacare – Port Lincoln
Emily Venning-Thorpe	Families South Australia Whyalla
Kimberley Kammerman	Families South Australia
Margaret Mullan	Families South Australia
Clare Vandenberg	Families South Australia Whyalla
Karen Potts	Families South Australia Whyalla
Stacy Gray	Families South Australia Whyalla
Linley Shine	Port Augusta ICC
Jo- Anne Newell	Ranges Youth Centre
Sue Keane	Ranges Youth Centre
Cheryl Gale	UnitingCare Wesley Port Pirie
Kerry Court	UnitingCare Wesley Port Pirie
Alice Thompson	UnitingCare Wesley Port Pirie
Barb Stevens	UnitingCare Wesley Port Pirie

B.3 Carers

Name
Adelaide
12 attendees
Perth
7 attendees
Geraldton
2 attendees
Darwin
3 attendees

Name
Alice Springs
3 attendees
Brisbane
6 attendees
Hobart
5 attendees
Sydney
6 attendees
Melbourne
32 attendees
Port Augusta
16 attendees
Canberra
4 attendees

B.4 Young people

Name
Adelaide
8 attendees
Canberra
14 attendees
Perth
9 attendees
Brisbane
9 attendees
Hobart
8 attendees
Sydney
8 attendees
Melbourne
8 attendees