

Chapter 4

Outcomes for children and young people in out-of-home care

My name is Julia and I am 17 years old. I came into care at the age of two. I have lived in 36 different homes. These homes included residential care, foster care, kinship care and self placement. There was a failed reunification when I was 12. I was then returned into care. I have been to eight schools, two tertiary colleges and two behaviour management programs ...

This is only an overview of my time in care; it in no way shows the hardships I endured in foster care or residential care, but it gives you an outlook on what can happen to a kid in the system who is meant to be protected. There are so many problems in the care system.¹

Julia, Brisbane hearing, 17 April 2015

4.1 As Chapter 2 noted, the *National Standards for out-of-home care* (National Standards) provide a framework for measuring and assessing the outcomes for children and young people in out-of-home care. However, the committee acknowledges that current data collection projects to report against the National Standards are not yet sufficiently developed to provide an assessment of outcomes for children and young people in care.

4.2 Drawing from evidence collected during the inquiry, this chapter assesses the outcomes for children and young people in out-of-home care against the key themes of the National Standards across the three main types of care (kinship care, foster care and residential care), including:

- safety and stability (standards 1 and 12);
- participation in decision making (standards 2 and 3);
- access to health and education (standards 4 to 7);
- connection to family and community (standards 8 to 11); and
- transition from care (standard 13).

4.3 Overwhelmingly, the committee found that outcomes for children and young people in out-of-home care across these indicators remain poor.² Based on a series of

1 Julia, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, pp 12–13.

2 See, for example: Elizabeth Fernandez, 'Children's wellbeing in care: Evidence from a longitudinal study of outcomes,' *Children and Youth Services Review*, vol. 31, 2009, pp 1092–1100; Philip Mendes, 'Abuse and Neglect in Care – Then and Now', *Centre for Policy Development*, October 2008, <http://cpd.org.au/2008/10/abuse-and-neglect-in-care-then-and-now/> (accessed 18 June 2015); Judy Cashmore and Marina Paxman, *Longitudinal Study of Wards Leaving Care*, Social Policy Research Centre, University of New South Wales, 2006.

research projects undertaken by the Australian Institute of Family Studies (AIFS),³ Dr Daryl Higgins told the committee:

...we know that the out-of-home care system as it currently works is incredibly expensive...and we do not have good evidence for it having good outcomes. If you look at the research evidence, there is very little empirical data to say that children do well as a result of out-of-home care.⁴

4.4 This chapter examines why these outcomes remain poor across all types of care and highlights best practice models to help improve outcomes for children and young people.

4.5 Chapters 8 and 9 will examine specific outcomes for Aboriginal and Torres Strait Islander children and young people and children with disability.

Safety and stability

Placement safety

4.6 Submitters and witnesses supported a child-first approach to child protection that focusses on ensuring the safety and wellbeing of children. The National Children's Commissioner, Ms Megan Mitchell, expressed concern that current child protection frameworks do not focus on the needs of children:

I really do not think they [child protection authorities] put children at the centre of their thinking, even though the system is actually for them. I think that needs to be a cultural change.⁵

4.7 The committee considers that the safety and wellbeing of children and young people must be the paramount consideration in all decision-making processes for children placed in out-of-home care. Some of the most alarming evidence the committee heard related to children being placed in unsafe out-of-home care placements where their basic needs are not met. In some cases, children continue to suffer physical, emotional and sexual abuse while in care.

Inappropriate placement decisions

4.8 As discussed in Chapter 2, across jurisdictions the demand for out-of-home care services far outweighs the capacity of child protection systems and service providers. Due to these demand pressures, evidence suggests decisions about

3 See: Leah Bromfield, Daryl Higgins, Alexandra Osborn, Stacey Panozzo & Nicholas Richardson, *Out-Of-Home Care in Australia: Messages from Research*, National Child Protection Clearinghouse, June 2005; Alexandra Osborn & Leah Bromfield, 'Getting the big picture': A synopsis and critique of Australian out-of-home care research', *National Child Protection Clearinghouse Issues*, no. 26, October 2007; Alexandra Osborn & Leah Bromfield, 'Outcomes for children and young people in care,' Australian Institute of Family Studies, *Research Brief*, no. 3, 2007.

4 Dr Daryl Higgins, Deputy Director, Research, AIFS, *Committee Hansard*, Melbourne, 20 March 2015, p. 2.

5 Ms Megan Mitchell, National Children's Commissioner, *Committee Hansard*, Sydney, 18 February 2015, p. 4.

appropriate placements for children and young people are often based on availability rather than need. Ms Michelle Waterford from Anglicare Australia noted:

There is a lot of pressure, I think, from departments just to get a young person into a placement. The services call them 'bums in beds'.⁶

4.9 A number of service providers highlighted that the necessity to place 'bums in beds' means that often children and young people are not placed with carers best suited to their particular needs. Mr Julian Pocock from Berry Street, a service provider in Victoria, told the committee that due to demand pressures:

...we have children being inappropriately placed into residential care when that is not the right option for them, or we have carers asked to take on more and more kids when really that carer household is at its capacity in terms of what it can do. We have siblings who cannot be placed together, separated in the care system—with all the outcomes we know from the royal commission and other places.⁷

4.10 Evidence suggests the prevalence of a 'bed availability driven' system which forces providers to accept placements that may not be suitable for the child or young person, particularly in residential care.⁸ Anglicare Victoria noted in its submission, residential care providers are:

...too often pressured into accepting placements that do not take appropriate account of a given child or young person's stage of development, gender, mental health, behavioural tendencies and overall potential to be a perpetrator and/or victim of harm in context of the mix of other children and young people in the prospective residential care unit. Put bluntly, the need to ensure that children's safety, care and development needs are met is often compromised for the sake of demand pressures.⁹

Allegations of abuse

4.11 As discussed in Chapter 3, the most common reasons children are placed on care and protection orders and subsequently in out-of-home care is due to abuse or neglect. A number of witnesses and submitters highlighted the effect of this abuse on the development of children and young people in out-of-home care.¹⁰ Mr Basil Hanna,

6 Ms Michelle Waterford, Director, Research and Policy, *Committee Hansard*, Canberra, 16 April 2015, p. 15.

7 Mr Julian Pocock, Director, Public Policy, Berry Street, *Committee Hansard*, Melbourne, 20 March 2015, p. 11.

8 See: Commission for Children and Young People Victoria (CCYPV), *Submission 45*, p. 4; Child Wise, *Submission 31*, p. 9; Mr David Fox, Director of Operations, MacKillop Family Services, *Committee Hansard*, Melbourne, 20 March 2015, p. 12; Mr Jerry Ham, Senior Manager, Children Youth and Families, Wesley Mission Victoria, *Committee Hansard*, 20 March 2015, p. 12.

9 Anglicare Victoria, *Submission 101*, p. 7.

10 See, for example: Australian Childhood Trauma Group, *Submission 9*; Royal Australian and New Zealand College of Psychiatrists (RANZCP), *Submission 17*; OzChild, *Submission 19*; Child and Family Welfare Association of Australia, *Submission 65*.

Chairman of the Community Sector Roundtable for NGOs and Government, told the committee that:

Child abuse begins with the destruction of that most basic right that children have to be cared for and loved by those entrusted with their care ... [they] are not in this position by choice, by accident or by some horrible biological act of fate; they are in this position because they were physical, sexually and/or emotionally abused by adults in whom they placed their love and trust. That action, singular or repetitive, has changed their lives. These children are voiceless and vulnerable.¹¹

4.12 Most alarmingly, the committee heard in some cases children and young people continue to experience abuse while they placed in out-of-home care. At its Brisbane hearing, the committee heard from a range of young consultants from the CREATE Foundation, the peak body representing the voices of all children and young people in out-of-home care.¹² One CREATE consultant told the committee of physical and emotional abuse she suffered during her time in care from age two from foster parents, other children in foster care and residential placements, and from her birth father during a failed reunification. She was physically abused throughout a nine year placement with a foster family before she was moved to a new foster family after a failed reunification:

One afternoon we got into an argument. I cannot really remember what it was about, but I ducked and they asked me why. I told them that my previous foster carers would hit me. We had a very long and serious talk about all the things that they did and that they would have to tell the department about all the stuff because it was wrong. I then told them about the abuse that my dad had inflicted on me during the failed reunification.¹³

4.13 The committee heard from two experienced foster carers who noted the high incidence of sexual abuse among children in foster care:

Our own experience is that two of the three children we have fostered experienced prolonged and severe sexual abuse from a range of family members or 'friends of the family'. We know of at least twenty paedophiles who routinely raped these children over many years of their childhood but were never taken to court. These men are consequently at liberty to continue to prey on vulnerable children...The lack of action increases the number of victims of these paedophiles and it sends a clear message to the

11 Mr Basil Hanna, Chairman, Community Sector Roundtable for NGOs and Government, *Committee Hansard*, Perth, 16 February 2015, p. 44.

12 In 2013, the CREATE Foundation undertook a survey of over 1000 children and young people in out-of-home care. The findings of the survey are published as the CREATE Report Card 2013 and formed the basis of CREATE's submission to the committee. See: Joseph McDowall, *Experiencing out-of-home care in Australia: the view of children and young people* (CREATE Report Card 2013), CREATE Foundation, 2013.

13 Julia, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 12.

children that their stories are not important, and that the social structures in which they live, to some extent condone this abuse.¹⁴

4.14 Submitters suggested abuse and trauma are particularly prevalent in residential care facilities. Mr Bernie Geary, the Victorian Commissioner for Children and Young People told the committee of particular concerns about the incidence of sexual abuse in residential care:

Sometimes they were [exploited] by organised people in the community, sometimes they were just bad buggers in the community who were assaulting our kids, but so often it was the kids on each other and that speaks to that funnel where we are tipping kids and their dreadful issues on top of each other.¹⁵

Addressing trauma

4.15 The committee heard that existing models of care, particularly residential care, do not adequately address issues of ongoing trauma for children and young people in care. Brooke, another CREATE young consultant, told the committee her experience of residential care varied between 'good and not so good', with the worst examples reflecting an institutional environment:

I was placed in placements where there was a 6 pm curfew and no-one was allowed in or out. However, the youth workers would not finish their shift until 10 pm. There were placements where they would not drive the young people anywhere at all after school or to do any activities on the weekends. They would not even pick the young people up. There are also placements out there that have very limited food. One situation was so bad that my dad had to go and buy groceries for the placement that I was in at the time. One placement I was in made me feel like I was institutionalised due to the physical appearance of the property. The bedroom doors were metal. All the doors had locks on them and even the beds were bolted to the floor.¹⁶

4.16 Brooke told the committee that such institutional settings are not appropriate to ensure the safety and stability of children and young people in care:

All of these things should not happen if you are trying to make a child feel safe, comfortable and nurtured. On one occasion when the department could not find me a placement, they actually admitted me to hospital. I had nothing physically wrong with me; there was just a shortage of placements. I stayed there overnight and a placement was found for me the next day.¹⁷

14 Name withheld, *Submission 42*, p. [1].

15 Mr Bernie Geary, Commissioner for Children and Young People, Victoria, *Committee Hansard*, 20 March 2015, p. 45.

16 Brooke, Young Consultant, CREATE Foundation, *Committee Hansard*, 17 April 2015, p. 14.

17 Brooke, Young Consultant, CREATE Foundation, *Committee Hansard*, 17 April 2015, p. 14.

4.17 A number of submissions were highly critical of existing models of residential care that do not provide support services to address trauma.¹⁸ Mr Gregory Nicolau provided the committee with photographs of residential facilities in Victoria that his organisation, Australian Childhood Trauma Group, was reviewing on behalf of the relevant department. Mr Nicolau explained to the committee:

[Y]ou can see a photo of a refrigerator with hardly anything in it. Often the food is kept within the office and children have to ask permission to get food and have the door unlocked. There are some organisations that have only recently taken locks off doors and there are some that have put locks back on doors. The office is locked. There are signs up. They do not always say 'No clients past this point', but some will say that young people may not come into the office space and so forth ... Some of these houses have a window, like a nurses station, where they can look out into the main community areas. It is prehistoric—or at least 1800s. It is no way to care for children who have been harmed or have come out of really deprived circumstances and it does not create a healing environment.¹⁹

4.18 These submissions suggested the lack of trauma treatment in existing models of residential care facilitate particularly poor outcomes for children. Dr Phil West, a former residential care worker, submitted the following example:

Recently, I worked in a unit where two of the children (teenage boys) wet their beds, and in another, where a fifteen-year-old boy defecates in his pants. They are not receiving any counselling/trauma-healing programs related to these physiological manifestations of their emotional pain. Instead, our care is that they are not going to school, allowed to go to bed at any time, sleep in till 12 or 2 pm and are smoking weed or taking ice three-four times per week! This is not care, it is State-sanctioned neglect.²⁰

Investigating out-of-home care complaints

4.19 To assist children and young people in addressing safety concerns and reporting allegations of abuse, the CREATE Foundation recommended that independent children's commissioners or guardians be given powers to investigate individual complaints from children and young people in care.²¹

4.20 As noted in Chapter 2, all jurisdictions have established independent children's commissioners or guardians.²² The role and responsibility of these offices differs across jurisdictions based on the relevant state and territory legislation.

18 See: CCYPV, *Submission 45*; Dr Phil West, *Submission 102*, Australian Childhood Trauma Group, *Submission 9*, Salvation Army, *Submission 50*.

19 Mr Gregory Nicolau, CEO, Australian Childhood Trauma Group, *Committee Hansard*, Canberra, 16 April 2015, pp 25–26.

20 Dr Phil West, *Submission 102*, p. 21.

21 Ms Noelle Hudson, National Policy and Advocacy Manager, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 16.

22 See: Chapter 2, Table 2.3.

Ms Noelle Hudson from the CREATE Foundation noted the inconsistencies across jurisdictions in investigating individual complaints:

is a serious limitation. In jurisdictions where children and young people are not able to have individual complaints acted upon, they are left without an independent representative to hear their voice and stand up for them when they are at their most vulnerable.²³

4.21 Brooke, a CREATE young consultant, highlighted the importance of a complaints mechanism for children in care that is independent from the department:

When a young person raises an issue they have about a carer or a youth worker with the department, normally a visit is arranged. When this happens a carer or youth worker has time to clean up their mistakes whereas if it is unannounced they cannot hide anything. When a child raises an issue of alleged abuse, more investigation needs to be done. In my experience, both the police and the department listen to and believe what the carer says rather than what the child says and the case just gets brushed off. Maybe there needs to be an investigation team set up separately from the department to look into such issues. After all, it is about protecting the child and safety of the child, and that should be the most important concern because it is all about the children.²⁴

4.22 In addition to investigative powers, the committee heard that the ability of commissioners or guardians to visit children in care differs widely across jurisdictions. In most jurisdictions with an 'official visitor' program, the visitor is limited to supervising children in residential care facilities. The committee heard the independent visitor model administered by the Queensland Office of the Public Guardian is unique in that the visitor may visit children in all forms of care, including foster care and relative/kinship care. This provides children in these forms of care with an opportunity to report any issues or concerns directly to a representative of the Office of the Public Guardian for investigation (see Box 4.1).

23 Ms Noelle Hudson, National Policy and Advocacy Manager, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 16.

24 Brooke, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 14.

Box 4.1 – Best practice – Queensland Community Visitor Program

The Queensland Office of the Public Guardian (OPG) administers a Community Visitor Program for children in residential care and home-based care. Programs in other jurisdictions only visit residential care facilities (NSW, Victoria, ACT).

In 2004, following a recommendation by the Queensland Crime and Misconduct Commission, the then official visitor program was extended to all children in care.

In 2013, the Commission of Inquiry found a range of issues with the program, including that by visiting all children in the out-of-home care system, much time, money and effort was necessarily wasted in visiting children and young people who were relatively happy with their placements. The Commission of Inquiry recommended regular visits be continued to those children considered the most vulnerable.

OPG told the committee it now seeks to classify the degree of vulnerability of children and young people to determine the frequency of visits. Each decision as to the vulnerability and frequency of visiting is unique to the particular needs of the child or young person.

The key roles of the community visitor include:

- develop a trusting and supportive relationship with the child as far as possible, which is seen as critical in being able to perform the function of the community visitor;
- advocate on behalf of the child by listening to, giving voice to and facilitating resolution of their concerns and grievances;
- seek information about and to facilitate that child or young person's access to support services; and
- acquire and report on the adequacy of information given to the child about their rights.

The community visitor also acquires information and reports on the physical and emotional wellbeing of the child and the appropriateness of the home or facility to ensure the child's needs are being met.

Source: Ms Catherine Moynihan, Office of the Public Guardian, Committee Hansard, Brisbane, 17 April 2015, pp 58 – 59.

4.23 The committee heard that the Queensland community visitor model provides an important service to children in care. Adina, a CREATE young consultant, noted that the community visitor were more effective in resolving issues than the community service organisation (CSO) providing the care service:

I had a lot of CSOs and they were all different in the way that they worked. They always said they were going to come out and they never did. They were really dodgy. I felt like I could not rely on them. I never made a strong relationship with them, whereas my CV [community visitor] came once a month always when she said she would. She knew everything about the department and she was able to always tell me what my rights were and what I was entitled to. She was always there for support. She was so reliable. She was just lovely.²⁵

25 Adina, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 20.

4.24 The committee also heard support for the introduction of independent visitor models in those jurisdictions that do not have them. Mr David Pugh from Anglicare in the Northern Territory, which does not have an independent visitor program, told the committee at its Darwin hearing:

When a child is placed in care in the Northern Territory, as in most jurisdictions, the only people who can ever scrutinise the quality of that care are the funding body—in this case the Department of Children and Families—or the agency themselves. In the area of disability, we do not see this. We see a strong independent visitor program, where others can come in and provide a voice for the person in care, but not in out-of-home care. It just shocks me that, in out-of-home care, the most vulnerable of citizens have no independent arbitrator for them.²⁶

Placement stability

4.25 While all jurisdictions acknowledge the importance of stability and security for children in out-of-home care, the committee heard this is not adequately addressed in practice across jurisdictions. The National Children's Commissioner, Ms Megan Mitchell, told the committee:

I think our care and protection systems have historically been somewhat remiss in looking at the long-term stability and safety of the child. They generally respond to incidents, or they did in the past. I do think the states and territories are trying to amend that and enhance legislation and practice so that there is a focus on a permanent pathway from the beginning. However, that is not as common as it should be.²⁷

4.26 As noted in Table 2.5, AIHW's 2011–12 data on the number of placements for children upon exiting out-of-home care indicates that the longer children spend in care, the more likely they are to have multiple placements.²⁸ According to AIHW, of the children exiting care in 2011–12, 63 per cent had one to two placements, 22 per cent had three to four placements and 15 per cent had more than five placements.²⁹

4.27 While AIHW's statistics only measure up to five placements, the committee heard this number can be significantly higher for children in long-term care. At its Brisbane hearing, one CREATE consultant noted during her time in care between the ages of nine and seventeen, she went through 50 placements.³⁰ At its Hobart hearing,

26 Mr David Pugh, CEO, Anglicare NT, *Committee Hansard*, Darwin, 2 April 2015, p. 3.

27 Ms Megan Mitchell, National Children's Commissioner, *Committee Hansard*, 18 February 2015, pp 2–3.

28 AIHW, *Submission 22*, Table 7.

29 AIHW, *Submission 22*, Table 3.1.

30 Brooke, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 13.

Ms Jarcinta Short, who was in out-of-home care for 18 years, told the committee the numbers of placements she experienced were 'too many to count'.³¹

4.28 CREATE's 2013 Report Card indicated a great variation in the number of placements prior to exiting care across jurisdictions. Across Australia, CREATE found 57 per cent of children and young people reported having one or two placements. In NSW this proportion was as high as 70 per cent whereas in the Northern Territory this proportion was significantly less, indicating children generally experienced a greater number of placements.³² CREATE found that while 83 per cent of children and young people were 'quite' or 'very happy' in their current placement, many were not as satisfied with their placement history due mostly to instability and moving.³³

4.29 The committee heard placement stability was one of the most important aspects contributing to positive outcomes for children and young people in care.³⁴

Ms Patricia Murray, CEO of Wanslea Family Services told the committee:

If you get the placement right early and they are not churning through the system, then the chances of getting it right later are much higher. It does make a difference.³⁵

4.30 Adina, a young consultant with CREATE, told the committee her positive experience in care was due to the stability of her placement arrangement:

In my opinion, the biggest reason that I [thrived] in foster care is simple: I had—and still have, even though I have turned 18—a stable, loving family. I was not shifted from family to family, I never moved schools and I have only just moved out of the town I grew up in.

My family and I forget that I am not their biological child. This is what every foster child deserves. This is an issue for so many children and young people in care. They do not ever get a chance to build up stable relationships with the adults around them, there is no chance to make friends and they cannot trust anyone.³⁶

4.31 Ms Short, who experienced many placements breakdowns, told the committee of the importance of a stable placement on providing long-term stability once a young person ages out of the care system:

31 Ms Jarcinta Short, *Committee Hansard*, 12 March 2015, p. 7.

32 CREATE Foundation, *Submission 96*, pp 17–18.

33 CREATE Foundation, *Submission 96*, p. 17.

34 See, for example: Australian Association of Social Workers, *Submission 18*; Wanslea Family Services, *Submission 60*; Association of Children's Welfare Agencies, *Submission 94*.

35 Ms Patricia Murray, CEO, Wanslea Family Services, *Committee Hansard*, Perth, 16 February 2015, p. 21.

36 Adina, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 15.

The only connection I ever made was with my last carers; I was with them for six years. It took me a while to realise that they were not going to give up on me, no matter how naughty I was. They were my family and they will always be, and I even still see them to this day—and I am 21.³⁷

4.32 A number of submitters were critical of the 'churn' many children and young people experience through a large number of placements.³⁸ Noting the difficulties faced by child protection authorities in finding suitable placements for all children in care, Mr Basil Hanna, CEO of Parkerville Children and Youth Care in Western Australia, referred to this 'churn' as 'system abuse':

It is very difficult for the child protection-family services department to be able to place all of their children. It is extremely difficult. Their mandate is to provide children with a safe home. However, because that is their mandate, often children are placed in placements that are not safe—not clinically safe—for those children. And what happens is that the placements break down and children bounce around. One wonders, if we were sitting here in 20 years time, if there would be a royal commission about system abuse that is occurring today?³⁹

4.33 Jurisdictional approaches to achieving placement stability are examined in more detail in Chapter 7.

Participation in decision making and planning

4.34 As noted in Chapter 2, all states and territories have a charter of rights for children and young people in care that establishes the rights of children and young people to be involved in the decisions that affect them while in care. However, the committee heard the role of children and young people in this process was not adequately addressed.

4.35 The National Children's Commissioner, Ms Mitchell, told the committee that all state and territory departments have policies and practices in place to involve children and young people in the decision making process, but that:

It is really important to understand that children have agency; they can understand a lot of things. I am so impressed by kids as I go across the nation talking to them. Really young kids understand stuff if you engage with them. I think for children in these circumstances it is really critical. I am not saying that they are going to get what they want necessarily; it is about having a dialogue.⁴⁰

37 Ms Jarcinta Short, *Committee Hansard*, Hobart, 12 March 2015, p. 9.

38 See, for example: Barnardos Australia, *Submission 20*; Berry Street, *Submission 92*.

39 Mr Basil Hanna, CEO, Parkerville Children and Youth Care *Committee Hansard*, Perth, 16 February 2015, p. 17.

40 Ms Megan Mitchell, National Children's Commissioner, *Committee Hansard*, Sydney, 18 February 2015, p. 4.

4.36 A number of submitters and witnesses highlighted the importance of ensuring the voice of the child is heard in decision making processes that affect them.⁴¹ In its submission, the CREATE Foundation asserted that 'listening and responding to the views of children and young people in the care system should be a cornerstone of best practice'.⁴² Ms Noelle Hudson from the CREATE Foundation told the committee that CREATE's research supported the findings of the 2013 Queensland Child Protection Commission of Inquiry:

...although the principle of children being able to have a say about their decisions, about coming into care and about their lives is more recognised in Australian policy and practice, in reality, children's voices are often not heard in court and decisions are generally made for them without their input.⁴³

4.37 Evidence suggested that the benefits of including children and young in decision making processes were far reaching. Ms Catherine Moynihan from the Queensland OPG told the committee the expected benefits include:

- more confidence in court that the child or young person has been involved in decision making;
- more stable placements as the child or young person is in a position to take ownership of placement decisions and less likely to be resentful or resistant;
- resolving school issues for children and young people and negotiating continued school attendance;
- a greater stake for children and young people in their case plans and contact decisions; and
- reduced risk of mental health problems as they are less likely to consider themselves powerless victims of the whims of adults.⁴⁴

Placement decisions

4.38 A number of submitters noted the importance of involving children and young people in decision making about placements. Mr Justin Cooper, program manager for the Salvation Army's Therapeutic Youth Residential Service in Tasmania, emphasised the impact of participation on achieving good outcomes:

The biggest concern is the voice of the child, what service they want to enter—not being told, 'This is option A, and option B is the streets; so you

41 See: Centre for Excellence in Child and Family Welfare, *Submission 99*; Mr Michael Geaney and Ms Gail White, Alliance for Children at Risk, *Committee Hansard*, Perth, 16 February 2015, p. 15–18; Ms Sarah Isip, St Luke's Anglicare, Bendigo, *Committee Hansard*, Melbourne, 20 March 2015, pp 26 – 27.

42 CREATE Foundation, *Submission 96*, p. 8.

43 Ms Noelle Hudson, National Policy and Advocacy Manager, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 16.

44 Ms Catherine Moynihan, Official Solicitor, Office of the Public Guardian, *Committee Hansard*, Brisbane, 17 April 2015, p. 60.

need option A.' It is about actually hearing the voice of the child. That includes when they are going into a different model of care. Whether it be therapeutic care, whether it be foster care or whether it be...college care, the child actually has to be involved in the process, not just told, 'That's where you're going.' It is their life. They need to control some portion of it, because control has been taken away; they are in chaos. So they need to control that: 'Yes, I will give therapeutic resi a go.' Otherwise, it makes the job 10 times harder, to try and support them and move them forward as well.⁴⁵

4.39 However, the committee heard young people are not often included in this process. At the committee's hearing in Melbourne, representatives from the Youth Movement Initiative in Bendigo highlighted the lack of involvement for young people in case planning discussions:

We feel like zoo animals because we cannot – there are so many workers in the room and we may, if we are lucky, know two or three of them. Then they get to hear our life stories and make decisions on our lives that we do not really get a say in a lot of the time.⁴⁶

4.40 Likewise, Ms Jarcinta Short told the committee in Hobart she would have appreciated having greater involvement in placement decisions during her time in care:

I would like to have been thought of, instead of my case worker just placing me in places they thought I should be. Was it necessary for me to be removed? If it was not, then I should not have been removed. So my solution would be to ask the child, to put them first and have them be involved in the consideration and in the decision-making. With matching kids to care, I think it is a really good idea for case workers to do a tick sheet with children—the things that they like to do and what makes them them—and then pass it on to a carer that they think would be suitable for that child.⁴⁷

4.41 At its Brisbane hearing, the committee asked CREATE young consultants for their views on how and at what age children should be involved in the decision making process. Julia told the committee that children all ages should be listened to in making decisions about placements and other issues:

...children should be listened to from three years old. I know that sounds really young, but there are different ways you can engage with children. You can have them draw a picture of what they want. You can have a casual conversation with them. Obviously, what they are saying will not be taken on as much, but everyone should be listened to no matter what. I

45 Mr Justin Cooper, Program Manager, Therapeutic Youth Residential Service, Salvation Army, *Committee Hansard*, Hobart, 12 March 2015, p. 12.

46 Ms Sarah Isip, St Luke's Anglicare, *Committee Hansard*, Melbourne, 20 March 2015, p. 27.

47 Ms Jarcinta Short, *Committee Hansard*, Hobart, 12 March 2015, p. 9.

think that, as they get older, their opinion should weigh a lot more but when they are younger they should still be listened to, even if it is not as much.⁴⁸

4.42 Julia noted, based on her own experience:

I did not even know I had a CSO [child safety officer] until I was 12, until I reunified, and I did not have a CV [community visitor]. If I had either one of those I could have told them that I was being abused in the foster home that I was in for nine years. Obviously, I would have been able to tell them if I was getting hit. Without anyone there to listen to me and talk to me about that, I could not tell anyone. So I think everyone should be listened to, no matter what age. It is just a different level of engagement and also a different level of how much information you take on from them.⁴⁹

Case planning

4.43 One key opportunity to involve children and young people in the decision making process is through development of their individual case plan. According to AIHW, a case plan is an individualised, dynamic, written plan or support agreement for children in care, outlining the goals of ongoing intervention and the outcomes and actions required to achieve these goals. It usually includes information on needs assessments, relative/kin contact arrangements and living arrangements.⁵⁰

4.44 As noted in Table 3.1, based on data from Queensland, Western Australia, Tasmania and the ACT only, an estimated 90 per cent of children in care had a current documented and approved case plan at 30 June 2012. Data for other jurisdictions is not currently available.⁵¹ In its submission, the Northern Territory Department of Children and Families noted that at 31 March 2014, 76 per cent of children had a current care plan.⁵² The Productivity Commission reports similar proportions of children with current documented case plans across jurisdictions. Excluding NT and SA, 82.1 per cent of children nationally had case plans (80.5 per cent of Aboriginal and Torres Strait Islander children, and 83.1 per cent of non-Indigenous children) at 30 June 2014.⁵³

4.45 However, these statistics do not give any indication of the level of engagement children and young have in the development of these case plans. CREATE's 2013 Report Card found that less than one third of respondents knew anything about their case plans and only one third of those who knew about a plan knew something of its contents and had been involved in its preparation. Similarly,

48 Julia, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 20.

49 Julia, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 20.

50 AIHW, *Submission 22*, p. 10.

51 AIHW, *Submission 22*, Table 10.

52 NT Government, *Submission 23*, p. 7.

53 Productivity Commission, *Report on Government Services*, Table 15A.17.

only 25 per cent of children were aware of having an individual education plan.⁵⁴ CREATE recommended:

Involving children and young people in their case planning, including the development of care plans, is necessary to improve the participation of children and young people in the important decisions that affect their lives.⁵⁵

4.46 The committee heard concerns about the level of involvement children and young people have in the case planning process. The National Children's Commissioner, Ms Mitchell, noted:

Many pieces of legislation require that case planning and reviews ensure that children's voices are heard, that they are engaged in the process, but in practice it does not happen as much as I would like.⁵⁶

4.47 The CREATE Foundation noted in practice, 'the participation of children and young people in decision-making is mediated by caseworkers and carers' and suggested participation of children and young people in decision making 'is enhanced through well-developed relationships with both carers and caseworkers'.⁵⁷ CREATE noted in its 2013 Report Card that only 65 per cent of children and young people reported being able to contact caseworkers when they wanted to. CREATE also identified the high turnover of caseworkers as a barrier to establishing and maintaining good relationships.⁵⁸

4.48 The committee heard that approaches to case planning differ across jurisdictions. In Western Australian, the WA Ombudsman is currently undertaking a follow up report to test the recommendations from its 2011 own motion investigation into case planning for children in care.⁵⁹ The 2011 report found that while the Department of Child Protection had developed a series of policies and procedures for care planning and that care plans had been prepared for nearly all children, many plans had not been reviewed and many children had not received appropriate health care and education planning.⁶⁰

54 CREATE Foundation, *Submission 96*, p. 19.

55 CREATE Foundation, *Submission 96*, p. 18.

56 Ms Megan Mitchell, National Children's Commissioner, *Committee Hansard*, Sydney, 18 February 2015, p. 4.

57 CREATE Foundation, *Submission 96*, p. 18.

58 CREATE's 2013 Report Card found that 35 per cent of children had five or more caseworkers during their time in care, and 29 per cent reported having one or two. CREATE Foundation, *Submission 96*, p. 18.

59 Mr Chris Field, Ombudsman Western Australia, *Committee Hansard*, Perth, 16 February 2015, p. 3.

60 Ombudsman Western Australia, *Planning for children in care: An Ombudsman's own motion investigation into the administration of the care planning provisions of the Children and Community Services Act 2004*, November 2011, p. 9.

4.49 The Commissioner for Children and Young People Western Australia noted in its submission that despite improved collaboration between the relevant government agencies, only 35 per cent of case plans reviewed by the Ombudsman Western Australia in 2011 had the appropriate health assessment plan, and 22 per cent had the required education assessment.⁶¹

4.50 In Victoria, the Youth Movement Initiative provided the committee with its 2014 report on 'best interest' case planning by the Department of Human Services. The report, prepared by young people in care, expressed significant concerns about the 'poor' experience of case planning, noting 'it negatively impacts on how young people are supported in their education'. The report recommended that the department engage more closely with young people in developing case plans that focus on long-term stability, education and housing outcomes.⁶²

Documentation and identification

4.51 The committee heard that a significant challenge for children in care was accessing identity documents. The committee notes that this issue was also raised during the committee's 2014 inquiry *Grandparents who take primary responsibility for raising their grandchildren*.⁶³ The National Children's Commissioner, Ms Mitchell, advised that at both the state and federal level there are proof of identity and parental consent requirements that are unable to be met in some cases for obtaining identity documents, passports and Medicare cards. Ms Mitchell notes this may mean:

...that a child is unable to receive timely treatment for health conditions, they miss out on sporting and other opportunities, can have difficulties enrolling at school, families are prevented from taking overseas holidays together, or the child in care is left in Australia when they do.⁶⁴

4.52 In additional documentation provided to the committee, Ms Mitchell recommended:

- the relaxation of proof of identity and parental consent requirements for children in care;
- the prioritisation and centralisation of passport and identity document sourcing within child protection departments; and

61 Commissioner for Children and Young People Western Australia, *Submission 15*, p. 3.

62 Youth Movement Initiative, *Spaghetti Bolognese on a Tuesday Night: Reflections on the DHS Child Protection Best Interest Plan Process*, May 2014, http://www.cfecfw.asn.au/sites/default/files/Spaghetti%20Bolognese%20on%20a%20Tuesday%20Night%20May%2028th%202014_0.pdf (accessed 3 August 2015). See: CFECFW, *Submission 99*, p. 25; Ms Sarah Isip, St Luke's Anglicare Bendigo, *Committee Hansard*, Melbourne, 20 March 2015, p. 27.

63 Senate Community Affairs References Committee, *Grandparents who take primary responsibility for raising their grandchildren*, October 2014, p. 21.

64 Additional Information, National Children's Commissioner, received 4 May 2015, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Additional_Documents (accessed 14 August 2015).

- identifying points of specialist contact within the Departments of Health, Foreign Affairs and Trade, and Immigration and Border Protection supported by an agreement to fast track the recognition of citizenship, issuing of Medicare cards and issuing of passports for children in care.⁶⁵

4.53 Similarly, Professor Fiona Arney, Chair of the Council for the Care of Children in South Australia, advised the committee of issues in obtaining Australian citizenship that 'potentially affects many vulnerable children and young people, and in particular, children and young people in out of home care'.⁶⁶ Professor Arney noted two cases from February 2015 of young Aboriginal people in South Australia experiencing difficulties in gathering enough evidence to apply for 'Proof of Citizenship' to obtain an Australian passport. The young people were informed by the Department of Immigration and Border Protection (DIBP) that 'Proof of Aboriginality' was insufficient evidence to apply for 'Proof of Citizenship'. Professor Arney noted these hurdles 'reflect a systemic issue facing other children and young people in Australia who are vulnerable through no fault of their own'.⁶⁷

4.54 The committee heard that in addition to identity documents, carers had difficulties in obtaining permission for children in care where the relevant department is designated the child's guardian. At its Brisbane hearing, Xena from the CREATE Foundation told the committee permissions and approvals for children in care is 'too bureaucratic – the process takes too long and it means kids miss out on opportunities'.⁶⁸ In one example Xena shared with the committee, she was unable to attend a school trip to New Zealand because she was unable to get signatures from both parents for the passport application. In another example:

I had an opportunity to go on a special camp for kids in care. It included horse-riding, team bonding and learning about who you are as a person. Because some of the kids, including me, did not have permission from the department, no-one could go horse-riding. We were only allowed to sit on the horses... The department did not give permission because they said that the activity was too high-risk and too dangerous. This experience was a big blow to my confidence. I loved horses and the fact that I could not take part

65 Additional Information, National Children's Commissioner, received 4 May 2015, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Additional_Documents (accessed 14 August 2015).

66 Additional Information, Council for the Care of Children SA, received 1 July 2015, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Additional_Documents (accessed 14 August 2015).

67 Additional Information, Council for the Care of Children SA, received 1 July 2015, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Additional_Documents (accessed 14 August 2015).

68 Xena, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 10.

in the activity just did not make sense to me and made me really angry at the time.⁶⁹

4.55 Xena expressed the view that the current requirements for identification documents for children in care:

...creates a situation where children and young adults are unable to fully integrate or participate and do things that other young people who are not in care can do.⁷⁰

4.56 The committee notes that the issue of identification documents is currently under active consideration by the Australian Children's Commissioners and Guardians (ACCG) and the subject of dialogue with the Department of Social Services in the context of the National Framework.⁷¹

Access to health and education

Education outcomes

4.57 The available evidence indicates that education outcomes for young people in care are generally worse than for the general population across jurisdictions. The Commission for Children and Young People Victoria noted in its submission, based on data from the Victorian Child and Adolescent Monitoring System, 'children in out of home care generally have lower levels of educational achievement than the general student population'.⁷²

4.58 While the committee notes that the integration of NAPLAN data with the CPNMDS will assist to improve the available data on outcomes for school aged children, the currently available data on these outcomes is limited. Anglicare Victoria's 2014 *Children in Care Report Card* found children in care are much less likely to attend preschool compared to their peers (18.8 per cent compared with 2.1 per cent), and more likely to experience bullying (35.0 per cent compared with 23.5 per cent).⁷³ The CREATE 2013 Report Card also highlighted a number of negative

69 Xena, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, pp 10–11.

70 Xena, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 11.

71 In May 2015, the ACCG agreed to write to the Minister for Social Services in May 2015 raising its concerns and encouraging the inclusion of the issue in the Third National Action Plan 2015-2018 for the National Framework. See: Australian Children's Commissioners & Guardians, *Meeting Communique*, 20-21 May 2015, <https://www.humanrights.gov.au/our-work/childrens-rights/publications/australian-children-s-commissioners-and-guardians-communicu-0> (accessed 2 July 2015). See also: Additional Information, National Children's Commissioner, received 4 May 2015, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Out_of_home_care/Additional_Documents (accessed 14 August 2015).

72 CCYPV, *Submission 45*, p. 13.

73 Anglicare Victoria, *Children in Care Report Card*, Report No. 2, 2014, p. 3, www.anglicarevic.org.au (accessed 4 August 2015).

education outcomes for school aged children, particularly 'disrupted schooling due to changing primary schools, with those in residential care reporting more changes'.⁷⁴

Effect of stigma and low expectations

4.59 The committee heard that young people in care were not supported to achieve academically based on negative assumptions about their ability and ambition by child protection authorities. Mr Paul McDonald, CEO of Anglicare Victoria, noted that negative assumptions can in some cases lead to negative outcomes:

Maybe that is our narrative about these kids—that we in fact do not believe that they will get that far; we lack ambition.⁷⁵

4.60 Ms India Spicer, a care leaver from the Youth Movement Initiative in Victoria, told the committee that the stigma of being a 'foster kid' limits educational opportunities for children in care:

There is such stigma attached to foster kids and to kids who are in care or who have had a care experience. We are automatically seen as people who come from a low socioeconomic status and that we are always going to be in that status; we are not going to get out of it, we are not going to achieve anything. So when we do, there is such surprise – and it is offensive. I never had any doubt that I would go to university, and it is just horrifying that everyone else does.⁷⁶

4.61 Similarly, Ms Kate Finn, another care leaver, told the committee that young people in care have to 'fight' negative assumptions to get resources to access education:

I had to fight to finish year 12 because I was not supported. I turned 18 before year 12 started. The department did not want to pay for my books to go to school. I had to argue with them to get that for a start. Then the agency – I was very lucky that they gave me supported accommodation for the year, but I was on my own there. I had nobody there helping me get through that last year and I very nearly failed. I see this as a repetitious process.⁷⁷

4.62 Ms Finn suggested that the stigma attached to out-of-home care continues to affect young people after leaving care and going into tertiary education:

...the fact that I managed to fight to get there and did eventually get in was a shock, because it is so unheard of. And that would be nationwide. The expectation is so low from a community standpoint, from the departmental

74 CREATE Foundation, *Submission 96*, p. 19.

75 Mr Paul McDonald, CEO, Anglicare Victoria, *Committee Hansard*, Melbourne, 20 March 2015, p. 27.

76 Ms India Spicer, St Luke's Anglicare, *Committee Hansard*, Melbourne, 20 March 2015, p. 27.

77 Ms Kate Finn, St Luke's Anglicare, *Committee Hansard*, Melbourne, 20 March 2015, p. 28.

standpoint, from the agencies and the wider general public. It is so low; there is no expectation that you would.⁷⁸

4.63 Witnesses suggested there is 'a need for cultural change, particularly around expectations and aspirations' for young people in care, to combat the negative assumptions and stigma.⁷⁹

Health outcomes

4.64 Evidence to the committee suggests that health outcomes for children in care across a range of indicators are generally poor. The Commission for Children and Young People Victoria, drawing from data collected by Anglicare's Child in Care Report and CREATE, noted 'children in care experience poor health compared to their peers in the general population'.⁸⁰

4.65 CREATE's Report Card found that 80 per cent of children in care reported having good or excellent health, with those in the 15-17 year old age group reporting 'feeling less healthy than the younger age groups'. However, the committee notes that this data should be interpreted with caution as it relies on self-reporting.⁸¹

4.66 Particular health outcomes for Aboriginal and Torres Strait Islander children will be examined in Chapter 8.

Chronic health issues

4.67 Children in care are more likely to experience chronic health issues. Anglicare Victoria's 2014 *Children in Care Report Card* found that 63.2 per cent of children and young people in care experienced a greater incidence of chronic health problems or disabilities, compared to 37.0 per cent of their peers in the general population.⁸²

4.68 A number of submitters noted that the high incidence of chronic health issues among children was due to a lack of access to healthcare services.⁸³ The Victorian Commission for Children and Young People (CCYP) suggested in its submission the Commonwealth consider measures to reduce the cost of health care services for children in care that would 'give priority access for general and specialist healthcare' services, such as:

...creating a specific out of home care medicare item number that would enable priority access to treatment without costs.⁸⁴

78 Ms Kate Finn, St Luke's Anglicare, *Committee Hansard*, Melbourne, 20 March 2015, pp 27-28.

79 See: Dr Andrew Harvey, Director, Access and Achievement Research Unit, La Trobe University, *Committee Hansard*, Melbourne, Melbourne, 20 March 2015, p. 25.

80 CCYPV, *Submission 45*, p. 12.

81 CREATE Foundation, *Submission 96*, p. 19.

82 Anglicare Victoria, *Children in Care Report Card*, Report No. 2, 2014, p. 3.

83 See: Families Australia, *Submission 77*; Berry Street, *Submission 92*; Association of Children's Welfare Agencies, *Submission 94*.

84 CCYPV, *Submission 45*, p. 13.

4.69 Another suggested measure to improve access to healthcare services was the establishment of specific programs that target children in care. The committee heard that as part of Victoria's *Vulnerable Children's Out of Home Care Five Year Plan*, that the Victorian Government has developed the 'Pathways to Good Health' program that aims to link up health and community services to develop health management plans for children in care (see Box 4.2). The Victorian CCYP suggested that this program may provide a model for other jurisdictions to help improve access to healthcare services.⁸⁵

Box 4.2 – Best practice – Pathways to Good Health

The Pathways to Good Health Project aims to provide a comprehensive healthcare approach that is based on the *National Clinical Assessment Framework for Comprehensive Health Assessments for Children and Young People in Out of Home Care*. The project commenced in November 2012 as an initiative led by the Department of Health (DoH) in partnership with the Department of Human Services (DHS), based in the North and West metropolitan areas of Melbourne.

The program includes an initial health check by a general practitioner, referral as required for a multi-disciplinary assessment (involving a paediatrician, mental health clinician and speech pathologist) and the development of a health management plan. Brokerage funds are available to purchase specialist services and equipment where public services cannot be accessed in a timely way.

According to the Victorian CCYP, the April 2014 DHS Update of Progress indicates that of the 385 children eligible for the program, only 41 per cent (160) have had an initial health check, 32 per cent (1240) have attended a multi-disciplinary team clinic and only 30 per cent (115) have health management plans that have been completed.

An evaluation of the project is being proposed.

Source: Commission for Children and Young People (Victoria), Submission 45, pp 12–13; Victorian Government, Submission 106, p. 8.

4.70 The Victorian CCYP submitted that the 'Pathways to Good Health' project has been slow to demonstrate improved health outcomes and suggested instead the development of a pilot program based on other established health care schemes, such as the Australian defence personnel scheme, to improve access to healthcare services.⁸⁶

Mental health issues

4.71 Children in care are more likely to experience mental health issues, and associated emotional and behavioural problems. A 2007 review by AIFS found that children and young people in care experience relatively negative outcomes when compared to the general population in regard to mental health. It also highlighted a strong coincidence of early trauma and abuse and subsequent placement instability for children and young people with high support needs.⁸⁷ Anglicare's 2014 report found

85 CCYPV, *Submission 45*, p. 13.

86 CCYPV, *Submission 45*, p. 13.

87 Alexandra Osborn & Leah Bromfield, 'Outcomes for children and young people in care,' Australian Institute of Family Studies, *Research Brief no. 3*, 2007, p. 13.

one of the most striking differences between children and young people in care and their peers is their experience of emotional and behavioural difficulties (53.4 per cent compared to 13.3 per cent).⁸⁸

4.72 As noted in Chapter 3, children in care are likely to come from backgrounds of significant social disadvantage and experience multiple forms of trauma, abuse and neglect. A number of submitters noted the significant link between trauma and mental health issues.⁸⁹ The Royal Australian and New Zealand Council of Psychiatrists emphasised that:

the importance of stable, attuned care-giving adults cannot be overstated. Infants who experience extremes of abuse or neglect are at risk of failure to thrive, reduced brain size, impaired development and even death; even when their basic physical requirements are met. All this can lead to ongoing mental health issues.⁹⁰

4.73 As with chronic health issues, the committee heard that children in care do not have access to the mental health services they need. Dr Sara McLean from the Australian Centre for Child Protection told the committee that a South Australian study into children who needed professional help for their mental health concerns found 54 per cent of children in care were identified as needing support, and only 26 per cent had obtained some support over the last six months.⁹¹

4.74 Submitters and witnesses supported improving access to mental health services for children in care.⁹² For example, the Victorian Government recommended the Commonwealth introduce a specialised Medical Benefits Schedule item for children in out-of-home care to address the inequity for children in care to access healthcare services.⁹³

Connection with family

4.75 The committee heard connection with family, including parents, siblings and extended family is integral to the development of positive outcomes for children and young people, particularly in Aboriginal and Torres Strait Islander communities.⁹⁴

88 Anglicare Victoria, *Children in Care Report Card 2014*, p. 3.

89 See, for example: Australian Childhood Trauma Group, *Submission 9*; RANZCP, *Submission 17*; OzChild, *Submission 19*; Child and Family Welfare Association of Australia, *Submission 65*.

90 RANZCP, *Submission 17*, p. 3.

91 Dr Sara McLean, Research Fellow, Australian Centre for Child Protection, University of South Australia, *Committee Hansard*, Canberra, 16 April 2015, p. 31.

92 See: Dr Sara McLean, Research Fellow, Australian Centre for Child Protection, University of South Australia, *Committee Hansard*, Canberra, 16 April 2015, p. 31; CCYPV, *Submission 45*; Victorian Government, *Submission 106*.

93 Victorian Government, *Submission 106*, pp 11–12.

94 See: SNAICC, *Submission 93*; AbSec, *Submission 97*; NPY Women's Council, *Submission 61*; Grandmothers Against Removal, *Submission 64*; Jumbunna Indigenous House of Learning, University of Technology Sydney (Jumbunna), *Submission 79*.

The importance of family connection for Aboriginal and Torres Strait Islander communities will be examined in detail in Chapter 8.

4.76 Professor Cathy Humphreys from Melbourne University told the committee that research indicates that maintaining positive connection with family is important for ensuring positive outcomes for children:

The research is clear that good quality contact between children in out-of-home care and their parents, and in the context of good professional supports, promotes positive outcomes for children. Importantly, research shows that continued contact between children in care and at least one biological parent is positively correlated with children's current wellbeing and that high levels of externalising behaviours are evident where there is no contact.⁹⁵

Kinship care

4.77 One of the key means of supporting connection with family for children and young people in out-of-home care is placement in relative/kinship arrangements. As noted in Chapter 1, across jurisdictions more children are placed in relative/kinship placements than other forms of care.⁹⁶

4.78 A number of submitters highlighted the benefits of relative/kinship care for assisting children in care maintain connection with family. Professor Cathy Humphreys and Ms Meredith Kiraly from the University of Melbourne noted in their submission that research indicates:

Kinship care provides for greater stability of care, maintains children's wider family connections, and improves the chances of brothers and sisters being kept together.⁹⁷

4.79 However, evidence to the committee suggested children in relative/kinship care arrangements do not have access to the same supports and services as other forms of care, particularly for those children with complex needs.⁹⁸ Research commissioned by the Benevolent Society highlighted 'the need for a specific, well-resourced practice framework to support kinship carers and their families'.⁹⁹

4.80 Current models of relative/kinship care and supports available to children and carers are examined in Chapter 6.

95 Professor Cathy Humphreys, Professor of Social Work, University of Melbourne, *Committee Hansard*, Melbourne, 20 March 2015, p. 51.

96 See: Chapter 1.

97 University of Melbourne Department of Social Work, Child, Youth and Families Research Cluster, *Submission 66*, p. 11.

98 See, for example: University of Melbourne Department of Social Work, Child, Youth and Families Research Cluster, *Submission 66*; AASW, *Submission 18*; OzChild, *Submission 19*, Barnardos, *Submission 20*; Benevolent Society, *Submission 30*; Child Wise, *Submission 31*; Mirabel Foundation, *Submission 36*; Salvation Army, *Submission 40*; Bapcare, *Submission 50*; OzChild, *Submission 19*.

99 Benevolent Society, *Submission 30*, p. 5.

Siblings

4.81 The committee heard that, despite efforts by jurisdictions to place sibling groups together, many sibling groups are separated in care. The CREATE Foundation noted 36 per cent of respondents reported being placed in split arrangements, separated from siblings. CREATE urged 'that siblings in out-of-home care, wherever possible, must be supported to stay together; and where co-placement is not possible, they must be enabled to maintain regular contact with each other while in care'.¹⁰⁰

4.82 The committee heard directly from sibling groups who were separated in care. At its Hobart hearing, sisters Jarcinta and Sarah Short told the committee they were placed in care separately and had to rely on their foster carers to arrange contact:

We did not get told the reasons why. So we lost contact for a few years. Then Jarcinta's last foster carers reunited us, and we basically had to get to know each other all over again.¹⁰¹

Maintaining connection with families

4.83 The committee notes there is not currently sufficient data to measure how many children in care maintain contact with birth families, or leave care to return to birth families. In Victoria, Anglicare estimated that 50 per cent of children who come into care return back to the family home within six months.¹⁰² However, similar estimates are not available nationally.

4.84 Submissions emphasised the importance of incorporating the views of children and young people in decisions about connection to family. CREATE noted in its submission:

...connection with birth family is an emotive issue that is complex, but it is very important to young people that caseworkers and carers involve them in the decision-making and not assume that they know what's best for them. They have said they want to participate in decisions not only about the frequency of contact but also how it is supervised and where contact occurs.¹⁰³

4.85 However, witnesses noted that incorporating the views of children in these decisions can be particularly challenging when placement with family may not be in the child's best interest. Mr Basil Hanna, CEO of Parkerville Children and Youth Care in Western Australia, told the committee:

My experience in dealing closely with kids who come into care, no matter how much abuse that they have suffered, they all want to go back to biological their mum or dad. That is a hard thing, because when you say, 'Listen to the voice of the child,' and the child says, 'I don't want to be here;

100 CREATE Foundation, *Submission 96*, p. 28

101 Ms Sarah Short, *Committee Hansard*, Hobart, 12 March 2015, p. 8.

102 Anglicare Victoria, *Submission 101*, p. 3.

103 CREATE Foundation, *Submission 96*, p. 27.

I want to go home. I want to go back to mum and dad.' You know it is not safe for that child to go home to mum and dad.¹⁰⁴

4.86 At its Brisbane hearing, Adina from CREATE told the committee:

[W]hen I first went into foster care, which was when I was age 11, I really wanted to go back to my parents, because I thought that was what was normal and I was comfortable there. I was never allowed to. Now, thinking back, I am just glad that I never did. So it just shows that it is a hard thing. I think you should sometimes listen to the kids, but sometimes it is not always in their best interests.¹⁰⁵

4.87 In his submission, Rev Graham Guy, who was removed from his family and placed in foster care as a child, noted the need for alternative options for children and the importance of considering the views of the child, saying that he did not want to be 'forcibly removed', and would have preferred to have been placed with extended family rather than placed in foster care.¹⁰⁶

4.88 Noting these challenges, the committee heard that there is scope to improve the ways children are consulted on connection with families. Mr Hanna noted:

As a sector, we are not always totally honest with the child. We are also not timely with the child. When the child comes into care, do we sit down with that child, age appropriate, and tell them why they are in care? Sometimes we do, sometimes we don't. It is very difficult to talk about the voice of the child when every child says, 'I don't want to be in care.' The fact is that they need to be in care, and it is a difficult conversation to have. As a sector, I do not think we do it well enough.¹⁰⁷

4.89 Support for families to maintain contact with children in care is examined in Chapter 5.

Transition from care

4.90 The committee heard that one of the most significant gaps in current service provision for young people is the transition from care at age 18. A review by AIFS into transition from care found young people leaving care are 'one of the most vulnerable and disadvantaged social groups,' with the vast majority of care-leavers suffering from, or at a great risk of suffering, negative outcomes in their social and psychological functioning, financial status, and educational and vocational pursuits.¹⁰⁸

104 Mr Basil Hanna, CEO, Parkerville Children and Youth Care, *Committee Hansard*, Perth, 16 February 2015, p. 21.

105 Adina, Young Consultant, CREATE Foundation, *Committee Hansard*, Brisbane, 17 April 2015, p. 20.

106 Rev. Graham Guy, *Submission 39*, p. [1].

107 Mr Basil Hanna, CEO, Parkerville Children and Youth Care, *Committee Hansard*, Perth, 16 February 2015, p. 21.

108 Alexandra Osborn & Leah Bromfield, 'Young people leaving care', Australian Institute of Family Studies, *Research Brief no. 7*, 2007, p. 8.

4.91 These risks are particularly acute for young people with disability transitioning from care. The needs of young people with disability are examined in Chapter 9.

Data on transition

4.92 There is a significant dearth of data on the numbers of children transitioning from care, and outcomes for them once they leave the child protection system.¹⁰⁹ According to AIHW, in 2012-13, 9 360 children were discharged from out-of-home care, of which 34 per cent were aged 15-17 years. This includes children and young people returning to families or other placements and does not distinguish young people transitioning to independence.¹¹⁰ Data collected by the committee from states and territories indicates that most jurisdictions do not collect data on the numbers of children transitioning to independence.¹¹¹

4.93 The committee heard there is no national data collected on outcomes for children once they leave care. The committee notes AIFS is undertaking a study into transition from care, *Beyond 18*, funded by the Victorian Department of Health and Human Services which will explore the experiences of young people in out-of-home care and their experiences transitioning from care in Victoria.¹¹² Dr Daryl Higgins told the committee that while the study is still in its early stages, it aims to provide 'better information about what it was that can predict those better outcomes and what it was that can predict some poorer outcomes that will help inform service system improvements'.¹¹³

4.94 The limited available data suggests that outcomes for children transitioning from care are particularly poor. The CREATE Foundation's 2013 Report Card found that of the respondents who had left care:

- 35 per cent were homeless in the first year after leaving care;
- 35 per cent completed Year 12;
- 29 per cent were unemployed (compared to the national average at the time of 9.7 per cent); and
- 70 per cent were dependent on Centrelink for some form of income support.¹¹⁴

4.95 Few jurisdictions monitor the outcomes of children transitioning from care. The Western Australian Department for Child Protection and Family Support noted its

109 See: Associate Professor Philip Mendes, *Submission 6*.

110 AIHW, *Child Protection Australia 2012-13*, pp 45–47.

111 See: State and territory governments, answers to questions on notice, 30 April 2015 (received May-June 2015).

112 AIFS, *Submission 41*, p. 2; AIFS, *Beyond 18: the longitudinal study of leaving care*, <https://aifs.gov.au/projects/beyond-18-longitudinal-study-leaving-care> (accessed 4 June 2015).

113 Dr Daryl Higgins, AIFS, *Committee Hansard*, Melbourne, 20 March 2015, p. 4.

114 CREATE Foundation, *Submission 96*, p. 5.

Out-of-Home Care Reform Plan will be implemented from January 2016 and includes established indicators for the measurement of outcomes for children leaving care.¹¹⁵

4.96 Associate Professor Philip Mendes from Monash University, whose research focuses on the needs of care leavers, told the committee:

[W]e do not have any informed data in Australia at all on what happens to young people beyond 18...We do not have that information here; we desperately need it.¹¹⁶

4.97 The committee acknowledges that data on children and young people once they leave care is not addressed by current data collection projects under the National Framework. Associate Professor Mendes brought the committee's attention to a model used by the Department of Education in the United Kingdom, and recommended a similar model be adopted in Australia:

It traces all care leavers in England, segregated by each local government until they are 21; shows how they are going with employment, housing, education, higher ed access ... and involvement; if it is happening with youth justice and so on. Policy makers can make an informed judgment about what is being done well, and equally what needs to be done better...getting a national database up like that would greatly inform knowledge of policy and practice and where we need to go¹¹⁷

Transition planning

4.98 The committee heard that across jurisdictions, young people begin preparation for transition from care at 15 years old. All states and territories require young people to have a 'leaving care' or 'transition from care' plan. The New South Wales Department of Families and Communities (FACS) advised the committee a leaving care plan:

...addresses accommodation, employment and income, education and training, knowledge of personal history including cultural background, contact with family members, legal issues, and independent living skills including financial management and health and lifestyle issues. Plans also detail which services and supports will be provided by who. Both the age and capacity of the young person are considered and it is acknowledged in the FACS guidelines that younger care leavers are likely to need more support than 18 year olds.¹¹⁸

4.99 The committee heard that as part of the National Framework, states and territories have developed the *Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning*.¹¹⁹ The resource aims to provide a

115 WA Government, answer to question on notice, 30 April 2015 (received 18 May 2015).

116 Associate Professor Philip Mendes, Department of Social Work, Monash University, *Committee Hansard*, Melbourne, 20 March 2015, p. 17.

117 Associate Professor Philip Mendes, *Committee Hansard*, Melbourne, 20 March 2015, p. 17.

118 NSW Government, answer to question on notice, 30 April 2015 (received 14 May 2015, p. 7).

119 DSS, *Submission 78*, p. 6.

nationally consistent approach to planning for young people transitioning from out-of-home care.¹²⁰

4.100 Where planning occurs early, and adequate support is provided by case workers, the committee heard that transition from care can be a positive experience. Ms Sarah Short told the committee in Hobart:

My transition from care was pretty breezy actually. It was really good. I had the support of my case worker and my foster carers. My case worker went through everything that I needed to go through when moving out and where I could get extra support, just getting everything lined up, so that, when I did turn 18, it was easier to move in and I had everything planned out. So mine was quite easy.¹²¹

4.101 In many cases, young people do not have a transition from care plan. As Table 3.1 shows, the available data indicates across three jurisdictions, an estimated 77 per cent of young people had a transition from care plan at 30 June 2012. Similarly, CREATE's 2013 Report Card indicates 64 per cent of young people surveyed did not have a leaving care plan.¹²²

4.102 In some case, transition planning does not occur until just prior to leaving care. Ms Short's sister, Jacinta, noted her transition was more difficult as she was not transitioned into the 'Moving on Program' until two weeks before her eighteenth birthday. As a result, she told the committee '[t]he first few months were hard because I was not used to all of it'.¹²³

4.103 Similarly, Ms Brooke Gregson, another care leaver in Tasmania, told the committee that her transition was not planned far enough in advance: 'I think it was too late...it was only a couple of months before we turned 18 that the subject really came up.' She further noted: 'I actually missed quite a number of months of school due to that fact—that it was so stressful trying to find somewhere to live'.¹²⁴ Ms Angela Adams from UnitingCare Burnside emphasised the importance of beginning transition planning as early as possible:

...we need to be thinking about it earlier. Past practice has been that young people have had hurried leaving-care plans prepared at the 17 or 17 ½ that are not suitable.¹²⁵

120 Department of Social Services, *Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning*, October 2011, <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/transitioning-from-out-of-home-care-to-independence-a-nationally-consistent-approach-to-planning-2011> (accessed 19 June 2015).

121 Ms Sarah Short, *Committee Hansard*, Hobart, 12 March 2015, pp 8 – 9.

122 CREATE Foundation, *Submission 96*, p. 5.

123 Ms Jacinta Short, *Committee Hansard*, Hobart, 12 March 2015, p. 9.

124 Ms Brooke Gregson, *Committee Hansard*, Hobart, 12 March 2015, p. 18.

125 Ms Angela Adams, Practice Manager, Out-of-home care, UnitingCare Burnside, *Committee Hansard*, Sydney, 18 February 2015, p. 40.

4.104 Where planning does occur, the committee heard in some case young people are not supported by child protection authorities to identify suitable options. Ms Brooke Gregson told the committee of her experience leaving care:

I found the transition quite difficult. The man from the department who was supposed to help me did not help as much as I think he should have. He made numerous appointments, but every time he called up with another excuse to say he could not come. At the end of it, he basically gave me the choice of going to the Moving On program or being homeless ... That put a lot of pressure on me and my carers at the time because I was running out of time and needed somewhere to live. After a couple of months, we finally found a place to live, but it was a lot more difficult than I think it should have been and I hope that other children have a much easier experience with it.¹²⁶

4.105 Without this support, leaving care can be a significant shock. Mr Bryan Seymour, who was placed in out-of-home care in NSW for 18 years noted in his submission of the 'shock' and 'severe emotions that followed' leaving care:

The main challenge was fear. Suddenly the safety net was gone – after having to file an invoice for every expense in my life there was suddenly no security – financial, psychological, practical support was instantly all gone.¹²⁷

4.106 The committee heard even the terminology of 'leaving care' can be daunting for young people planning for their transition from care. Ms Angela Adams from UnitingCare Burnside told the committee that feedback from young people is that:

...even the terminology 'leaving care' is scary. For some of them, they have only just started to settle into a permanent placement, if they have been lucky, with a carer and then we say, 'Right, let's talk about leaving care.'¹²⁸

4.107 Witnesses suggested that the term 'leaving care' should be replaced with one that emphasises the need for ongoing support. Mr John Avent from the Salvation Army's Westcare in Melbourne told the committee they use the term 'continuing care':

...because we continue to care for the young people after they leave the service. The service intervention formally may stop, but engagement with the young people continues, so we do not use the term 'leaving care'; we use the term 'continuing care'. I think even the language you use can define the way you think about an issue.¹²⁹

126 Ms Brooke Gregson, *Committee Hansard*, Hobart, 12 March 2015, p. 8.

127 Mr Bryan Seymour, *Submission 33*, p. 1.

128 Ms Angela Adams, Practice Manager, Out-of-home care, UnitingCare Burnside, *Committee Hansard*, Sydney, 18 February 2015, p. 40.

129 Mr John Avent, Manager (Retired), Westcare, Salvation Army, *Committee Hansard*, Canberra, 16 April 2015, p. 16.

Transition support

4.108 Most jurisdictions provide formal programs for young people transitioning from care (such as the 'Moving on Program' in Tasmania).¹³⁰ Some service providers, such as UnitingCare Children, Young People and Families, noted they are also 'currently developing a good practice trauma informed framework for leaving care planning. This includes a focus on training for caseworkers and carers to better support young people leaving care'.¹³¹

4.109 The committee heard that the Victorian Government has also trialled more intensive support for care leavers. The Springboard Program aims to link care leavers to community organisations to assist in engaging in education and employment (see Box 4.3).

Box 4.3 – Best practice – Springboard Program

The Springboard program, established by the Victorian Government in 2012, provides intensive support for young people transitioning from residential out-of-home care who are not engaged in education, training or employment.

Springboard is part of the existing suite of transition and post-care services funded by the Victorian Government. The program is delivered by community-based organisations with specialist skills supporting young people with education, training and/or employment, including:

- individually tailored and responsive assessment, planning and services;
- flexible outreach case work to engage, or re-engage, in education, training and/or employment to prepare them for long-term sustainable employment;
- strong links with the department, residential out-of-home care providers, post-care support information and other relevant services; and
- a culturally competent service responsive to the needs of Aboriginal young people and those from diverse cultural backgrounds.

The Victorian Government noted a recent evaluation found that the program is achieving outcomes for young people in line with the expected trajectory of education and employment outcomes including:

- all participants had recorded addressing one or more barriers that inhibit their engagement in education and employment; and
- 40 per cent of participants had achieved sustained participation in education or employment.

Source: Victorian Government, answer to question on notice, 30 April 2015 (received 22 May 2015).

4.110 The Stand By Me Program, also trialled in Victoria, aims to provide more general support for young people leaving care, and has indicated initial positive results (see Box 4.4).

130 See: State and territory governments, answers to questions on notice, 30 April 2015 (received May-June 2015).

131 Ms Toni Beauchamp, Principal Policy Officer, UnitingCare Children, Young People and Families, *Committee Hansard*, Sydney, 18 February 2015, p. 41.

Box 4.4 – Best practice – Stand By Me program

In 2012, Berry Street developed the *Stand By Me* pilot program to provide an intensive generalist case work support service that targets young people leaving the care system to better support a successful transition to independent adult living. The program is based on broad elements of the UK Personal Adviser Model. As at July 2014, there were twelve young people participating in the pilot program in Victoria.

The program builds a relationship with the young person before they leave the care system, extending into the period post care, and the service follows the young person and is able to offer medium to long term support in the post care period through an assertive outreach model that matches resources to the young person's identified need at the time.

An initial evaluation by Monash University suggests the program 'is developing effective ways of working with young care leavers and other program stakeholders'. The evaluation found the program offers potential benefits in:

- reducing the likelihood of homelessness;
- addressing trauma and improving access to mental health support;
- accessing specialist leaving care, employment, education and training supports;
- re-establishing family contact;
- enhancing stability of placements while in care; and
- maintaining links with out-of-home care supports.

Source: Berry Street, Submission 92, p. 15; Sue Meade and Philip Mendes, Interim Evaluation Report for the Berry Street Pilot Program – Stand By Me, Social Inclusion and Social Policy Research Unit, Monash University, July 2014, pp 5–6.

4.111 However, the committee notes these pilot programs are only available to a limited number of young people on a voluntary basis. For the majority of young people who are not eligible for these programs, support is limited. Mr Justin Cooper from the Salvation Army in Tasmania told the committee that limited supports were available for young people outside of the formal transition programs:

We are extremely limited in what we can access for them, to the point that we have had to go out and create our own independent living program—at a cost to our therapeutic residential program because we have had to manipulate our limited resources and budgets. That is because we have found that there is basically nothing for our kids to transition into if they do not meet the requirements of the MOP [Moving on Program] or another program. They do not have options here, so we see them go back to couch-surfing, we see them to go back to family situations that are high risk, we see them regress back into crime because they find safety in being incarcerated...¹³²

4.112 Submitters highlighted the significant disparity between funding for after-care services and out-of-home care services.¹³³ Once young people leave care, there is

132 Mr Justin Cooper, Program Manager, Therapeutic Youth Residential Service, Salvation Army, *Committee Hansard*, Hobart, 12 March 2015, p. 11.

133 See: Associate Professor Philip Mendes, *Submission 6*, p. 4.

limited capacity to provide specialised after-care supports. Mr Cooper noted that the existing resources of service providers to provide after-care support are already stretched:

We have a part-time role, but it is only part-time, and he has to cover ten clients. That makes it very difficult when he is trying to link them into Centrelink, do their financial budget for them, get the Hydro bill paid, get their groceries in. Usually we find they are running out of options, and the placement breaks down, they are evicted and they are back on the street. It has really made life difficult.¹³⁴

Housing and homelessness

4.113 The transition and lack of after-care support means a large proportion of young people leaving care experience homelessness. A recent survey of homeless young people in Victoria, Western Australia, New South Wales, the Australian Capital Territory, South Australia and Queensland, *The Cost of Youth Homelessness in Australia Study*, found nearly two-thirds of homeless youth surveyed (63 per cent) had been placed in some form of out-of-home care by the time they turned 18 years old. Of the young people who were placed in out-of-home care, 63 per cent had been placed in residential care, 45 per cent in kinship care and 33 per cent in foster care.¹³⁵

4.114 However, evidence suggests there is a significant lack of data on the number of care leavers experiencing homelessness. Ms Jessica Fielding, from Yfoundations, a peak body representing young people at risk of experiencing homeless, estimated that '50 per cent of young people leaving care will experience homelessness at some point in their lives'.¹³⁶ Ms Fielding noted some of the challenges in calculating the number of young people from care experiencing homelessness:

...because so many young people are couch surfing and are hidden, essentially, we actually do not know the real figure of how many young people are experiencing it. We do know that a lot of young people are coming from the out-of-home care system, though.¹³⁷

4.115 The committee heard the Commonwealth provides support through the Transition to Independent Living Allowance (TILA) payment of up to \$1 500 for young people between 15 and 25 years old leaving out-of-home care to meet the costs of moving to independent living. As part of the National Framework, the TILA was

134 Mr Justin Cooper, Program Manager, Therapeutic Youth Residential Service, Salvation Army, *Committee Hansard*, Hobart, 12 March 2015, p. 11.

135 Swinburne University, Institute for Social Research, *The Cost of Youth Homelessness in Australia Study, Snapshot Report 1: The Australian Youth Homeless Experience*, 2015, p. 8;

136 Ms Jessica Fielding, Policy Officer, Yfoundations, *Committee Hansard*, Sydney, 18 February 2015, p. 40.

137 Ms Jessica Fielding, Policy Officer, Yfoundations, *Committee Hansard*, Sydney, 18 February 2015, p. 45.

increased from \$1 000 to \$1 500. DSS noted that from 1 January 2015 to 1 September 2015, 211 young people had received a TILA.¹³⁸

4.116 Witnesses suggested that while the payment was useful, it does not adequately support young people exiting care. Associate Professor Mendes told the committee:

[T]he general view in the field would be that, yes, that payment is helpful. But what you find with young people leaving care, a lot our research would show between 18 and 21, they are likely to move four, five or even 10 times. There are stories, yes, they might be able to buy the furniture, the fridge, the bed, although emphasising that money does not actually go directly to the young person anyway; it goes to an agency which is registered in the particular state or territory to buy the goods for them. Regardless, even if they do get a lot of really necessary furniture with that payment, it is unlikely to meet their needs in an ongoing way.¹³⁹

4.117 The CREATE Foundation further noted the availability of the TILA differed across jurisdictions and suggested 'the administrative arrangements of the state and territory child protection agencies must ensure TILA is uniformly available to eligible young people'.¹⁴⁰

4.118 A number of submitters supported increased financial and practical support in providing safe and secure housing for all young people leaving care, structured around the experience of leaving care as an ongoing process.¹⁴¹ Associate Professor Mendes noted that leaving care is not a 'one-off' event:

...mostly we are talking about this construction of leaving care as being this one-off event: you have turned 18 and, like a racehorse that turns two— all the racehorses at the same time—you are suddenly an adult, suddenly independent and you are ready to live on your own. It just does not work out that way. I think the Commonwealth government, in looking at that money, should be thinking about what the real situation is, as opposed to what they are providing.¹⁴²

4.119 The committee heard a number of organisations are working on developing community-based programs to assist young people leaving care into safe and secure housing. At its Melbourne hearing, Ms India Spicer, a recent care leaver, told the committee she is part of a group that has set up a peer support program for young people leaving care to provide support:

Once you leave care, you do not really have anyone to turn to. There is no-one who you can go to for the little things...We are trying to provide

138 DSS, *Submission 78*, p. 19.

139 Associate Professor Philip Mendes, *Committee Hansard*, Melbourne, 20 March 2015, p. 18.

140 CREATE Foundation, *Submission 96*, p. 5.

141 Associate Professor Philip Mendes, *Submission 6*, p. 4; Ms Jessica Fielding, Policy Officer, Yfoundations, *Committee Hansard*, Sydney 18 February 2015, p. 40.

142 Associate Professor Philip Mendes, Department of Social Work, Monash University, *Committee Hansard*, Melbourne, 20 March 2015, pp 18 – 19.

support and just make the system better because we have all had a really crappy, hard time of it.¹⁴³

4.120 In its submission, YFoundations recommended supporting the reform of state and territory children and youth service systems to an integrated community of schools and services approach 'which recognises the diverse support, needs of young people will ensure young people are adequately supported and can transition into adulthood'.¹⁴⁴ YFoundations noted a whole-of-community approach to supporting young people transitioning from care had recently been trialled in Geelong (see Box 4.5) and could be taken as a model for implementation.

Box 4.5 – Best practice – The Geelong Project

The Geelong Project (TGP) began in 2012 to test the effectiveness of a proactive 'whole of community' approach to early intervention over a period of three years.

TGP is supported by Commonwealth and Victorian Governments and led by Time for Youth in partnership with Swinburne University, Barwon Youth and Geelong Region Local Learning and Employment Network. TGP is grounded in community collaboration and is 'a world-first innovation that can identify early youth at-risk of homelessness, school drop-out and other complex inter-related issues'.

TGP links schools and community services to identify young people who are at risk of becoming homeless. TGP reports that during the pilot phase, it proactively identified and intervened with 95 young people and 43 family members, where homelessness and school disengagement were identified at high risk. As a result of TGP's intervention:

- 100 per cent of the young people have remained engaged in school, increased engagement or returned to school; and
- 100 per of the young people supported have retained or obtained safe sustainable accommodation, including:
 - 86.2 per cent remained in or returned home (after leaving or regularly couch-surfing)
 - 13.8 per cent supported into alternative accommodation when home was not appropriate.

Source: YFoundations, *Submission 85*, pp 12–13; *The Geelong Project*, <http://www.thegeelongproject.com.au/> (accessed 26 June 2015).

Higher education and training opportunities

4.121 The committee heard one of the most significant barriers for care leavers was accessing higher education and training opportunities. A recent report by LaTrobe University, *Out of care, into university: Raising higher education access and achievement of care leavers*, found care leavers 'rarely transition to higher

143 Ms India Spicer, St Luke's Anglicare Bendigo, *Committee Hansard*, Melbourne, 20 March 2015, p. 23.

144 YFoundations, *Submission 84*, p. 14.

education'.¹⁴⁵ Ms Spicer told the committee at its Melbourne hearing the her school assumed she would not go to university based on her experience in care:

They just decided that because I was a foster kid it meant that I must want to not be at school, that I did not want to go to university.¹⁴⁶

4.122 The *Out of care into university* report aimed to provide the basis for a national agenda for improving education outcomes for care leavers by 'highlighting the nature and extent of the problem, and suggesting practical solutions within both the education and community service sectors'. The report recommended three key reforms to improve the access and achievement of care leavers in higher education (also outlined in a submission to the inquiry by Dr Andrew Harvey, Director of the Access and Achievement Research Unit, La Trobe University):

- collection of nationally consistent data on higher education access and outcomes;
- revising the 1990 national equity framework to recognise the out-of-home care cohort in as a disadvantaged cohort; and
- extending legislative support for young people in out-of-home care beyond 18 years old.¹⁴⁷

4.123 Dr Harvey noted the lack of data on education outcomes for young people in care once they turn 18 years old had a significant effect on assessing how to improve education outcomes for young people in care:

...we do not know how many people from out-of-home care are in higher education—no universities collect data on it, the Department of Education does not collect data on it—and consequently there is no pressure from that source for universities to act specifically around this category.¹⁴⁸

4.124 The committee heard that the United Kingdom has undertaken a range of reforms to increase the proportion of care leavers entering higher education that may be applicable to Australia (see Box 4.6). Dr Harvey told the committee this initiative was based on an extensive research report that 'created a policy initiative that has led to massive change and massive increase in populations within higher education'.¹⁴⁹

145 Dr Andrew Harvey, Dr Patricia McNamara, Lisa Andrewartha & Michael Luckman, *Out of care, into university: Raising higher education access and achievement of care leavers*, Access & Achievement Research Unit, La Trobe University, March 2015, p. 5

146 Ms India Spicer, St Luke's Anglicare Bendigo, *Committee Hansard*, Melbourne, 20 March 2015, p. 27.

147 Harvey et al, *Out of care, into university: Raising higher education access and achievement of care leavers*, p. 5; See: La Trobe University, *Submission 83*, pp 3–4.

148 Dr Andrew Harvey, Director of the Access and Achievement Research Unit, La Trobe University, *Committee Hansard*, Melbourne, 20 March 2015, p. 25.

149 Dr Andrew Harvey, Director of the Access and Achievement Research Unit, La Trobe University, *Committee Hansard*, Melbourne, 20 March 2015, p. 25.

Box 4.6 – Best practice – UK Education Support

In 2000, the Frank Buttle Trust sponsored the first major report into the experiences of care leavers in higher education in the UK, *By Degrees: Going from Care to University*, which aimed to increase the university participation rates and achievement levels of care leavers.

Following this report, the UK has initiated a number of policy and legislative changes:

- care leavers recognised as an under-represented group in higher education and participation monitored;
- 'Quality Mark' awards introduced to recognise higher education providers that demonstrate a commitment to young people in care;
- care leavers recognised as a distinct university target group;
- institutional level provision of bursaries, accommodation, personalised support, outreach, admissions policies, and the employment of dedicated staff for the care leaver group;
- statutory requirement for local authorities to support young people aged 16 to 24 in education (*Children (Leaving Care Act 2000)*);
- statutory £2 000 local authority bursary for young care leavers (*Children and Young Persons Act 2008*); and
- regulations to strengthen transition planning, extend the right to have a personal advisor to the age of 25 and recognise the central role that further education and training personnel should take in planning ongoing educational transitions for young people beyond compulsory schooling.

As a result of these changes, the proportion of 19 year old care leavers in higher education has increased from one per cent in 2003 to six per cent by 2013.

Source: Dr Andrew Harvey, Committee Hansard, 20 March 2015, p. 25; Harvey et al, Out of care, into university: Raising higher education access and achievement of care leavers, pp 13–14.

Extending leaving care age to 21

4.125 A number of submissions suggested that transitioning from care at 18 year old was inappropriate for most young people, particularly those who had experienced trauma, abuse and neglect. Recent care leaver Ms Jarcinta Short told the committee: 'I think 18 is a bit too early to be chucked out into the world.'¹⁵⁰ Similarly Mr Basil Hanna told the committee that there is a double standard for children in care, compared to children who live with families:

Times have changed and most people who have teenaged children do not exit them at the age of 18. But we do. It is a hard world to be exited into at the age of 18 without proper supports. Do we give proper supports to children who exit care at the age of 18? Absolutely, categorically not, but we expect them to survive. These are children who have come from a vulnerable childhood. My kids, when they got to 18, fortunately came from a stable home and they stayed long after 18. A lot of these kids have had

¹⁵⁰ Ms Jarcinta Short, *Committee Hansard*, Hobart, 12 March 2015, p. 9.

multiple placements and we still abandon them after 18. We do not adequately arm them to take on the world.¹⁵¹

4.126 To improve outcomes for housing, education and healthcare, the committee heard significant support for extending the statutory age for support to 21 years old.¹⁵² Based on his extensive research, Associate Professor Mendes strongly recommended providing support to young people leaving care until at least 21 years old:

...we have got to move from discretionally to mandatory support beyond 18 to at least 21. At the moment, every state and territory, I think that is correct, has some legislation, or at least policy, talking about support until 21 or even 25 in a number of states, but unfortunately the resources allocated to this group of young people is minimal. It does not meet the needs. It is well below where it needs to be.¹⁵³

4.127 The committee notes that following recommendations by the 2013 Queensland Child Protection Commission of Inquiry, the Queensland Government has already agreed to provide a coordinated program of post-care support for young people until at least the age of 21, and to fund non-government services to provide 'a continuum of transition to independence services, including transition planning and post-care management and support'.¹⁵⁴

Committee view

4.128 As discussed in Chapter 2, while the committee notes there is a lack of national data on the outcomes for children and young people in care, evidence collected during this inquiry suggests current out-of-home care frameworks facilitate poor outcomes across a range of indicators. The committee is concerned that despite the establishment of the National Framework and a number of state and territory inquiries, outcomes for children and young people in out-of-home care remain poor.

4.129 The committee acknowledges the importance of listening to the voice of children and young people in discussions about placements and care planning. The committee also recognises the importance of providing independent mechanisms for investigation of complaints by children and young people while in care. The committee suggests nationally consistent powers for independent child guardians and commissioners could provide an effective mechanism for these complaints to be heard.

4.130 The committee acknowledges that demand pressures for all types of care across jurisdictions means children and young may not enter placements that are best suited to their particular needs. The demand to put 'bums in beds' compromises the

151 Mr Basil Hanna, CEO, Parkerville Children and Youth Care *Committee Hansard*, Perth, 16 February 2015, p. 21.

152 See: La Trobe University, *Submission 83*; Associate Professor Philip Mendes, *Submission 6*; YFoundations, *Submission 84*; Ms Jan Barham MLC, *Submission 98*.

153 Associate Professor Philip Mendes, *Committee Hansard*, Melbourne, 20 March 2015, p. 16.

154 Queensland Government, *Submission 69*, p. 13.

safety and stability of placements and affects the ability for children and young people to achieve positive outcomes while in care.

4.131 The committee acknowledges the difficulties faced by children and young people in care in obtaining parental consent for identity documents at the Commonwealth, state and territory level. The committee supports the recommendations by the National Children's Commissioner and Professor Fiona Arney for the Commonwealth to address how to streamline these processes for children and young people in care.

4.132 The committee recognises the importance of family connection for children and young people in out-of-home care. Strategies for improving the connection between children and their families are examined in Chapter 5.

4.133 The committee particularly recognises the need to improve education and health outcomes for children and young people in out-of-home care. The committee recognises the effect of stigma on 'foster kids' and the need to improve the level of community and institutional expectation for these children.

4.134 One of the most significant gaps identified by the committee is the support available to young people transitioning from out-of-home care. The committee recognises the terminology of 'leaving care' incorrectly implies that young people no longer require care once they turn 18 years old. The committee supports the terminology 'continuing care' to highlight the need to provide ongoing support to young people through the transition period and afterward.

4.135 The committee notes while there is a significant lack of national data on the outcomes for young people once they leave care, evidence collected during this inquiry indicates young people are more likely to experience homelessness and be exposed to drug and alcohol misuse and physical and sexual abuse. The committee is strongly concerned by the lack of support available to young people transitioning from care and supports lifting the age young people can receive support to 21 years of age. The committee also supports the development of strategies to assist young people transitioning from care access education and employment opportunities.