

Submission on the National Standards for Out of Home Care

The Benevolent Society
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1. Introduction

Thank you for the opportunity to provide feedback on the development of National Standards for Out of Home Care (OOHC).

1.1. About The Benevolent Society

The Benevolent Society is Australia's first charity. We are a secular, not-for-profit organisation working to bring about positive social change in response to community needs. Since 1813, we have identified major social challenges and worked to meet them head on.

Our purpose is to create caring and inclusive communities and a just society. We deliver leading edge programs and services, find innovative solutions to complex social issues and advocate for a more just society. We believe that building stronger communities will lead to a more inclusive Australia. We take pride in delivering effective services and are constantly looking for new and better ways of working. We help the most vulnerable people in society, and support people from all backgrounds including Indigenous Australians and people from culturally and linguistically diverse communities.

The Benevolent Society provides OOHC services to children and young people throughout Sydney, including general foster care, relative and kinship care, wraparound support for children and young people subject to statutory care orders, and a small family preservation service. We also provide child protection services in Sydney to children referred by Community Services who have experienced abuse or neglect. The Benevolent Society is the largest provider of the statewide early intervention service Brighter Futures, delivering the program in eight regions in NSW.

Snapshot of The Benevolent Society

- TBS is a company limited by guarantee with an independent Board.
- 700 staff and 600 volunteers support more than 17,550 children and adults each year in New South Wales and in Queensland.
- We deliver 124 programs in 48 locations with support from local, state and federal government departments, businesses, community partners, trusts and foundations.
- Our revenue in 2009 was \$59.8 million. Approximately 85% is spent directly on our services. A further 8% is spent on our leadership, social initiatives and research.
- In 2009, 73% of our income came from government sources. Fundraising, trust and foundation grants provided another 5%, client fees generated 12% and our investment portfolio contributed a further 10% of our income.

1.2. The broader context for Australian children

The Benevolent Society welcomes the development of National Standards for OOHC. We applaud the Australian Government's commitment to making the safety and wellbeing of children and young people in care a national priority. However, we wish to emphasise that growing up away from the parental home is the least desirable option for the healthy development of children and young people, and all efforts to maintain children safely in the home need to be exhausted.

Australia needs a whole-of-system response to children's safety, welfare and wellbeing so that fewer children require OOHC. In this public health model, universal services offered to everyone, such as early years centres, child health centres, playgroups or childcare centres, would identify children in need at an early stage before problems escalate. Targeted interventions and treatments could then be put in place to help those children and their families, eventually reducing the number of children for whom OOHC is the only option.

2. Complementing existing standards

The Benevolent Society supports National Standards that focus on outcomes for children and young people in OOHC. In each State and Territory, there is also a need for comprehensive Standards that detail *how* each jurisdiction will achieve those outcomes. State-and Territory-level standards would include areas such as case management, working with other agencies and planning for leaving care.

New South Wales and Victoria currently have detailed, comprehensive Standards in place. The NSW Standards have been in place for eight years and were recently reviewed and updated. We urge the Federal Government to ensure that each State and Territory adopts a set of Standards that as a minimum match the quality of those in NSW and Victoria.

<p>The Benevolent Society recommends that the National Standards complement State- and Territory-level Standards.</p>

3. Driving for better outcomes for children and young people in care

Children and young people living in OOHC are one of the most disadvantaged groups in our society. Research indicates that growing up in care in Australia has negative impacts on children's educational experiences¹ and their self esteem², and that there are higher than

¹ Create (2006) *Australian Children and Young People in Care: Report Card on Education*. Sydney: Create Foundation.

²Fernandez, E (2006) *Children's Wellbeing in Care- Evidence from a Longitudinal Examination of Outcomes*. University of New South Wales, Presented at the Association of Child Welfare Agencies Conference August 14-16 2006.

average levels of poor mental health, teenage pregnancy, drug and alcohol abuse and criminal behaviour in adult OOHC populations³.

Children in care are vulnerable, and we need to set them on a pathway to a healthy, fulfilling life with the same opportunities that other children might have. It is critical to the adult lives that children in care will go on to live, that the Federal Government sets standards for all States and Territories.

The Benevolent Society argues that this can be achieved by implementing National Standards that set measurable, nationwide targets, combined with well-funded strategies at a State and Territory level to achieve those targets. In particular, the National Standards must drive the achievement of better outcomes in the areas of educational attainment, health, housing and leaving care.

3.1. Young people aged 18-25 years

The Benevolent Society believes that the National Standards' outcomes should apply to young people up to the age of 25: while children's journeys towards better outcomes should start in care, it is important that they continue through the process of leaving care.

Lack of access to support and resources at age 18-25 years puts this group of young adults at a major disadvantage compared to their peers in the general community. This age range represents a major transition period in life. Brain research shows that the area of the brain that is responsible for decision-making and judgement is the last to mature, at around age 25⁴. It is exactly at this point that young people, particularly those in care, are under pressure to gain employment, live independently and make major life decisions. At this point in their life, young people need the support and guidance of caring adults and institutions to help them make those decisions.

CREATE's 2009 Report Card⁵ found that over 63% of young people transitioning from care did not have a Leaving Care Plan, and 35% were homeless within the first year of leaving care. This vulnerable group of young people need ongoing support beyond the age of 18, which must be addressed in the National Standards.

3.2. Measurable targets

Each of the outcome areas in the National Standards should have targets that are measurable, have a clear timeframe, and are reported on. For example, national targets might be set to be achieved by the years 2015 and 2020. The Benevolent Society suggests referring to the Every Child Matters framework in the UK. This approach identifies universal outcomes applicable to all children, with a specific focus on disadvantaged children such as

³ Mendes, P (2008) *Abuse and neglect in care- then and now*, Centre for Policy Development., Maunders, D, Liddell, M., Liddell, M., & Green, S. (1999) *Young People Leaving Care and Protection*. Hobart: National Youth Affairs Research Scheme, Cashmore, J. and Paxman, M. (1996) *Wards Leaving Care: A Longitudinal Study*. Sydney: Department of Community Services.

⁴ Giedd, JN (2006) as cited in the Victorian Government's discussion paper *Vulnerable Youth Framework Discussion Paper: development of a policy framework for Victoria's vulnerable young people*, 2008

⁵ McDowall, JJ (2009) *CREATE Report Care 2009. Transitioning from Care: Tracking Progress*. Create Foundation

those in care. The framework sets a number of measurable targets against various outcomes, and requires local authorities to collect and submit relevant data.

Australian targets should be developed in consultation with service providers, carers and young people, and be based on national and overseas evidence. Some examples of possible targets are:

Area	Target
Educational achievement	x% of all young people leaving care have completed Year 12
Health	A reduction in the number of children and young people in care with mental health problems as a % of the overall population
Housing	x% of all children and young people in OOHC are in long-term, stable housing
Leaving care	x% of all children and young people aged between 15-25 years who exited care did so into a transition period

3.3. Achieving those targets

A vital part of achieving these targets will be to develop well-funded strategies at the State and Territory level. If we are to achieve the outcomes set out in the National Standards, children and young people in care must be given priority access to a range of opportunities and services. For example, these might include designated housing stock available for young people leaving care; free or reduced fees for TAFE courses; designated teachers in all schools to look after children in care; and ‘fast-tracking’ to access therapeutic support services.

The Benevolent Society recommends that the National Standards drive outcomes in the areas of education, health, housing and leaving care. These outcomes should be linked to measurable targets with well-funded strategies to achieve them. They must address children and young people up to the age of 25 years.

4. Kinship care

More than 50% of children and young people in care in NSW are placed in kinship care. Kinship carers have a deep commitment to their children, but they also have complex needs and face a number of competing challenges. For example, research commissioned by The Benevolent Society⁶ found that kinship carers may have seen themselves as having had no choice but to take on the children. Many are experiencing grief and trauma surrounding their family crisis at the time when the children come to live with them. However, these carers receive less support (for example, in the form of case management, financial assistance, training) than general foster carers. We argue that if supported effectively, kinship care can

⁶ A Framework of Practice for Implementing a Kinship Care Program, Social Policy Research Centre, 2009.

enable families and communities to use their own resources and reduce the reliance on a decreasing pool of foster carers.

Kinship care is still a developing area of policy and practice in Australia, and a strong body of evidence has yet to be built. Nevertheless, emerging findings suggest that children and kinship carers would benefit from a model that specifically addresses their needs. This model should be different to a foster care model. It needs to work within the culture of a family and community, take a flexible and enabling approach yet ensure that the wellbeing of the child remains at the centre. This is especially significant given the prevalence of kinship care in Australia in Aboriginal communities.

Kinship care is the most commonly used form of OOHC in NSW for Aboriginal children and young people. Strong families in vulnerable communities are caring for multiple children, often with very little support. Their children are an even more vulnerable and disadvantaged group than the OOHC population, as is often the case for the carers themselves. We urgently need models for Aboriginal communities that are well-funded, flexible, collaborative and respectful. These models need to focus on improving outcomes for children, as well supporting their carers.

We argue that the National Standards should recommend best practice benchmarks specifically for kinship care, to ensure that children in kinship care and their carers are appropriately and effectively supported. These benchmarks should be no lower than those of children in foster care but must consider the different contexts of kinship care families.

The Benevolent Society recommends that the National Standards address the unique needs of children in kinship care, in particular in Aboriginal communities, and consider appropriate and effective benchmarks to support them and their carers.

5. Supporting carers

While The Benevolent Society believes that National Standards are important to drive outcomes for children and young people in care, standards are just one part of a good system that serves children and young people well. Carers in Australia must be properly supported and remunerated, and issues for service providers such as their own workforce recruitment and retention must be addressed.

If these issues are not addressed, the lack of viable places available for children and young people will render any National Standards ineffective.

We urge the Government to take the lead in promoting caring as a viable, worthwhile option for people in Australia.

6. Coordinated services

The *Report of the Special Commission of Inquiry into Child Protection Services in NSW* carried out by the Hon. James Wood in 2008 (the Wood Report) notes the need for a more coordinated service system that makes specific provision for children in and leaving OOHC.

Services in areas such as health, education, housing and community services need to be adapted so that they are more easily accessed by children in care. This might include outreach, better student/teacher ratios, and home visiting services. Currently the system for children and families in NSW is fragmented, poorly coordinated and subject to widespread disparity in access to services. This fragmentation and inappropriate service design in such vital areas as health and safety can render services ineffective for children who are living in OOHC.

The Wood Report identifies good practice models such as the specialist OOHC units at Sydney Children's Hospital and the KARI health clinic, which work in partnership with OOHC providers and enable children in OOHC to access specialist services when and where they need it.

National Standards should provide consistency to ensure that all children, regardless of where they live, can expect the same level of service. Within that framework, it will be State and Territory responsibility to focus on achieving the outcomes set out by the National Standards.

7. Participation

The consultation paper does not mention children's participation in any of the key areas. Children and young people have the right to participate in the development and implementation of their care plan. A lack of participation in decision-making can mean that children may be unaware of decisions that are made about their lives. Active participation can help children in OOHC to remain engaged in important areas of their life such as education and social connections.

One way to encourage participation is to establish a network of independent children's advocates, who work with children and young people in care to ensure that they understand their care arrangements and have the opportunity to make changes. Models such as the Create Foundation Young Consultants or the Queensland Community Visitors could be considered and built on.

<p>The Benevolent Society recommends that the National Standards consider the participation of children and young people in OOHC as a priority.</p>

8. Measuring and monitoring the National Standards

Currently in Australia there is little data collected about children's experiences during OOHC placements, the services provided for them and the ultimate impact on their wellbeing. Finding a way to measure the impact of the National Standards is vital, and there are evidence-based tools that could be used.

The Victorian Department of Human Services is implementing a framework using the LAC materials, originally developed by the UK Department of Health, as a tool for monitoring outcomes. An initial analysis of a sample of children across domains such as Health, Education, and Family and Social Relationships, suggests that the LAC materials have the potential for use in planning and evaluation in OOHC⁷.

The Benevolent Society recommends that the Government undertake research into current best practice assessment tools, both in Australia and internationally, that could be modified for use with the Australian Standards. Particular note should be taken of the Looking After Children Data Outcomes Project in Victoria.

Monitoring the implementation of the National Standards is also important. While the NSW Out of Home Care Standards could provide a solid base for the development of the National Standards, there is a lack of consistency in the application of standards across NSW. Ensuring that Standards are implemented consistently across the country is an important piece of work to be addressed.

All OOHC service providers, and all agencies involved in the implementation of care plans, would need to be held accountable for delivering the outcomes set out in the National Standards. One way of achieving this could be the introduction of an independent review body to monitor the implementation of the standards and make recommendations to Government as to the authorisation of OOHC providers. Such a model would need to be developed in partnership with the non-profit sector and based on evidence.

The model of outcomes and targets suggested by The Benevolent Society would also require effective data quality, collection and tracking systems. The Government needs to ensure the integrity and comparability of data regardless of State and Territory jurisdictions.

The Benevolent Society recommends that existing measurement tools, such as Looking After Children, be investigated for use with the National Standards.

The Benevolent Society calls for an independent review body to monitor compliance with the National Standards.

The Benevolent Society calls for effective nationwide data quality, collection and tracking systems.

⁷ Wise, S & Egger, S, 2009. *The Looking After Children Outcomes Data Project*. Department of Human Services and Australian Institute of Family Studies.

9. Conclusion

The Benevolent Society welcomes the development of a set of National Standards for Out of Home Care. The National Standards should include measurable, reportable targets for all States and Territories to meet, and should be evaluated and monitored to ensure the best possible outcomes for children and young people in OOHC. We would be delighted to discuss in more detail any of the issues raised in our submission, and look forward to the opportunity for further input as the National Standards are developed.