

Department of Families, Housing, Community Services and Indigenous Affairs
together with the National Framework Implementation Working Group

National Standards for out of Home Care

Consultation Paper



JANUARY 2010



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All illustrations kindly donated by children, including some children living in care

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→ Executive summary

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

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

This Consultation Paper has been developed to inform the consultation stage of the process for developing National Standards in Out of Home Care (the National Standards). The National Standards are intended to apply to formal care arrangements. Formal Out of Home Care service options include, but are not limited to, residential care, foster care and kinship care (where the carer is supported by an agency).

Advisory firm KPMG has been engaged to work on developing the National Standards; contact details of the project team are provided below.

1.1 What is Out of Home Care?

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

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

This Consultation Paper seeks your views on:

- > the drivers for optimal health and well-being outcomes for children and young people
- > where and how the Out of Home Care system can impact on outcomes for children and young people in Out of Home Care and how to influence these drivers
- > what possible standards should be included in the National Standards for Out of Home Care and how they should be measured and reported.

1.2 Childhood outcomes

It is widely reported that children who have been placed in Out of Home Care have poorer life outcomes than other children.¹ Children in Out of Home Care deserve the same opportunities as other children to grow up safe and well, and reach their potential.

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

- > health
- > safety
- > culture and community
- > spirituality
- > emotional development
- > learning and achieving.

There are a broad spectrum of factors that, together, assist in developing healthy outcomes for children.

1.3 Developing National Standards to influence outcomes

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

The National Standards will identify the key *factors* within care that directly influence positive outcomes for children and young people. For each of the factors, the National Standards will be defined that are measurable, and set at the best practice level so that all jurisdictions are driving improvements.

To assist in the national consultations a series of questions has been proposed and are outlined below:

Areas of well-being	Factors in Out of Home Care that influence outcomes	Desired outcomes for children in care
Health (including physical and mental health)	<p><i>Factors in Out of Home Care that may form the basis of standards:</i></p> <ul style="list-style-type: none"> > <i>stability of placements and relationships</i> > <i>regular health and well-being checks</i> > <i>transition planning that involves children and young people (into, during and exiting care)</i> > <i>appropriate carer assessment, screening, training and support</i> 	<p>Attain and maintain good health</p> <p>Develop effective coping style</p>
Safety		<p>A stable environment that is free from physical, emotional and/or sexual abuse</p> <p>Develop social connections</p>
Learning and achieving		<p>Achievement of developmental milestones</p> <p>Participation and achievement in education</p>
Emotional development		<p>Stability in behaviour</p> <p>Positive and supportive relationships</p>
Culture and community		<p>Cultural identity and ethnic pride</p> <p>Participation in community</p>
Spirituality		<p>Positive sense of identity</p> <p>Connection to family/significant others and land/country</p>

1.4 Consultation process

The KPMG project team, in partnership with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), will undertake an extensive consultation process with the community, carers, young people, government representatives and the non-government sector across Australia.

The process will encompass stakeholder consultation in each state and territory capital city, and for regional locations, beginning mid February 2010 and concluding in March 2010. The following consultations will occur:

- > a workshop that will focus on state and territory child protection departments, service providers and representative peak organisations
- > a workshop that will focus on foster families, grandparents, kinship carers and professional carers
- > group sessions (with appropriate sector involvement) with young people.

Initial consultations have taken place with a range of stakeholders to ensure a thorough understanding of the issues that need to be resolved in order to develop National Standards for Out of Home Care. These initial consultations have included members of the state and territory government departments with responsibility for Out of Home Care, and representatives from non-government peak bodies.

To assist in the national consultations a series of questions has been proposed and are outlined below:

No.	Questions
1	Are the key areas of well-being for children and young people identified the right ones to focus on? If not, what additional areas should be taken into account? Why?
2	What drivers of children's outcomes can be influenced by Out of Home Care – what are the top 10 factors to focus on? What particular issues <i>must</i> the standards address, and why?
3	What is the best practice benchmark for each aspect of care where National Standards should be set?
4	To whom should the National Standards apply (carers, community organisations, government)? Why? Should there be different expectations in relation to the National Standards for Out of Home Care services depending on the form of Out of Home Care support provided? If so, how do you see such a system working?
5	How should the National Standards for Out of Home Care be monitored and measured?

We are keen to hear your views and concerns regarding the development of National Standards at all stages of this process. The questions above will form the foundation for the national consultations.

These standards will build on the work to date undertaken by all state and territory governments and the non-government sector in building the capacity and quality of the Out of Home Care system. The guiding objective of the National Standards is that children in Out of Home Care receive the same opportunities to develop and become healthy children and young people as those children not in Out of Home Care.

1.5 Next steps

FaHCSIA and the KPMG project team will publicise details of the national consultations once they have been confirmed.

The draft National Standards are expected to be available for comment by mid 2010 and will be finalised later this year.

1.6 Contact details

Should you wish to ask questions, provide feedback or confirm any details, please find below the relevant contact details.

Project team	
Liz Forsyth, Partner	Phone: 0418 659 857
Martin Joyce, Project Manager	Phone: (03) 9288 5840
Email: contactus@nationalstandardsforoutofhomecare.com	

1.7 Confidentiality

In developing the National Standards it will be important to take account of all feedback and, in some cases, share or spotlight feedback. Please advise KPMG if you **do not** wish to have your feedback used publicly.



2. Setting the scene

2.1 The role of the Consultation Paper

This Consultation Paper is intended for wide distribution across Australia. It is not intended to be an academic paper or a comprehensive literature review, but rather the catalyst for discussions about developing National Standards in Out of Home Care. The intent is to gather a wide range of views about how to best support children and young people, their families and carers, through what is often a very difficult time in their lives.

The paper is designed to stimulate conversations and generate ideas ahead of a call for submissions, and national consultations, starting in February 2010.

Use of the terms 'children' and/or 'young people' throughout the paper is generally intended to apply to both groups.

2.2 Learning from history

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

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

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

2.3 Protecting children is everyone's responsibility

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

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

- > *universal interventions* that target whole communities and families to prevent maltreatment and abuse
- > *early interventions* to help vulnerable families or children who are at risk of maltreatment in order to alleviate problems and prevent escalation
- > *targeted interventions* focused on families where an incident has already occurred in order to reduce the long-term implications and reduce the likelihood of repeat incidents.²

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

Recognising that the safety and well-being of children is the responsibility of all levels of government, the first *National Framework for Protecting Australia's Children 2009–2020* (the National Framework) was developed by the Commonwealth in partnership with all state and territory governments and non-government stakeholders.³

The National Framework was endorsed by the Council of Australian Governments on 30 April 2009.

The National Framework aims to ensure that Australia's children and young people are safe and well.

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

A substantial and sustained reduction in child abuse and neglect in Australia over time.

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

- > *Joining up service delivery* – Implement a ‘joined up’ approach to service design, planning and delivery, targeted to the hard-to-reach, most disadvantaged families and children, by leveraging services and support from Commonwealth, state and territory governments.
- > *Closing the Gap* – Support Indigenous community-building activities in areas such as culture and connectedness, strengthening families and communities and speaking up about abuse.
- > *Seeing early warning signs and taking early action* – Improve identification of early indicators of the needs of at-risk children and their families through a common approach to assessment, referral and support in universal and secondary prevention services, with appropriate information sharing.
- > *Improving support for carers* – Continue to explore options for improving financial and non-financial support to grandparents, kinship and foster carers, provide specialist supported playgroups for grandparents and other carers, and provide enhanced support for grandparents and kinship carers as a specified target group under the Communities for Children program.
- > *Developing National Standards for Out of Home Care* – These standards will aim to improve the outcomes and experiences of children and young people who are unable to live with their families.

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

Advisory firm KPMG has been engaged to start work on developing the National Standards.

2.4 How many Australian children experience Out of Home Care?

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

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

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

In 2009, Aboriginal and Torres Strait Islander children aged 0–17 years were over nine times as likely to be in Out of Home Care as non-Aboriginal and Torres Strait Islander children (44.8 in every thousand compared with 4.9 in every thousand).⁹ At 30 June 2009, there were 10,512 Aboriginal and Torres Strait Islander children in Out of Home Care in Australia.¹⁰ The Australian Institute of Health and Welfare reports that this over-representation of Aboriginal and Torres Strait Islander children in Out of Home Care has been increasing over the past decade in every state and territory,¹¹ but the Australian Institute of Health and Welfare cautions that the increase may be due to a combination of improvements in the identification of Indigenous people as well as increases in the number of Indigenous children requiring child protection.¹²

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

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

2.5 Current Out of Home Care services and standards in Australia

Out of Home Care services are designed to:

- > provide a safe environment
- > contribute to improving developmental outcomes
- > assist in addressing issues that lead to the Out of Home Care placement.

In Australia, each state and territory government has a duty of care, and invests a great deal, to ensure that the Out of Home Care system within its jurisdiction provides the opportunities for optimal development and well-being of children and young people in care. Australian and international jurisdictions and their Out of Home Care frameworks are discussed in more detail at Appendices A and B.

Given the range of developmental stages and transitions a child may go through whilst in care, it is important that the Out of Home Care system provide necessary and appropriate supports to aid this process. This involves filling many of the roles that a parent or family would be expected to satisfy, including supporting children through key life transitions, identifying when the child needs assistance and ensuring that protective factors are present.

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

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

The approach to ensuring quality provision of Out of Home Care services in Australia is primarily focused on service standards for providers and setting out processes, procedures and accountability requirements.

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



3. The chance to grow up safe and well

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

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

For these children and young people it is important that key objectives of the Out of Home Care system not only provide them with a safe environment but also ensure that they are able to achieve levels of health and well-being appropriate for their age.

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

Over the last 10 years, all Australian governments have increasingly recognised the importance of investing in the well-being of children and young people. Early childhood services, health, education, family support, cultural safety and child protection have become key focus areas to ensure children get the best start in life.

The World Health Organization (WHO) defines **'health'** as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹⁶

WHO considers a state of **well-being**¹⁷ to be one where an individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The growing emphasis on children's well-being has led to continued improvements in data and information collection on the circumstances and experiences of children and young people. In Australia, the Australian Institute of Health and Welfare¹⁸ and state government reports – including the Victorian Government's *The State of Victoria's Children Report 2006*¹⁹ and the New South Wales Commission for Children and Young People National Consultation report²⁰ – provide valuable information on the sector. Non-government organisations also produce reports such as the annual *National Survey of Young Australians* undertaken by Mission Australia²¹ and the *CREATE Report Card 2009: Transitioning from Care: Tracking Progress*.²² Together, these sources contribute valuable data and information on the experiences of children and young people, and insight into their views and aspirations.

A similar research focus is evident internationally. For example, *The State of the Nation's Children* published by the Office of the Minister for Children and Youth Affairs in Ireland,²³ *The Good Childhood Inquiry: What Children Told Us*, from The Children's Society²⁴ in the United Kingdom, and *The State of London's Children Report*²⁵ published by the Greater London Authority allow some inter-country comparisons to be drawn. It is also possible to assess changes in circumstances over time where studies are repeated, as is the case for the Australian Institute of Health and Welfare reports in Australia.²⁶

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

3.1 Outcomes for children in Out of Home Care

It is widely reported that children who have been placed in Out of Home Care have poorer life outcomes than other children.²⁷ Life outcomes are influenced by many factors, including the age that children enter care and the number of care placements they experience.

Although there is no national data available on the reasons children are placed in Out of Home Care, the Australian Institute of Health and Welfare has reported that children are placed in care because they are the subject of a child protection substantiation, because their parents are incapable of providing adequate care or because alternative accommodation is needed during times of family conflict.²⁸ This indicates that children placed in Out of Home Care are likely to have experienced a significant life disruption and may require support to catch up on developmental stages.

Research has also shown that parental risk factors are often present in cases where children are placed in Out of Home Care.²⁹ Of parents with children in care, 32 per cent had a psychiatric illness, 37 per cent reported alcohol abuse, 43 per cent reported substance abuse, and domestic violence was present in 56 per cent of cases.³⁰

Nowhere perhaps is the disadvantage experienced by children in Out of Home Care more apparent than in education. Research indicates that young people leaving care have poorer educational qualifications, are younger parents, are more likely to be homeless and have higher levels of unemployment, offending behaviour and mental health issues.³¹

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

- > 70 per cent of young people in foster care and over 80 per cent in residential care leave school with no qualifications
- > fewer than 20 per cent go onto higher education and fewer than 1 per cent to university
- > children in residential and foster care are 10 times more likely to be excluded from school than their peers and up to 30 per cent are out of mainstream education
- > between 50 and 80 per cent are unemployed between the ages of 16 and 25.³²

Similarly, research by the CREATE Foundation in 2006 indicated that young people in Out of Home Care do not perform as well as their peers at school and are more likely to have experienced disruption through relocation or exclusion.³³

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

- > are less likely to continue within mainstream education beyond the period of compulsion
- > are more likely to be older than other children and young people in their grade level
- > attend a larger number of primary and high schools than other students
- > miss substantial periods of school through changes of placement.³⁴

Of the young people who responded to the *CREATE 2009 Report Card* on their current activities, almost a third (29 per cent) reported being unemployed or looking for work. A similar proportion reported being in full-time, part-time or casual work (28 per cent). A small number were studying at TAFE (11 per cent) and 2.8 per cent reported that they were at university.³⁵

CREATE has also collated information on the health outcomes of young people in care.³⁶ Particular health challenges for these children include illness and disability, higher rates of teenage pregnancy, risk-taking behaviour and self-harm and poor access to dental, optical and aural health services. Mental health is also a significant issue for young people in care; research by the Royal Children's Hospital Mental Health Service shows that nearly two-thirds of children and young people in Out of Home Care had mental health diagnoses and required mental health referral.³⁷

Within child welfare literature, there is a growing interest in examining the positive experiences of those children and young people where residential or foster care has contributed towards better outcomes for them. In 2006, the Social Work Inspection Agency in Edinburgh identified the following five factors as critical to success:

- > having people who care about you
- > being given high expectations
- > receiving encouragement and support
- > being able to participate and achieve
- > experiencing stability.³⁸

A recent Australian study also identified continuity of placement as an important factor in enhancing outcomes for children in care. The study found that young people 'who had had one placement that lasted for at least 75 per cent of their time in care were more positive about their time in care, were less mobile, and had better outcomes twelve months after they left care'.³⁹

Similarly, another current research interest is centred on improving and developing resilience within children and young people.⁴⁰

For Aboriginal and Torres Strait Islander children, a key factor to success in Out of Home Care is a well-matched placement with an Aboriginal or Torres Strait Islander family in line with the requirements of the Aboriginal Child Placement Principle.⁴¹

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

'Kids need to know their culture, otherwise all the things they have inside them don't mean anything.'⁴²

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

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

It is widely recognised that disruptions to a child's development can have an impact on long-term outcomes. For example, failing to transition effectively from preschool to primary school may impact on a child's future learning and educational attainment.⁴³

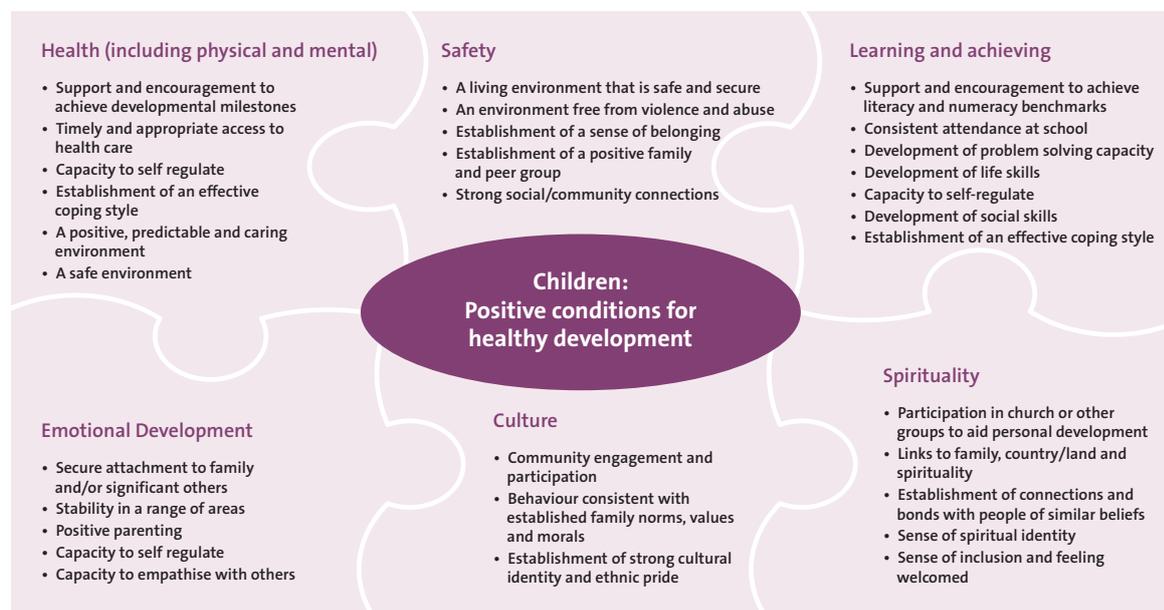
For many children and young people, transition points can be disrupted as they move into care, when they are in care and ultimately when they leave care.

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

- > physical and mental health
- > safety
- > culture and community
- > spirituality
- > emotional development
- > learning and achieving.

Each area of well-being is influenced by a range of protective and risk factors. As indicated in Figure 1, there are a number of positive factors for healthy development in each area of well-being.

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



The Out of Home Care system cannot provide all of the positive factors for child and youth well-being set out in the figure above. However, identifying what drivers of well-being Out of Home Care *can* influence, and defining what best practice is in those areas, is the primary focus of developing National Standards.

Each of the areas of child and youth well-being are discussed briefly below.

3.2.1 Physical and mental health

Critical developmental transition phases for children include the antenatal, birth, post natal periods, infancy, early childhood, primary school years, adolescent years, and the transition to adulthood. Within these phases, a variety of factors contribute to positive health and well-being outcomes.

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

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

The childhood and adolescent years are periods of significant growth, development and change, and the objective of all families is that their children live in environments that support optimal physical development.

Further, positive mental health is critically important for children and young people to develop emotional connections, stability and confidence. In research conducted in 2007, foster carers indicated that more than half (54 per cent) of children and young people living in foster care arrangements required professional help for their mental health issues; however, only 27 per cent received this assistance. Further, 61 per cent of children in foster care had exhibited behavioural problems compared with 14 per cent of those in the general community.⁴⁴

3.2.2 Safety

Feeling safe and secure is essential to emotional well-being and is generally understood to be a necessary precondition for good health.⁴⁵ 'Safety' also includes cultural safety, a concept that acknowledges the need for 'an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need'.⁴⁶

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

'Children's sense of security and safety increases when they have the protection of parents, a personal safe place to be, or trusted people around them.'⁴⁷

Safety encompasses a range of personal considerations, such as protection from the risk of personal injury and accident, protection from harm, exploitation or maltreatment, and protection from violence. This also extends to racism and the impact this has on all cultures, including Aboriginal and Torres Strait Islander children and young people.

The stability and security of a child's environment also contributes to their sense of feeling safe. Stability in a child's life is important in ensuring that connections to family and the community are made and maintained, in particular for social and educational activities, and particularly as the outcomes for education are closely associated with stability.⁴⁸

Safety also involves external considerations, such as feelings of living in a safe neighbourhood and being free from the fear of crime. Both actual and perceived safety can have an impact on overall health and well-being. For example, there are associations between stress and anxiety in children and poor learning outcomes. Safety provides a key foundation for improved well-being and developmental outcomes.⁴⁹ Parental perceptions of neighbourhood safety may also impact on a child's well-being, and lead to the child being restricted in their participation in outdoor activities, which may in turn lead to a sedentary lifestyle and the development of health issues associated with such a lifestyle.⁵⁰

3.2.3 Culture and community

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

For Aboriginal and Torres Strait Islander children and young people, 'community' is defined in terms of a predominant connection to culture that is broader than the community within which they live,⁵¹ and this has been found to be the case wherever the child or young person lives.

The maintenance of connections to family, community and country forms the basis of the development of the Aboriginal or Torres Strait Islander child's identity as an Aboriginal or Torres Strait Islander person, their cultural connectedness, and the emergence of their spirituality.⁵² For Aboriginal and Torres Strait Islander children, strong cultural identity is integral to who they are and a source of pride. The teaching, maintenance and regaining of Aboriginal cultural practices for Aboriginal children are the responsibility of the whole community.⁵³

For young people from culturally and linguistically diverse backgrounds, maintaining a sense of culture and links to the community are also important. As noted in research cited by the NSW Department of Communities, children placed within culturally/ethnically similar families, or families specially trained and assessed to provide culturally competent care, have the following benefits:⁵⁴

- > better communication and less misinterpretation due to language and cultural barriers
- > a positive sense of self and ethnic identity
- > familiarity with food, language and customs
- > increased stability of placement
- > reduced need for caseworker intervention due to cultural and linguistic issues.

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

3.2.4 Spirituality

The term 'spirituality' is open to a range of interpretations, and is often used to describe a person's inner life or to define those aspects of a person that are unseen, or intangible, but that give meaning or purpose to life. Spirituality is also used to describe a set of personal beliefs; it can be connected to a person's cultural or religious heritage, and may be linked to institutional religions or participation in church-based events and activities.

Spirituality can assist in ensuring that a child or young person develops a positive sense of identity and maintains connections with family and significant others enhancing their sense of belonging.

There is strong evidence that spirituality is important in shaping a young person's perception of their quality of life and, in this sense, it is understood to be important for health and well-being.⁵⁵ Spirituality or connection to a church-based group as a strong protective factor for a child or young person is often cited in both Australian⁵⁶ and international⁵⁷ literature. Surveys of Australian youth provide evidence that spirituality, or faith, is important for 14 to 15 per cent of the young people surveyed.⁵⁸

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

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

3.2.5 Emotional development

Strong and positive relationships with family, friends and community are important for a child or young person's well-being, to their sense of self-worth and to the development of values or a moral code. Families play a principal role in teaching values, and significant adults in the family and broader social circle are key role models in this regard. Connections provide children with stability, without which emotional and psychological development can be adversely impacted. A focus on maintaining relationships ensures that children maintain stable contacts with significant people and groups and promotes better emotional and psychological development.

Some studies have shown an association between conditions such as depression and the presence of psychosomatic symptoms with poor child–parent relationships.⁵⁹ Generally, the evidence confirms that friends, parents, relatives and family friends are the top three sources of advice and support for all age groups,⁶⁰ that families are the main source for teaching values,⁶¹ and that family attachment is a strong, protective factor.⁶²

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

3.2.6 Learning and achieving

Positive participation in education and learning is generally associated with strong lifelong outcomes. Such participation develops important cognitive skills, imparts knowledge and understanding that is important for a person's future, and provides an environment where children can develop important social and life skills.

The recent focus in Australian jurisdictions on the preschool and early primary years is supported by research demonstrating that participation in early childhood programs is beneficial for intellectual development and independence, sociability and concentration, and language and cognitive development. It is also associated with a lower incidence of personal and social problems in later life, such as school dropout, welfare dependency, unemployment and criminal behaviour. Participation and regular attendance at school, especially in the preschool and early primary years, is therefore of significant potential advantage to children from disadvantaged backgrounds.⁶³ This focus must also extend to other key transition points, including Year 12 and further education or training, because most young people transition out of care between the ages of 16 and 18, while their peers stay at home into their twenties,⁶⁴ with a potential impact on their ability to continue with education and training.

Available data and research indicates that areas of focus for assessing educational and learning experiences and outcomes include preschool participation rates, transition to primary school, achievement of specified benchmarks for literacy and numeracy, school attendance and retention rates, Year 12 completion rates, and successful transition to tertiary education, training and employment.

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



4. National standards for out of Home Care

4.1 Why develop National Standards for Out of Home Care?

The Australian Government, state and territory governments and the non-government sector are developing National Standards to ensure children in need of Out of Home Care are given consistent, best-practice care, no matter where they live.

National Standards will ensure that children across Australia who are unable to live with their immediate family will receive the best possible care and support.

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

- > **Organisational management and capacity** – including governance arrangements and management capability. For example, Victoria has a standard on the organisation’s leadership and management capacity to provide clarity of direction, ensure accountability and support quality and responsive services for children, youth and their families.
- > **Provision of quality care to children and young people** – such as the placement of children in a suitable living arrangement, or case management and support of the child or young person. For example, South Australia has a standard on case management that requires Families’ SA (South Australia) caseworkers to meet best-practice standards in working with young people, their families and carers.
- > **Recruitment of carers and employees** – to ensure that staff are adequately qualified to provide care to a child (and young person), and they are not excluded from working with children. For example, Western Australia includes a standard concerning carers and staff recruitment, training, assessment and support.

For many jurisdictions, the development of Out of Home Care standards has been a relatively recent initiative. However, in Australia and internationally, research into the benefits of standards of care is limited, particularly regarding outcomes for children.

Additionally, standards documents vary widely, not only here in Australia but also internationally. Although all state and territory governments and non-government organisations are working to improve outcomes for children and young people in care, the practices, processes and outcomes utilised differ which creates obstacles when attempts are made to create a national picture of outcomes for children in care.

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

4.2 What types of Out of Home Care would be covered by National Standards?

The National Standards are intended for formal care arrangements. Formal Out of Home Care service options include but are not limited to residential care, foster care and kinship care (where the carer is supported by an agency).

The Australian Institute of Health and Welfare defines Out of Home Care as: Alternative accommodation for children under 18 years of age who are unable to live with their parents, where the State or Territory makes a financial payment or where a financial payment has been offered but declined.

The Australian Institute of Health and Welfare's data does not include children who are living in Out of Home Care outside the child protection system, such as placements made in disability services, medical or psychiatric services, juvenile justice facilities, overnight childcare services or supported accommodation assistance services.

The Australian Institute of Health and Welfare characterises a number of different living arrangements as Out of Home Care:

- > *foster care* – where placement is in the home of a carer who is receiving a payment from a State or Territory for caring for a child
- > *relative or kinship care* – where the caregiver is a family member or a person with a pre-existing relationship with the child
- > *family group homes* – where placement is in a residential building that is owned by the jurisdiction and that is typically run like a family home, with a limited number of children who are cared for around-the-clock by resident carers
- > *residential care* – where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff. This category includes facilities where there are rostered staff and where staff are off site
- > *independent living* – such as private boarding arrangements
- > *other* – where the placement type does not fit into the above categories or is unknown.

At this stage in development, the scope of the application of the National Standards has not been finalised. Current standards apply to a range of carers and providers in the Out of Home Care sector, including those in family-based (foster care, relative care and kinship care) and non-family based care (residential care, transitional accommodation, commercial care workers, congregate care and independent living).

This is an important area for discussion during consultations.

4.3 Developing National Standards to influence outcomes

The key question for developing National Standards is – how can Out of Home Care positively influence the well-being of children and young people?

Out of Home Care plays a significant role in shaping the lives and development of children and young people who experience it. Quality Out of Home Care that is safe and stable can help children and young people recover from the experience of abuse and neglect. Alternately, Out of Home Care can compound the harm that children have already been exposed to.

Unfortunately, research shows that overall, children placed in Out of Home Care generally experience poorer outcomes in terms of their education (and employment), health and safety. In particular, multiple and unstable placements can have further detrimental effects on a child's development.

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

National Standards will identify the key *factors* within care that directly influence positive outcomes for children and young people. For each of the factors, National Standards will be defined that are measurable, and set at the best-practice level, so that all jurisdictions are driving improvements.

Table 2: Examples of possible National Standards for Out of Home Care

Areas of well-being	Factors in Out of Home Care that influence outcomes	Desired outcomes for children in care
Health (including physical and mental health)	<p>Factors in Out of Home Care that may form the basis of standards:</p> <ul style="list-style-type: none"> > stability of placements and relationships > regular health and well-being checks > transition planning that involves children and young people (into, during and exiting care) > appropriate carer assessment, screening, training and support 	Attain and maintain good health Develop effective coping style
Safety		A stable environment that is free from physical, emotional and/or sexual abuse Develop social connections
Learning and achieving		Achievement of developmental milestones Participation and achievement in education
Emotional development		Stability in behaviour Positive and supportive relationships
Culture and community		Cultural identity and ethnic pride Participation in community
Spirituality		Positive sense of identity Connection to family/significant others and land/country

4.3.1 The views of children and young people

The views of children and young people about what contributes to effective Out of Home Care are important. A recent CREATE summit⁶⁵ reflected the views of young people on the ‘good’ aspects of Out of Home Care as follows:

- > constant review of placement
- > equality/welcoming/respect/courtesy
- > stability
- > family environment
- > open communication
- > support with life skills, practical things and emotional support
- > encouraged to be yourself
- > access to birth family
- > families work with carer and/or case worker and young people
- > staying with foster carer after they turn 18.

The features listed above place particular emphasis on stability and safety, and attachment and connection.

Children and young people will be consulted further during the development of the National Standards.

4.4 Summary

The challenge for this project is to establish clear and realistic standards and performance requirements for Out of Home Care. Out of Home Care systems must be encouraged and supported to focus on those key factors that can positively contribute to the well-being of children and young people.

Improving outcomes for children and young people in care requires a comprehensive response across a child's life course, including:

- > early intervention and family support
- > providing better quality care to assist them in overcoming the experiences they had before entering the Out of Home Care system
- > stability and continuity
- > providing opportunities for more gradual transition from care
- > providing ongoing support, particularly to those with mental health problems and complex needs.⁶⁶

Development of National Standards is a key, early action under the National Framework. Most Australian jurisdictions already regulate their Out of Home Care system using a range of standards. The National Standards will focus on the six areas of well-being and healthy development of a child to ensure they receive the same opportunities, to develop at the same pace, as those children who not living in Out of Home Care.



5. Questions for consultation

The questions below are presented as a guide, and respondents should feel free to make additional comments or observations.

No.	Questions
1	Are the key areas of well-being for children and young people identified the right ones to focus on? If not, what additional areas should be taken into account? Why?
2	What drivers of children's outcomes can be influenced by Out of Home Care – what are the top 10 factors to focus on? What particular issues <i>must</i> the standards address, and why?
3	What is the best practice benchmark for each aspect of care where National Standards should be set?
4	To whom should the National Standards apply (carers, community organisations, government)? Why? Should there be different expectations in relation to the National Standards for Out of Home Care services depending on the form of Out of Home Care support provided? If so, how do you see such a system working?
5	How should the National Standards for Out of Home Care be monitored and measured?



Appendices

A What is happening around Australia?

Appendix A sets out the current standards for each State and Territory in Australia, and indicates whether they address the areas outlined as the focus of the National Standards for Out of Home Care.

A.1 Australian Capital Territory

While the Australian Capital Territory does not have any provider accreditation standards in place for Out of Home Care, it does have practice standards for the provision of substitute care. For its part, the *Charter of Rights for Children and Young People in Out of Home Care* sets out what children and young people can expect from the people who are looking after them and who work with them. The charter covers safety, physical health, culture and education.

Provider accreditation standards	Areas addressed by standards
Not applicable	Not applicable

A.2 New South Wales

In 2008, the New South Wales Children's Guardian commenced a review of its accreditation and quality improvement program.

The Children's Guardian initiated this review because:

The accreditation system currently in place is a 'foundation system' and, like all other accreditation systems, needs to evolve over time in light of operational experience.

- 1 A range of Out of Home Care service providers, in meetings with the Children's Guardian, suggested improvements could be made to the operation and administration of the Program
- 2 The system was overly prescriptive and cumbersome and not child focused
- 3 Out of Home Care agencies are expected to review their policies and procedures every three years and it is appropriate that the Children's Guardian apply this same principle to its own work.

As a result of the review, a range of regulatory reforms and the streamlining of the New South Wales Out of Home Care Standards have been undertaken and updated standards have been developed, with a focus on outcomes for children. The updated standards are in draft form awaiting finalisation.

A.3 Northern Territory

The Northern Territory has Out of Home Care Standards in place that focus on physical health, emotional development, culture and education.

Provider accreditation standards	Areas addressed by standards
<p>The current Out of Home Care standards in the Northern Territory state that children and young people in Out of Home Care must be cared for in a way that ensures the following:⁶⁷</p> <ul style="list-style-type: none">> their dignity and rights are respected at all times> their needs for physical care are met, including adequate food, clothing and shelter> they will receive emotional care, which allows them to experience being liked, cared about and valued, all of which contribute to their positive self-regard> they will be encouraged to maintain family and other significant personal relationships> their needs relating to their culture and ethnicity will be met> they will receive education, training or employment opportunities according to their age and ability> they will receive positive guidance when necessary to help them to change harmful or inappropriate behaviours. Techniques for the management of the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause physical or emotional harm> they will receive dental, medical and therapeutic services necessary to meet their needs> they will be given the opportunity to participate in positive social and recreational activities appropriate to their developmental level and age. <p>All placement decisions regarding Indigenous children and young people in Australia should be made in reference to the Aboriginal Child Placement Principle.</p>	<p>The standards address the following areas:</p> <ul style="list-style-type: none">> health> emotional development> culture> learning and achieving.

A.4 Queensland

Queensland has adopted minimum service standards for Out of Home Care providers.

Provider accreditation standards	Areas addressed by standards
<p>The Child Safety Service Standards apply to all services provided by, or under the auspices of, the Department for Child Safety. The standards set out 11 core standards that are underpinned by specific criteria required to meet the service standards in the categories of process documentation, staff management and awareness, and output documentation.</p> <p>Standard for Accessibility of Services providing that organisations facilitate the access to services by children and young people and their families</p> <p>Standard for Responding to the Needs of Children, Young People and Families providing that organisations deliver services in a planned and targeted way that responds to the needs of their client group</p> <p>Standard for Participation and Choice providing that services assist children and young people and their families to be empowered to become more self-reliant</p> <p>Standard for Confidentiality and Privacy providing that organisations protect the privacy of children and young people and their families</p> <p>Standard for Feedback, Complaints and Appeals focusing on how organisations facilitate and accept feedback and use this feedback to improve services</p> <p>Standard for Protecting the Safety of Children and Young People providing that organisations have adequate processes for identifying and responding to harm of young people including that occurring as a result of care. This standard also provides that organisations adequately comply with relevant safety standards such as building requirements</p> <p>Standard for Recruitment and Selection Processes for Staff, Carers and other Volunteers requiring that staff volunteers and carers are appropriately qualified for the roles they are undertaking</p> <p>Standard for Induction, Learning, Training, and Development for Staff, Carers and Other Volunteers requiring that people working with organisations are appropriately oriented and provided with opportunities to learn and develop skills</p> <p>Standard for Staff, Carer and other Volunteer Support and Supervision providing that staff, carers and volunteers are supported to meet the Statement of Standards</p> <p>Standard for Organisational Alignment requiring that organisations have a clear vision and that policies and processes are aligned with that vision</p> <p>Standard for Governance and Accountability focusing on the management of internal and external accountabilities.</p>	<p>The standards address the following areas:</p> <ul style="list-style-type: none"> > emotional development > culture > safety.

A.5 South Australia

South Australia has implemented the Alternative Care Standards that provide the benchmark for best practice in provision of care to children and young people. These standards address the areas of safety, health, physical development, education, culture and emotional development and underpin an overarching set of core principles. South Australia has also enacted a *Charter of Rights for Children and Young People in Care*.

Provider accreditation standards	Areas addressed by standards
<p>Standard 1 Entering care: requiring all care providers to individually match young people to suitable placements</p> <p>Standard 2 Case management: requiring Families SA case workers to meet best-practice standards in working with young people, their families and carers</p> <p>Standard 3 Care provision: applying to family-based (foster care, relative care and kinship care) and non-family based care arrangements (residential care, transitional accommodation, commercial care workers, congregate care and independent living) and requiring that contracted care providers provide a safe and secure living environment suitable for young people’s needs and subject to regular monitoring and review</p> <p>Standard 4 Participation: requiring that children, young people, their families and carers are supported to participate and make decisions in their case planning</p> <p>Standard 5 Care records: requiring that the sector maintains records to appropriate standards including confidentiality standards</p> <p>Standard 6 Customer relations: mandating the appropriate response to all customer complaints</p> <p>Standard 7 Transition planning: requiring transition planning to occur for young people entering care to the point when they leave care</p> <p>Standard 8 Sector partnerships: requiring that government and non-government service providers work in partnership to deliver services to young people.⁶⁸</p>	<p>The standards and charter address the following areas:</p> <ul style="list-style-type: none"> > safety > health > learning and achieving > culture > emotional development.

A.6 Tasmania

Tasmania has recently launched a *Charter of Rights for Tasmanian Children and Young People in Out of Home Care* that provides guidance on what children can expect from their care providers. These rights cover the areas of safety, physical health, culture, education and emotional development. Tasmania does not have Out of Home Care standards in place.

Provider accreditation standards	Areas addressed by standards
Not applicable	Not applicable

A.7 Victoria

Victoria has standards in place to regulate community service organisations (CSOs) providing Out of Home Care. These standards focus on the areas of safety, physical health, culture, spirituality, education and emotional development. The standards are supported by an overarching *Charter for Children in Out of Home Care* that sets out what children and young people should expect from the system.

Provider accreditation standards ⁶⁹	Areas addressed by standards
<p>Standard 1: The CSO has the leadership and management capacity to provide clarity of direction, ensure accountability and support quality and responsive services for children, youth and their families.</p> <p>Standard 2: The CSO promotes a culture which values and respects children, youth and their families, carers, staff and volunteers.</p> <p>Standard 3: Staff, carers and volunteers support positive outcomes for children, youth and their families.</p> <p>Standard 4: The CSO creates a welcoming, safe and accessible environment which promotes the inclusion of children, youth and families.</p> <p>Standard 5: The CSO promotes the safety, stability and development of children and youth.</p> <p>Standard 6: The CSO strengthens the capability of parents, families and carers to provide effective care.</p> <p>Standard 7: The CSO provides responsive services to support the best interests of children and youth.</p> <p>Standard 8: The CSO creates an integrated service response, which supports the safety, stability and development of children and youth.</p>	<p>The charter and standards address the following areas:</p> <ul style="list-style-type: none"> > safety > health > culture > spirituality > learning and achieving > emotional development.

A.8 Western Australia

Western Australia has implemented the Better Care, Better Services standards, which provide an accountability framework for service providers. These standards focus on the areas of safety, education, culture and emotional development and are supported by an overarching *Charter of Rights for Children and Young People in Care*.

Provider accreditation standards ⁷⁰	Areas addressed by standards
<p>The Better Care, Better Services standards include:</p> <p>Standard 1: Assessing the well-being of a child</p> <p>Standard 2: Protection and safety of children and young people</p> <p>Standard 3: Safety for children and young people in care</p> <p>Standard 4: Responding to the needs of children and young people and families</p> <p>Standard 5: Planning with children, young people, their families and carers</p> <p>Standard 6: Children and young people in placement</p> <p>Standard 7: Accountability and governance</p> <p>Standard 8: Carers and staff recruitment, training, assessment and support</p> <p>Standard 9: Complaints and disputes.</p>	<p>The standards address the following areas:</p> <ul style="list-style-type: none"> > health > safety > culture > learning and achieving > emotional development.

B International perspective

B.1 Europe

The International Foster Care Organisation (IFCO), SOS-Kinderdorf and Fédération Internationale des Communautés Éducatives (FICE) have developed the Quality 4 Children Standards for Out of Home Child Care in Europe.⁷¹ These standards provide guidance on the overarching goals that Out of Home Care should achieve. For example: 'The leaving-care process is thoroughly planned and implemented.' Targeted at 32 countries, these standards are not specific in relation to some of the child well-being indicators, such as education, health and safety. While the standards were launched at the European Parliament and were supported by the European Union, this was a non-government led initiative and the standards have no formal status within the European Union.

IFCO, SOS-Kinderdorf & FICE (2006) Quality 4 Children Standards for Out of Home Child Care in Europe

Areas addressed by standards

Standard Area 1 — Decision-making and admission process

Standard 1: The child and his/her family of origin receive support during the decision-making process.

Standard 2: The child is empowered to participate in the decision-making process.

Standard 3: A professional decision-making process ensures the best possible care for the child.

Standard 4: Siblings are cared for together.

Standard 5: The transition to the new home is well prepared and sensitively implemented.

Standard 6: The Out of Home Care process is guided by an individual care plan.

Standard Area 2 — Care-taking process

Standard 7: The child's placement matches his/her needs, life situation and original social environment.

Standard 8: The child maintains contact with his/her family of origin.

Standard 9: Caregivers are qualified and have adequate working conditions.

Standard 10: The caregiver's relationship with the child is based on understanding and respect.

Standard 11: The child is empowered to actively participate in making decisions that directly affect his/her life.

Standard 12: The child is cared for in appropriate living conditions.

Standard 13: Children with special needs receive appropriate care.

Standard 14: The child/young adult is continuously prepared for independent living.

Standard Area 3 — Leaving-care process

Standard 15: The leaving-care process is thoroughly planned and implemented.

Standard 16: Communication in the leaving-care process is conducted in a useful and appropriate manner.

Standard 17: The child/young adult is empowered to participate in the leaving-care process.

Standard 18: Follow-up, continuous support and contact possibilities are ensured.

B.2 Ireland

Ireland introduced National Standards for Children in Foster Care in 2003 to provide constructive guidelines for health boards⁷² and foster carers alike, as well as to provide a basis for those in foster care and their families to judge the quality of the services they are receiving. Complementary National Standards for Special Care Units and Children's Residential Centres have also been implemented. New standards that integrate foster care and residential care for children and young people are being planned.

National Standards for Foster Care, Department of Health and Children (2003)	Areas addressed by standards
<p>Summary of National Standards for Foster Care⁷³</p> <p>SECTION ONE – THE CHILDREN AND YOUNG PEOPLE</p> <p>1. Positive sense of identity</p> <p>Children and young people are provided with foster care services that promote a positive sense of identity for them.</p> <p>2. Family and friends</p> <p>Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.</p> <p>3. Children's rights</p> <p>Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive.</p> <p>4. Valuing diversity</p> <p>Children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity.</p> <p>5. The child and family social worker</p> <p>There is a designated social worker for each child and young person in foster care.</p> <p>6. Assessment of children and young people</p> <p>An assessment of the child's or young person's needs is made prior to any placement or, in the case of emergencies, as soon as possible thereafter.</p> <p>7. Care planning and review</p> <p>Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.</p> <p>8. Matching carers with children and young people</p> <p>Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of the children or young people.</p>	<p>The areas covered by the standards include:</p> <ul style="list-style-type: none">> learning and achieving> health> emotional development> safety.

9. A safe and positive environment

Foster carers' homes provide a safe, healthy and nurturing environment for the children or young people.

10. Safeguarding and child protection

Children and young people in foster care are protected from abuse and neglect.

11. Health and development

The health and developmental needs of children and young people in foster care are assessed and met. They are given information, guidance and support to make appropriate choices in relation to their health and development.

12. Education

The educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills.

13. Preparation for leaving care and adult life

Children and young people in foster care are helped to develop the skills, knowledge and competence necessary for adult living. They are given support and guidance to help them attain independence on leaving care.

SECTION TWO – THE FOSTER CARERS

14. Assessment and approval of foster carers

14a. Assessment and approval of non-relative foster carers

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.

14b. Assessment and approval of relative foster carers

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36 (1) (d) of the Child Care Act 1991 [Ireland] participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.

15. Supervision and support

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high-quality care.

16. Training

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.

17. Reviews of foster carers

Foster carers participate in regular reviews of their continuing capacity to provide high-quality care and to assist with the identification of gaps in the fostering service.

SECTION THREE – THE HEALTH BOARDS

18. Effective policies

Health boards have up-to-date, effective policies and plans in place to promote the provision of high-quality foster care for children and young people who require it.

19. Management and monitoring of foster care services

Health boards have effective structures in place for the management and monitoring of foster care services.

20. Training and qualifications

Health boards ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

21. Recruitment and retention of an appropriate range of foster carers

Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

22. Special foster care

Health boards provide for a special foster care service for children and young people with serious behavioural difficulties.

23. The foster care committee

Health boards have foster care committees to make recommendations regarding foster care applications and to approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.

24. Placement of children through non-statutory agencies

Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high-quality service.

25. Representations and complaints

Health boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

Standards covering Children's Residential Centres and Special Care Units are also in place. These are consistent with the standards outlined above.

B.3 United Kingdom

Ten different sets of standards for Out of Home Care have been identified in the United Kingdom. While seven of these are described as 'national', with the exception of the Fostering Network's 1999 UK National Standards for Foster Care, these relate to England, Scotland or Wales, rather than the United Kingdom as a whole. The majority are statutory standards against which 'registered' providers (including local authorities) are inspected by the regulatory body in the particular country concerned. There are also specialist standards in England for foster care training, support and development and non-government organisation led best-practice standards on leaving care.

There are three other important features of Out of Home Care provision in the United Kingdom. Firstly, as with the *National Framework for Protecting Australia's Children*, there are broadly similar strategic policy initiatives in place in England and Wales (Every Child Matters) and Scotland (Getting it Right for Every Child). Secondly, as the 'corporate parenting' framework of Looking After Children (LAC) materials was an English initiative, this framework was, not surprisingly, more widely and comprehensively adopted in the United Kingdom than in other jurisdictions. In England, this has been superseded by the electronic Integrated Children's System. Thirdly, as part of their National Indicator Set (NIS), England has developed a significant number of universal health and well-being national indicators for children and young people as part of their performance framework for local authorities and local authority partnerships.

B.4 Canada

Out of Home Care provision in Canada is particularly diverse and Canada has no national foster care or residential care standards. However, as in Australia, almost all jurisdictions have provincial and territorial standards in place. A particular feature of Out of Home Care in Canada, and indeed North America more generally, is the existence of a number of external accreditation bodies, e.g. the Canadian Accreditation Council, Commission on Accreditation of Rehabilitation Facilities and Commission on Accreditation. Mandatory accreditation has been required in Quebec for a number of years and some other provinces and territories may also go down this path in the future.

C Looking After Children: the LAC framework

The Looking After Children project has been implemented in a number of jurisdictions to guide the assessment of the developmental needs of children in care and to determine whether services are meeting the needs of children.

Seven developmental dimensions have been identified, encompassing both physical and emotional well-being. These are set out below.

C.1 Health

This domain covers the physical health and well-being of children in care. The following questions were used to assess the physical health of Canadian children in care:

- > Are the children in our sample normally well?
- > To what extent do they have special health needs which must be met?
- > Are they exposed to a balanced and healthy diet?
- > Do they get regular exercise?
- > Are they (particularly the older youth) aware of risks associated with addictive substances?
- > Are needs for information with respect to sexuality being met?

C.2 Education

This domain covers the educational outcomes of, and supports available to, children in care. The following questions were used to assess the educational outcomes of Canadian children in care:

- > What is the general picture with regard to educational attainment?
- > To what extent can we determine the quality of care in terms of educational needs? (This would include meeting special educational needs, guarding against school disruption, home supports for schooling, ability to pursue special interests).
- > What are the literacy skills of the looked-after children and youth?
- > Is adequate planning taking place with respect to long-term (career) educational needs?

C.3 Identity

This domain relates to the knowledge and understanding that children in care have of their identity, history and background. The following questions were asked to determine whether children in care retained a link to their family and identity.

- > Do the young people have sufficient knowledge of their family of origin?
- > What attention is being paid to the importance of life books and background information?
- > Do they have sufficient understanding of their current situation?
- > Are they comfortable in explaining it to others?
- > Is care received sensitive to their cultural and ethnic roots (including language)?
- > Do these young people have a generally positive view of themselves?
- > Is this reinforced by their care givers?
- > Is there a sense of optimism about the future?

C.4 Family and social relationships

This domain covers the family and social relationships experienced by children in care. The following questions were used to assess these connections and relationships:

- > How well has the need for continuity of care been met?
- > Are there continuing contacts with family members?
- > Are the young person's needs for affection being met, including having a definite attachment to at least one foster parent?
- > Is there someone to whom the young person can turn in times of need?
- > Does the young person have a home base where there will always be a welcome?

C.5 Social presentation

This domain covers the social presentation of children in care in terms of their appearance and communication. The following questions were used to assess the social presentation of Canadian children in care:

- > Do they and their foster parents think they look as though they take care of themselves properly?
- > Do they have suitable clothing?
- > Is their appearance and behaviour acceptable to other young people and to adults?
- > Can they communicate easily with others?

C.6 Emotional and behavioural development

This domain covers the emotional and behavioural development of children in care. The following questions were used to assess the emotional and behavioural development of Canadian children in care and the level of services being provided to address their needs:

- > To what degree are these young people free of serious emotional and behavioural problems?
- > Can they relate well to adults?
- > Can they relate well to their peers?
- > Are there specific behavioural problems?
- > Do they suffer from internalised problems (worry, anxiety, etc.)?
- > Do they feel protected (safe from harm)?
- > Is treatment being provided for any persistent problems?

C.7 Self-care skills

This domain relates to the self-care skills of children in care, including their independence and support networks. The following questions were used to assess the self-care skills of Canadian children in care:

- > Can these young people function independently at a level appropriate to their age and ability?
- > Are they being helped to develop practical skills and knowledge essential to independence?
- > Are they clear about future plans?
- > For the older youth, are their plans for independence realistic?
- > Do they have someone to call if they run into difficulties?



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