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Dear Minister Macklin

UnitingCare Australia represents a number of agencies that provide OOHC in communities across Australia, with the strongest presence in New South Wales, Queensland, Victoria, South Australia and Western Australia. These agencies provide services to children in care that range from respite, temporary OOHC and re-unification programs to foster, residential and kinship care. Specialist wrap-around support services that are specific to the needs of children in care, such as counselling, education assistance and aftercare, are also provided by the UnitingCare network.

UnitingCare Australia is submitting to the consultation on the proposed National Standards for OOHC to share our experience as a provider of OOHC services across Australia, in diverse contexts. As this submission was developed we found that these diverse programs from different parts of Australia were consistent in the key concerns they wanted to raise.

UnitingCare Australia supports the general direction of the *National Standards for OOHC Consultation Paper*. Detailed feedback has been provided on the proposed structure and content of the Standards. In summary, UnitingCare Australia advocates for national standards that are child-centred, rights-based, and informed by the ecological model (Bronfenbrenner 1979). We believe these standards should be overseen by an independent body, such as a National Children's Commissioner, that has capacity to enforce the standards through regular reporting requirements, power to conduct audits of government OOHC providers, and sufficient resources to establish an ambitious quality improvement program for agencies that cannot meet the standards.

Thank you for the opportunity to contribute to this review. We welcome any further consultation and feedback that maybe sought and look forward to ongoing participation in development of the standards.

Yours sincerely

A handwritten signature in black ink, appearing to read "Susan Helyar".

Susan Helyar
National Director
UnitingCare Australia

A handwritten signature in black ink, appearing to read "Jane Woodruff".

Jane Woodruff,
Chair, Children, Young People and Families Network
UnitingCare Australia

26 March 2010



UNITING CARE NETWORK

SUBMISSION

DEVELOPMENT OF NATIONAL STANDARDS FOR OUT OF HOME CARE

March 2010

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Executive Summary

UnitingCare Australia (UA) welcomes this opportunity to consult on the development of national out-of-home care (OOHC) standards. UnitingCare Australia views the proposed standards as key to ensuring that children and young people in OOHC consistently experience high-quality service provision and to improving outcomes for those children and young people in the short and long term.

This submission is written in response to the *National Standards for Out of Home Care Consultation Paper*. It answers the five consultation questions provided in the paper and additionally recommends the establishment of a National Children's Commissioner to oversee the national OOHC standards.

UnitingCare Australia recommends that the National Standards for Out of Home Care be overseen by an independent body that can monitor and evaluate OOHC programs, identify systemic barriers and report progress on outcomes for children and young people in OOHC. This oversight role could be allocated to an existing body such as the Australian Institute of Family Studies or the Australian Institute of Health and Welfare, or it could be allocated to a newly appointed National Children's Commissioner.

A National Children's Commissioner would be well placed to link the National Standards For OOHC with the CRoC and to compare outcomes for children and young people in OOHC with population-level outcomes across Australia.

UA agrees on the importance of the six proposed key areas of wellbeing on which the standards will focus. These key areas, which have been identified under a health and development framework, should be enhanced by additional key areas based on a children's rights agenda. This can establish a clearer child-focus and allow children and young people to report on their over-all OOHC experience.

'Children's rights' is one area that are not sufficiently reflected under the current six outcomes areas. The others are 'Family relationships' and 'Transition to independence'. These should be added as key areas for the standards to report against.

The discussion paper proposes that standards be established in those service provision areas that have strongest influence on health and development outcomes for children and young people in OOHC. Three drivers of health and development for children and young people in OOHC that should inform these standards are:

- (i) quality of relationships with staff, carers and birth family
- (ii) quality and consistency of case conferences
- (iii) access to wrap-around and specialist services, particularly in health and education.

UA is concerned that Consultation Question 2 on "drivers of children's outcomes" unnecessarily reduces children's OOHC experiences to segregated service provision outputs. Drivers of OOHC outcomes should be considered under Bronfenbrenner's ecological model (1979) which places children's experiences at the centre of assessment and monitoring.

National OOHC standards that report directly on the UN Convention on the Rights of the Child (CRoC) or a specific charter of rights for children and young people in OOHC provide for population-level comparisons in outcome areas where children and young people have basic rights. It also increases governments' accountability to the standards.

Service provision benchmarks should be developed with close reference to the *NSW Out-of-Home Care Standards* and the *Guarantee for kids in care in NSW* (OOHC Guarantee). Both of these frameworks present rights-based OOHC standards that take an holistic approach to measuring

children and young people's welfare and wellbeing. The NSW Standards are based on a rigorous review of international evidence on effective monitoring for children and young people in OOHC.

Rights-based standards would be applicable to all carers and OOHC providers including government and non-government providers. However, rights-based standards should be monitored under a framework that can identify, in a consultative and timely manner, systemic barriers for those groups that have traditionally been out the outskirts of OOHC policy development and funding arrangements. Informal kinship carers are one example of a group that should be assisted in identifying the support and resources barriers to their ability to meet the national OOHC standards.

Reporting and monitoring processes should be regulated by an independent body that reports directly to the Coalition of Australian Governments (COAG) and should not be duplicated for non-government OOHC service providers that are monitored by State and Territory governments. State and Territory governments should report progress of the NGO sector based on data from the reporting and monitoring processes that are already in place.

Where government-run OOHC services are not already accountable through an accreditation process, State and Territory governments should be held accountable by requirements to report regularly on their own case management and OOHC service provision and by a random auditing program that monitors quality of service provision in government-run OOHC that are otherwise not subject to accreditation.

Substantial resources will be required to improve OOHC systems and outcomes for children and young people in OOHC. The National Standards for OOHC are a crucial first step in delivering these resources in a timely and efficient manner.

Summary of recommendations

Recommendation 1

UnitingCare Australia recommends that children's rights be reflected in the key outcomes areas for the National Standards for OOHC as an additional seventh "key area" that is complemented by crucial casework areas such as family relationships and transition to independence.

Recommendation 2

Standards put forward under the National Standards for OOHC should address:

- individual health, development and wellbeing
- healthy relationships with birth family, substitute family and other informal support groups such as kinship groups
- agency-level culture, output and outcomes-based performance.

Recommendation 3

The National Standards for OOHC have service provision benchmarks on relationships between children and young people and key stakeholders in their OOHC environment, including caseworkers, carers and birth families.

Recommendation 4

That the National Standards for OOHC require State and Territory governments to report on their regular facilitation of, and participation in, case conferences for children and young people in their care where they have a case management or key funding role.

Recommendation 5

The National Standards for OOHC be accompanied by the requirement for sufficient resources for children and young people to be assisted in accessing specialist health and education services when required in their case plan.

Recommendation 6

That the National Standards for OOHC have a short, medium and long term evaluation strategy that measures progress towards outcomes for children and young people in OOHC.

Recommendation 7

Consultations with informal kinship carers to determine effective strategies for delivering minimum standards of OOHC to children and young people in their care be held as an urgent priority.

Recommendation 8

The National Standards for OOHC be applied to all OOHC arrangements, with a capacity building focus for disadvantaged provider groups such as Indigenous OOHC services and informal kinship carers.

Recommendation 9

The National Standards for OOHC be overseen by an independent body that monitors and evaluations State and Territory OOHC providers. This oversight role may be assigned to an existent body such as the Australian Institute of Family Studies (AIFS) or the Australian Institute of Health and Welfare (AIHW). Alternatively this role may be assigned to a newly appointed National Children's Commissioner whose responsibilities would include the National Standards for OOHC.

Recommendation 10

The National Standards for OOHC establish reporting procedures that build on current quality assurance reporting procedures where they exist at a State and Territory level, and require the introduction of reporting procedures in states and territories where none currently exist, or in states

and territories where government-run services are not currently answerable to an appropriate quality assurance program.

Recommendation 11

That the monitoring and evaluation framework identify systemic barriers to high-quality service provision such as limited resource allocation or inadequate consultation mechanisms. Any subsequent capacity building strategies should be conducted in a consultative manner that recognises the expertise of those groups of providers and carers.

Recommendation 12

That reporting procedures be accompanied by a random auditing program for those government-run OOHC programs that are otherwise not subject to accreditation.

Recommendation 13

That reporting procedures require State and Territory governments to report directly on outcomes for children and young people in their OOHC jurisdictions, and be required to show progress on those outcomes over time.

1. Introduction

UnitingCare Australia (UA) is an agency of the National Assembly of the Uniting Church in Australia. UA represents the views of agencies in the UnitingCare network to the Government, advocating for policies and practices that address social exclusion and disadvantage and improve outcomes for disadvantaged groups, such as children and young people in out-of-home care (OOHC).

The UnitingCare network is one of the largest providers of social services in Australia providing supports and services to over 2 million Australians each year, and employing 35,000 staff and 24,000 volunteers nationally.

UnitingCare Australia represents a number of agencies that provide OOHC in communities across Australia, with the strongest presence in New South Wales, Queensland, Victoria, South Australia and Western Australia. These agencies provide services to children in care that range from respite, temporary OOHC and re-unification programs to foster, residential and kinship care. Specialist wrap-around support services that are specific to the needs of children in care, such as counselling, education assistance and aftercare, are also provided by the UnitingCare network.

UnitingCare Australia is submitting to the consultation on the proposed National Standards for OOHC to share our experience as a provider of OOHC services across Australia, in diverse contexts. As this submission was developed we found that these diverse programs from different parts of Australia were consistent in the key messages they wanted to submit to the consultation.

UnitingCare Australia advocates for national standards that are child-centred, rights-based, and informed by the ecological model (Bronfenbrenner 1979). These Standards should be overseen by an independent body, such as a National Children's Commissioner, that has capacity to enforce the standards through regular reporting requirements, power to conduct audits of government OOHC providers, and sufficient resources to establish an ambitious quality improvement program for agencies that cannot meet the standards.

UnitingCare Australia supports the general direction of the *National Standards for OOHC Consultation Paper*. Detailed feedback has been provided on the proposed structure and content of the Standards.

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2.1 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?

The six key areas of wellbeing that have been identified in the *National Standards for OOHC Consultation Paper* are health, safety, learning and achieving, emotional development, culture and spirituality. UnitingCare Australia understands that the National Standards for OOHC will establish benchmarks for those service provision areas that are identified as having a major influence on the “positive conditions for healthy development” that contribute to children and young people’s wellbeing. This structure is influenced by the World Health Organisation (WHO) definitions of health and wellbeing that are offered in page 9 of the consultation paper.

To a large extent these reflect the major influences on children and young people’s wellbeing in out-of-home care (OOHC). They provide for measurement of personal growth, academic achievement and offer an holistic understanding of health.

The six proposed “key areas of wellbeing” are problematic, however, in their exclusion of wellbeing indicators that are across multiple categories. These include the child or young person’s experiences of contentment, confidence, friendship and belonging, and a positive overall OOHC experience. These elements of wellbeing are not picked up in the proposed structure of the National Standards for OOHC.

Similarly measures of casework areas that impact on children and young people’s wellbeing, such as maintaining relationships with family and transition to independence, are complicated by the attempt to divide them into key wellbeing areas. For example, measurement of a young person’s life skills development under the key area of “learning and achieving” only captures some of their leaving care experience and cannot be regarded as a meaningful indicator of the impact of transition to independence on their wellbeing.

UnitingCare Australia recommends that the National Standards for OOHC have outcomes measures based on children’s rights – either the UN Convention on the Rights of the Child (CRoC) or a specific charter of rights for children and young people in OOHC – rather than on health and development areas. This will ensure that the standards remain holistic and child-focused. The NSW OOHC Standards are structured directly around the NSW *Charter of Rights for Children and Young People in Out of Home Care*. Agencies that work under these standards must report directly on how the rights are reflected in children and young people’s wellbeing including but not limited to their health and development. This is an effective approach based on strong evidence of quality in OOHC.

However if the standards are to be primarily informed by a health and development framework then children and young people’s wellbeing should be additionally measured under at least three themes that cut across the current six wellbeing areas. These are:

- (i) children’s rights
- (ii) family relationships
- (iii) transition to independence.

2.1.1 Children’s rights

The first Standard in the *NSW Out-of-Home Care Standards* and the third Standard in the *National Foster Care Standards* is “Children’s Rights”. Under this standards children’s awareness of their rights and experiences of a rights-based culture are measured. Under a similar standard, the National Standards for OOHC can measure children and young people’s basic experiences of wellbeing such as self-reported confidence, friendships and positive overall OOHC experience, on the basis that they have a right to these things under CRoC.

2.1.2 Family relationships

While State and Territory legislation and policy in OOHC recognises the importance of maintaining children and young people's relationships with their birth family wherever possible, in the experience of agencies in the UnitingCare network across Australia this is one of the first casework areas to suffer due to time and resource constraints. It is crucial that the National Standards for OOHC establish a benchmark for service provision in this area, yet measures of family connection and relationships with birth parents are not well reflected under the six key areas of wellbeing that have been established so far.

2.1.3 Transition to independence

Poor outcomes experienced by young care leavers are well documented (McDowell 2009, Cashmore & Paxman 2007). Young care leavers are more likely to experience homelessness, more likely to become involved with juvenile justice, and more likely to experience difficulty with employment and educational attainment. These are trends that have been identified across Australia and the National Child Protection Framework (NCPF) has identified the need to address young care leavers' poor experiences of transition to independence at a national policy level. There should be integration between the NCPF strategy for improving outcomes in leaving care and aftercare and the National Standards for OOHC.

Recommendation 1

UnitingCare Australia recommends that children's rights be reflected in the key outcomes areas for the National Standards for OOHC as an additional seventh "key area" that is complemented by crucial casework areas such as family relationships and transition to independence.

2.2 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 must the standards address, and why?

UA is concerned that Consultation Question 2 on "drivers of children's outcomes" unnecessarily reduces children's OOHC experiences to segregated service provision outputs. It is crucial that children and young people are consulted as primary sources of information on the quality of care they receive and of their overall OOHC experience.

Three drivers of health and development for children and young people in OOHC are:

- (iv) quality of relationships with staff, carers and birth family
- (v) quality and consistency of case conferences
- (vi) access to wrap-around and specialist services, particularly in health and education.

Before these key drivers are discussed further there are some concerns about the "positive conditions for healthy development" proposed in the discussion paper (p.12).

2.2.1 Ecological model

The statement that "The Out of Home Care system cannot provide all of the positive factors for child and youth well-being" on page 12 of the discussion paper is indicative of a piecemeal approach to OOHC service provision that can hinder progress on states and territories meeting the parental responsibility they hold for many children and young people in OOHC. The "Out of Home Care system" can and does impact on all conditions of health and development for children and young people in OOHC. A child-centred approach to the National Standards for OOHC would require, not a distribution of responsibilities, but capacity in OOHC service providers to fulfil the parental responsibility they have been allocated.

Bronfenbrenner's ecological model locates children and young people at the centre of four spheres of influence – immediate family, extended family and community, formal services and finally

government policy and societal attitudes (Bronfenbrenner 1979). This model informs modern approaches to early intervention and child protection as it contextualises the influence of family, community and policy responses without losing sight of the child whose outcomes are ultimately shaped by these influences.

The ecological model requires policy makers to acknowledge broader impacts of policy decisions, no matter how targeted, on the child as a whole person and not only on the specific outcome areas targeted by the policy decisions.

Bronfenbrenner's ecological model should be reflected in the structure of the National Standards for OOHC. The Standards should identify drivers of children and young people's outcomes in OOHC that relate directly to the individual child, that relate to birth family and carers, and that relate to agency-level culture, output and outcomes-based performance.

The National Standards for OOHC should frame the standards in a way that puts the children and young people who are behind the list of desired outcomes in the key areas of wellbeing that have been identified back in the centre of the standards.

Recommendation 2

Standards put forward under the National Standards for OOHC should address:

- individual health, development and wellbeing
- healthy relationships with birth family, substitute family and other informal support groups such as kinship groups
- agency-level culture, output and outcomes-based performance.

2.2.3 Resilience

Individual resilience, while crucial, must be contextualised against protective and risk factors in a person's family and community (Daniel & Wassel 2002). Grotberg's framework for assessing resilience offers fifteen individual, family/carer and community factors for a child or young person that may indicate his or her resilience (1997 in Daniel & Wassel 2002). This construction of resilience is built on Bronfenbrenner's ecological framework.

The inclusion of resilience-based indicators in the discussion paper as 'positive conditions for healthy development' goes against current literature on assessing resilience in disadvantaged children and young people because it has not taken sufficient account of (i) ecological influences on resilience such as stability at home, and (ii) indicators of resilience that reflect experiences of wellbeing and not just emotional development, such as "the child believes things will turn out all right" or "the child likes himself/herself" (Grotberg 1997 in Daniel & Wassel 2002).

2.2.4 Child-focused language

Children and young people are the primary source for any measurement of their health, welfare or wellbeing. In NSW there are standards in place to ensure that children and young people are able to report against their own health and development goals. The National Standards for OOHC should assist children and young people to participate in decisions that affect them, both at a case planning level and at a monitoring and accountability level.

A review the language employed in the consultation paper to discuss children and young people's outcomes is required to improve its child inclusiveness. There must be measures that reflect children and young people's immediate welfare as well as their progressive health and development. In addition, health and development measures must be phrased in a way that respects children and young people's ability to self-report on them. Terms such as "capacity to self-regulate" or "establishment of an effective coping style" are not child inclusive.

2.2.5 Drivers of health and development

(i) Quality of relationships with staff, carers and birth family

The limited research on OOHC service provision in Australia highlights the importance of quality relationships between children and young people in care and the people who make up their care environment.

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

High quality relationships with staff and carers also have benefits for placement stability and permanency planning. Case management that engenders strong relationships between children and young people and their birth family or community – where possible and appropriate – can assist children's development of identity, culture, and spirituality.

Recommendation 3

The National Standards for OOHC have service provision benchmarks on relationships between children and young people and key stakeholders in their OOHC environment, including caseworkers, carers and birth families.

(ii) Quality and consistency of case conferences

Regular case conferences that consult appropriately with carers, birth family and the child or young person are a crucial strategy in OOHC for responding to issues and ensuring that the placement is keeping up with the child or young person's needs.

Where statutory child protection authorities have a case management and/or funding role in a child or young person's case plan their attendance is fundamental to a productive case conference. However their attendance or input is not currently guaranteed.

In order for case conferences to be productive, any professional who has an identified role in the case plan needs to be held accountable to case conference deadlines.

Recommendation 4

That the National Standards for OOHC require State and Territory governments to report on their regular facilitation of, and participation in, case conferences for children and young people in their care where they have a case management or key funding role.

(iii) Access to wrap-around and specialist services, particularly in health and education

In most states and territories, current OOHC standards have seen improved documentation of the support needs of children and young people in OOHC. However these support needs are often not met due to stretched resources in statutory child protection authorities and in key human service agencies.

As a result, the experience of UA agencies is that children and young people with specialist health and education needs, particularly those in regional and rural areas, are experiencing systems failure and subsequently poor outcomes.

Lack of case planning exacerbates this issue, as children and young people are experiencing multiple placements, prolonged placement with carers who are resourced only as temporary carers, or other situations of instability that inhibit their access to follow-up health and education services.

Recommendation 5

The National Standards for OOHC be accompanied by the requirement for sufficient resources for children and young people to be assisted in accessing specialist health and education services when required in their case plan.

2.2.6 Case studies

Following are two case studies that illustrate systems failure. These issues could be addressed by national OOHC standards that monitor quality of case management and service provision and hold agencies and governments accountable to service provision benchmarks. These case studies show how different drivers of OOHC conditions interact a child/young person level.

Case Study – Rebecca and Daniel

Rebecca was placed in the care of the Brown family when she was eight years old. Her foster mother's name was Lyn. There were two Brown children who were younger than Rebecca. Two years after Rebecca moved in, a boy named Daniel was also placed with the Browns. The four children got along well together as they were close in age.

Daniel and Rebecca had different OOHC Case Managers as they had come into care with different OOHC agencies. This meant that when Lyn wanted to arrange babysitting so that she could attend an evening work function, she had to contact both Case Managers and inform them of the arrangements.

Rebecca's Case Manager indicated that he regarded the babysitting arrangement to be safe as Lyn had a babysitter she knew well, with whom she had previously trusted her own children on a regular basis. However Daniel's Case Manager stated that Daniel could not be looked after by that sitter as the sitter had not undergone a relevant child protection employment screening.

Lyn was frustrated that different rules applied for the two children placed in her care. Negotiation between the disagreeing Case Managers was slow, as they were very busy and could not always return her telephone calls right away.

Eventually it was easier for Lyn to book a respite care arrangement for Daniel to attend on the evening of the work function (that was funded by Daniel's OOHC agency) and then take Rebecca and her two children to her normal babysitter.

Daniel was upset that he had been separated from his foster siblings and assumed that his own behaviour was the cause of the different arrangement. He felt that Lyn did not trust him to behave appropriately with a babysitter. It took Lyn a long time to convince Daniel that this was not the case.

Rebecca and Daniel's story illustrates the systems failures that can occur without timely and appropriate consultation and co-ordination of services. This was an 'everyday issue' that could only be guided to a certain extent by relevant legislation and guidelines. Appropriate arrangements for Rebecca and Daniel in this situation required timely and considerate interagency cooperation. Interagency cooperation is an indicator of high-quality case management and this could be monitored under a national OOHC standards framework.

Case Study – Keira

Keira has been placed with foster carers who live two hours' drive away from her birth family. She attends a local school with her foster siblings that is within walking distance of her new home.

Keira's court order allows her to maintain regular supervised contact with her birth parents and she values this time with them.

Sometimes Keira's OOHC Case Manager arranges a contact visit with Keira's birth parents on a weekday as this is the only time when she and Keira's birth parents are available. This means that Keira must either take the day off school to attend, or be picked up from school by her caseworker halfway through the day.

At first Keira did not mind this interruption but weekday visits have become a consistent issue and Keira has expressed concern to her caseworker and foster carers that these visits are making her feel behind at school, both with class work and with playground friendships. Midday pick-ups were the worst for her because she spent her mornings distracted by the upcoming visits and disliked having to explain to her school friends who the caseworker was and where she was going.

It took Keira a long time to voice this concern because she did not want her caseworker to think that she was choosing her school friends over her birth family.

Keira's story is not unusual and many children and young people in out-of-home care experience variations on this theme. Some children miss school because their respite care arrangements require substantial travel. Even weekend respite care arrangements can impact on Monday attendance at school simply because staff have difficulty finalising a timely return travel arrangement.

Family contact is important for children and young people in OOHC and should be appropriately resourced with caseworker availability outside of normal hours and sufficient brokerage for travel costs, particularly in regional areas. A service provision benchmark on school attendance or school engagement that is backed by resources quality improvement strategies to be developed can assist in case studies such as Keira's.

2.3 What is the best-practice benchmark for each aspect of care where National Standards should be set?

While there are a number of frameworks in states and territories that establish minimum service provision benchmarks it is difficult to label any of them as 'best practice' as there has not been systematic measurement of their impact on outcomes for children and young people in OOHC. It is crucial that any new set of standards for OOHC service provision has the capacity to measure its impact so that best practice may be identified and enforced.

Recommendation 6

That the National Standards for OOHC have a short, medium and long term evaluation strategy that measures progress towards outcomes for children and young people in OOHC.

With this in mind UnitingCare Australia highlights the following frameworks for guidance on the establishment of national OOHC service provision benchmarks:

1. The UN Convention on the Rights of the Child (CRoC) and state/territory charters of rights for children and young people in OOHC.
2. The *NSW Out-of-Home Care Standards*.
3. The *Guarantee for kids in care in NSW* (OOHC Guarantee).

2.3.1 Charter of Rights

A set of national OOHC standards that make direct reference to the CRoC provides for population-level comparisons in outcomes areas where children and young people have basic rights. It also increases governments' accountability to the standards, as the CRoC has been ratified by the Australian Government.

Some State and Territory governments have established charters of rights that specifically protect children and young people in OOHC (see NSW and SA charters of rights). These charters of rights offer a stronger accountability framework for OOHC service providers as they are specific enough to

function as key outcomes areas under which service provision benchmarks may be set (see paragraph 2.3.2 – NSW OOHC Standards).

Rights-based standards are child-centred and universally applicable across government, non-government and private providers of OOHC. They are outcomes that cannot be modified and are therefore less likely to be influenced by changing policy agendas. They also draw attention to the need for appropriate support of sector partners that may not have the resource capacity to offer children protection under such standards, such as informal kinship carers or regional Indigenous OOHC providers.

2.3.2 NSW OOHC Standards

The *NSW Out-of-Home Care Standards* is a set of twenty-two standards that based directly on the *NSW Charter of Rights for Children and Young People in Out-of-Home Care*. The standards are grouped according to four key areas – the child or young person, casework, support for carers, and organisational management. These four areas oversee the main areas that influence quality out-of-home care service provision and children's access to their rights to basic care for their health, wellbeing and personal growth.

The implementation of NSW OOHC Standards is monitored by the NSW Children's Guardian. The NSW Children's Guardian has an OOHC service provider accreditation program that measures agencies' adherence to the Standards. The NSW Children's Guardian's independent status means that OOHC services that are provided directly by the NSW Government are also subject to the accreditation program.

Agencies that cannot meet the NSW OOHC Standards are enrolled in the NSW Children's Guardian's Quality Improvement Program. This program provides a valuable resource for continuously improving standards of OOHC in the state.

This framework for OOHC standards has two key functions that are recommended for adoption in the National Standards for OOHC. These are (i) the linkages between the NSW OOHC Standards and the charter of rights for children and young people in OOHC, and (ii) the Quality Improvement program that ensures that OOHC standards are continuously improving.

2.3.3 OOHC Guarantee

The *Guarantee for kids in care in NSW* (OOHC Guarantee) was developed in 2007 to advocate for improved outcomes for children and young people in OOHC during the NSW state election.

The OOHC Guarantee is a commitment to all children and young people in care for access to the same supports and services that are available to children who live within family networks. It puts into practice the *NSW Charter of Rights for Children and Young People in Care* (NSW DOCS 2006) and promotes an holistic, coordinated approach to service delivery in the life of a child or young person in care. The OOHC Guarantee has recommendations for improved OOHC service provision in four key areas – health, education, leaving care/aftercare and children's pursuit of interests and opportunities (see Appendix A).

The OOHC Guarantee's recommendations are pertinent to the National Standards for OOHC, particularly in regard to leaving care/aftercare and children's pursuit of interests and opportunities. These areas are not addressed in the *National Standards for OOHC Consultation Paper*.

2.4 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?

The establishment of national minimum standards for OOHC sends a clear message that children and young people who are removed from their parents have the right to a minimum level of quality of care. This message should not be contradicted by allowing the exception of particular service providers or OOHC arrangements from having to meet this minimum expectation.

At the same time, high quality service provision is achieved with resources as much as it is achieved with staff, culture and improved practice. The National Standards for OOHC must have strategies for commencing quality improvement where there is a failure to meet the standards. State and Territory government OOHC providers must be included in these strategies.

Appropriate resources should be made available to groups such as formal kinship carers and regional Indigenous OOHC providers to assist them to meet any national benchmarks that are established under the National Standards for OOHC. Groups such as these are crucial to the functioning of OOHC systems in Australian states and territories but are largely poorly resourced and supported.

Informal kinship carers have unique relationships with the statutory OOHC system. These relationships should be honoured on both sides. While any child or young person who is removed from their parents should be entitled to a minimum standard of care, this standard should only be enforced if it is guaranteed to improve the quality of the placement rather than jeopardise placement stability. This issue requires genuine consultation with informal kinship carers to determine satisfactory strategies for a way forward.

The National Standards for OOHC should equally apply to government and non-government providers of OOHC.

While most states and territories have introduced an auditing process for non-government providers of OOHC, statutory child protection authorities should themselves be subject to an auditing program under the National Standards for OOHC. This will ensure that State and Territory governments are held accountable to the content of the reports they submit to the National Standards for OOHC.

Recommendation 7

Consultations with informal kinship carers to determine effective strategies for delivering minimum standards of OOHC to children and young people in their care be held as an urgent priority.

Recommendation 8

The National Standards for OOHC be applied to all OOHC arrangements, with a capacity building focus for disadvantaged provider groups such as Indigenous OOHC services and informal kinship carers.

2.5 How should the National Standards for OOHC be monitored and measured?

UnitingCare Australia welcomes the opportunity for establishment of common OOHC standards across statutory child protection and OOHC jurisdictions. The following priority areas are recommended for the National Standards for OOHC monitoring framework.

2.5.1 Independent body

The National Standards for OOHC should be overseen by an independent body to ensure that is not influenced by changing policy agendas in Australian Government or by changes in public sentiment.

Independent bodies that currently collate data and report progress on health and wellbeing for specific groups, such as the Australian Institute of Family Studies (AIFS) or the Australian Institute of Health and Welfare (AIHW) are well placed to take on this oversight role.

Alternatively the establishment of a unique independent body that has a specific focus on children and young people, such as a National Children's Commissioner, is also advocated by UnitingCare Australia (see paragraph 3).

Recommendation 9

The National Standards for OOHC be overseen by an independent body that monitors and evaluations State and Territory OOHC providers. This oversight role may be assigned to an existent body such as the Australian Institute of Family Studies (AIFS) or the Australian Institute of Health and Welfare (AIHW). Alternatively this role may be assigned to a newly appointed National Children's Commissioner whose responsibilities would include the National Standards for OOHC.

2.5.2 Building on State and Territory frameworks

UnitingCare Australia recognises the varying degrees of progress made by states and territories in this regard and urges the National Standards for OOHC to establish benchmarks that do not fall below the high quality work that has been achieved in some states.

For example, Victoria has introduced comprehensive registration standards for OOHC providers that are enforced by a three-year external review process. These standards reflect the best interests of children and young people and are built on Victoria's advanced child protection and OOHC legislation. The NSW Out-of-Home Standards are also an example of a high-quality framework (see paragraph 2.3.2).

To this end State and Territory governments should report against measures established by the National Standards for OOHC using their own available data. This way, agencies that are already accountable to minimum standards of service provision will not be required to duplicate reporting and are not subject to duplicate auditing or quality improvement processes.

The national OOHC standards should be pitched at an agency level, as it is important to monitor not only outcomes for children and young people in care, but also how those outcomes are achieved.

State and Territory governments should be required to report their own OOHC services against those measures.

Recommendation 10

The National Standards for OOHC establish reporting procedures that build on current quality assurance reporting procedures where they exist at a State and Territory level, and require the introduction of reporting procedures in states and territories where none currently exist, or in states and territories where government-run services are not currently answerable to an appropriate quality assurance program.

2.5.3 Monitoring framework that takes account of resource access

The aim of establishing national OOHC standards is to improve the quality of OOHC programs that are not offering sufficient opportunities for children and young people in OOHC to be safe and well.

In circumstances where the monitoring and evaluation framework (see Recommendation 10) has identified that an OOHC program is unable to meet the national standards their performance should be evaluated in the context of the resources that program had available to implement the standards.

In every Australian State and Territory there are carer groups and OOHC service provider groups that are consistently under-resourced to offer the best possible care to children and young people who are placed with them. The reasons for this are complex and may not be addressed by the establishment of national OOHC standards. Such groups include:

- kinship carers, formal and informal
- some Indigenous OOHC providers, particularly in regional, remote or socially excluded locations
- carers who take on the long term care of children and young people with a disability or complex support needs, through incident extension of temporary or respite care arrangements, who are not trained or resourced to do so.

The National Standards for OOHC must ensure that the monitoring and evaluation framework that is rolled out can report on the resources under which groups such as these are working so that systemic barriers to high-quality service provision may be identified and addressed.

These groups are currently subject to varying levels of regulation with State and Territory governments. Groups that are identified as under-resourced in this regards should have the opportunity to consult closely with the body that oversees the National Standards for OOHC to ensure that their support needs are properly identified and addressed in ways that do not jeopardise children and young people's OOHC placements.

Recommendation 11

That the monitoring and evaluation framework identify systemic barriers to high-quality service provision such as limited resource allocation or inadequate consultation mechanisms. Any subsequent capacity building strategies should be conducted in a consultative manner that recognises the expertise of those groups of providers and carers.

2.5.4 Accountability

State and Territory governments should be highly accountable to the National Standards for OOHC. Their OOHC programs should be subject to the same random auditing procedures as their funded non-government or private OOHC programs. This will ensure that reports submitted to the National Standards for OOHC are a true reflection of current practice and enforce consistency of service provision standards across Australia.

In addition states and territories should be accountable for improving not only the OOHC systems for which they are responsible, but for the *outcomes* of children and young people in their care.

Recommendation 12

That reporting procedures be accompanied by a random auditing program for those government-run OOHC programs that are otherwise not subject to accreditation.

Recommendation 13

That reporting procedures require State and Territory governments to report directly on outcomes for children and young people in their OOHC jurisdictions, and be required to show progress on those outcomes over time.

3. National Children's Commissioner

The establishment of a National Children's Commissioner would reflect the critical nature of the National Standards for OOHC as well as the broader importance of outcomes for children and young people at a population level.

A National Children's Commissioner should be an independent statutory office, resourced and supported to promote the health well being of all children and young people children across Australia. Such an office should be independent and to be seen to be an independent advocate to government for children and young people.

It is important that, should the Commissioner have the power to undertake Inquiries, review legislation and make recommendations, that it is incumbent on government departments to respond to those in a public, timely manner. The credibility of the Commissioner would be largely judged by their ability to engage both government and non-government stake-holders.

The National Children's Commissioner could signify a close link between the National Standards For OOHC and the CRoC. It would hold the National Standards for OOHC accountable to broader expectations for children and young people's experiences of health and wellbeing in Australia and internationally.

4. Conclusion

UnitingCare Australia supports the establishment of national out-of-home care standards that are overseen by an independent body and that regulate the performance of State and Territory governments in their OOHC jurisdictions.

The proposed National Standards for OOHC must be child-centred, rights-based and include strategies for consulting directly with children and young people about their experiences in out-of-home care.

The National Standards for OOHC can and should monitor three components of OOHC:

1. Children and young people's experiences in out-of-home care.
2. Children and young people's short, medium and long term outcomes in OOHC.
3. OOHC system performance in each State and Territory.

Substantial resources will be required to improve OOHC systems and outcomes for children and young people in OOHC. The National Standards for OOHC are a crucial first step in delivering these resources in a timely and efficient manner.

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New South Wales Out Of Home Care Guarantee



A Guarantee for all Kids in Care in NSW

A guarantee that every child and young person in out-of-home care in New South Wales will receive the services and supports that they need to thrive.

There are 10,623¹ children and young people in out-of-home care in New South Wales. We know that children and young people in care often have difficulty in accessing health, education, housing, welfare services and employment. They may experience significant medical, psychological, developmental, educational and behavioural problems. Reduced and interrupted access to services means that early intervention and effective delivery of services may not take place, with an impact on both their immediate needs and long-term outcomes.

The aim of the Guarantee is to give children and young people in care access to the same supports and services available to children with strong family networks.

It is the role of the New South Wales Government, because it holds the ultimate parental responsibility for children in care, to ensure that these children receive the support and care they need in order to thrive. While this care is vested in the Minister for Community Services, many of the services that children and young people in care need to access are the responsibility of other New South Wales government departments. Just as all parents are expected to prioritise the needs of their children, the New South Wales Government must make sure that they place the needs of children in care as a high priority across all their human service departments.

The Guarantee puts into practice the New South Wales Charter of Rights for Children and Young People in Care². The Charter of Rights, which is endorsed by the Minister, and the Guarantee share a common philosophy and vision for the New South Wales out-of-home care system. The Guarantee is a clear strategy to implement the rights of children in care.

The Guarantee promotes a holistic, coordinated approach to a child or young person's life. This includes, but is not limited to, looking after their physical, dental and mental health, educational opportunities, access to housing, employment and training. The Guarantee

¹ NSW Department of Community Services, annual report 2005/2006, Chapter 4, p50.

² As per section 162 of the Children and Young Persons (Care and Protection) Act 1998.

supports a child's overall development by promoting their participation in the community through engagement in recreational activities and hobbies.

The Guarantee is a way of ensuring that children in care receive consistent and equitable support regardless of their age or geographic location. The right to services and supports are put into practice in the Guarantee (see attached document) and extend to all children and young people in care, including those in aftercare.

Investing in our children now can minimise future economic and social expenses, both for the child or young person and our community. The Guarantee is based on the best evidence of what works for children and young people in out-of-home care. Internationally, as well as in other states of Australia, governments are beginning to invest in similar commitments to children in care. In the United Kingdom, the Blair government is moving towards such a pledge. In South Australia a whole of government approach has been adopted whereby children in care are priority listed by all relevant government departments. Children in New South Wales deserve no less.

The Guarantee for all kids in care is a clear direction for policy and practice in out-of-home care.

The Out-of-Home Care Guarantee for all Kids in Care in New South Wales

A Guarantee would give a commitment to all children and young people in the care of the Minister for Community Services that the New South Wales Government will prioritise their needs, health and development and ensure that important services are available when they need them up to the age of 25.

This would include fulfilling the government's role as the corporate parent of children in care by providing them with a home that offers a nurturing environment appropriate to age, the opportunity to form attachments as well as the opportunity to be connected to and participate in the community. Children in care should also be given the opportunity to retain their identity of birth family, including religious, cultural and social orientation.

Every Kid in out-of-home care will have:

1. Education

An education that is supported by planning and co-ordination:

- Early Childhood Education and Care for all 0-5 year olds from when they enter care
- Individual education plans to be developed with all children and young people in care
- The right to access a child or young person's public school of choice
- Substitute care teachers accessible to support every child and young person in care as needed
- Designated liaison officers within public schools to coordinate support for any child in care attending school and to liaise with the Department of Community Services and other agencies.

The resources they need to attend and thrive at school:

- Help with school work - more individual support tailored to the child or young person through the provision of tutoring for a minimum of two hours per week for every child or young person in care requiring assistance
- Help with the costs of education and access to the same resources as their peers (eg access to computers, attendance at excursions, camps).



2. Health

A comprehensive health assessment within a month of entering care:

- Including general physical, oral health, sight, hearing and developmental milestones.

Regular health checks, monitoring of health and the timely provision of treatment where needed:

- Specialist multidisciplinary out-of-home care clinics¹ to provide follow up and monitoring where it is needed
- At least two general practitioner and dentist visits per year to monitor health, and other services as needed
- Specialist treatment and equipment where appropriate.

3. Transition to Independence

The help and support to live independently

- Life skills education as a standard experience for 15 and 17 year olds (eg budgeting, cooking).

A place to live that meets their needs

- The right to safe, secure and affordable housing in an appropriate location, close to transport and education/employment opportunities
- Sufficient financial support with establishment expenses.

Help to continue education, training and/or move into employment

- Access to a place in TAFE or financial support to access a university course (eg scholarships)
- Continued access to funds while in further education and training
- Additional support to assist in entering the workforce - including careers advice, developing work readiness skills, and mentoring
- Assistance to change career path if necessary.

4. Interests and opportunities

Resources to prioritise and support participation in sport and recreational activities

- A minimum yearly allowance to help children and young people participate in at least one (but not limited to) activity that they are interested in (eg sport, recreation, music)

Access to additional funds to support development of special interests and hobbies

- Support for every child and young person in care to further explore their interests and talents (eg attend music camps, purchase equipment).

Developed by the Every Kid coalition in consultation with young people and the CREATE Foundation for the Every Kid campaign February 2007.



ⁱ Based on a model of a multidisciplinary clinic that was piloted by the Sydney Children's Hospital child protection service in conjunction with the Department of Community Services in 2005.

Working together to make NSW a place for every child and young person to thrive www.everykid.net