

Children in Care Report Card



EXECUTIVE SUMMARY

The 2015 Anglicare Victoria Children in Care Report Card builds on our previous work to highlight the various gaps that exist between children and young people in care and their peers in the broader community. As in previous years, the report card draws attention to the serious disparities in these children's outcomes, especially in physical and mental health, educational engagement and pathways into young adulthood. The information is drawn from the Looking After Children (LAC) assessments of 353 children and young people conducted between January 2013 and January 2015. This represents the largest sample of children and young people in out-of-home care to have been included in a report card of this nature in Victoria.

This report card covers seven key areas:

- Health (physical and psychological)
- Emotional and social development
- Education
- Continuity of care and stability
- Social and community connections
- Relationships
- Personal identity

KEY FINDINGS

Children and young people in care continue to lag behind their community-based peers on a range of measures. For example:

- **80%** of children and young people in care are attending school full-time, compared to close to **100%** of their peers in the community
- **41.2%** show very high levels of emotional and behavioural difficulties, compared to **18%** of their peers in the broader community
- Less than **40%** of children and young people in care can function independently at a level that is appropriate for their age and ability
- Almost **30%** of children aged 0 to 9 years old had experienced two or more placements since first entering care, while **17%** of children and young people aged 10 to 17 years old had experienced two or more placements within a 12-month period
- **21%** of children and young people in care had experienced at least one school change also within a 12-month period
- Only **34%** of young people had a weekend or casual job
- **50%** of young people aged 15 to 17 years old indicate that they wish to pursue post-secondary education, compared to **77.4%** of Year 12 students in Victoria who actually go on to pursue tertiary education
- Only **15%** of children and young people in care have regular contact with their siblings

RECOMMENDATIONS

Anglicare Victoria argues that a strong case can be made for:

- 1) Extending the age of leaving care from 18 to 21 years old.
This is supported by international literature showing that young people who leave care at 21 years old have significantly better outcomes in education, employment (and earnings), emotional and psychological wellbeing, crime and criminal activity, and early parenthood. This extended period of care accords with community expectations around 'normal' development during the transition to adulthood. It also acts as a protective factor.
- 2) Developing a rigorous outcomes framework, with specific attention directed towards:
 - a) educational engagement, mental health, connection to family, and psychosocial development. These are important for the developmental progression of children and young people while in care and, equally important, as they progress out of care and into adulthood.
 - b) tracking young people once they have left the care system. This will provide important information about the long-term impact of the out of home care system.
- 3) Direct investment in four clear areas to improve the longer term outcomes for those in state care, including:
 - a) Greater investment in primary prevention and early intervention to decrease the numbers of children and young people entering care in the first instance
 - b) Investment in specific educational supports on a sustained basis to school-aged children in out of home care
 - c) Investment in employment initiatives to get more young people in residential and foster care work ready
 - d) Investment to trial a model of nursing services attached to out of home care providers to monitor and assess physical and mental health milestones of children and young people in out of home care
- 4) Continued efforts to ensure that children and young people experience fewer disruptions in their placements. This will necessitate a greater investment into the recruitment and retention of foster carers, greater support offered to kinship carers, and a firm commitment to the principles of therapeutic residential care.

INTRODUCTION

In 2013-14 there were 51,539 children and young people in out-of-home care in Australia, representing a rate of 9.8 per 1,000 children¹. While Victoria had the lowest national rate (at 6 per 1,000) recent years have seen a trend towards an increasing number of children entering care at a younger age, and staying in care for longer-periods². Based on current projections, it is estimated that by 2018 the out of home care population in Victoria will be close to 8,000 children and young people. Such trends highlight the importance of developing a better understanding of the impact of the care system on the psychological, social and emotional development of children and young people.

There is now a large body of evidence showing that children and young people in care have generally poorer outcomes across multiple areas, compared to their peers in the community. These outcomes are influenced by a range of factors, including pre-care and in-care experiences, and have been shown to have a long-term impact in a child's development. As Victoria's largest OoHC provider, Anglicare is committed to ensuring that these children and young people are given every opportunity to achieve their full potential.

This report card represents the largest comparison of children and young people in care with their peers in the community. Data for children and young people in care was sourced from Assessment and Progress Records that form part of the Looking After Children assessment. The age profile of all children and young people in this report card is as follows:

- 0 to 4 years old (28.9%)
- 5 to 9 years old (31%)
- 10 to 14 years old (26.7%)
- 15 to 17 years old (13.4%)
- The average age for the entire sample was 8.6 years old (SD=4.97)

Just over half of the children and young people were in foster care (52.3%, n=181), followed by kinship care (22.3%, n=77). Less than 10% (n=34) were in residential care.

Community-based comparison data was sourced from a range of publicly available, population-based surveys conducted throughout Australia. Sources for the comparison data include the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, the Department of Health and Aging, the Department of Education and Early Childhood Development, and wherever possible, academic research published in peer-reviewed journals.

¹ Australian Institute of Health and Welfare. (2015). Child Protection Australia. Child welfare series no. 61. Canberra: Author ² Centre for Excellence in Child and Family Welfare. (2013). Five year plan for out of home care: Submission from Victorian Out of Home Care Community Service Organisations.

SUMMARY OF FINDINGS

Education

The proportion of children in care, compared to those in the community who were attending kindergarten or early learning programs is **70%** and **97.9%**, respectively. For older age groups, **80%** of children and young people in care were attending school on a full-time basis, compared to almost **100%** of children and young people in the broader community.

Despite an increased focus on the educational outcomes of children in care, these figures indicate that a substantial proportion are not attending school full-time. Given the importance of education for future outcomes, much still needs to be done to reduce the barriers to school engagement.

Physical health

A higher proportion of children and young people in care are admitted to hospital with a serious injury (**14.2%**) compared to children and young people in the community (**2.9%**). In addition, close to **20%** of children and young people in care have a severe disability, including developmental delays, compared to less than **10%** of children and young people in the broader community.

Conversely, a substantially higher proportion of children and young people in care (**46.4%**) engage in at least 60 minutes of physical activity daily. This contrasts with only **19.4%** of children and young people in the community.

The rate of alcohol consumption, illicit drug use and cigarette smoking is also considerably higher in the out of home care population. Close to **50%** of the children and young people in care reported having tried alcohol in the previous 12 months, compared to **30%** of their peers in the community. Just under **25%** of children/young people in care reported smoking cigarettes, compared to **5%** of young people in the community, and close to half of children and young people in care reported having taken illicit substances in the previous 12 months, compared to less than **20%** of their community-based peers.

Mental health

A far higher proportion of children and young people in care exhibit significant levels of emotional and behavioural difficulties (**41.2%**) than their community-based peers (**18%**). This is further reflected in the fact that over **50%** of children and young people in care have accessed mental health services and/or professionals, compared to only **2.9%** of children and young people in the broader community.

Emotional and social development

Less than **40%** of children and young people in care can function independently at a level that is appropriate for their age and ability, while over one third put themselves at risk of serious harm.

These findings highlight that many children/young people in care require much stronger and dedicated support - emotionally, psychologically and practically – well into their late adolescence.

The findings raise questions around the appropriateness of young people exiting care at 18 years old and provides support for the case to extend care up to the age of 21. They also point to the need to provide on-going support to young people once they have exited the care system.

Placements and continuity of care

Placement stability and continuity of care remain a significant problem in the out of home care system. Anglicare Victoria's data shows that almost **30%** of children aged 0 to 9 years old had experienced two or more placements since entry into care. Approximately **17%** of children/ young people aged 10 to 17 years old, had experienced two or more placements in the previous 12 months.

The instability associated with multiple placements has been linked to a range of negative outcomes while in care, including poorer mental health, poorer educational engagement and difficulties in developing positive interpersonal relationships. Importantly, placement instability has also been linked to a range of negative outcomes once children and young people have exited from care.

Ensuring that all children and young people have the least disruptive care experience should therefore be a priority for the out of home care system.

Social and community participation

Active participation in society is an important component of human development. It promotes a sense of connection and involvement, while providing a range of opportunities for learning, growth and development.

In this report card, only **44%** of children and young people in care were actively involved in a broad range of community activities, compared to **66%** of children and young people in the community. Among the young people in out of home care who are job ready, only **34%** had a weekend or casual job.

The data shows how children and young people in out of home care are disconnected from networks and opportunities. This type of disconnection can have a powerful effect on their development and potentially increases the risk of negative life outcomes.

Relationships

Positive and nurturing interpersonal relationships are vital to healthy development. Preserving family ties, in particular with siblings, and promoting positive peer relationships is central to promoting the health and wellbeing of children and young people in care.

However, our data shows that only **15%** of children/young people in care have regular contact with their siblings. In addition, only **31%** have regular contact with their friends outside of school, compared to **54%** of children and young people in the broader community.

Connection to culture

Preserving a connection to family, community and culture is a fundamental principle underpinning the Best Interest Framework for Indigenous children in out of home care. Despite a growing recognition of, and commitment to promoting and maintaining such connections, only **69%** of Aboriginal and Torres Strait Islander children and young people in care had enough opportunities to maintain a connection to their culture, compared to **73%** of Indigenous children and young people in the community.

Out-of-home care comparisons

A number of additional analyses were conducted this year to explore differences that exist between children and young people in residential, foster and kinship care. A few findings stand out from these comparisons. When compared to their counterparts in foster care, children and young people in residential care are:

- **7.1** times less likely to be attending school full-time
- **8.3** times more likely to engage in behaviour that places them at risk of serious harm
- **5.1** times more likely to have smoked cigarettes in the previous 12 months
- **5.8** times more likely to have tried alcohol in the previous 12 months

Statistically significant differences were also found on the Strengths and Difficulties questionnaire. In particular, children and young people in residential care showed greater evidence of:

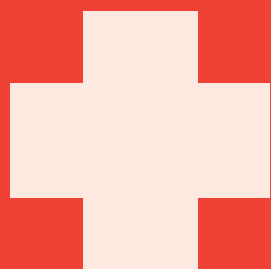
- Difficulties managing or regulating their behaviour
- Peer relationships
- Difficulties in socialisation and social skills

Across almost every domain tested, children and young people in residential care had significantly poorer outcomes than children and young people in foster care or kinship care.

FUTURE DIRECTIONS

The 2015 Children in Care Report Card once again highlights the challenges experienced by children and young people in the out of home care system, and raises serious concerns about their long-term outcomes. These children and young people face the possibility of entrenched disadvantage, leading to continued child protection involvement as they begin to parent the next generation. While there needs to be an on-going emphasis on the best way to support positive outcomes for the current generation of children and young people in care, there must also be a commitment to greater investment and support of disadvantaged and marginalised young people and families. Without such a commitment, it will become increasingly difficult to stem the growth of children and young people entering the out of home care system.

CHILDREN IN CARE



**HEALTH
COMPARISONS**

DISABILITY

Without appropriate supports, children and young people with a significant disability will experience substantial difficulties through their life



% of children and young people with a disability:

19.6%¹

CHILDREN IN CARE (5-14 YEARS OLD)



VICTORIA (5-14 YEARS OLD)

8.3%²

¹ Includes intellectual, physical and developmental disabilities ² Source: Australian Bureau of Statistics. (2012). Disability, Ageing and Carers, Australia: Victoria. Catalogue No. 4430.0. Proportion refers to all reported disabilities, regardless of the extent or severity of activity limitations and/or restrictions.

IMMUNISATION

One of the simplest ways to promote healthy physical development is to ensure children receive their age appropriate immunisations.



% infants who are fully immunised:

86%

CHILDREN IN CARE (12-24 MONTHS OLD)



VICTORIA (12-25 MONTHS OLD)

89.3%³

³ Source: Department of Human Services. (2015). Australian Childhood Immunisation Register (ACIR) statistics. Retrieved from: <http://www.humanservices.gov.au/corporate/statistical-information-and-data/australian-childhood-immunisation-register-statistics/>

ACCIDENTAL INJURY

Serious injuries can have a long-term effect on the development and wellbeing of children and young people



% of children and young people who suffered an injury that was serious enough to require medical attention in the previous 6 months⁴:

14.2%

CHILDREN IN CARE (0-17 YEARS OLD)



VICTORIA (0-17 YEARS OLD)

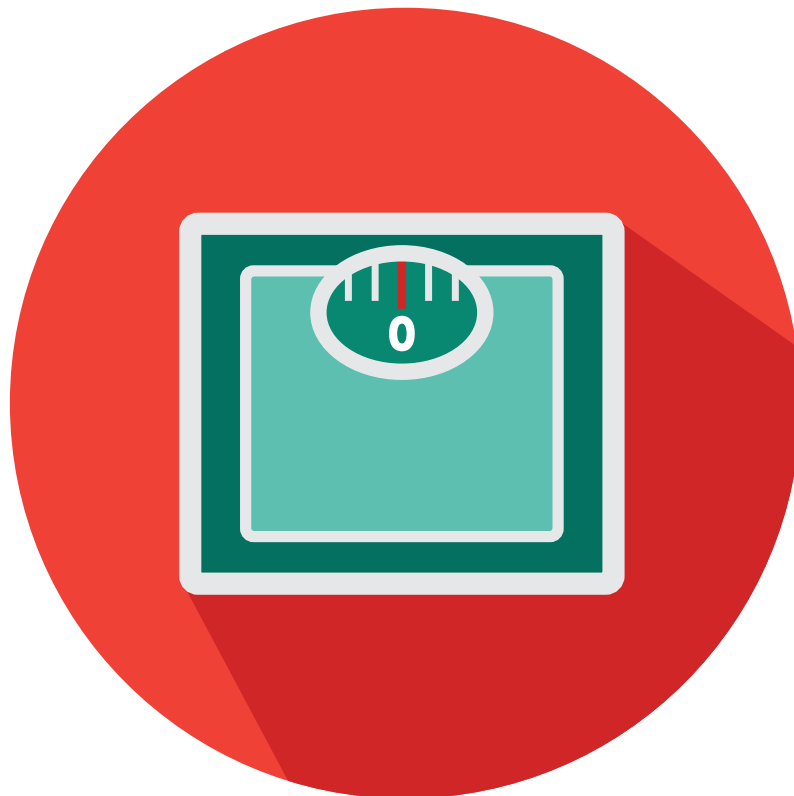
2.9%⁵

⁴ Please note these data are not directly comparable due to: differences in the reference period, scope of data, definition of key terms, including 'injury serious enough to require medical attention', 'hospital admissions' and 'hospital separations'.

⁵ This proportion was calculated based on the total Australian population aged 0-17 years old in 2012 (Australian Bureau of Statistics) and the number of children and young people admitted to hospital for an accidental injury in 2011-2012. Source: Australian Institute of Health and Welfare. (2014). Hospitalised injury in children and young people 2011-12. Canberra.

HEALTHY WEIGHT

A healthy weight is associated with a range of positive physical, psychological and social outcomes.



% of children and young people whose weight is within normal limits:

85.7%

CHILDREN IN CARE (10-17 YEARS OLD)



AUSTRALIA (8-17 YEARS OLD)

76.2%⁸

⁸ This proportion is an approximation only as it is the average of three proportions across age groups. Source: Australian Bureau of Statistics. (2013). Australian Health Survey: Updated results 2011-2012. Catalogue No. 4364.0.55.009. Canberra.

PHYSICAL ACTIVITY

An active lifestyle promotes healthy development.



% of children and young people who engaged in at least 60 minutes of moderate to vigorous physical activity every day⁹:

46.4%

CHILDREN IN CARE (10-17 YEARS OLD)



AUSTRALIA (9-17 YEARS OLD)

19.4%¹⁰

⁹ As per national guidelines for healthy development. Source: Department of Health and Aging. (2014). National Physical Activity Guidelines for Australians. Canberra. ¹⁰ Source: Australian Bureau of Statistics. (2013). Australian Health Survey: Physical Activity, 2011-12. Catalogue No. 4364.0.55.004. Canberra.

SMOKING

Smoking has a range of negative long-term health consequences.



% of children and young people who have smoked cigarettes in the past 12 months:

23.9%

CHILDREN IN CARE (10-17 YEARS OLD)



AUSTRALIA (12-17 YEARS OLD)

5%¹¹

¹¹ Source: Australian Institute of Health and Welfare. (2013). National Drug Strategy Household Survey detailed report: 2013. Retrieved from: <http://www.aihw.gov.au/publication-detail/?id=60129549469&tab=3>

ALCOHOL USE

Misuse of alcohol can severely impact on a young person's development.



% of young people who have tried alcohol
in the past 12 months:

48.8%

CHILDREN IN CARE (15-17 YEARS OLD)



AUSTRALIA (12-17 YEARS OLD)

28.8%¹²

¹² Source: Australian Institute of Health and Welfare. (2013). National Drug Strategy Household Survey detailed report: 2013. Retrieved from: <http://www.aihw.gov.au/publication-detail/?id=60129549469&tab=3>. Please note, these indicators are not directly comparable as the population data refer to the frequency of alcohol consumption (daily, weekly and less than weekly) over a 12-month period. The LAC data does not specify the frequency of consumption.

ILLICIT DRUG USE

Many young people experiment with substances that can cause serious health problems. For some this can lead to an ongoing pattern of addiction, and an increased risk of coming into contact with the Criminal Justice System.



% of young people who have taken
illicit drugs in the past 12 months:

43.9%

CHILDREN IN CARE (15-17 YEARS OLD)



AUSTRALIA (14-19 YEARS OLD)

17.6%¹³

¹³ Source: Australian Institute of Health and Welfare. (2013). National Drug Strategy Household Survey detailed report: 2013. Retrieved from: <http://www.aihw.gov.au/publication-detail/?id=60129549469&tab=3>

EMOTIONAL OR BEHAVIOURAL DIFFICULTIES

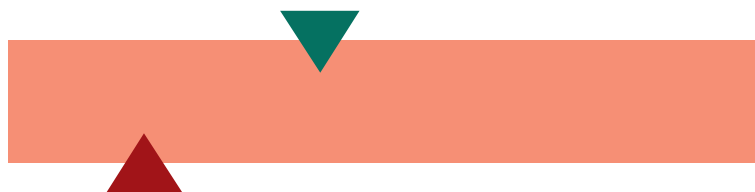
Good mental health means that children and young people are more likely to have fulfilling relationships, adapt to change and cope with adversity



% of children and young people who score in the clinical¹⁴ range of the Strengths and Difficulties Questionnaire – Total Difficulties Score:

41.2%

CHILDREN IN CARE (5-17 YEARS OLD)



AUSTRALIA (7-17 YEARS OLD)

18%¹⁵

¹⁴ The clinical range represents scores that are 'high' or 'very high' in the new scoring rules proposed by Goodman (2013) and are equivalent to the previous categories of 'borderline' and 'of concern'. These new guidelines can be found at <http://www.sdqinfo.com/py/sdqinfo/c0.py>

¹⁵ Source: Mellor, D. (2005). Normative data for the Strengths and Difficulties Questionnaire in Australia. Australian Psychologist, 40(3), 215-222. Please note, these data are quite dated and may not reflect current prevalence of emotional and behavioural difficulties among Victorian youth.

MENTAL HEALTH SERVICES

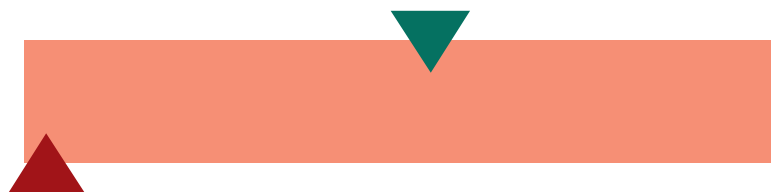
Access to appropriate services and professionals is fundamental for the development of good mental health.



% of children and young people who accessed a mental health professional in the past 12 months:

53.9%

CHILDREN IN CARE (5-17 YEARS OLD)



AUSTRALIA (0-14 YEARS OLD)

2.9%¹⁶

¹⁶ Source: Australian Bureau of Statistics. (2014). Characteristics of people using mental health services and prescription medication, 2011. Catalogue No. 4329.0. Canberra.

BULLYING

Bullying can have a serious impact on a child/young person's mental health.
Bullying leads to anxiety, depression and isolation.



% of children and young people who report being bullied or picked on:

36.8%

CHILDREN IN CARE (10-14 YEARS OLD)



AUSTRALIA (10-14 YEARS OLD)

32.3%¹⁷

¹⁷ Department of Education and Early Childhood Development. (2014). Indicator 10.3: Proportion of children who are bullied. Retrieved from

https://public.tableau.com/views/10_3_0/VICInd10_3?:embed=y&:display_count=no&:linktarget=_self&:tabs=no&:showVizHome=no

CHILDREN IN CARE



EMOTIONAL AND SOCIAL DEVELOPMENT COMPARISONS

RISK BEHAVIOUR

Risk-taking can be a normal part of adolescent development, but certain types of risks can have serious consequences for the health and wellbeing of young people.



% of children and young people who engage in high risk behaviour that may result in significant harm, including death or serious injury:

33.6%

CHILDREN IN CARE (10-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE



PSYCHOSOCIAL DEVELOPMENT

Feelings of self-efficacy, or the belief in one's ability to achieve goals, can lead to improved self-esteem and greater social engagement.



% of young people who can function independently at a level appropriate to their age and ability:

38.3%

CHILDREN IN CARE (15-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

IDENTIFICATION

Personal identification is a core requirement for many of the responsibilities associated with adulthood.



% of young people who can organise 100 points of ID:

31.6%

CHILDREN IN CARE (15-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

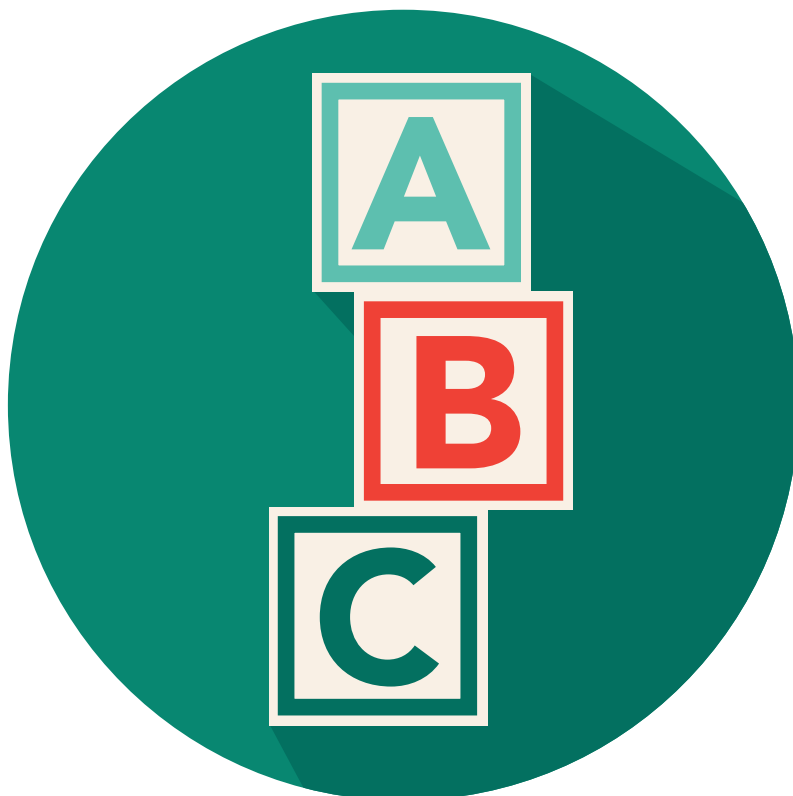
CHILDREN IN CARE



**LEARNING AND
EDUCATION
COMPARISONS**

EARLY EDUCATION

Early learning opportunities set the foundation for later engagement in school.



% of children who attend funded kindergarten programs and/or early learning programs:

70%

CHILDREN IN CARE (3-4 YEARS OLD)



VICTORIA (3-5 YEARS OLD)

97.9%¹⁸

¹⁸ Department of Education and Early Childhood Development. (2013). The state of Victoria's children 2012: Early childhood. A report on how Victoria's young children are faring. Melbourne.

EDUCATIONAL ENGAGEMENT

Children and young people who are not fully engaged in education are at greater risk of unemployment, low income and employment insecurity in the long term.



% of children and young people attending school full-time:

80.4%

CHILDREN IN CARE (5-17 YEARS OLD)



AUSTRALIA (5-17 YEARS OLD)

99.6%¹⁹

¹⁹ Australian Bureau of Statistics. (2015). Schools, Australia, 2014.

EDUCATIONAL STABILITY

Disruptions in schooling have a negative impact on a child/young person's ability to engage with the learning environment.



% of children and young people who have changed
schools in the past 12 months:

21.3%

CHILDREN IN CARE (5-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

SUSPENSION

Children and young people who spend time away from school due to suspensions are at an increased risk of disengaging from educational environments.



% of young people who have been suspended from school in the preceding 12 months:

19.5%

CHILDREN IN CARE (15-17 YEARS OLD)



VICTORIA (YEAR 10 STUDENTS)

12%²⁰

²⁰ These data are not directly comparable as the LAC data captures a broader age range. Source: Hemphill, S.A., & Hargreaves, J. (2010). School suspensions: A resource for teachers and school administrators. Melbourne: Centre for Adolescent Health, Murdoch Children's Research Institute.

ACCESS TO A COMPUTER

Access to technology is fundamental for learning. Poor access can diminish a child/young person's ability to participate and learn.



% of children and young people with access to a computer
with an Internet connection:

83.2%

CHILDREN IN CARE (10-17 YEARS OLD)



VICTORIA (HOUSEHOLDS WITH CHILDREN UNDER 15 YEARS OLD)

96%²¹

SCREEN TIME

Longer TV viewing time can encroach on other learning and developmental opportunities, such as reading and imaginative play.



% of children and young people who spend more than 2 hours per day on sedentary screen-based activity²²:

20.7%

CHILDREN IN CARE (5-17 YEARS OLD)



VICTORIA (HOUSEHOLDS WITH CHILDREN UNDER 15 YEARS OLD)

69.7%²³

²² Department of Health and Aging. (2014). National Physical Activity Guidelines for Australians. Canberra.

²³ Source: Australian Bureau of Statistics. (2013). Australian Health Survey: Physical activity, 2011-12. Catalogue No. 4364.0.55.04. Canberra.

ASPIRATIONS

Post-secondary study can lead to a range of positive outcomes, including greater employment opportunities, improved earning potential, and greater social engagement/connection.



% of young people who want to continue studying post-VCE:

50%

CHILDREN IN CARE (15-17 YEARS OLD)

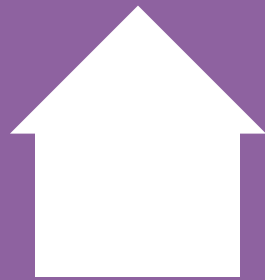


VICTORIA (YEAR 12 COMPLETERS)

77.4%²⁴

²⁴ Department of Education and Early Childhood Development. (2014). The On-Track Survey 2014: The destinations of school leavers in Victoria. Statewide report. Melbourne, Victoria: Author. Retrieved from: <http://www.education.vic.gov.au/Documents/about/research/2014%20OnTrack%20statewide%20report.pdf>
Please note that these data are not directly comparable, as the Victorian-based data reflects the proportion of Year 12 students who were accepted into tertiary education.

CHILDREN IN CARE



**PLACEMENTS
AND STABILITY
COMPARISONS**

CONTINUITY OF CARE

Healthy child development depends on the continuity of the relationship children have with a 'psychological' parent.



% of children who have had 2 or more
placement changes since first entering care:

29.6%

CHILDREN IN CARE (0-9 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

STABILITY

Disruptions in care have a profoundly negative impact on a child or young person's ability to form positive, nurturing relationships with trusted adults.



% of children and young people who have had 2 or more placements in the previous 12 months :

16.7%

CHILDREN IN CARE (10-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

CHILDREN IN CARE



**SOCIAL AND
COMMUNITY
ENGAGEMENT
COMPARISONS**

SOCIAL PARTICIPATION

Participation in leisure, sporting, outdoor and cultural activities is linked to children's cognitive and social development. Leisure activities help children and young people build strong and supportive social networks.



% of children and young people who are participating fully in a wide range of activities both in and out of school:

44.3%

CHILDREN IN CARE (5-14 YEARS OLD)



AUSTRALIA (5-14 YEARS OLD)

66.3%²⁵

²⁵ This value is an approximation only as it is the average proportion across four distinct cultural activities. It refers to the average proportion of children and young people who participated in at least one organised cultural activity, organised sport, recreational activity or attended a cultural venue or event. Source: Australian Bureau of Statistics. (2012). Children's participation in cultural and leisure activities, Australia. Catalogue No. 4901.0. Canberra.

CASUAL EMPLOYMENT

Casual employment can provide young people with a sense of autonomy and can help build confidence and self-esteem.



% of young people who have a weekend or casual job:

34.3%

CHILDREN IN CARE (15-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

CHILDREN IN CARE



**RELATIONSHIPS
COMPARISONS**

POSITIVE CONNECTION

Contact with family members plays an important role in facilitating positive identity development. Maintaining contact with family of origin can be very important for the psychological wellbeing of children and young people in care.



% of children and young people who have a positive connection to their birth family:

87.8%

CHILDREN IN CARE (0-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

CONTACT WITH SIBLINGS

Siblings can be an important source of support and comfort. Siblings can also enhance a child/ young person's sense of belonging and connection.



% of children and young people who have regular contact with their siblings:

15.1%

CHILDREN IN CARE (0-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

RELATIONSHIPS

A relationship with a trusted adult is a crucial form of social support, especially for children and young people in care who often cannot turn to their birth family.



% of children and young people who have a trusted adult
(other than a carer) who they can turn to:

79.8%

CHILDREN IN CARE (10-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

FRIENDSHIPS

Peer relationships are central to the social, emotional and psychological development of children and young people.



% of children who frequently see their friends outside of school:

31.4%

CHILDREN IN CARE (10-11 YEARS OLD)



AUSTRALIA (10-11 YEARS OLD)

54%²⁶

²⁶ This figure refers to the proportion of children who have friends play at their home at least once a week, and therefore is not directly comparable to the more general LAC item which does not define 'frequency'. Source: Growing up in Australia: The Longitudinal study of Australian children. Annual Report 2012. Retrieved from <http://www.growingupinaustralia.gov.au/pubs/ar/>

CHILDREN IN CARE



**IDENTITY AND
BELONGING
COMPARISONS**

BELONGING

Having a place to call home provides a sense of comfort, security and feeling that one is valued and loved.



% of young people who have a place where they always feel welcome:

80%

CHILDREN IN CARE (15-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

LIFE-STORY

Keeping a record of children/young people's experiences as they develop provides a sense of continuity and a connection to their family and culture.



% of children and young people for whom a
life-story book is being prepared:

95.3%

CHILDREN IN CARE (0-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE



POSITIVE SELF-VIEW

A positive self-view has been linked with improved mental health, related to self-esteem and a sense of self-worth.



% of children and young people who report a generally positive view of themselves:

63.9%

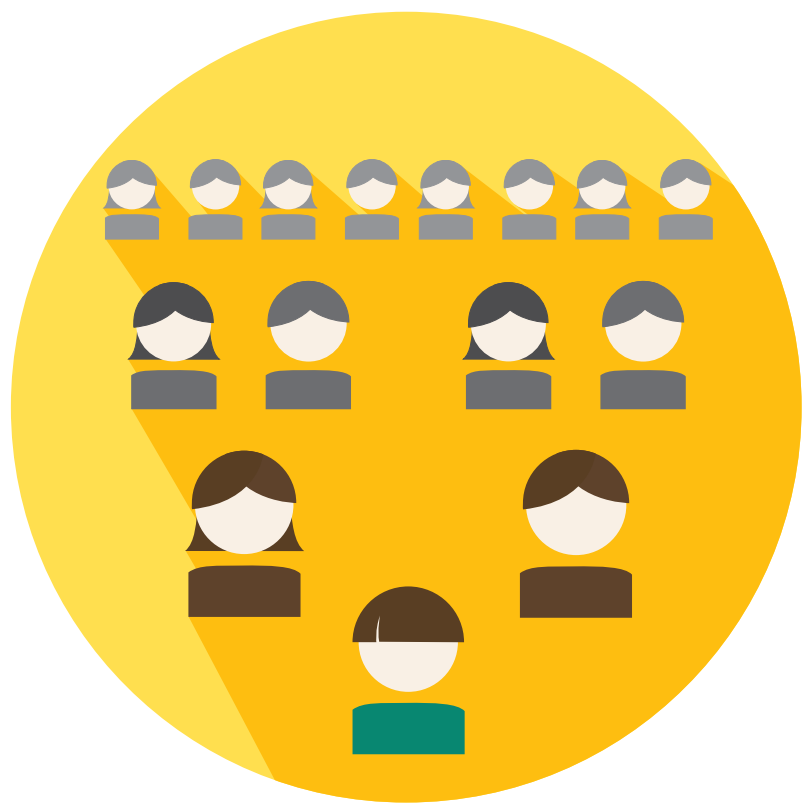
CHILDREN IN CARE (10-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

FAMILY OF ORIGIN

A strong sense of identity is fundamental to positive development. Experiences of care can seriously disrupt a child/young person's sense of self – who they are, where they have come from, and where they 'fit' in the world.



% of children and young people who have knowledge of their family of origin:

98.2%

CHILDREN IN CARE (3-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

CULTURAL IDENTITY

For children and young people from culturally diverse backgrounds, maintaining a connection to culture can be an important element of their sense of identity.



% of children and young people who can relate to
their racial or ethnic background:

85.1%

CHILDREN IN CARE (10-17 YEARS OLD)



COMPARISON DATA NOT AVAILABLE

CONNECTION TO COMMUNITY

Maintaining strong connections to culture is important for the physical, psychological, emotional and spiritual development of Indigenous children and young people.



% of Aboriginal and Torres Strait Islander children and young people who have enough opportunities to participate in their communities' events and activities:

68.8%

CHILDREN IN CARE (0-17 YEARS OLD)



AUSTRALIA (4-14 YEARS OLD)

73%²⁷

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