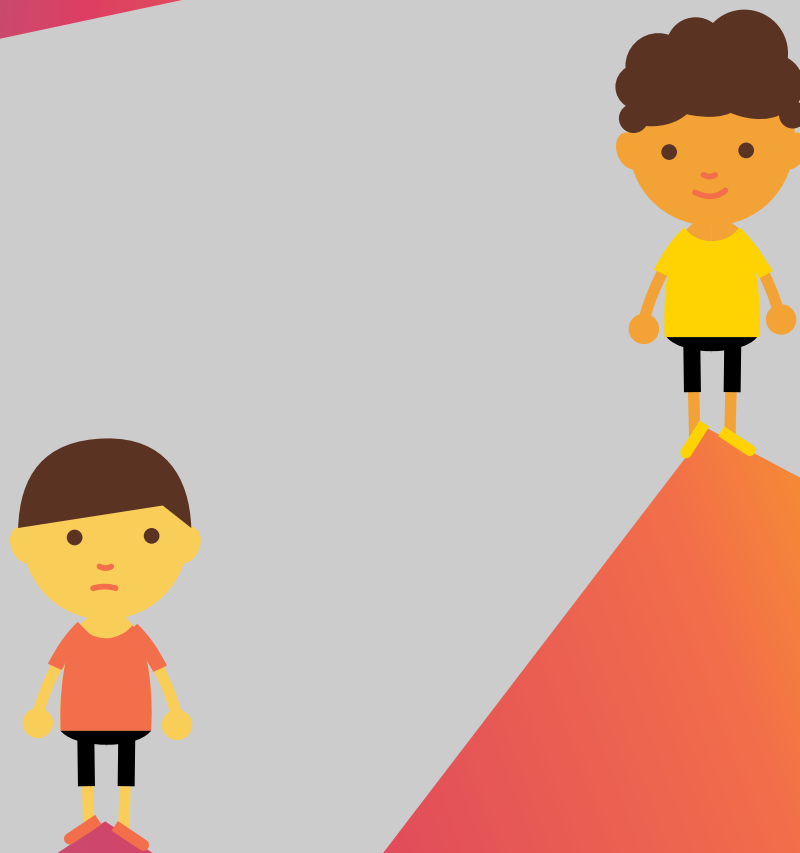


# CHILDREN IN CARE REPORT CARD

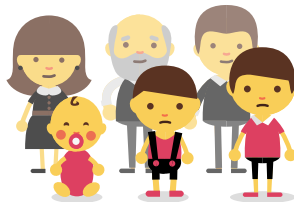
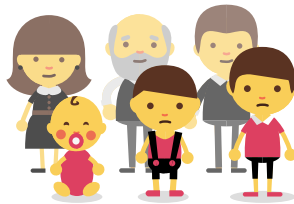


How children in care are faring in comparison to  
their peers in the community

2016 Report

**1800 809 722** | [anglicarevic.org.au](http://anglicarevic.org.au)

**BETTER  
TOMORROWS**



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Children in Care Report Card. Melbourne: Anglicare Victoria.

## INTRODUCTION

In 2014-15 there were 54,025 children in OoHC across Australia, representing a rate of 10.2 per 1,000 children<sup>1</sup>. While Victoria continues to have the lowest rate of OoHC care placements across Australia (6.6 per 1,000), over 3,500 children and young people entered the OoHC system in Victoria during the 2014/15 financial year. Moreover, based on the most recent data, 32% of children in OoHC in Victoria at June 30 2015 had been in care for 5 years or more<sup>2</sup>.

It is widely recognised that as a group, children and young people in Out-of-Home Care (OoHC) experience significantly poorer outcomes across multiple developmental, psychosocial, emotional and behavioural domains, compared to other children and young people in the community.

The vulnerability of this group means that care providers must ensure that all efforts are made to provide children and young people in care with the necessary supports to promote their ongoing physical, emotional and social development. In this context, there continues to be a pressing need to develop sophisticated profiles that are sensitive to the heterogeneity of the care population. This will increase our capacity to develop and deliver more targeted interventions that are better able to address the different levels and types of need evidenced by children and young people in care.

Anglicare's Children in Care Report Card continues to be the only annual snapshot comparing the outcomes of children and young people in care to their peers in the community. This work contributes to a national conversation on the need to ensure that all children and young people in care are provided with the appropriate supports to achieve their full potential.

## KEY FINDINGS

This is the fourth edition of Anglicare's annual Children in Care Report Card and remains one of the few publications in Australia that compares the outcomes of children and young people in care with their peers in the community.

This year the Report Card draws on 254 Looking After Children (LAC) Assessment and Progress records completed between January 2015 and June 2016. The findings once again highlight the disparities in outcomes between children and young people in care, compared to their peers in the community in the following areas:

- Physical Health
- Emotional and Social Development
- Learning, Education and Employment
- Continuity of Care and Stability
- Family and Social Relationships
- Indigenous Identity and Connection to Culture
- Self-Care

In addition, this year a special section on leaving care has been included in the report. This section provides information about the proportion of young people, aged 15 to 18 years old, who are deemed to have a range of skills and capabilities perceived as important for 'independent living'. Negotiating the housing market, financial services and the broader 'service sector', is not a normative expectation for most adolescents. Yet, as our data indicate, preparation for 'independence' and adulthood begins with young people in care when they are only 15 years old.

### ***Demographics***

Of the 254 children and young people for whom LAC records were available, there was a reasonably even gender split, with slightly more girls (52.2%) than boys (47.8%). In terms of developmental stage, the majority of children were in the 5-9 year old and 10-14 year old age groups (27.6% and 29.5%, respectively).

The majority of children and young people were in home-based care arrangements, with just over 10% being in residential care:

- Foster care (49.4%)
- Kinship care (25.5%)
- Therapeutic foster care (12.6%).
- Residential care (10.9%)

### ***Comparing the outcomes of children in care to their peers in the community***

As with previous years, the outcomes of children and young people in care on a range of indicators were compared against similar outcomes for children and young people in the broader community. Wherever possible, comparison data was sourced from publicly available, population-based surveys conducted throughout Australia. These sources include various reports and publications by the:

- Australian Institute of Health and Welfare
- Australian Bureau of Statistics
- Federal Department of Health
- Victorian Department of Education and Training.

Other sources of comparison data include academic publications and reports by Community Service Organisations and NGOs

## Snapshot of Findings

### PHYSICAL HEALTH

Health-related outcomes in the LAC include whether a child has a disability or disorder, has been hospitalised due to an accidental injury, is achieving normative developmental milestones, is physically active, is overweight, or has consumed alcohol, tobacco and/or illicit substances.

There is a lower proportion of overweight and obesity among the OoHC group (**14.3%**) compared to children and young people in the broader community (**27%**). This pattern is also seen in indicators of physical activity, with a higher proportion of children and young people in care (**39.2%**) engaging in at least 60 minutes of physical activity every day, compared to only **19.4%** of their peers in the community.

However, **11.4%** of the children and young people in care had been hospitalised for incurring an accidental and serious injury such as a concussion or broken bones, compared to less than **3%** of their peers in Victoria.

The proportion of children and young people in care who reported smoking cigarettes or taking illicit substances remains substantially higher than similarly aged peers in the community. For example, close to **27%** of children and young people in OoHC had smoked cigarettes and **33.3%** had taken illicit drugs in the previous 12 months. This compares to **5%** of young people in the broader community who reported smoking, and **17.6%** who reported taking illicit substances.

Interestingly, there was no difference in the proportion of children and young people in care and the general community who had consumed alcohol in the previous 12 months (**28.9%** and **28.8%**, respectively).

Our data show that there continues to be a disproportionately high number of children and young people with disabilities in care (**19%**) when contrasted with the much lower rates in the general community (**8.3%**). The disabilities captured in this data include long-term, developmental disabilities and disorders, and raise significant questions about the current system's capacity to adequately address the broad range of needs of these children and young people.

### EMOTIONAL AND SOCIAL DEVELOPMENT

The emotional and social development domain captures two major outcomes: the presence of emotional and behavioural difficulties as measured by the Strengths and Difficulties Questionnaire, and the access to mental health services.

The LAC data revealed **42.1%** of children and young people in OoHC displayed significantly higher levels of emotional and behavioural difficulties compared to **10.2%** of their peers in the broader Australian population. This is further reinforced by the fact that **50%** have accessed a mental health professional in the past 12 months, compared to only **2.9%** of children and young people in Australia.

While the LAC data do not provide information about the reasons or frequency of contact with mental health services, the significantly higher rate of mental health service system utilisation among children and young people in care further reinforces the impact of pre-care and potentially in-care experiences on these children's psychological wellbeing.

## LEARNING EDUCATION AND EMPLOYMENT

The learning, education and employment domain covers a range of outcome indicators, from early learning education to casual employment. In this report card, data is presented on the following outcomes:

- Attendance rates in funded kindergarten or early learning programs
- Bullying
- Casual employment
- Non-school related screen time
- Academic aspirations
- Engagement in extra-curricular social and cultural activities.

Our data show that a lower proportion of children in OoHC attended a funded kindergarten program and/or early learning program (**64.3%**), compared to **98.2%** of children in Victoria. Based on this data, less than 2/3 of children in care are being exposed to structured early learning opportunities, which is likely to have a significant and detrimental impact on their educational trajectories as they enter primary school and beyond.

Perhaps surprisingly, the proportion of children and young people who reported being bullied or picked on at school were similar between the OoHC and the broader population of school-aged in Australia (**30.9%** and **34.3%**, respectively). The reasons for this are difficult to discern with the data that is available, but may be a function of a broader issue associated with disengagement or disconnection from education amongst children and young people in care. Alternatively, it could reflect under-reporting by this cohort.

For young people in care aged 15 years and over, **41.7%** didn't have a casual job but would like one, compared to **33.8%** of their peers in Australia. The factors that may hinder a young person in care from obtaining a casual job are complex, but these data highlight that more needs to be done to provide these young people with opportunities to enter the job market. It also reinforces the need to provide greater supports to young people to ensure they are 'job ready' when state care terminates on their 18th birthday.

## FAMILY AND SOCIAL RELATIONSHIPS

Two outcomes were captured in the Family and Social Relationships domain: contact with siblings, and the presence of a trusted, non-related adult.

Only **33.7%** of children and young people in care had regular contact with their siblings. Given the protective role that contact with siblings can have, this data reinforces the need for greater efforts, systemic and programmatic, to provide children in care with opportunities to maintain contact with their families of origin.

In contrast, **77.8%** of children and young people reported having at least one adult who was not a family member that they could trust.

While population-based comparison data are not available for these indicators, they nevertheless highlight the level of relationship disruption experienced by children in OoHC.

## CONTINUITY OF CARE AND PLACEMENT STABILITY

Two outcome indicators were captured in this domain: continuity of care among 0-10 year old children, and placement stability among children and young people over the age of 10 years.

Our data show that **30.5%** of children aged 0-9 years old had experienced two or more placement changes since first entering care.

For children aged 10 years and older, **15.2%** had experienced two or more placement changes in the previous 12 months.

There is a growing body of literature that shows the critical importance of placement stability in promoting healthy psychosocial development among children in OoHC. Importantly, significant disruptions of care can have adverse impacts on a child's progression in several aspects of their lives, including education as well as family and social relationships.

## INDIGENOUS IDENTITY AND CONNECTION TO CULTURE

This domain includes a range of outcomes specifically about cultural, spiritual and kin connection for Indigenous children. For this report card, two outcomes were captured: opportunities to spend time with family and community, and opportunities to participate in cultural events and activities.

Our data show that among Indigenous children and young people in care, only **31.4%** were provided with sufficient opportunities to spend time with family and others from the community; while only **50%** were provided with opportunities to participate in community events and activities. This compares to **75%** of Indigenous children and young people in the broader Australian population.

Aboriginal and/or Torres Strait Islander children and young people continue to be over-represented in the OoHC system. As recently outlined in the Victorian Commission for Children and Young People report<sup>3</sup> only **25%** of Aboriginal children on Guardianship orders have a cultural support plan. A key recommendation from this report is to ensure that Aboriginal children in care have meaningful access to their culture.

## SELF-CARE SKILLS IN THE 'TRANSITION' FROM CARE

For young people leaving care the development of self-care or 'independent living' skills are considered an important element of their 'transition' out of the care system. Our data show that among young people in the 'leaving care' age group (15-17 years old) approximately:

- 40% are equipped to navigate the housing market (i.e., apply for housing, understand the set up costs etc)
- 60% have financial literacy skills (i.e., budgeting for essential items, set up a savings plan, manage bills)
- 70% are equipped to navigate various service systems (i.e., making medical appointments, applying for a Medicare card etc).

The emphasis on 'independent living' skills runs counter to normative expectations where late adolescence and emerging adulthood is characterised by a very gradual transition into adult roles and responsibilities<sup>4</sup>. For most young people in contemporary Australian society, the parental home remains a secure and supportive base well into their mid-20s<sup>5</sup>.

Despite this, transition plans tend to place a strong emphasis on practical skills and knowledge that will assist a young person to live 'independently' and to navigate mainstream systems and institutions. This reflects the reality that for many young people leaving care, family support is not available. In light of this, our data clearly show that more needs to be done to ensure that young people are equipped to navigate their post-care world.

<sup>3</sup> Commission for Children and Young People. (2016). Always was, always will be Koori children. Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria. Melbourne, Victoria: Author. <sup>4</sup> Arnett, J.J. (2004). Emerging adulthood: The winding road from late teens through the twenties. New York: Oxford University Press. <sup>5</sup> Australian Bureau of Statistics. (2013). Australian social trends – Young adults, then and now. Catalogue Number 4102.0. Canberra.



## FUTURE DIRECTIONS

The 2016 Children in Care Report Card once again highlights the often significant disparity in the physical, emotional, psychological and social development of children and young people in care, compared to their peers in the broader Victorian and Australian community.

The data in this report card draw attention to a number of policy areas that require more targeted attention and resourcing. The mental health of children and young people in OoHC remains a significant issue that is not likely to be ameliorated without significant investment. To adequately address the sequela of trauma, the sector needs to upskill its workforce; introduce rigorous assessments; and continue to invest in the development of evidence-based therapeutic programs that work with carers and children/young people.

While there has been an increased focus on the educational outcomes of children in care, there remains a need to ensure all children have access to educational supports especially during key transition periods. Educational engagement and achievement and further predicted on stability of placements, which continues to be a significant problem in the OoHC sector. Without the security and consistency that comes with stability (of placements and relationships) children and young people will continue to experience difficulties with school engagement, progress and ultimately achievement. As a large body of research attests to, this will in turn have a range of ripple effects, including under-employment, unemployment, hardship, and often, social marginalisation.

This year's Report Card also emphasises the challenges associated with 'leaving care'. There is a growing body of national and international evidence supporting the value, both socially and economically, of extending supports for young people in care past their 18th birthday. There is emerging recognition, based on the work of researchers and Community Service Organisations (CSOs), of the need to develop robust, research-informed models that can adequately support young people as they exit the OoHC system (including Anglicare's *Home Stretch* campaign to provide the option of extending care until a young person is 21 years old).

## RECOMMENDATIONS

Children and young people in OoHC are recognised as one of the most vulnerable cohorts in the community. Their pre-care experiences of abuse, neglect, maltreatment and adversity, while not necessarily unique to this group, are nevertheless different from the experience of most children and young people who form the basis of the community comparisons presented in this year's Report Card. Perhaps more importantly, the act of being removed from one's family of origin, and being placed in OoHC is a normatively and qualitatively distinct experience not shared by the majority of people in a given society.

In light of these issues, there is a need to move beyond community comparisons where the 'comparison group' is not equivalent to the OoHC population. As evidenced over the past four years, the outcomes of children and young people in care are different. Sometimes they are better, often they are poorer. The point, however, is that the outcomes of children and young people in care are a function of qualitatively different experiences (pre-care and in-care) that cannot be de-contextualised from their outcomes.

Drawing on the findings from this year's Report Card, Anglicare Victoria argues for the following recommendations to be considered and implemented:

**Recommendation 1)** Greater focus on how outcomes can be altered and improved over time.

Anglicare Victoria strongly supports the need to develop and implement a more rigorous outcomes framework to capture the complexity and unique experiences of children and young people in OoHC, particularly as we move towards a greater emphasis on 'evidence-based' practice. The organisation is already working towards these goals by implementing and trialling its own Outcomes Framework, which will drive key improvements in practice within OoHC.

**Recommendation 2)** Giving young people the option to extend their stay in OoHC until 21 years of age.

There is increasing practice and academic focus on the significance of extending the 'leaving care' age to improve the outcomes of children and young people, with specific attention to improving:

- Housing stability and reducing homelessness
- Educational engagement and achievement
- Pathways to training and employment
- Stability and continuity of relationships with adults who can support a young person's on-going psychosocial development

**Recommendation 3)** Greater investment in evidence-based models of care that can work with children/ young people, carers and staff.

The data presented in this report card shows the need for improvement across a range of areas related to children's physical, psychological, emotional and social health. Anglicare is committed to the delivery of evidence-based models that can divert children and young people away from residential care; improve training for staff and carers; and result in better outcomes for children and the system.

**Recommendation 4)** Continued efforts to ensure that children and young people experience as few disruptions to their care as possible.

Placement instability continues to be a difficult problem in the OoHC system, with significant impacts on a child or young person's development. Anglicare calls for greater investment in models, frameworks and practices that address the factors contributing to placement breakdowns and placement instability; including through a focus on the option of extended care, and the provision of evidence-based models with a view to reunification, or long-term stable OoHC placements.

**Recommendation 5)** Supporting children and young people in care to maintain meaningful contact with their siblings.

Our data continue to show that too few children and young people in care have regular contact with their siblings. While there may be safety or other considerations that limit the amount and type of contact that is possible, greater efforts should be made to ensure that protective relationships are maintained. For many children in care, their siblings are a source of comfort, support, continuity and a sense of belonging. Irregular or inadequate contact can exacerbate children's sense of loss of control, agency and connection to valued supports in their lives.

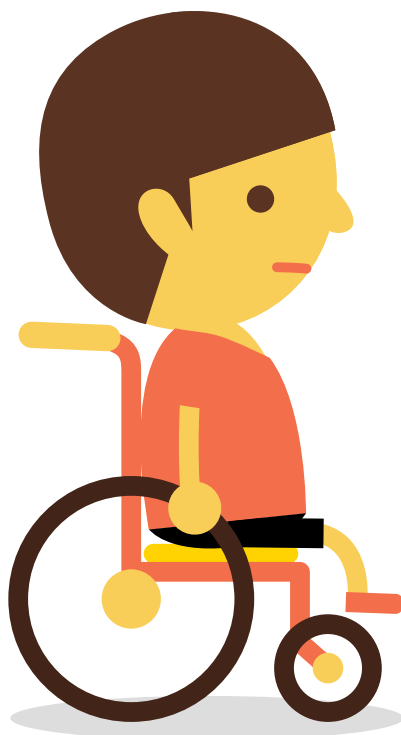
**CHILDREN IN CARE**



**HEALTH  
COMPARISONS**

# YOUNG PEOPLE WITH A DISABILITY

Disabilities and long-term health conditions can have pervasive impacts across multiple domains of life.



% of children and young people who have a long-term health condition meeting the criteria for a disability:

**19%**

CHILDREN IN CARE (5-14 YEARS OLD)



(VICTORIA 5-14 YEARS OLD)

**8.3%<sup>6</sup>**

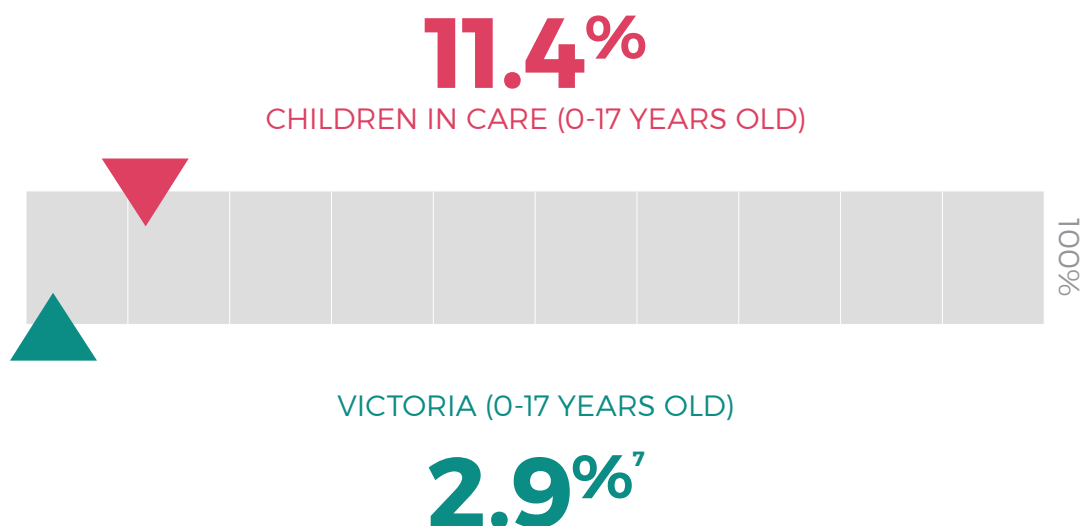
<sup>6</sup> Source: Australian Bureau of Statistics (2012). Disability, Ageing and Carers, Australia: Victoria. Catalogue Number 4430.0. Canberra. Proportion refers to all reported disabilities. The ABS defines disability as an umbrella term for impairments, activity limitations and participation restrictions, which has lasted, or is likely to last, for at least six months and inhibits everyday activities. As the LAC survey did not directly ask if children have a disability.

# ACCIDENTAL INJURY

Accidental injuries can range from small cuts and abrasions, to more severe and potentially severely damaging conditions. These can in turn result in a range of negative outcomes.



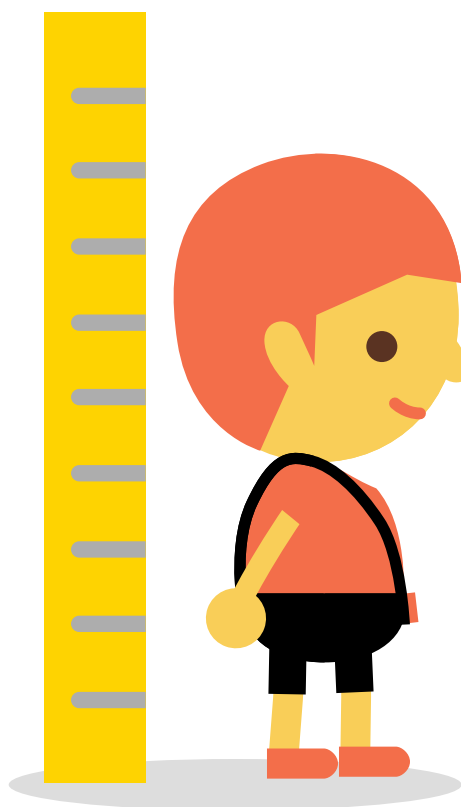
% of children and young people who have attended hospital due to an accidental injury:



<sup>7</sup> This data is not directly comparable to the LAC data set due to a number of differences, including definition of 'injury', 'hospital admissions' and 'hospital separations'. This data was calculated based on the number of children and young people who were admitted to hospital for accidental injury during 2011-2012. Source: Australian Institute of Health and Welfare (2014). Hospitalised injury in children and young people 2011-12. Canberra.

# DEVELOPMENTAL MILESTONES

Normative developmental milestones set the foundation for the acquisition of later skills and capabilities.



% of children who are meeting normative developmental milestones:

**70.3%**

CHILDREN IN CARE (0-9 YEARS OLD)



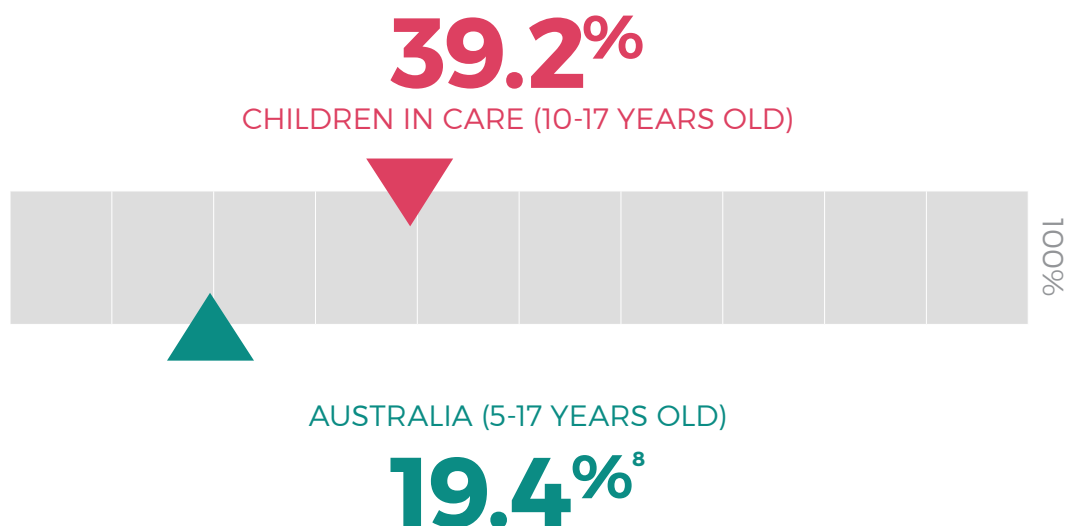
NO COMPARISON AVAILABLE

# PHYSICAL ACTIVITY EVERYDAY

Daily physical activity is an essential component of healthy living, and is associated with a range of positive health and wellbeing outcomes.



% of children and young people who engage in at least 60 minutes of physical activity daily:



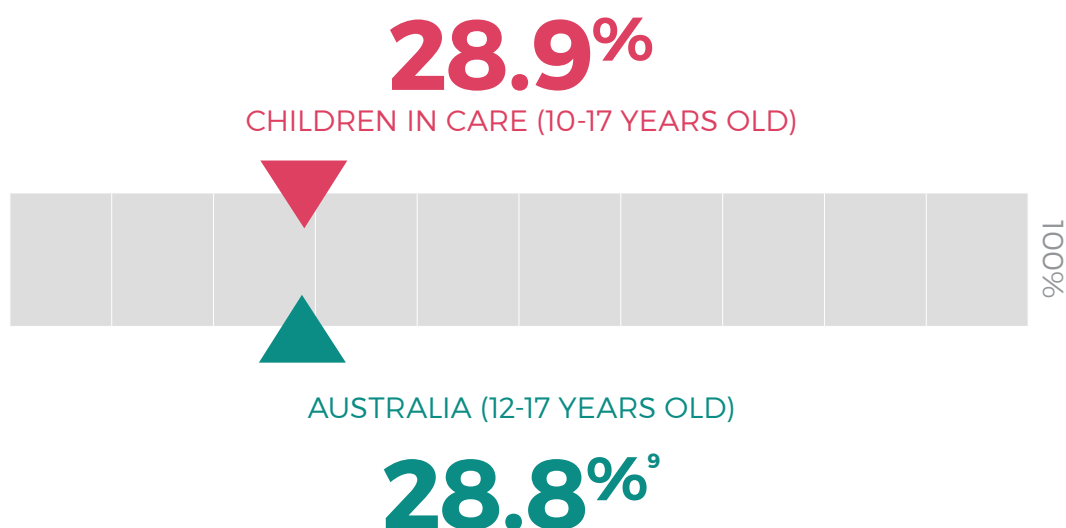
<sup>8</sup> Source: Australian Bureau of Statistics. (2013). Australian Health Survey: Physical Activity, 2011-12. Catalogue Number 436.0.55.004. Canberra.

# ALCOHOL USE

Alcohol consumption during critical stages of development can negatively impact brain, physical and psychosocial development. It also increases the risk of victimisation, risk-taking behaviour, serious injury, and for some, aggression.



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

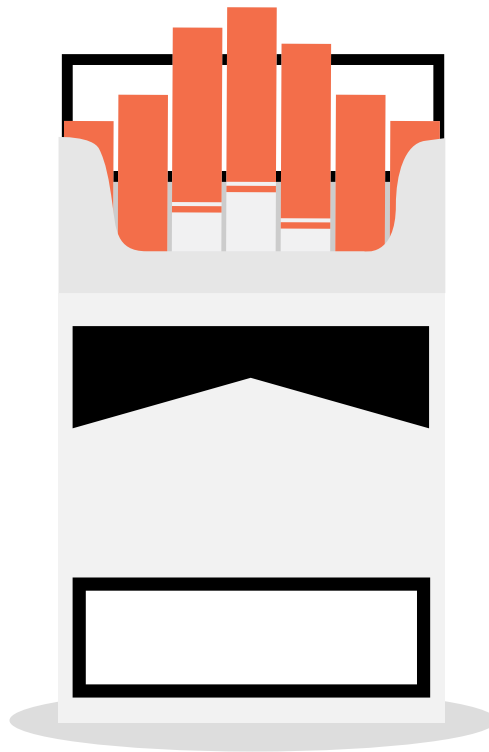


<sup>9</sup> This data is not directly comparable because the national data refers to the frequency of alcohol consumption (daily, weekly and less than weekly). The LAC data does not specify the frequency of alcohol consumption. Source: Australian Institute of Health and Welfare. (2013). National Drug Strategy Household Survey (NCETA secondary analysis. Available at <<http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>>

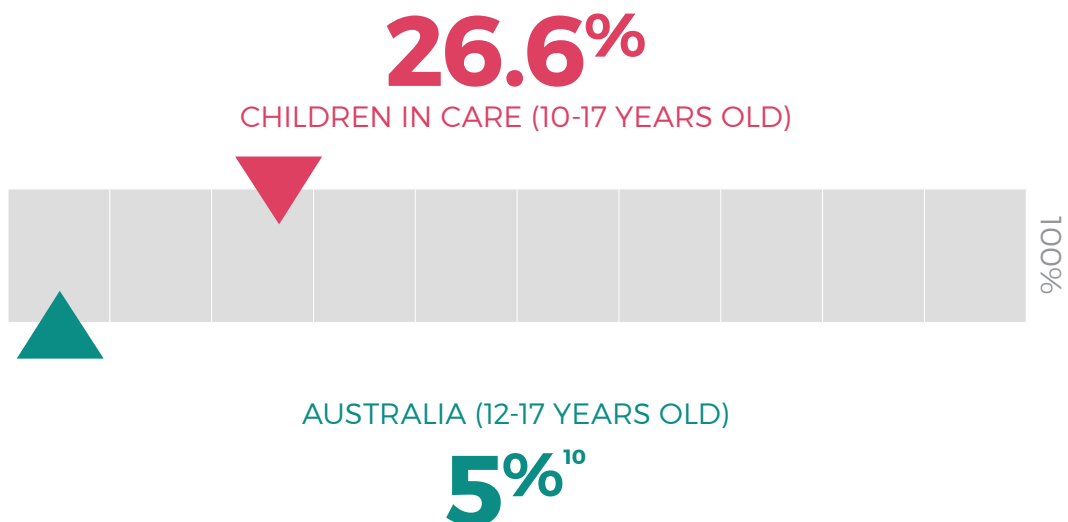


# TOBACCO USE (SMOKING)

Tobacco smoking is linked to a wide range of cancers, and increases the risk of other physical health problems. These are exacerbated among people commence smoking at young ages and continue into adulthood.



% of young people who have smoked a cigarette in the past 12 months:



<sup>10</sup> Australian Institute of Health and Welfare. (2013). National Drug Strategy Household Survey (NCETA secondary analysis. Available at <<http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>>

# ILLICIT DRUG USE

Illicit substance use has been linked with an increased risk of antisocial and/or criminal behaviour, exploitation and victimisation, especially among young people with multiple and complex needs.



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

**33.3%**

CHILDREN IN CARE (15 YEARS OLD AND OVER)



AUSTRALIA (14-19 YEARS OLD)

**17.6%<sup>11</sup>**

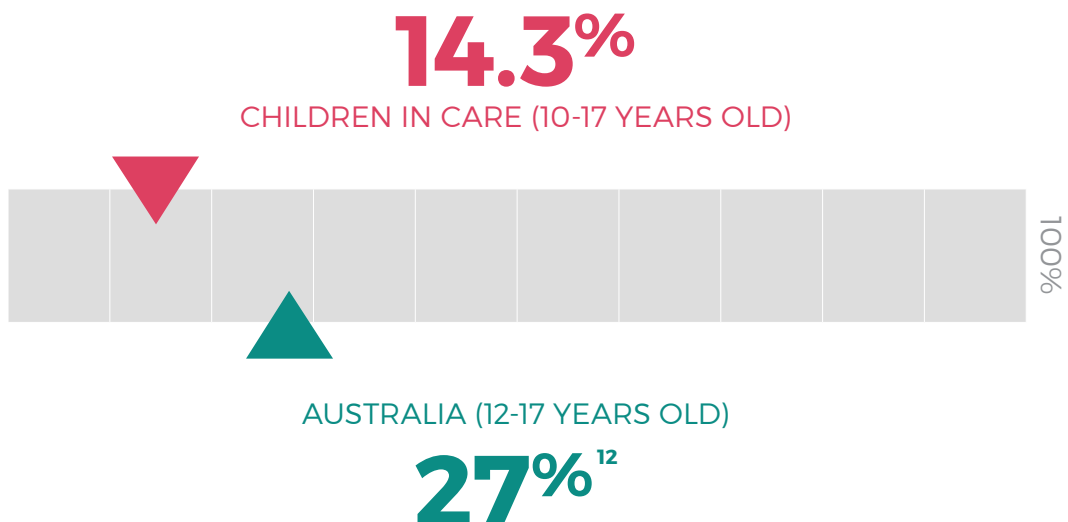
<sup>11</sup> Australian Institute of Health and Welfare. (2013). National Drug Strategy Household Survey (NCETA secondary analysis. Available at <<http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>>

# OVERWEIGHT

Overweight and obesity is linked to a range of negative and long-term health outcomes. Children and young people who are overweight or obese may also experience psychological distress linked to bullying and social ostracism.



% of children and young people who are reported as 'overweight' or 'seriously overweight':



<sup>12</sup> These data are not directly comparable because the national data refers to overweight in relation to BMI figures. The LAC data does not capture BMI. Further, the LAC data captured the weight limits of children aged 10-17 years old, in comparison the national data which captured results of children 5-17 years old) Source: Australian Bureau of Statistics. (2015). National Health Survey 2014-2015. Catalogue Number 436.0.55.001. Canberra.

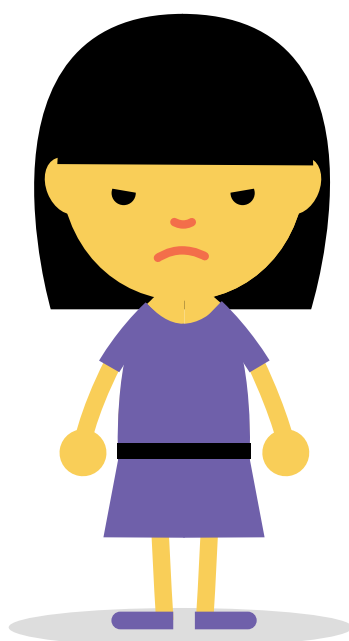
**CHILDREN IN CARE**



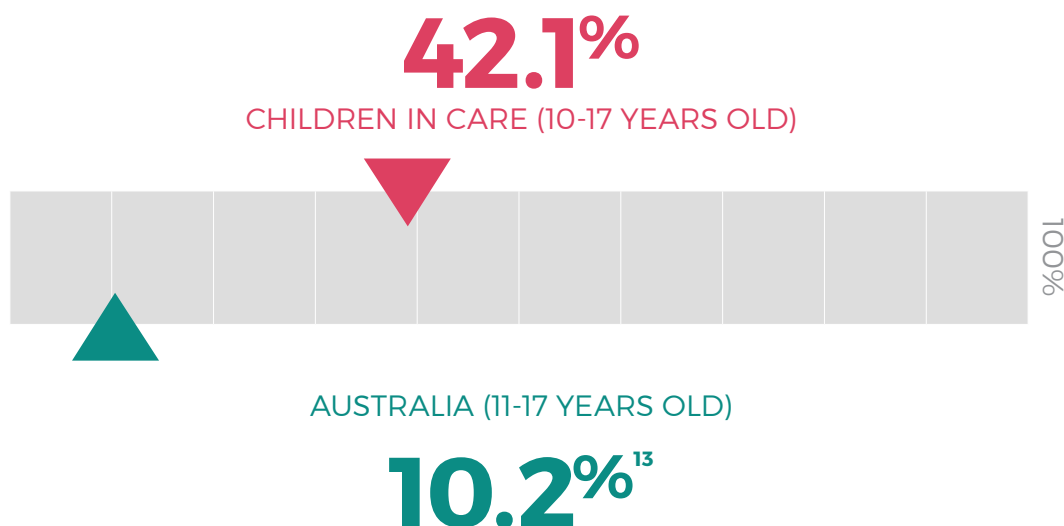
**EMOTIONAL AND  
BEHAVIOURAL  
DEVELOPMENT**

# EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

Children and young people who experience difficulties managing their emotions and behaviour can also experience difficulties in other areas of their lives, including in the education and relationships.



% of children and young people who scored in the 'Abnormal' range of the Strengths and Difficulties Questionnaire (SDQ):



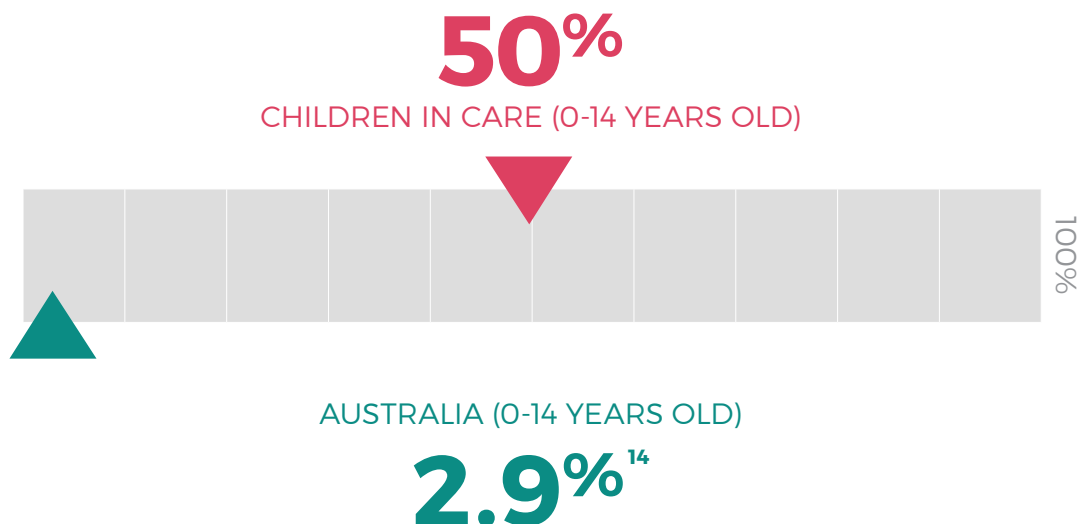
<sup>13</sup> Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

# ACCESS TO MENTAL HEALTH SERVICES

Access to appropriate and timely mental health services is an important element of prevention and early intervention, especially for children and young people who have experienced chronic trauma.

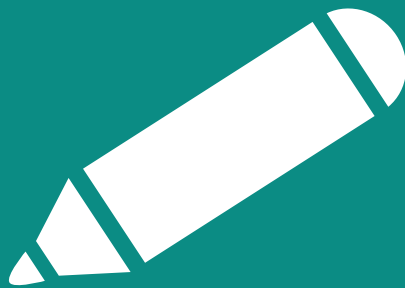


% of children and young people who saw a mental health professional in the past 12 months:



<sup>14</sup> Australian Bureau of Statistics. (2014). Characteristics of people using mental health services and prescription medication, 2011. Catalogue Number 4329.0. Canberra.

**CHILDREN IN CARE**



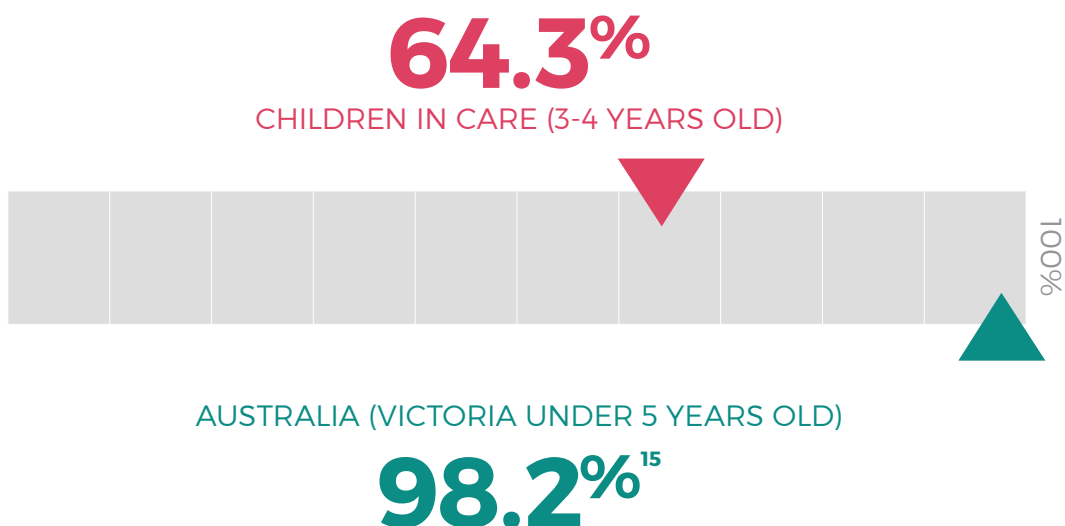
**LEARNING,  
EDUCATION AND  
EMPLOYMENT**

# EARLY LEARNING

Access to quality early learning opportunities can set important foundations the emotional and cognitive development.



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

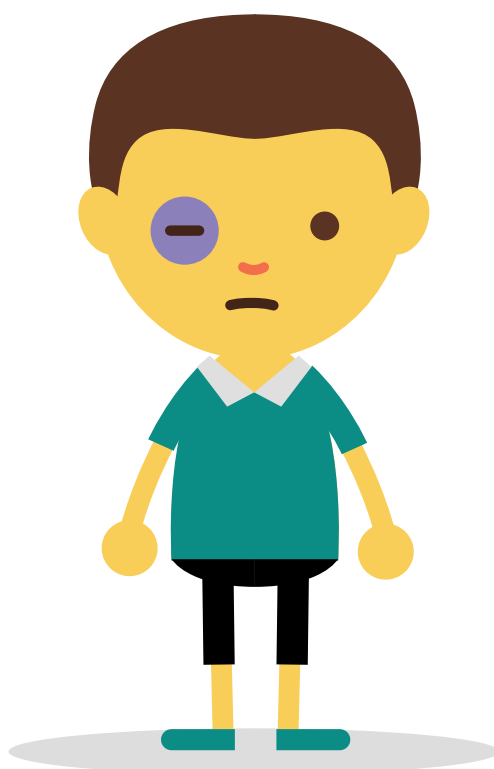


<sup>15</sup> Department of Education and Training. (2016). The State of Victoria's Children Report 2013-2014. Melbourne.

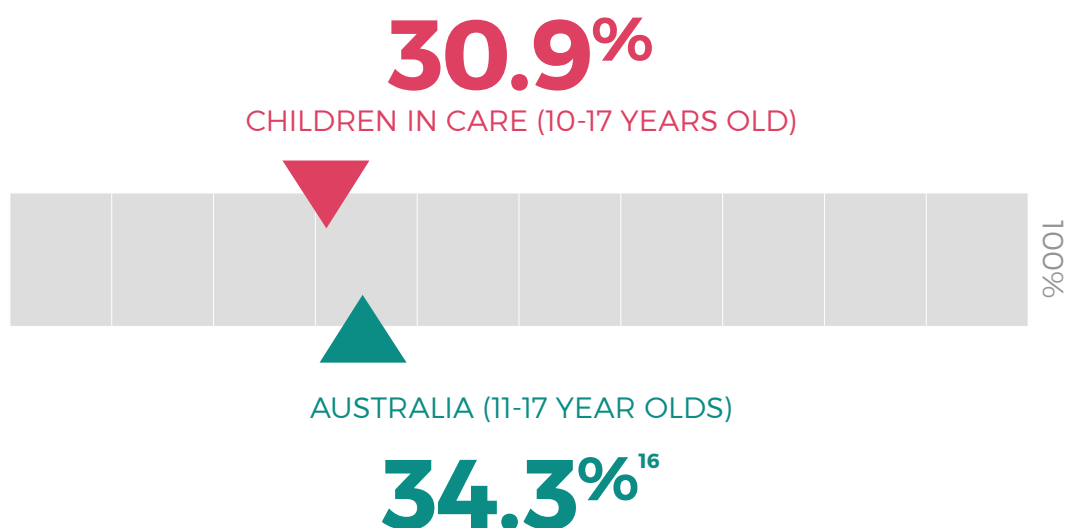


# BULLYING

Bullying has been linked to a range of negative psychological outcomes. For some children and young people, bullying can lead to depression, anxiety, social isolation and exclusion, and in some cases a heightened risk of suicide.



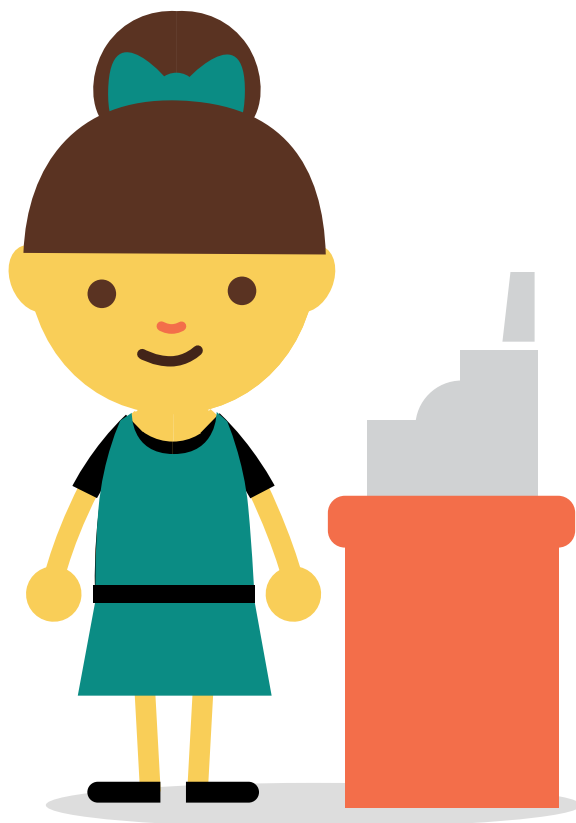
% of children and young people who report being bullied or picked on at school:



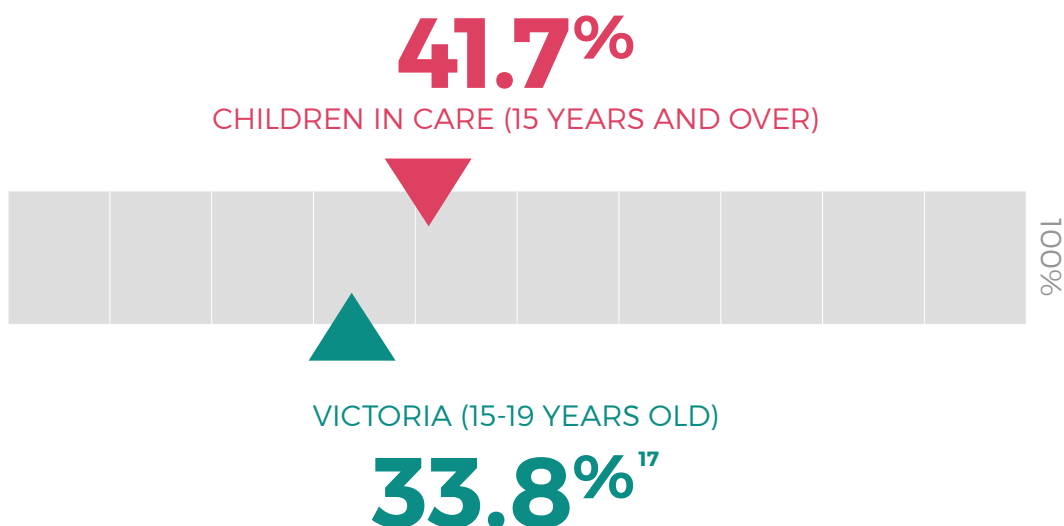
<sup>16</sup> Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

# CASUAL EMPLOYMENT

For young people, employment can provide them with financial autonomy and adult responsibilities that can shape their self-confidence as they transition into post-care.



% of young people who don't have a casual job  
but would like to find one:

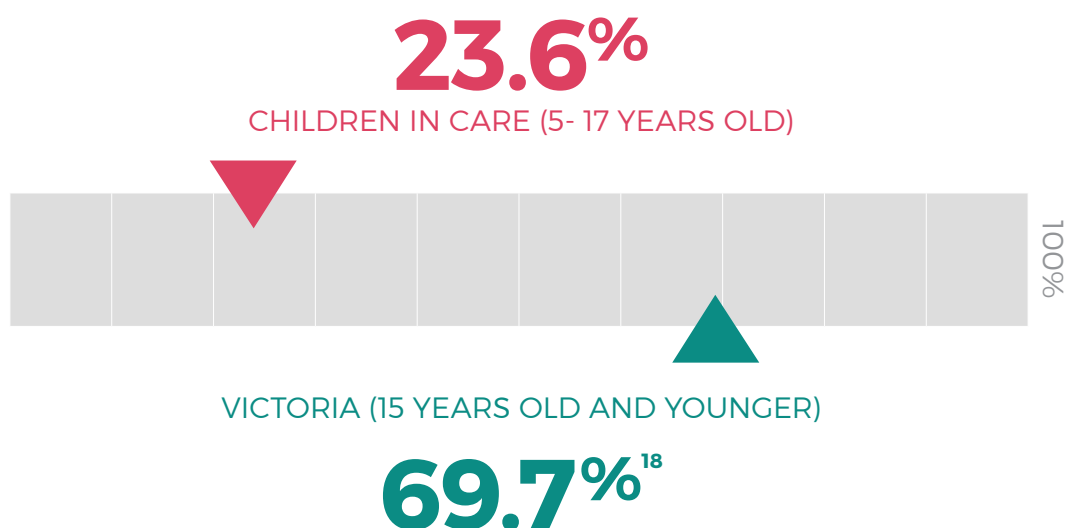


# NON-SCHOOL RELATED SCREEN TIME

National guidelines stipulate that children and young people should not spend more than 2 hours per day on sedentary activities, including screen time.



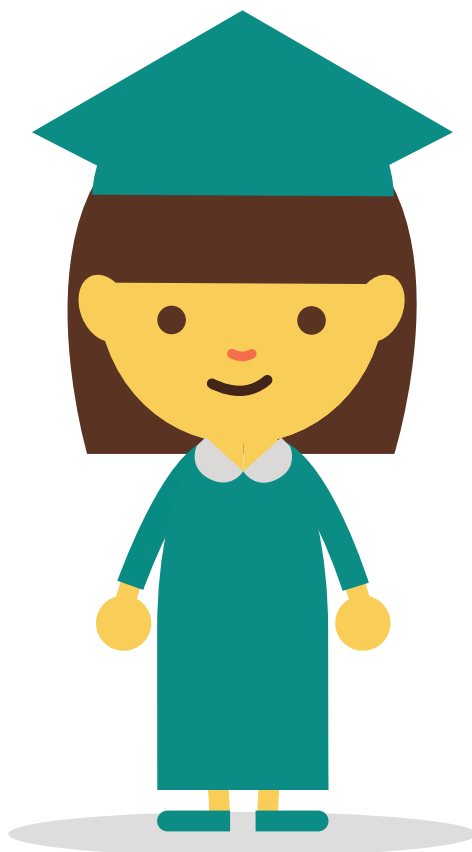
% of children and young people who have more than 2 hours a day of non-school related 'screen time':



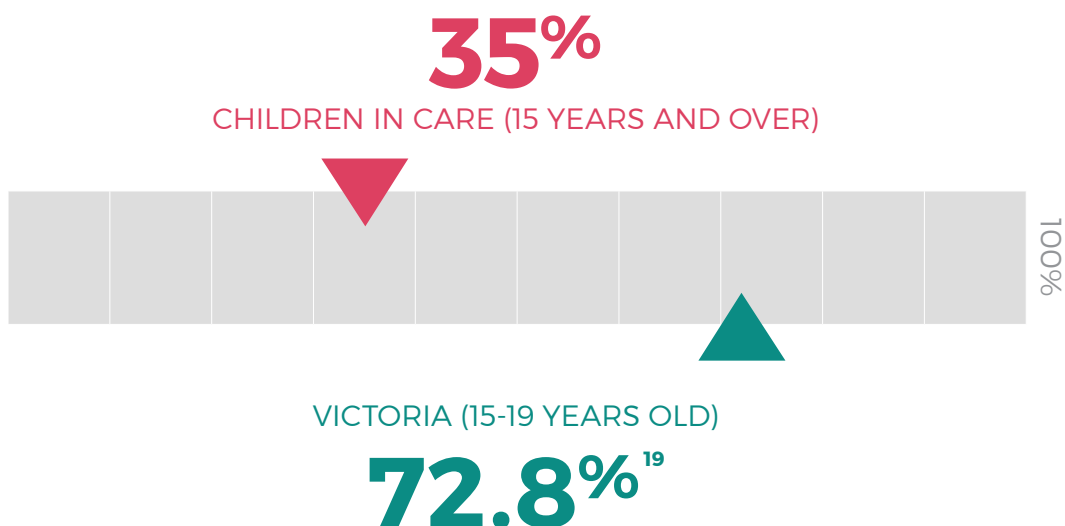
<sup>18</sup> Australian Bureau of Statistics. (2013). Australian Health Survey: Physical activity 2011-12. Catalogue No. 4364.0.55.04. Canberra.

# HIGHER EDUCATION

Completing a post-secondary qualification increases a person's human capital, including their employability and wage-earning potential.

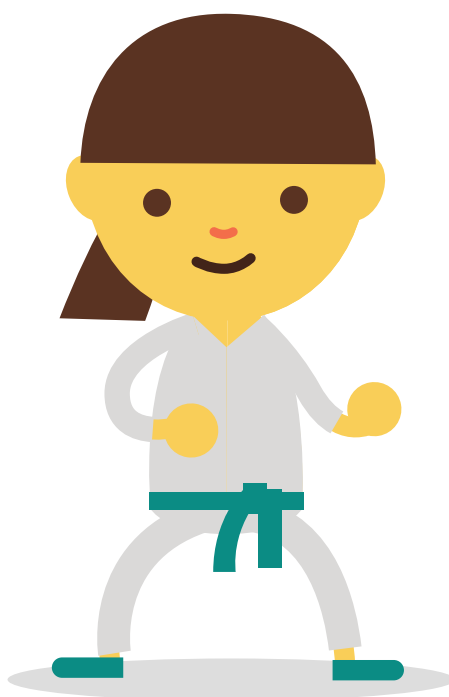


% of young people who want to attend university:

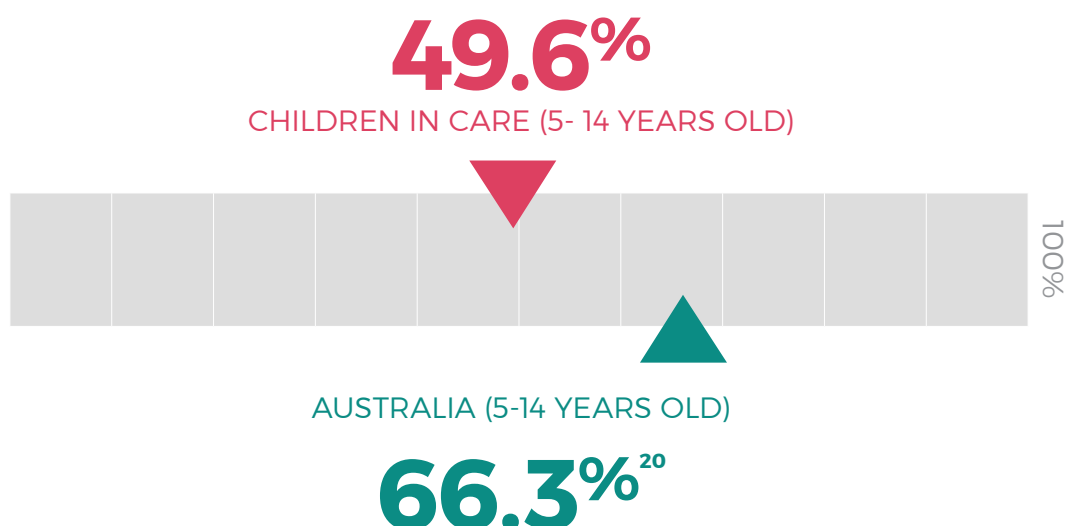


# EXTRA-CURRICULAR, SOCIAL AND CULTURAL ACTIVITIES

Engagement in a broad range of social, cultural and leisure activities has been linked to increased social connection and academic achievement. These activities afford children and young people to learn and explore their social and cultural environments.



% of children and young people who engage in a  
wide range of extra-curricular activities:



**CHILDREN IN CARE**



**FAMILY AND SOCIAL  
RELATIONSHIPS**

# CONTACT WITH SIBLINGS

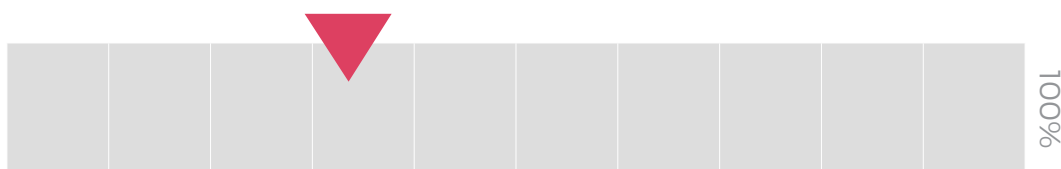
Siblings can be an important source of support and comfort, enhancing a child's sense of connection and belonging. They can also provide a sense of continuity for children and young people in care.



% of children who have regular contact with siblings<sup>21</sup>:

**33.7%**

CHILDREN IN CARE (0-17 YEARS AND OVER)



NO COMPARISON DATA AVAILABLE

<sup>21</sup> This question relates to the frequency of face-to-face or overnight contact that the child had with their sibling/s, 'regular' contact means that the child had contact with their sibling/s at least weekly or on most days.

# TRUSTED ADULT

The presence of a trusted adult has been linked to increased feelings of perceived social support and increased access to mentoring opportunities. These in turn have been shown to increase person's social and human capital.



% of children and young people who have at least one trusted adult they can turn to in times of stress or crisis :

**77.8%**

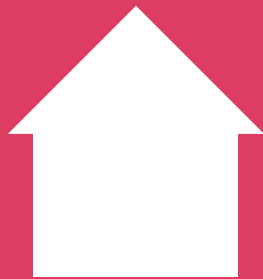
CHILDREN IN CARE (10-17 YEARS OLD)



NO COMPARISON DATA AVAILABLE



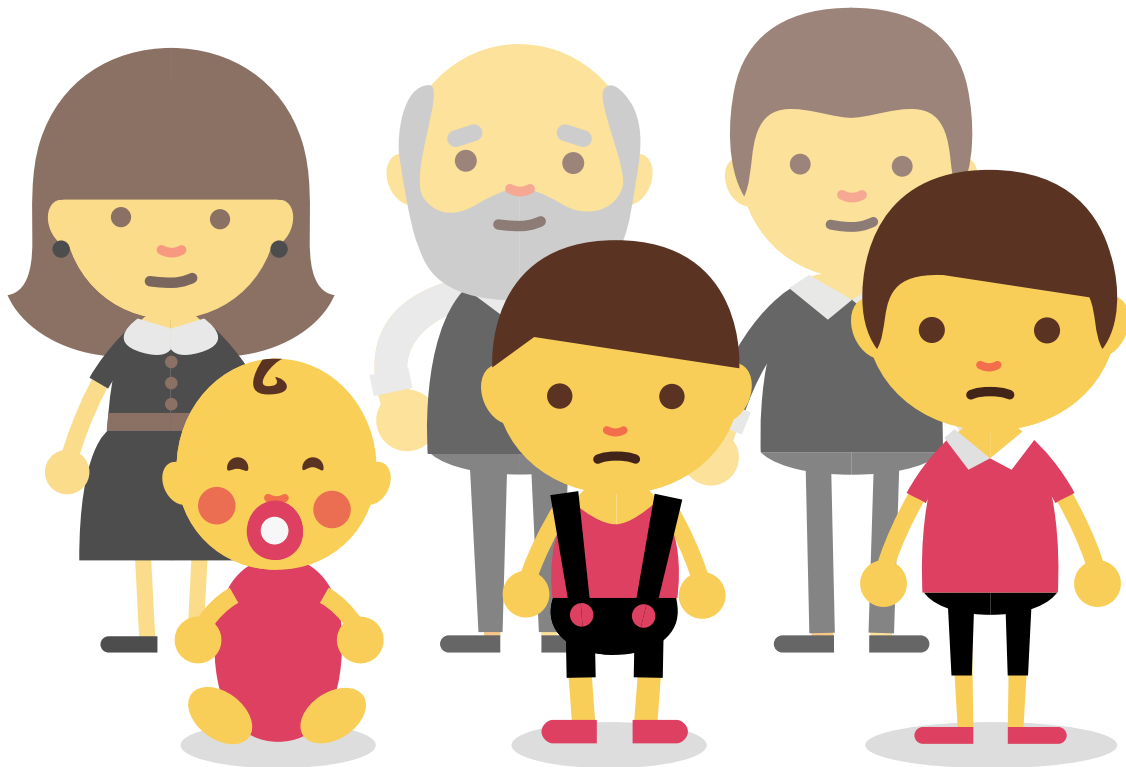
**CHILDREN IN CARE**



**CONTINUITY OF CARE  
AND PLACEMENT  
STABILITY**

# CONTINUITY OF CARE

Significant disruptions to care can have adverse impacts on the stability that children need to ensure that they feel a sense of comfort and predictability in their lives.



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

**30.5%**

CHILDREN IN CARE (0-9 YEARS OLD)



NO COMPARISON DATA AVAILABLE

# PLACEMENT STABILITY

For young people, having placement stability is critical to their development, particularly as they transition towards adulthood.



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

**15.2%**

CHILDREN IN CARE (10-17 YEARS OLD)



NO COMPARISON DATA AVAILABLE

**CHILDREN IN CARE**



**INDIGENOUS  
IDENTITY**



# SPEND TIME WITH FAMILY AND COMMUNITY

Children and young people from Indigenous backgrounds can benefit from being exposed to their family and communities who can provide them with a sense of belonging.



% of children and young people who have had 'sufficient' opportunities to spend time with family and others from their communities:

**31.4%**

CHILDREN IN CARE (0- 17 YEARS AND OVER)



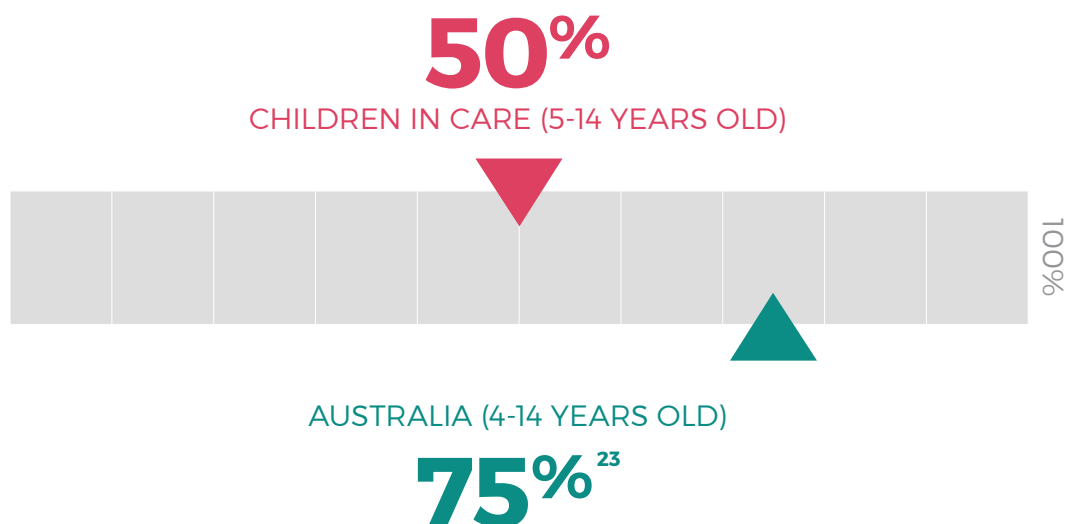
NO COMPARISON DATA AVAILABLE

# PARTICIPATE IN COMMUNITY EVENTS AND ACTIVITIES

Being involved in community events and activities can help the child or young person to stay connected to their identity.



% of children and young people who have had 'sufficient' opportunities to participate in community events and activities:



**CHILDREN IN CARE**



**SELF-CARE  
SKILLS**

# SELF-CARE

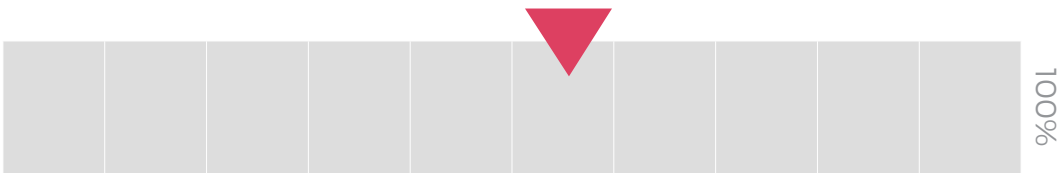
Young people in care often need to develop independent living skills at a much younger age compared to their peers in the community.



% of young people who are learning to care for themselves at a level that is appropriate for their age and ability:

56.7%

CHILDREN IN CARE (15 YEARS AND OVER)



NO COMPARISON DATA AVAILABLE





# YOUNG PEOPLE WHO DON'T HAVE A DRIVERS PERMIT

A driver's permit is a key part of young people's transition towards independent living.



% of young people who don't have a drivers permit:

**41.7%**

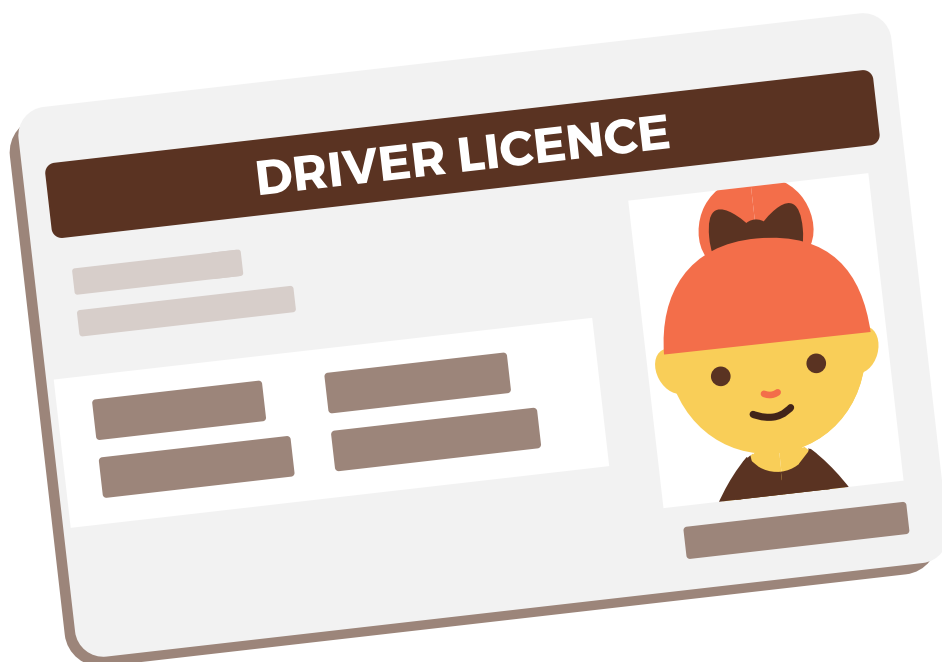
CHILDREN IN CARE (15 YEARS AND OVER)



NO COMPARISON DATA AVAILABLE

# ORGANISING 100 POINTS OF ID

As they access services, young people need the skills to be able to provide different forms of ID.



% of young people who were able to organise 100 points of ID:

**41.4%**

CHILDREN IN CARE (15 YEARS AND OVER)



NO COMPARISON DATA AVAILABLE

# **CHILDREN IN CARE**



## **LEAVING CARE AND INDEPENDENT LIVING SKILLS**



The term 'leaving care' is used to refer to a process that commences when a young person turns 15 years old. In theory, this process is supposed to reflect a transition period, where young people are provided with opportunities to build their capacity to 'live independently'. The reality, however, is that many young people experience this period as turbulent, stressful and abrupt.

The expectation that young people have the ability to live independently at such a critical developmental period runs counter to normative community standards, where late adolescence and emerging adulthood is characterised by a very gradual transition into adult roles and responsibilities<sup>23</sup>. For most young people in contemporary Australian society, the parental home remains a secure and supportive base well into their mid-20s<sup>24</sup>. In contrast, for most young people leaving care, the ability to grow into their adult roles from the safety and security of a supportive family base is often not an option.

The information provided in the following section was derived from the LAC records of 32 young people, aged 15 years and older. The 'leaving care' domain covers a range of factors that are thought to be important for a successful transition into independence, including:

- The ability to care for oneself (cooking, cleaning, shopping for food)
- Knowledge of, and ability to negotiate housing
- Knowledge of, and ability to budget and manage money
- Knowledge of, and ability to navigate a range of mainstream service systems

As the infographics presented here show, few young people in this sample demonstrated the knowledge of, and ability to negotiate housing. In contrast, a reasonable proportion had already developed financial management skills. In terms of service-related knowledge, while almost all of the young people knew where to go to if they needed help, less than half could apply for a Medicare card.

While the data presented here is based on a small group of young people, it nevertheless highlights the unrealistic expectations that are placed on a group of young people who have a range of highly complex needs. It also shows that much more needs to be done to ensure that young people are provided with meaningful support as they negotiate an important transition in their lives.

<sup>23</sup> Arnet, J.J. (2004). *Emerging adulthood: The winding road from late teens through the twenties*. New York: Oxford University Press.

<sup>24</sup> Australian Bureau of Statistics. (2013). *Australian social trends – Young adults, ten and now*. Catalogue No. 4102.0.

## LEAVING CARE - HOUSING

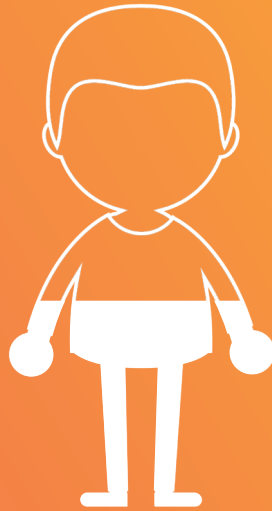
Proportion of young people who can:

Apply for housing



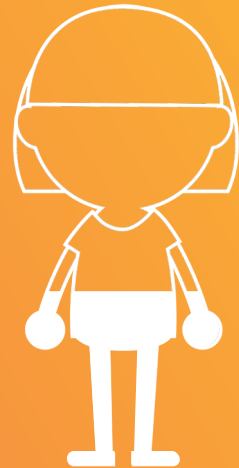
38%

Recognise the drawbacks  
and benefits of different  
housing types



41%

Understand the set up  
costs of housing



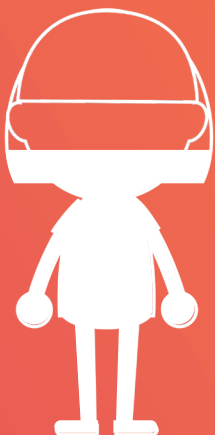
38%

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## LEAVING CARE - FINANCIAL SKILLS

Proportion of young people who can:

Budget to cover  
essential items such  
as food, housing and  
clothing



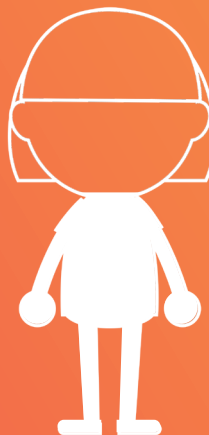
67%

Set up a  
savings plan



63%

Read and  
understand  
information on bills  
such as telephone  
and gas



57%

Manage mobile  
phone bills/credit?



63%

## LEAVING CARE - NAVIGATING THE MAINSTREAM SERVICE SYSTEM

Proportion of young people who can:

Make a doctor/dentist appointment



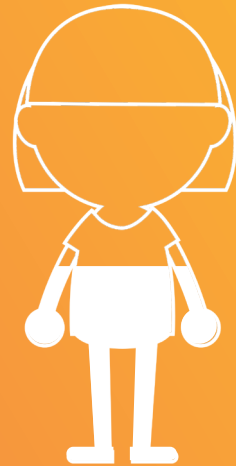
80%

Ask for help when required



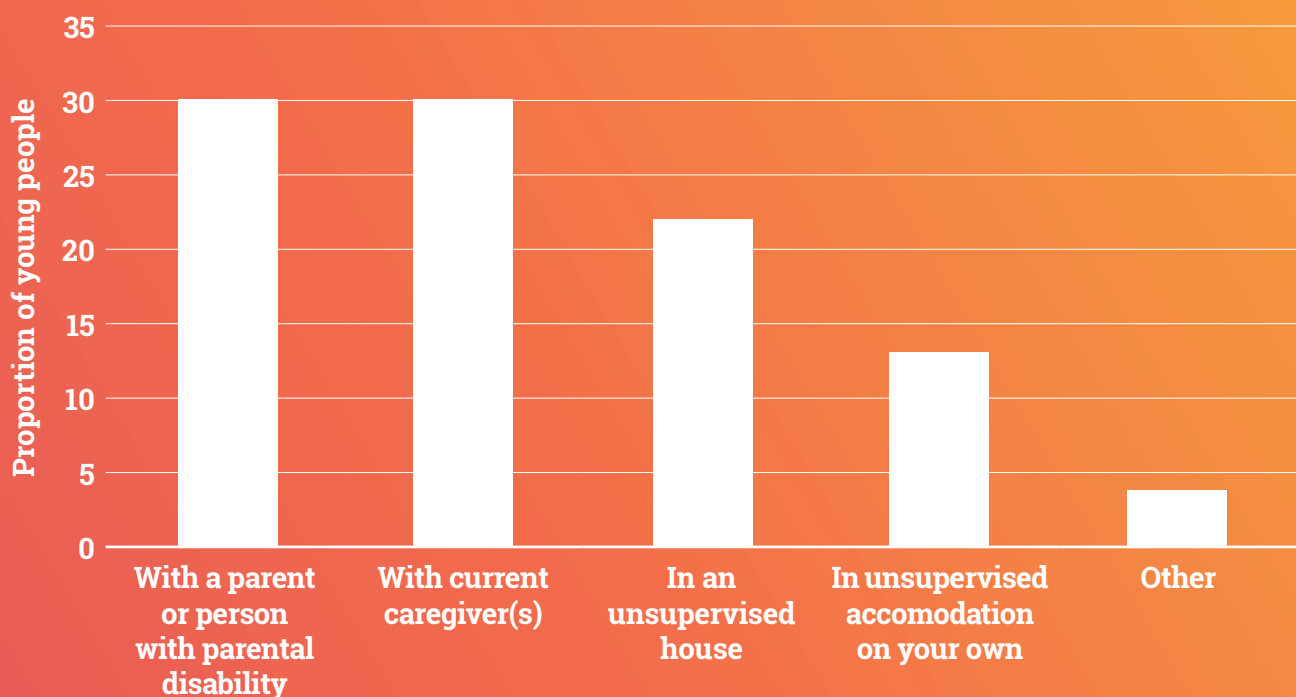
90%

Apply for a Medicare Card



43%

## POST-CARE HOUSING AND LIVING ARRANGEMENTS



**anglicarevic.org.au**



OUR FOCUS IS ON TRANSFORMING  
THE FUTURES OF CHILDREN AND  
YOUNG PEOPLE, FAMILIES AND  
ADULTS. OUR WORK IS BASED  
ON THREE GUIDING PILLARS,  
PREVENT, PROTECT, EMPOWER.

**BETTER  
TOMORROWS**