

Children in Care Report Card



ANGLICARE VICTORIA CHILDREN IN CARE REPORT CARD 2014

Children and young people in out-of-home care generally have poorer life outcomes than those in the general community. This is typically influenced by past experiences of trauma, abuse, neglect, material hardship and exposure to difficult family circumstances. Out-of-home care programs can help overcome the impacts of early adversity, and can improve quality of life and developmental outcomes for children and young people in the future.

As Victoria's largest out-of-home care provider, Anglicare Victoria supports children and young people in care to meet their developmental milestones and achieve the personal growth required to become productive young adults, equipped for independent living.

Anglicare Victoria's second annual report card on children in care provides a snapshot of the disadvantage experienced by children and young people in out of home care, and serves as a call to action, highlighting gaps across a number of life domains. It should be noted that no statistical procedures were employed to compare the datasets utilised in this report to those of the broader community, and that the information for some indicators was not always available. Nevertheless, the report allows for a face-value comparison of how children and young people in care are faring relative to others more broadly in Victoria and Australia.

Data for the 2014 Anglicare Victoria Children in Care Report Card was sourced from the Looking After Children (LAC) assessments completed for 131 children and young people living in out-of-home care through Anglicare Victoria in 2011-12, as well as from a range of publicly available research reports which have measured physical, psychological and social health and wellbeing in the broader population. Due to the often transitory nature of out-of-home care placements, the data reflected in this report is skewed towards children and young people who are relatively new to the care system.

HOW ARE CHILDREN IN CARE FARING?*

PHYSICAL HEALTH

The children and young people represented in this snapshot experienced a greater incidence of chronic health problems or disabilities compared to their peers in the general population (**63.2%** and **37.0%**, respectively).

This can lead to disadvantage across multiple domains of life, over and above that experienced as a result of their engagement in the child protection system. Whilst chronic health conditions and disabilities are likely to pre-exist in children and young people entering care, their impacts can be exacerbated, and treatment can become disrupted, in the context of multiple placement changes and placement instability. Health concerns and disability can also increase children and young people's susceptibility to other health issues, and can have a negative impact on school attendance and participation, self-esteem and confidence in social settings. Given society's concern about rising child obesity levels, it is notable that children and young people in care were less likely to be overweight or obese than their peers (**18.5%** compared to **26.1%**), but also less likely to participate in physical activity to recommended levels (**42.9%** compared to **60.3%**).

MENTAL HEALTH

One of the most striking differences between children and young people in care and their peers in the community is their experience of emotional and behavioural difficulties. In this snapshot, a much larger proportion of children and young people in care (**53.4%**) compared to the general population (**13.3%**) were at risk of developing clinically significant behavioural problems, as measured by the Strengths and Difficulties Questionnaire. This difference is not unexpected given the adversity that characterises the lives of children and young people in the child protection system. It is, however, a serious concern that requires further attention.

EDUCATION

For the second year in a row this Report Card highlights some clear issues for children and young people in care in relation to their educational engagement and achievement. Most notable is the difference in attendance rates for kindergarten or preschool, where children in care are much less likely to attend kindergarten or preschool than their peers in the broader population (**18.8%** and **2.1%**, respectively). Current evidence indicates that pre-school participation has a positive influence on improving children's academic performance even several years after they start school. Therefore, it is reasonable to conclude that children in care may be adversely affected by their comparatively low rates of pre-school attendance well into their early primary school years. In addition, children and young people in care are more likely to experience bullying (**35.0%**) than those in the broader population (**23.5%**).

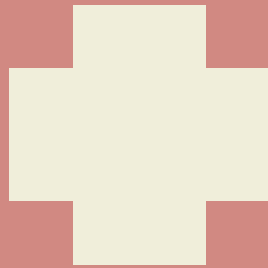
EMPLOYMENT AND INDEPENDENT LIVING

For young people in out-of-home care it is particularly important that they are well-equipped for independent living and employment in adulthood. Currently, the out-of-home care system ceases its support for young people when they reach 18 years of age. In contrast, amongst the broader population, young people are generally staying in the family home much longer than they did even a decade ago. This Report Card shows that only **33.3%** of young people in care are able to organise 100 points of identification – a necessity for a number of activities most take for granted, like getting a drivers license or opening a bank account. Importantly, only **22%** of young people in care aged between 15-17 years can read and understand information on a payslip or Centrelink payment advice letter. Finally, as they approach the end of their care experience, only **70%** of the young people in this report card were classified as having ‘some’ skills useful for employment. Without these skills, it is likely that young people exiting the out-of-home care system will be reliant on assistance from some form of ongoing welfare support.

ADDITIONAL AREAS

Compared to the general population, children and young people in care have less contact with their birth fathers (**39.7%** compared to **26.0%**), or friends outside of school (**18.2%** compared to **54.0%**). Participation in leisure activities both in and out of school remains unacceptably low, with only **30.4%** of children and young people in care reported as participating in a wide range of leisure activities. In contrast, ABS data indicates that **61%** of Victorian children of similar ages participate in at least one organised sport, and **37%** participate in at least one cultural activity outside school hours.

This report aims to raise awareness of the discrepancy between the developmental outcomes of children and young people in care compared to children and young people in the broader community. These developmental discrepancies speak to the potential for long-term disadvantage across a number of life domains and highlight the need for a collective response to bridge the gap between the life experiences and opportunities for some of the most vulnerable young people in our communities.



PHYSICAL HEALTH

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:

86.4%



CHILDREN IN CARE (0-2 YEARS)

91.5%¹

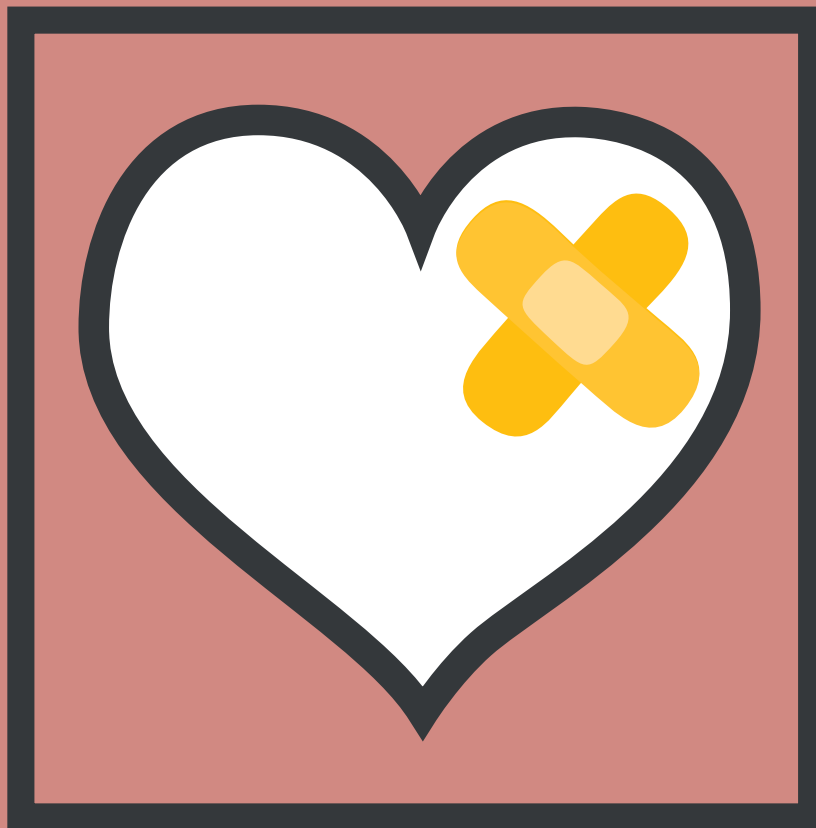


VICTORIA (12-<15 MONTHS)

¹Australian Childhood Immunisation Register (ACIR) statistics, September 2013

LONG TERM HEALTH CONDITION

Chronic health conditions can disrupt normal growth and development processes.



% children and young people 0-14 years with a long-term health condition¹:

63.2%

CHILDREN IN CARE

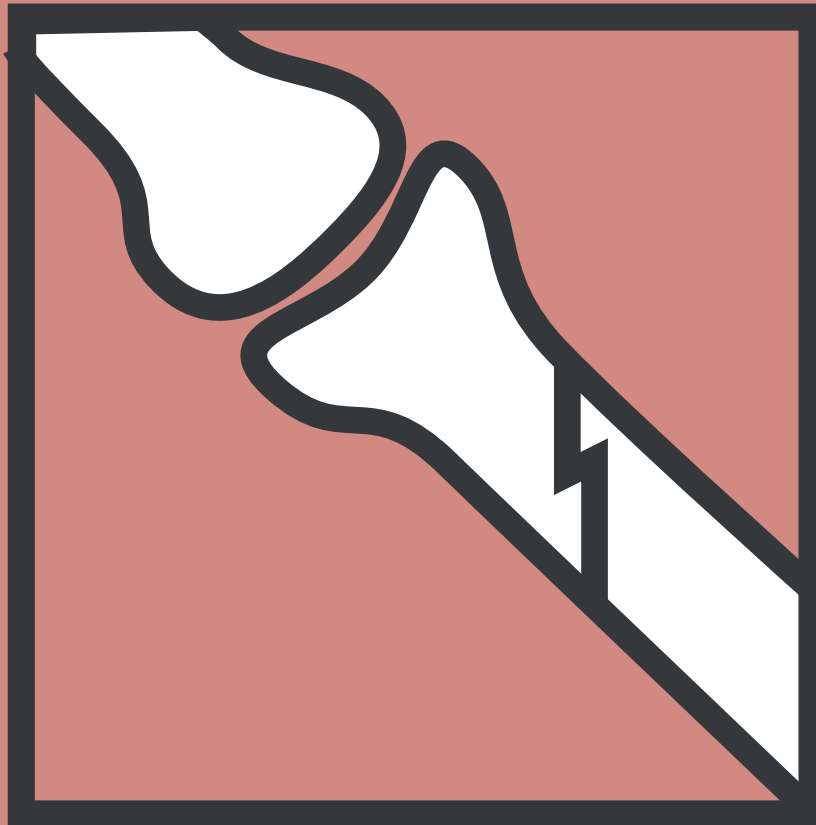
37.0%²

AUSTRALIA

¹ABS (2009). National health survey: summary of results, 2007-08. ABS cat no 4364.0. Canberra: ABS.
²A condition that has lasted or is expected to last 6 months or more.

ACCIDENTAL INJURY

Injuries sustained during childhood can have profound and lifelong effects on health and development.



% children and young people who suffered an injury:

11.7%

CHILDREN IN CARE (0-9 YEARS; REQUIRED MEDICAL ATTENTION IN LAST 6 MONTHS)

1.38%¹

AUSTRALIA (0-14 YEARS; HOSPITALISED OVER 2010-2011)

¹AIHW National Hospital Morbidity Database.

Note: these datasets are not directly comparable, as hospitalisations correspond to more serious and less frequent injuries than does the requirement for "medical attention".

OBESITY

Children and young people who are obese are more likely to develop health problems than those of a healthy weight. Obesity is also linked to psychosocial problems including social isolation, discrimination and low self-esteem.



% children and young people who are
overweight / obese:

18.5%

CHILDREN AND YOUNG PEOPLE IN CARE (10-17 YEARS)

26.1%¹

VICTORIA (12-17 YEARS)

¹ABS (2012). Australian Health Survey: First Results, 2011-12. ABS cat no 4364.0.55.001. Canberra: ABS.

PHYSICAL ACTIVITY

An essential component to promoting healthy development in children and young people is a physically active lifestyle.



% children and young people who meet the national physical activity recommendations of having at least one hour of moderate-to-vigorous physical activity every day¹:

42.9%

CHILDREN AND YOUNG PEOPLE IN CARE (10-14 YEARS)

60.3%²

VICTORIA (5-12 YEARS)

¹Victorian Child Health and Wellbeing Survey (VCHWS) (2009).
²National Health and Medical Research Council.

ALCOHOL USE

Misuse of alcohol may have a negative effect on health and wellbeing.



% of young people who have drunk alcohol:

66.7%

YOUNG PEOPLE IN CARE (15-17 YEARS; PAST YEAR)

52.3%¹

VICTORIA (15-17 YEARS; PAST MONTH)

¹Adolescent Health and Wellbeing Survey (HowRU) (2009).

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.



% of young people who have used illicit drugs¹:

10%

YOUNG PEOPLE IN CARE (15-17 YEARS; PAST YEAR)

4.7%²

VICTORIA (15-17 YEARS; EVER USED)

¹Does not include cannabis

²Adolescent Health and Wellbeing Survey (HowRU) (2009).



MENTAL HEALTH

EMOTIONAL AND 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.



Children and young people whose total difficulties score on the Strengths and Difficulties Questionnaire¹ is 'borderline' or 'of concern':

53.4%

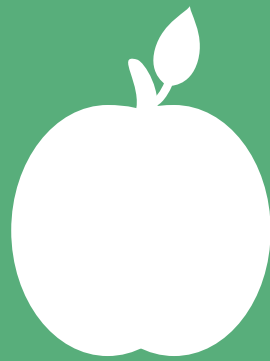
CHILDREN AND YOUNG PEOPLE IN CARE (5-17 YEARS)

13.3%²

VICTORIA (4-12 YEARS)

¹Victorian Child Health and Wellbeing Survey (VCHWS) (2009).

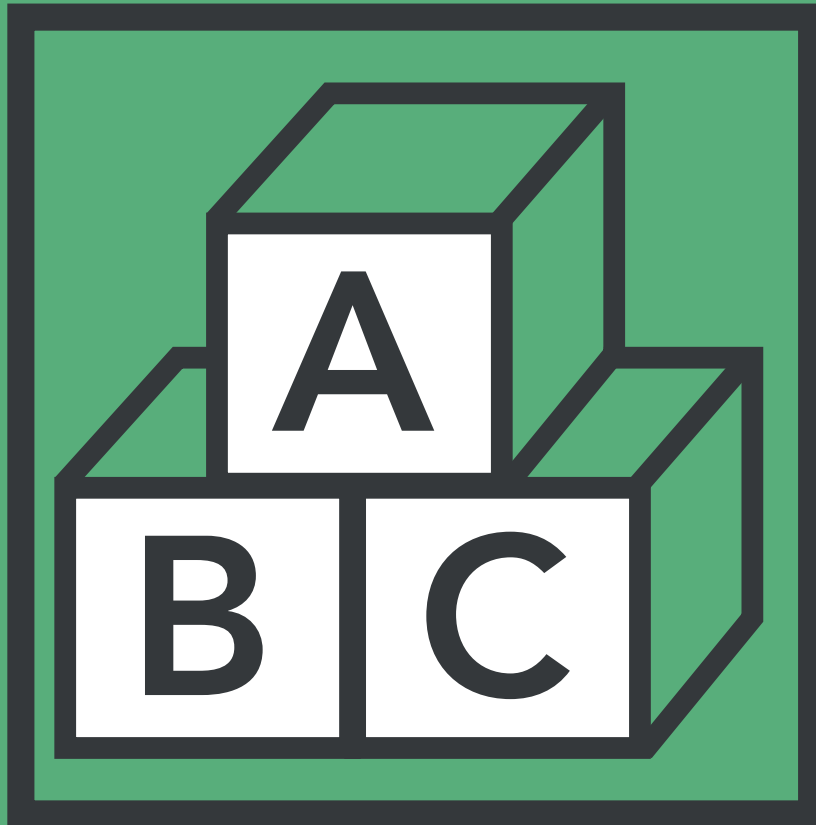
²The Strengths and Difficulties Questionnaire collects information about children's mental health and behaviour (Goodman, 2001). This questionnaire has been widely used within Australia and has good reliability and validity. Children are scored as 'normal', 'borderline' or 'of concern'. Children scoring 'of concern' are at substantial risk of developing a clinically significant behavioural problem.



LEARNING

EARLY LEARNING OPPORTUNITIES

A child is most likely to have positive engagement with learning if they are adequately prepared for school.



% of children who do not attend kindergarten or preschool:

18.8%

CHILDREN IN CARE (3-4 YEARS)

2.1%¹

VICTORIA (YEAR PRIOR TO FORMAL SCHOOLING)

¹The State of Victoria's Children 2012: Early childhood, DEECD

PARTICIPATION IN FULL TIME EDUCATION

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



% children and young people enrolled in school and attending full time:

97.4%

CHILDREN AND YOUNG PEOPLE IN CARE (5-17 YEARS)

99.6%¹

VICTORIA (PRE-GRADE 1 TO YEAR 12)

¹ABS (2013). Schools, Australia, 2013. ABS cat no 4221.0. Canberra: ABS.

TRUANCY

Truancy or 'wagging' is an indication of engagement with learning.



% of children and young people who were absent from school because of skipping or wagging:

20%

CHILDREN AND YOUNG PEOPLE IN CARE (10-17 YEARS; OVER ONE YEAR)

28.1%¹

VICTORIA (12-17 YEARS; OVER ONE MONTH)

¹Adolescent Health and Wellbeing Survey (HowRU) (2009).

SCHOOL ENGAGEMENT

School engagement is necessary to promote school completion.



% of children and young people who are happy at school:

46.2%

CHILDREN IN CARE (5-9 YEARS; ALWAYS HAPPY AT SCHOOL)

62.6%¹

VICTORIA (YEAR 7; ALWAYS/OFTEN ENJOY SCHOOL)

¹Adolescent Health and Wellbeing Survey (HowRU) (2009).

SCREEN TIME

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



% children and young people who are exceeding screen time guidelines and spend more than 2 hours per day watching TV or videos/dvds or playing electronic games¹:

37.2%

CHILDREN AND YOUNG PEOPLE IN CARE (5-17 YEARS)

70.7%²

AUSTRALIA (5-17 YEARS)

¹ABS (2013). Australian Health Survey: Physical Activity, 2011-12. ABS cat no 4364.0.55.004. Canberra: ABS.

²National Health and medical Research Council.

BULLYING

Feeling safe with peers can be a protective factor for good engagement in learning, whereas bullying by peers can be a risk factor for disconnection with school and learning.



% children and young people who are picked on or bullied by their peers

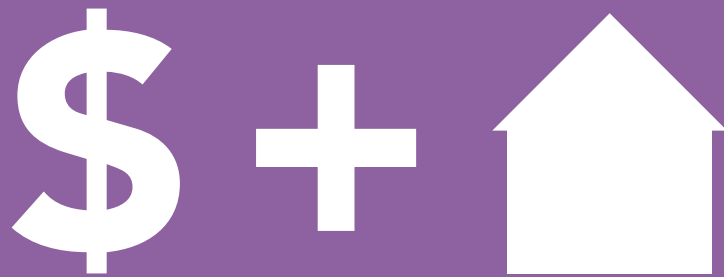
35%

CHILDREN AND YOUNG PEOPLE IN CARE (10-14 YEARS)

23.5%¹

VICTORIA (4-12 YEARS)

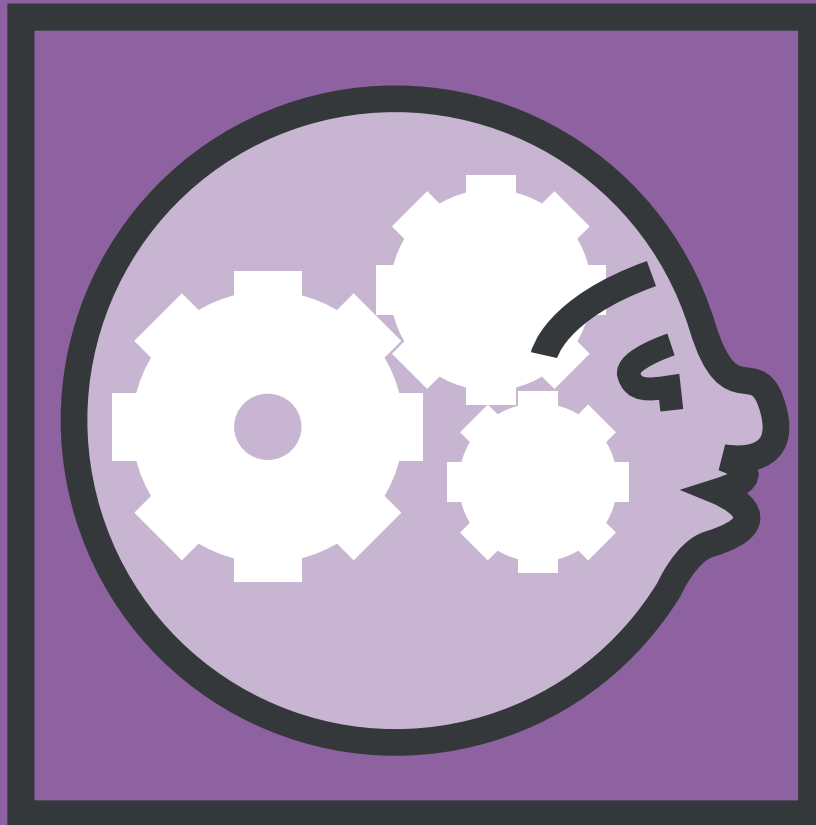
¹Victorian Child Health and Wellbeing Survey (VCHWS) (2009).



**EMPLOYMENT &
INDEPENDENT LIVING**

SKILLS FOR EMPLOYMENT

Practical skills can significantly enhance the employment outcomes of young people leaving care.



% young people who have developed 'some' skills
useful for employment

70%

CHILDREN AND YOUNG PEOPLE IN CARE (15-17 YEARS)

INDEPENDENT LIVING SKILLS

Teenagers in out-of-home care are expected to assume adulthood at a much earlier age than other young people and need to be prepared for when out-of-home care services are no longer available.



% young people who can read and understand information on a
payslip/Centrelink payment advice letter:

22.2%

CHILDREN AND YOUNG PEOPLE IN CARE (15-17 YEARS)

100 POINTS OF ID

Personal identification up to the value of 100 points is a key requirement of successful transition to adult life. Young people in care run the risk that their personal documents will be lost.



% 15-17 year olds who can organise 100 points of ID:

33.3%

YOUNG PEOPLE IN CARE (15-17 YEARS)



FAMILY & FRIENDS

CARER-CHILD ATTACHMENT

The presence of a secure attachment is one of the key ingredients for positive social and identity development.



% children and young people who are definitely attached to at least one caregiver

80.2%

CHILDREN AND YOUNG PEOPLE IN CARE (0-17 YEARS)

STABLE HOME

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



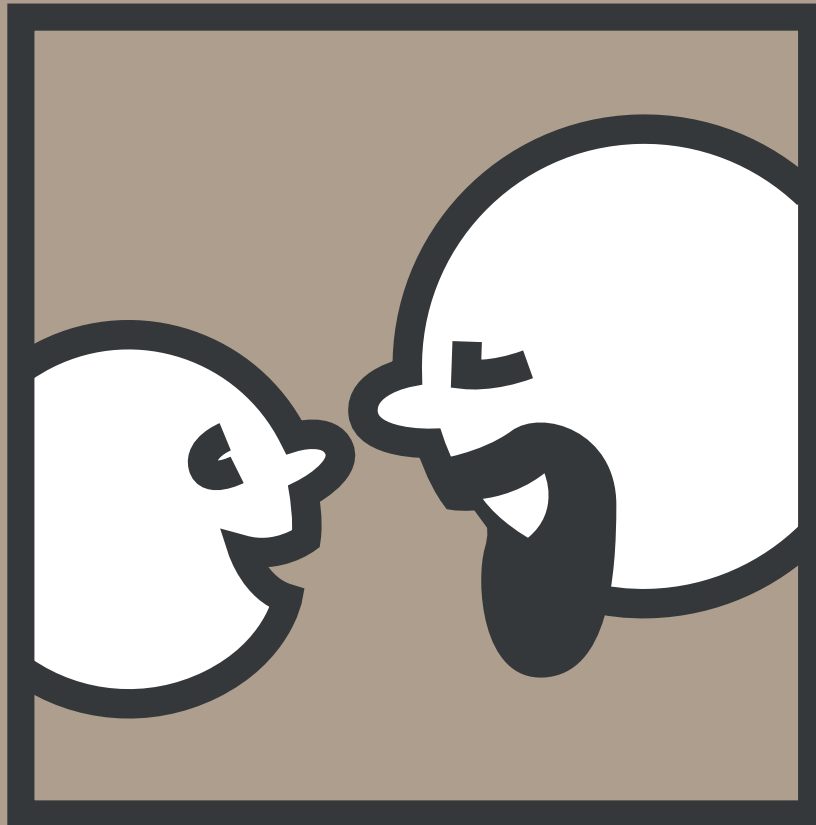
% children and young people who have had two or more placements in the past year

19.5%

CHILDREN AND YOUNG PEOPLE IN CARE (0-17 YEARS)

FATHER CONTACT

Contact with family members plays an important role in facilitating positive identity development and can play an important role in the lives of children in care.



% children and young people who never have contact with their father:

39.7%

CHILDREN AND YOUNG PEOPLE IN CARE (0-17 YEARS)

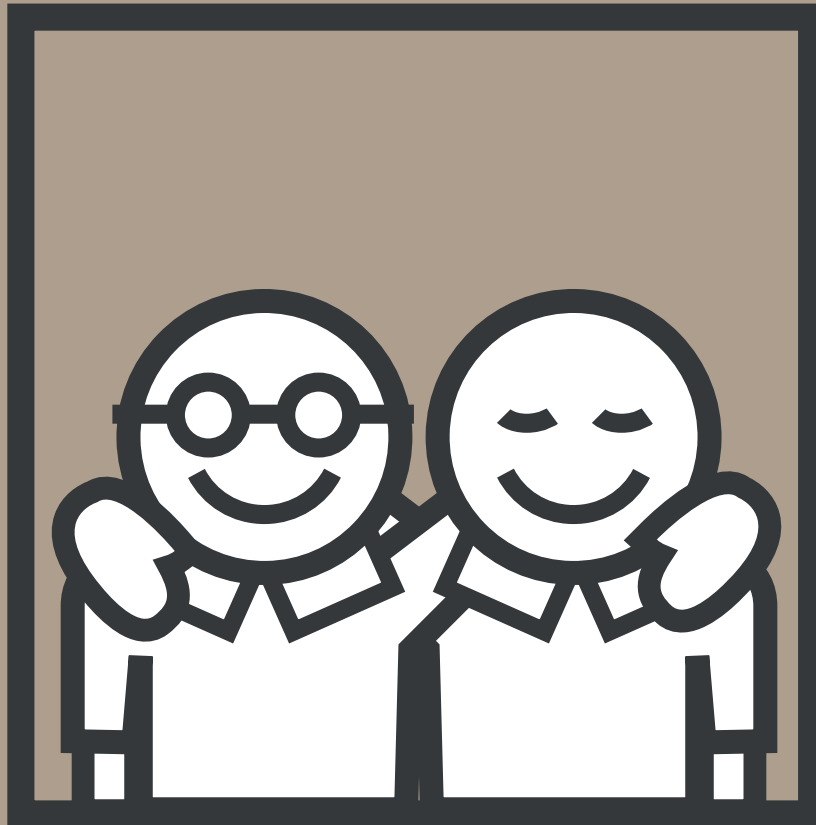
26.0%¹

AUSTRALIA (NON-RESIDENT PARENT; 0-17 YEARS)

¹ ABS (2011). Family characteristics Australia. ABS cat no 4442.0. Canberra: ABS.

FRIENDSHIPS

Healthy relationships with peers help children and young people to develop strong social skills, resilience and self-esteem.



% children and young people who see friends outside school:

18.2%

CHILDREN AND YOUNG PEOPLE IN CARE (10-14 YEARS)

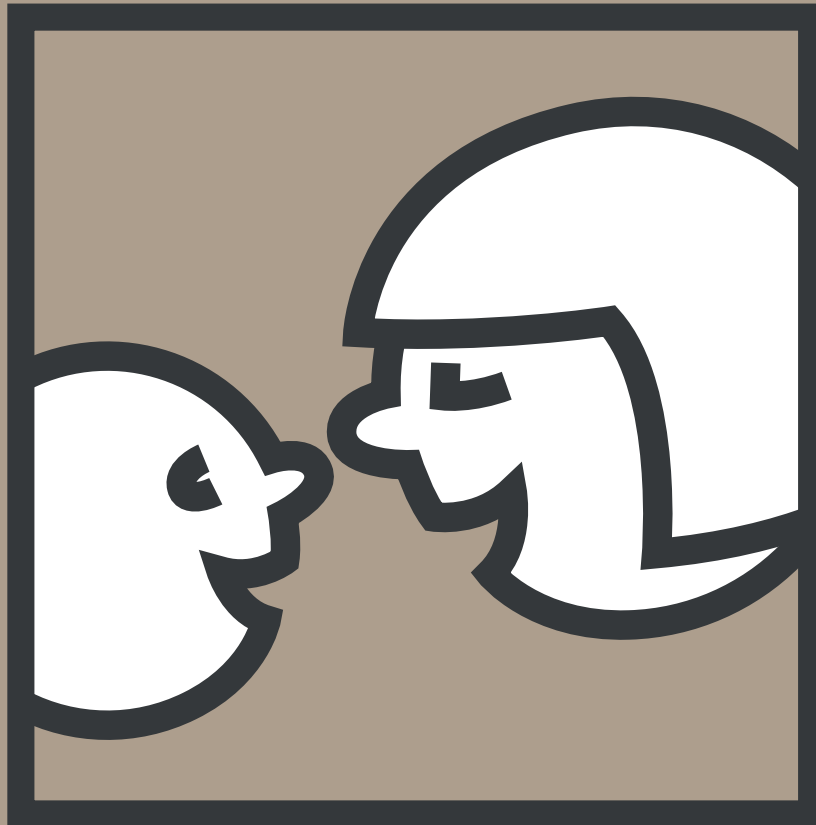
54.0%¹

AUSTRALIA (10-11 YEARS; HAVE FRIENDS PLAY AT THEIR HOME AT LEAST ONCE A WEEK)

¹Growing up in Australia: the Longitudinal study of Australian children 2010-11 Annual Report, 2012.

SOCIAL SUPPORT

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 birth family.



% children and young people who have a trusted adult who they can turn to when they have a problem or crisis:

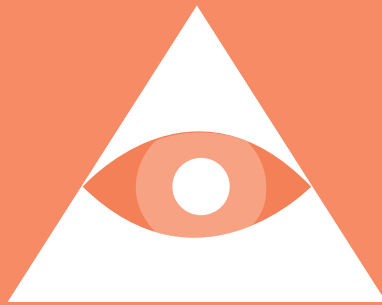
75.5%

CHILDREN AND YOUNG PEOPLE IN CARE (10-17 YEARS)

86.1%¹

VICTORIA (12-17 YEARS)

¹Adolescent Health and Wellbeing Survey (HowRU) (2009).



IDENTITY & CULTURE



ABORIGINAL CULTURAL CONNECTION

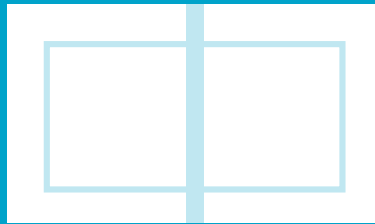
Strong connections with community and culture promotes positive identity development and wellbeing.



% Aboriginal and Torres Strait Islander children and young people who get opportunities to participate in their own community events and activities:

57.1%

CHILDREN AND YOUNG PEOPLE IN CARE (10-17 YEARS)



LEISURE

PARTICIPATION IN LEISURE ACTIVITIES

Participation in certain types of leisure, sporting and outdoor activities and cultural activities are consistently and positively linked to children's cognitive and social development. Participating in leisure activities also helps children and young people to build community networks that build self esteem and confidence.



% children and young people who are participating in a 'wide range' of leisure activities both in and outside school¹:

30.4%

CHILDREN AND YOUNG PEOPLE IN CARE (5-17 YEARS)

¹In the 12 months to April 2012 61.0% of Victorian children aged 5-14 years participated in at least one organised sport and 37% participated in at least one cultural activity (eg. playing a musical instrument, singing, dancing, drama or organised art and craft) outside school hours. ABS (2012). Children's participation in cultural and leisure activities, Australia. ABS cat no 4901.0. Canberra: ABS.

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