

4 Data interpretation

This chapter provides data related to each of the eight effectiveness indicators detailed in Chapter 3, although not all jurisdictions were able to report on all indicators. Where possible, trends across the past five reporting periods are reported. Suggestions are made regarding interpretation of the findings, including the possible impact of legislation and policies on the data. Due to differences across jurisdictions in the measurement and reporting of performance indicators, as well as legislative, policy, and practice differences, data for each state and territory are reported separately. These differences make comparison of indicators between states difficult – therefore such discussions are kept to a minimum.

Population data for each of the jurisdictions may be useful in gaining a perspective on the relative numbers of children in the child protection system and are included in Appendix 2. For some indicators, such as notifications, the same child may be the subject of multiple notifications, thus the number of notifications does not necessarily equate to the number of children subject to a notification in each jurisdiction.

4.1 New South Wales

The Department of Community Services (DoCS) is responsible for child protection in New South Wales. The Department works closely with a variety of government and non-government agencies to protect children from harm (DoCS 2004a).

A significant event for DoCS was the *Children and Young Persons (Care and Protection) Act 1998*, proclaimed in December 2000. The Act extended the number of agencies and professionals mandated to report suspected harm to a child, so that anyone employed to deliver health, welfare, education, children's services, residential services or law enforcement to children under the age of 16 years is mandated to report suspected cases of child maltreatment (DoCS 2005). This legislative change may have increased the number of child protection reports received.

There have also been other major changes to the policies and procedures of DoCS that have made comparing data across reporting periods difficult. For example, in December 2000 the department moved from having 84 centres collecting intake data to a centralised entry point where all cases of suspected child maltreatment are processed (DoCS 2004a). The DoCS helpline is now the single entry point for enquiries and reports on child protection issues (DoCS 2004b). The introduction of this centralised intake point resulted in more standardised practices and improved recording of contacts. This may have increased the number of contacts recorded, but the move toward a centralised intake in itself is unlikely to have altered the demand for service provision. Caution must therefore be taken when comparing data collected before and after the system change.

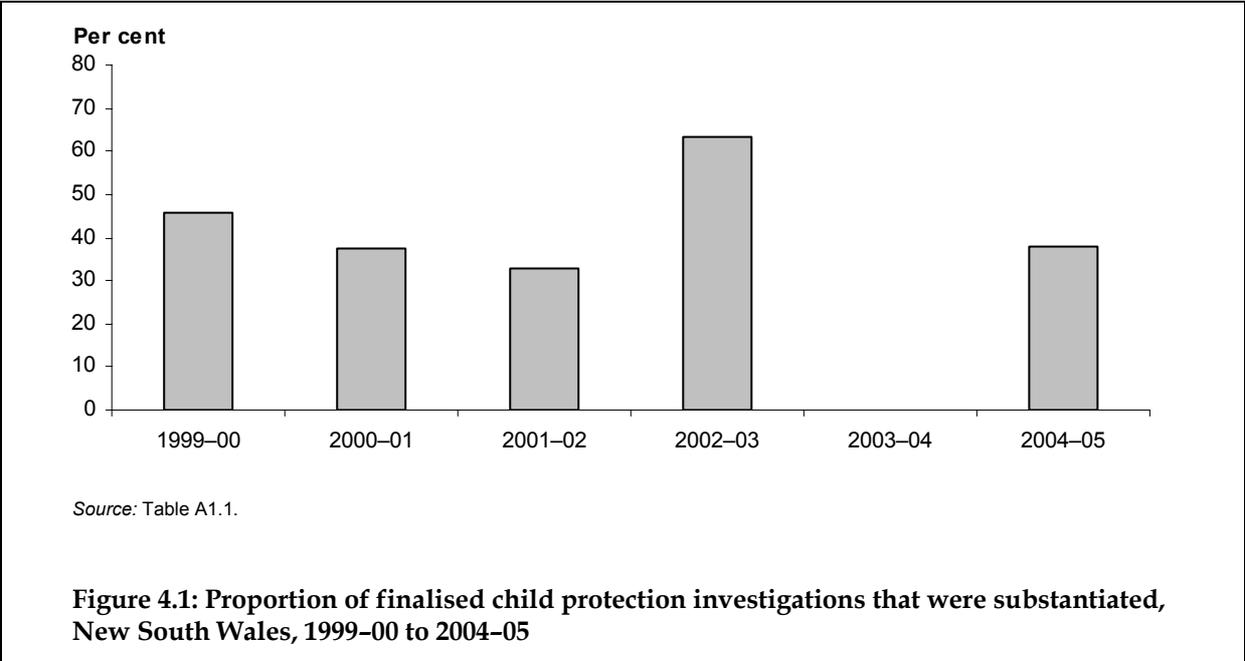
For all contacts made to the DoCS helpline, an initial assessment of risk of harm to the child is undertaken, and a decision is made about further action. Following assessment, notifications are either deemed as there being no risk of harm, or are assigned to the Community Service Centre or Joint Investigation Team for further investigation (DoCS 2004b).

Another change that impacted on the New South Wales data occurred in July 2002. The client information system was upgraded to provide an electronic record of client service and case management in order to bring the data recording more in line with the policy and procedures of the Department. The impact on the data is most notable when comparing the number of notifications before and after the introduction of this system – for example, in 2001–02, there were 55,208 notifications, while in 2002–03, there were 109,498 (AIHW 2004a). This does not indicate that there were twice as many notifications; rather that the method of classifying notifications became more accurate.

New South Wales was able to provide data on all eight performance indicators for this report, except for safety in out-of-home care. Unfortunately, the implementation of a new data system, the Key Information Directory System (KiDS) during 2003–04 meant that New South Wales was unable to provide any usable data to the AIHW for that year, and for two indicators in 2004–05. Therefore data assessing the indicators are only provided for the years 1999–00 to 2002–03 and in most cases 2004–05.

4.1.1 Substantiation rate

The percentage of finalised investigations conducted in New South Wales that resulted in a substantiation (the substantiation rate) is shown in Figure 4.1. The rate decreased from 46% in 1999-00 to 33% in 2001-02, before increasing to 63% in 2002-03. In 2004-05, the rate decreased to 38%.



The variation in substantiation rates is a reflection of the number of substantiated investigations and the number of finalised investigations over the reporting years, as these numbers are used to calculate the substantiation rate (Table A1.1). These numbers have been influenced by policy and procedural changes. The decline in the substantiation rate between 1999-00 and 2001-02 may in part be related to the introduction of the centralised intake service, changes in legislation and recording practices. More significantly, a new category ‘carer/family issues’ was introduced for the years 2000-01 and 2001-02, which was used to record investigations where it was found that no actual harm occurred but carer or family issues were identified that affected the care of the child. A large proportion of investigations (23% in both years) were placed in this category, rather than being substantiated.

The ‘carer/family issues’ category was removed in 2002-03 with the introduction of the interim client system and all notifications determined to involve actual harm or risk of harm, including those previously deemed carer or family issues, were recorded as a substantiation. This increased the number of substantiated cases from 8,606 in 2001-02 to 16,765 in 2002-03. Consequently, the substantiation rate increased substantially in 2002-03 (63% compared to 33% in 2001-02), even though the number of finalised investigations in both years remained around 26,000.

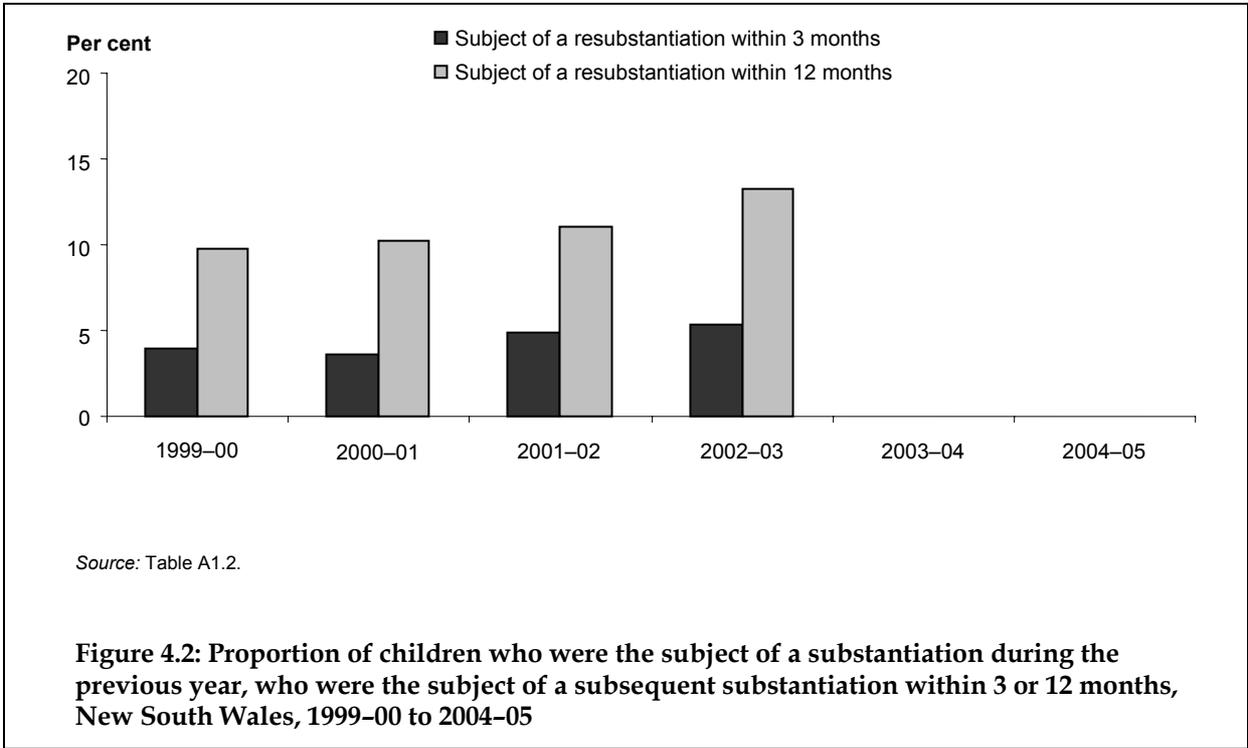
Across the years reported here there have been many changes to policy and recording systems in New South Wales, making interpretation of the data extremely difficult. With the exception of a spike in 2002-03, the substantiation rate has stayed between 33% and 46%.

As already mentioned, a new recording system was implemented in 2003-04, so data could not be reported for that year. With the new system in place, the number of notifications again increased in 2004-05 while the proportion of these substantiated was similar to those in the years 2000-01 and 2001-02. However, it is not possible to make a direct comparison between categories on the old system and those on the new system.

4.1.2 Resubstantiation rate

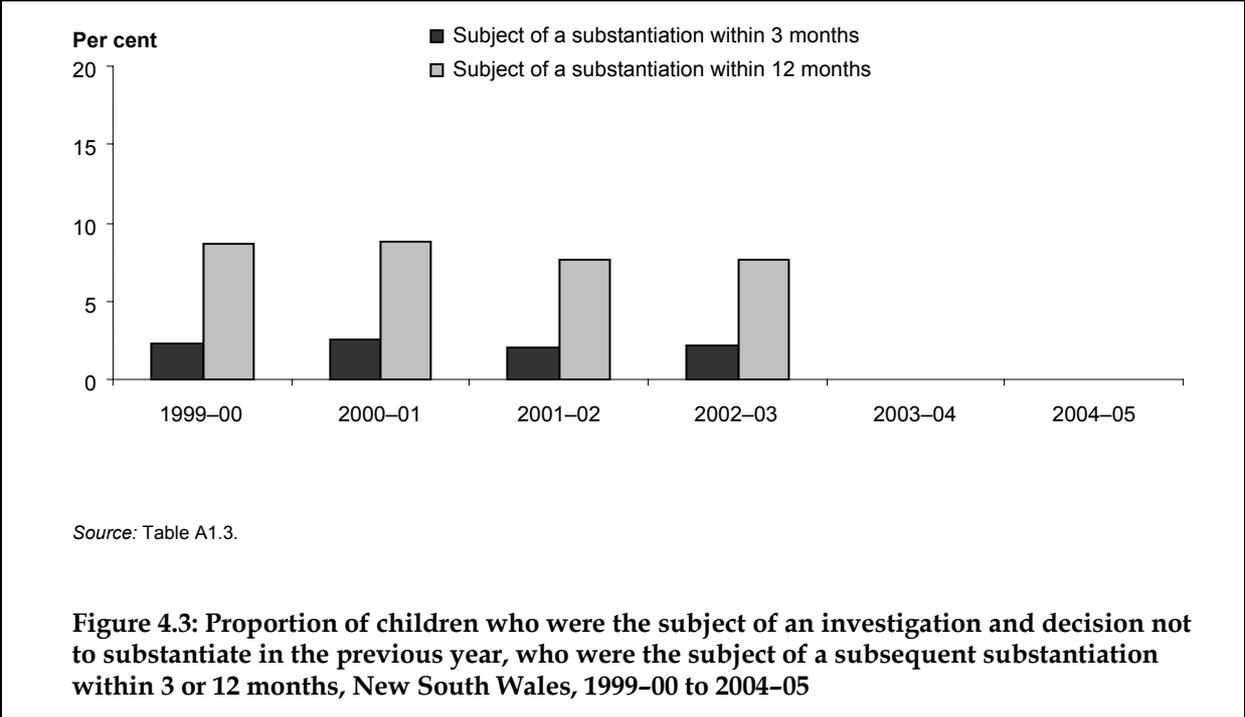
Due to implementation of the data system, New South Wales was unable to provide data for 2003-04 or 2004-05 on the proportion of children who were the subject of a substantiation in a given year, and who were also the subject of a further substantiation (that is, resubstantiation) within a 3-month or a 12-month period. From 1999-00 to 2002-03, 4% to 5% of substantiated investigations were followed by resubstantiations being made within 3 months of the initial substantiation (Figure 4.2).

As expected, resubstantiation within 12 months was higher, with rates between 10% and 13% over the 4 years for which data are available.



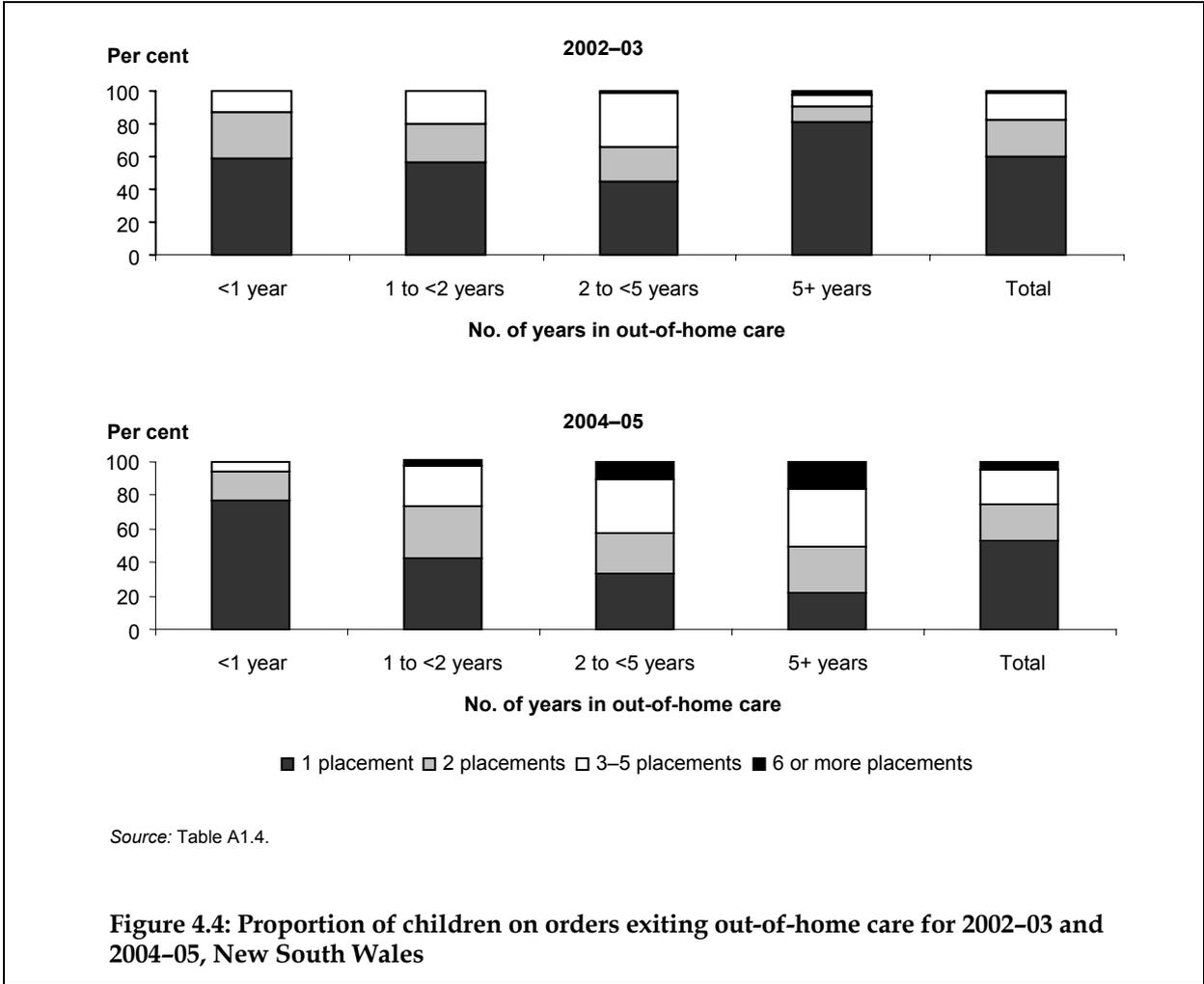
4.1.3 Substantiation rate after decision not to substantiate

As with the previous indicator, New South Wales was unable to provide data for 2003–04 or 2004–05. From 1999–00 to 2002–03, less than 3% of investigations reported on resulted in a later substantiation being made within 3 months of the initial investigation not being substantiated (Figure 4.3). The proportions were higher for the 12-month period, where 8% to 9% of investigations not resulting in substantiations, were substantiated within the following 12 months.



4.1.4 Stability of placement

The number of out-of-home care placements experienced by children on orders exiting care was not reported by New South Wales for 2003–04 due to the implementation of the Key Information Directory System (KiDS). The two most recent years of available data, 2002–03 and 2004–05, are shown in Figure 4.4. Observation of the numbers of placements for children exiting care in these years shows fairly similar patterns despite a change in reporting method (Figure 4.4). In 2002–03, New South Wales collected data on the types of placements a child was placed in. This meant that if a child moved from foster care to relative or kinship care, this was recorded, but movements between different foster carers were not. As of 2004–05 all moves in care are able to be reported, so the 2 years presented below are not comparable.

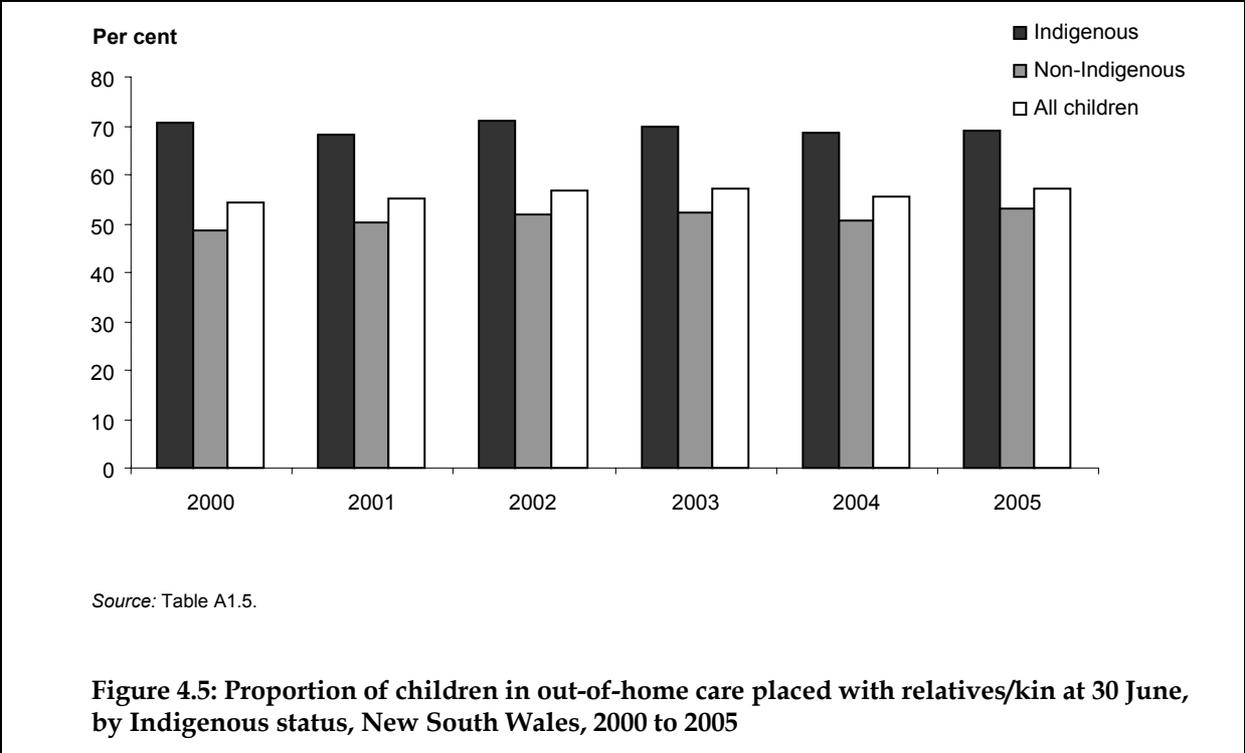


In 2002–03, a higher proportion of children exiting care after at least 5 years were recorded as having only one placement type during their time in care, than those exiting after a smaller number of years. However, due to the constraints of the recording system at the time, a high proportion of children exiting care after five years or more were shown as having one placement when in fact they had experienced more than one placement.

In 2004–05, the number of types of placements experienced by children increased as the length of time in care increased. Very few children who exited care less than one year after entering had six or more placement types. The majority of multiple placement types in excess of six were experienced by children exiting care after a period of at least 2 years, with more placements experienced by those exiting after five years in care.

4.1.5 Placement with extended family

Data are collected on the number of children in out-of-home care who are placed with relatives or kin on 30 June each year. Figure 4.5 shows this data for New South Wales. In all years more than half of all children in care were placed with relatives or kin. Aboriginal and Torres Strait Islander children were placed with relatives or kin more often than other children. This is most likely due to the Aboriginal Child Placement Principle that makes placement of Aboriginal and Torres Strait Islander children with relatives or kin a priority.

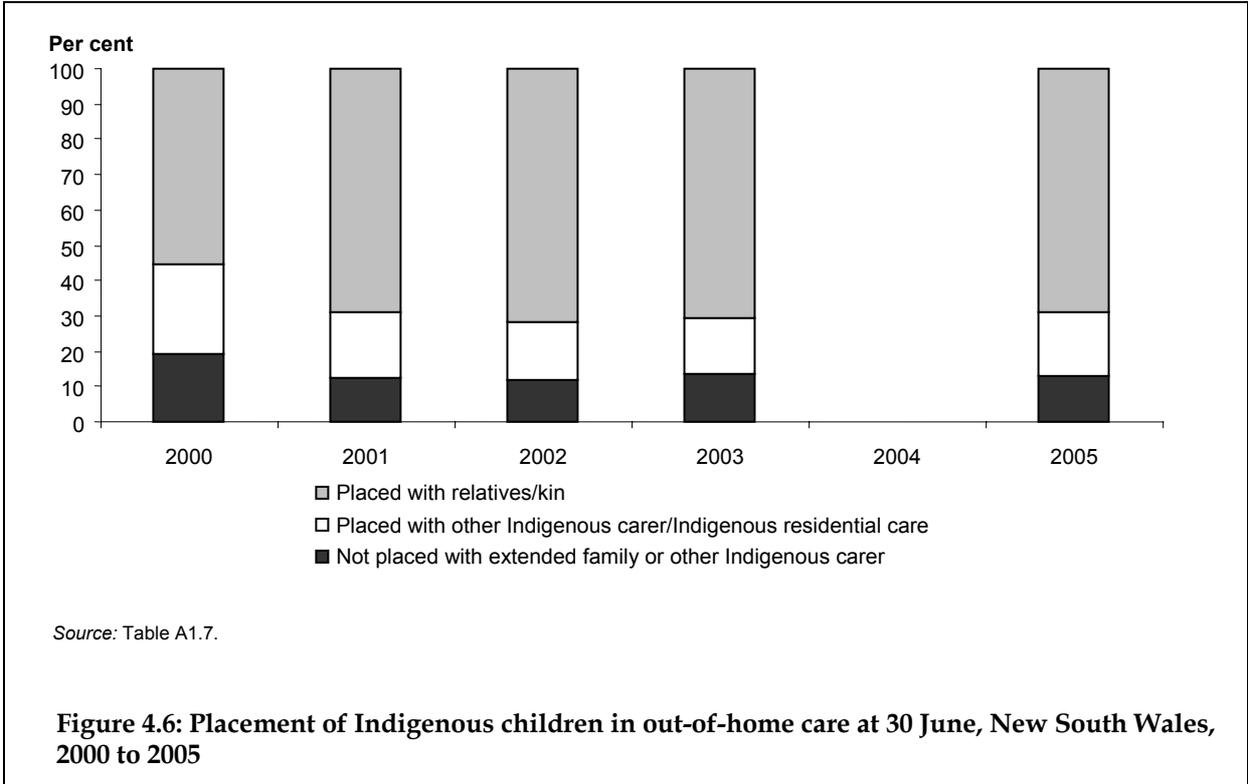


4.1.6 Children aged under 12 years in home-based care

Data are collected on 30 June each year to assess the proportion of children aged under 12 years in out-of-home care who are placed in home-based care. Almost all young children were placed in home-based care, with little difference between the data for Indigenous and other children (Table A1.6). In all years from 2000 to 2005, at least 96% of all children aged under 12 years in out-of-home care were in a home-based placement.

4.1.7 Placement in accordance with the Aboriginal Child Placement Principle

When an Aboriginal or Torres Strait Islander child is to be placed in out-of-home care, there is a legal requirement that every attempt be made to place that child with extended family or other Indigenous carers. The vast majority of Indigenous children in out-of-home care at 30 June in each of the reporting years presented here (New South Wales was unable to provide data in 2004) were placed in accordance with the Aboriginal Child Placement Principle (ACPP). The number of children placed in accordance with the ACPP has been fairly steady over time. The highest proportion (88%) was reported in 2002 and the lowest (81%) in 2000 (Figure 4.6).



Of the children placed in accordance with the ACPP, most were placed with extended family. In 2000, 68% of children were placed with relatives or kin. This proportion increased to 81% in 2002 and remained stable in the following years (derived from Table A1.7). Those children placed in accordance with the ACPP and who were not placed with extended family, were placed with other Indigenous carers or in Indigenous residential care.

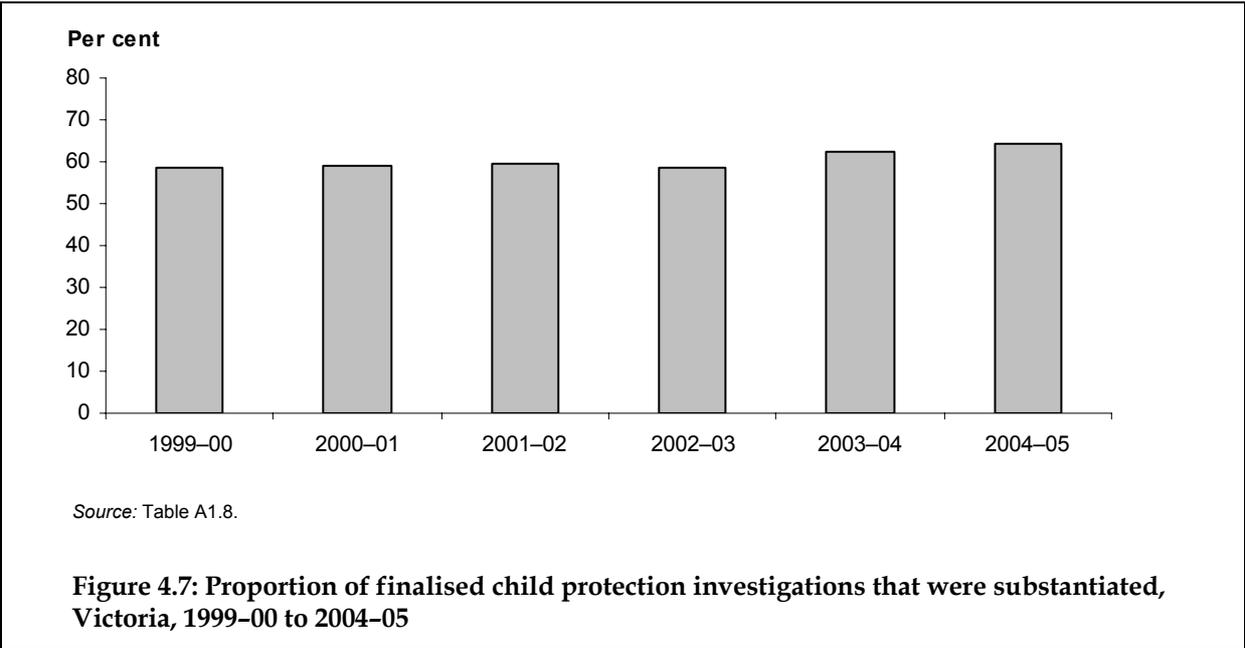
4.2 Victoria

In Victoria, the Department of Human Services oversees a range of child and family services. The Department operates under the *Children, Youth and Families Act 2005*, and service provision is structured in three tiers – primary, secondary and tertiary. Primary services aim to promote the best possible outcomes for children and youth by providing support and education to children and families, including antenatal classes, maternal and child health services, and community-wide education programs. Secondary services include in-home family support, respite care and counselling to assist families in need. Tertiary services support families who have been affected by child abuse, and include the investigation of reported cases of suspected abuse, statutory orders, and out-of-home care placements (DHS 2004).

The Department offers some direct service provision as well as allocating funding to other agencies who supply services for at-risk children and their families (Campbell 1998). Victoria was able to provide data on each of the performance indicators. However, they were unable to supply data on Indigenous status for 1999–00 and only limited data for safety in out-of-home care.

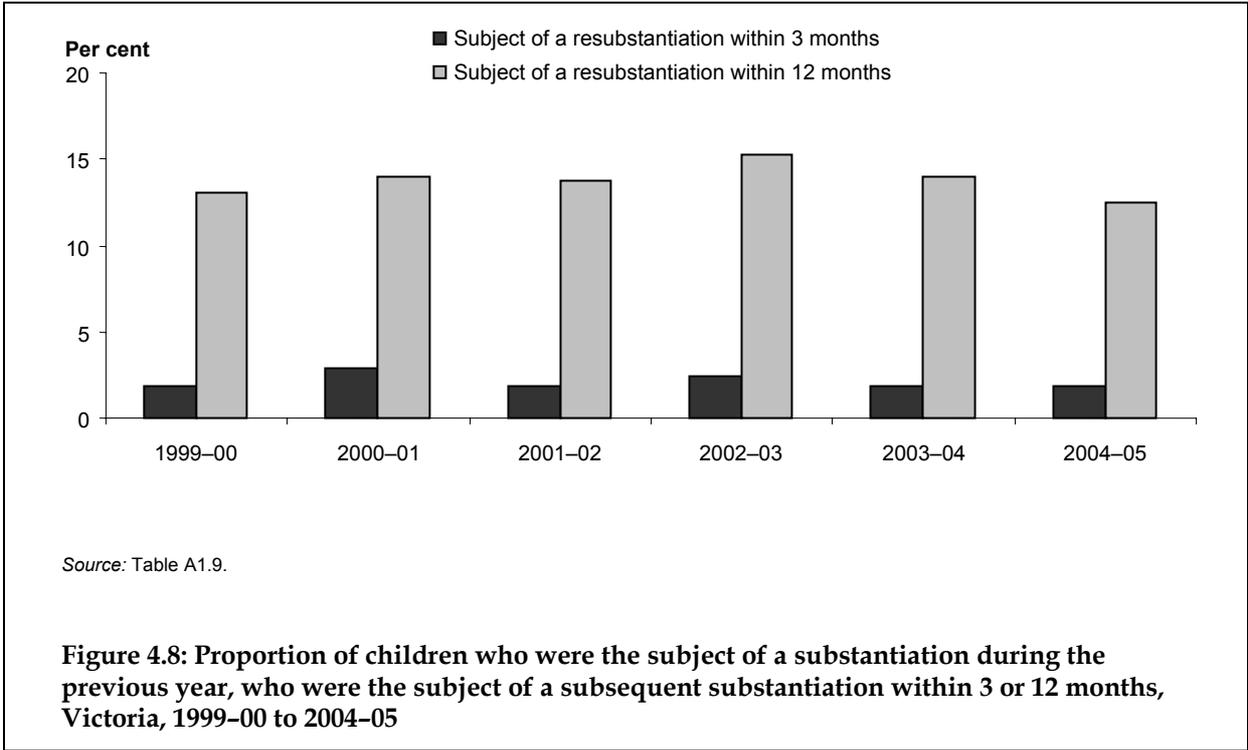
4.2.1 Substantiation rate

The percentage of investigations conducted in Victoria that resulted in substantiations is shown in Figure 4.7. Substantiation rates have remained fairly stable, ranging from 58% in 1999–00 to 64% in 2004–05. This stability is a reflection of the stability in the number of substantiated investigations and the number of finalised investigations over the reporting years, as these numbers are used to calculate the substantiation rate. The number of substantiated investigations ranged from 7,287 in 2002–03 to 7,687 in 2001–02. The total number of investigations each year ranged from 11,486 in 2004–05 to 12,910 in 2000–01 (Table A1.8).



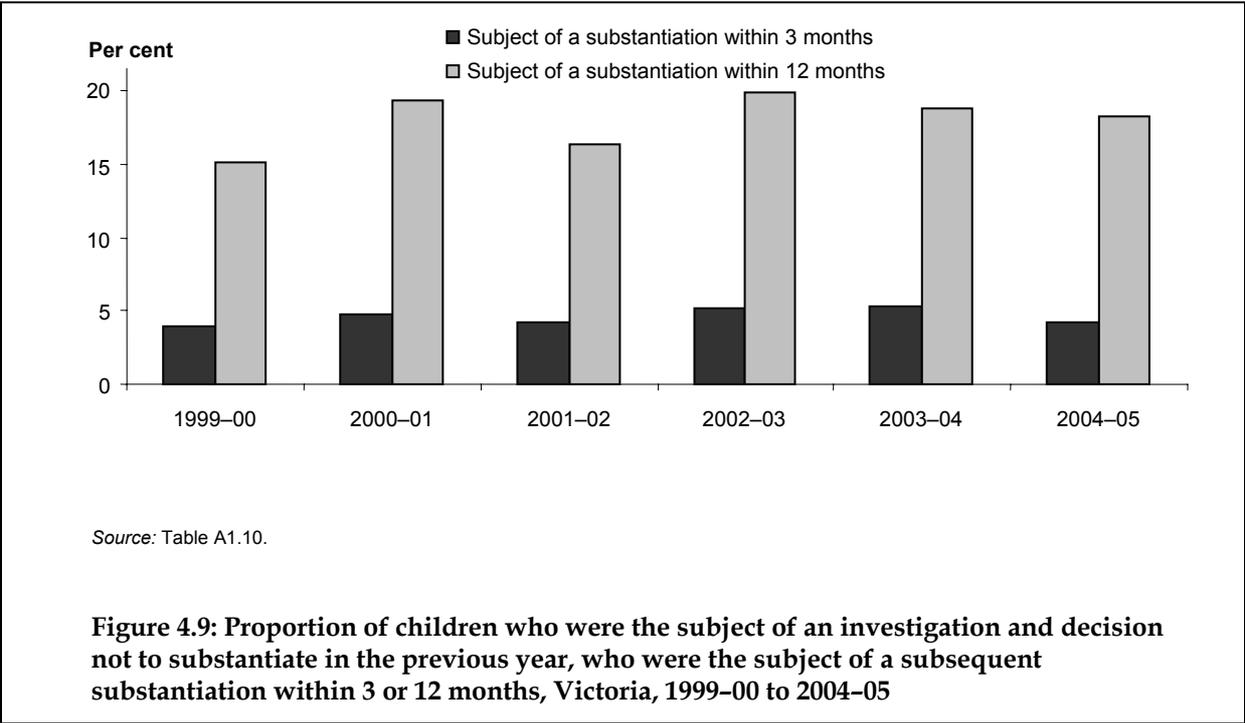
4.2.2 Resubstantiation rate

Across each of the reporting periods less than 3% of children were involved in resubstantiation within 3 months following the initial substantiation in Victoria (Figure 4.8). This low rate is partly due to the fact that under Victorian legislation, a child can not be renotified while a previous case is still open. This means that while the child will still receive the services and support required, the notification will not be recorded. From 1999-00 to 2004-05, between 13% and 15% of cases were resubstantiated within 12 months (Table A1.9).



4.2.3 Substantiation rate after decision not to substantiate

Figure 4.9 presents the percentage of Victorian children who were the subject of an investigation in the previous financial year that led to a decision not to substantiate, and who were subsequently the subject of a substantiation within either 3 months or 12 months of the initial decision not to substantiate. The substantiation rate at 3 months after a decision not to substantiate has remained fairly stable in the 6 years examined – between 4% and 5%. Between 15% and 20% of children subject to a non-substantiated report were subsequently subject to a substantiated report within 12 months (Table A1.10).

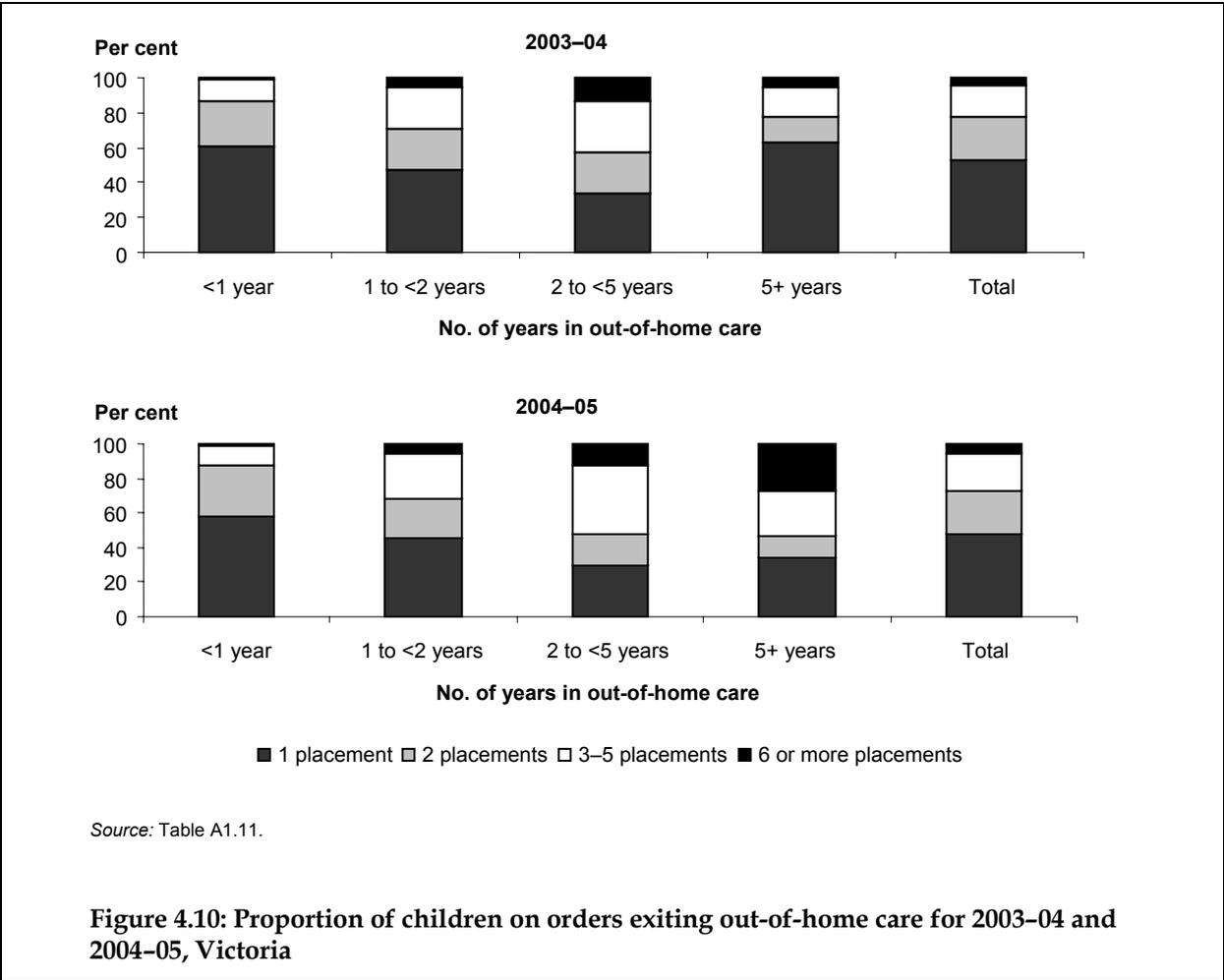


4.2.4 Safety in out-of-home care

Data for this indicator were only available for 2000-01 and 2001-02. For these reporting periods, very few children had substantiated abuse or harm where the person believed responsible was the carer or another person living in the household. It should be noted that Victoria records abuse in care as part of an incident reporting system and this may impact on the numbers recorded.

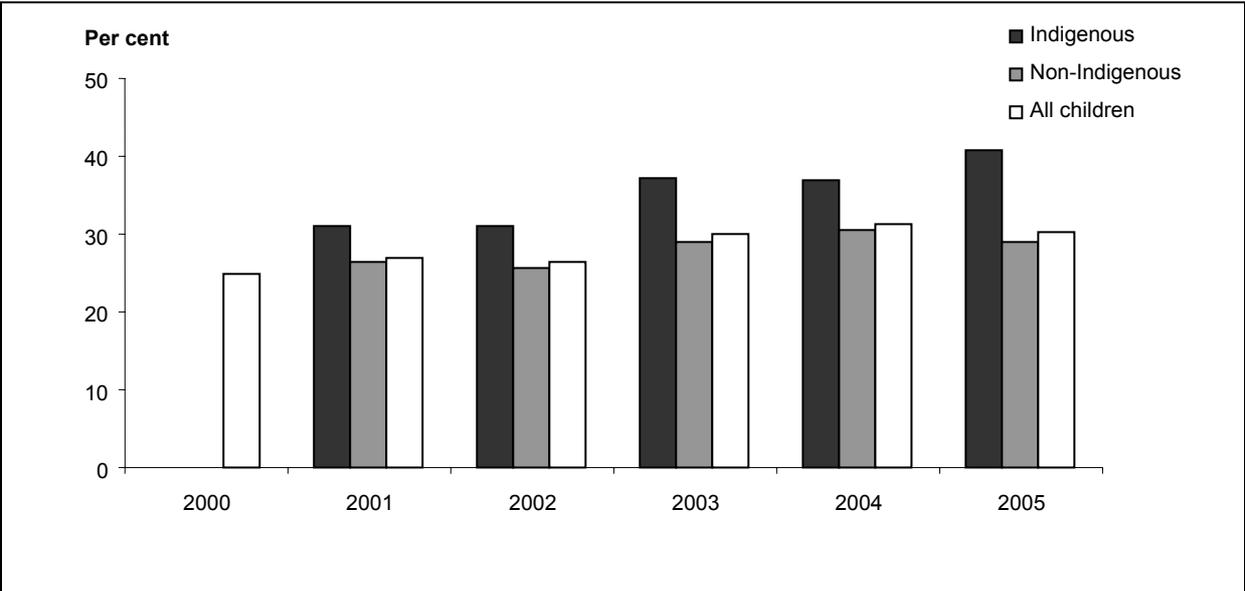
4.2.5 Stability of placement

In Victoria, stability of placement for children who exited out-of-home care showed a similar pattern across 2003-04 and 2004-05 (Figure 4.10). Of those children who were in care for less than one year, most had only one placement, although there were still approximately 12% of children with three to five placements in both 2003-04 and 2004-05. In general, children were more likely to experience more placements if they had been in care longer. However, across both reporting periods, the smallest proportion of children who experienced only one placement were exiting care after between 2 and 5 years. A difference between the years was seen in the greatest proportion of children having experienced six or more placements. In 2004-05 the greatest proportion of children having six or more placements were those exiting care after 5 years, whereas for 2003-04 the proportion was greatest for those exiting care after 2 to 5 years.



4.2.6 Placement with extended family

In each reporting year, between 25% and 31% of all children in out-of-home care were placed with members of their extended family (relatives or kin) (Figure 4.11). The number of children placed with extended family showed a gradual increase between 2001 and 2004, followed by a slight decrease in 2005 (Table A1.12). This increase is more marked for Indigenous children, for whom the proportion placed with relatives or kin increased from 31% in 2001 to 41% in 2005. Indigenous children were more likely to be placed with relatives or kin than other children. Victoria was unable to supply data on Indigenous status for 2000.



Source: Table A1.12.

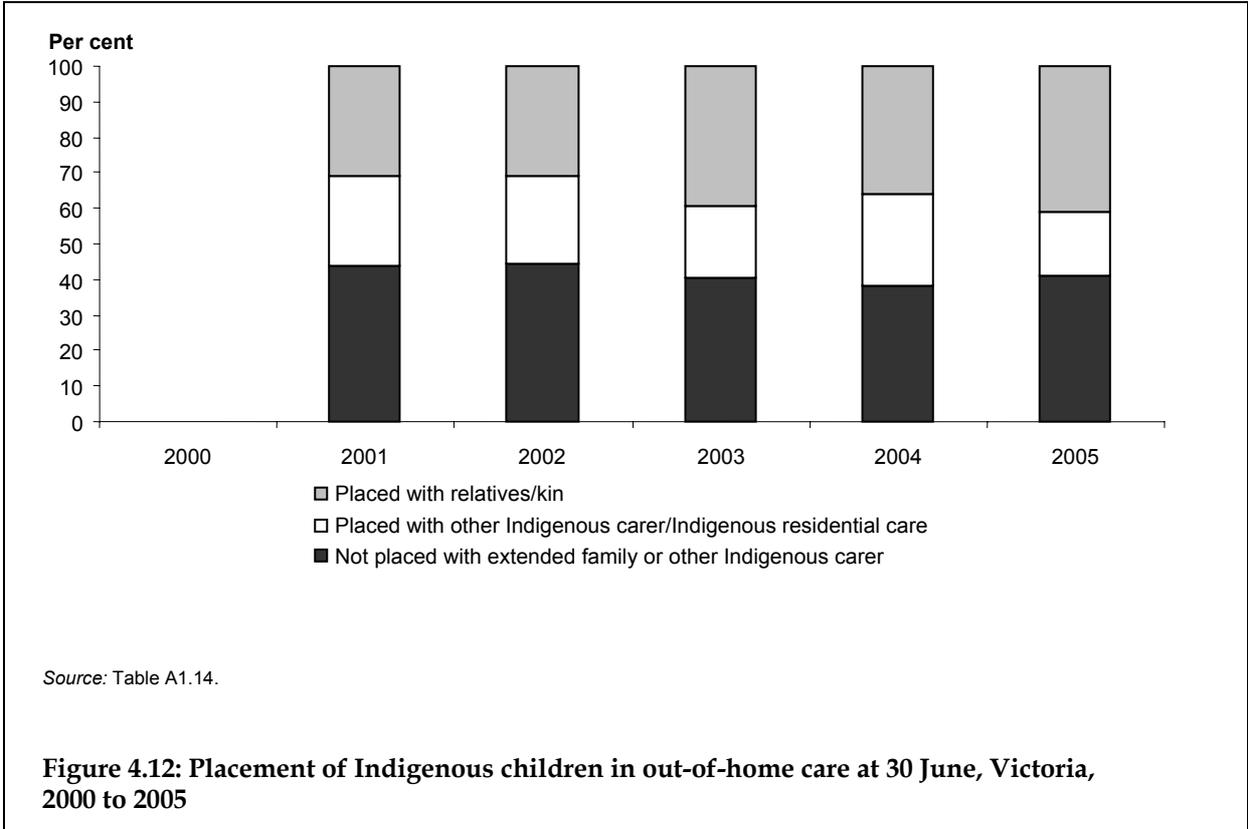
Figure 4.11: Proportion of children in out-of-home care placed with relatives/kin at 30 June, by Indigenous status, Victoria, 2000 to 2005

4.2.7 Children aged under 12 years in home-based care

The vast majority of children in out-of-home care aged less than 12 years were placed in home-based care (Table A1.13). In all years from 2000 to 2005, over 94% of all children in out-of-home care were in home-based care. Between 2001 and 2005, there was little difference in the percentages of Indigenous and other children placed in home-based care.

4.2.8 Placement in accordance with the Aboriginal Child Placement Principle

Data between 2001 and 2005 show little variation in the proportion of Aboriginal and Torres Strait Islander children placed with either extended family or other Indigenous carer in accordance with the Aboriginal Child Placement Principle (Figure 4.12). The proportion fluctuated between a low of 55% in 2002 and a high of 62% in 2004. Over the years, placement with relatives or kin increased overall, while placement with other Indigenous caregivers decreased. In 2001, 55% of all children placed in accordance with the Principle were placed with relatives or kin, compared to 70% in 2005. Victoria was unable to supply data on Indigenous status for 2000.



4.3 Queensland

The Department of Child Safety has been responsible for protecting children in Queensland since September 2004 (DChS 2004a). It was established to focus on the wellbeing of children for whom the Queensland Government has statutory responsibility (DChS 2004a). This was previously the responsibility of the then Department of Families. The new department has adopted a child-focused approach with emphasis on decentralised service delivery.

The Department has two major initiatives to promote collaboration and coordination within and between government services and non-government service providers. First, Child Safety Directors in 10 government departments have the role of promoting coordination and collaboration across government. Second, Suspected Child Abuse and Neglect (SCAN) Teams including representatives from government departments, police, and other services, including Aboriginal and Torres Strait Islander agencies when appropriate, provide a forum for consultation on complex cases (DChS 2004b). An ongoing monitoring, review and evaluation procedure is in place to assess progress of reforms over time and ensure the services are being delivered to at risk families.

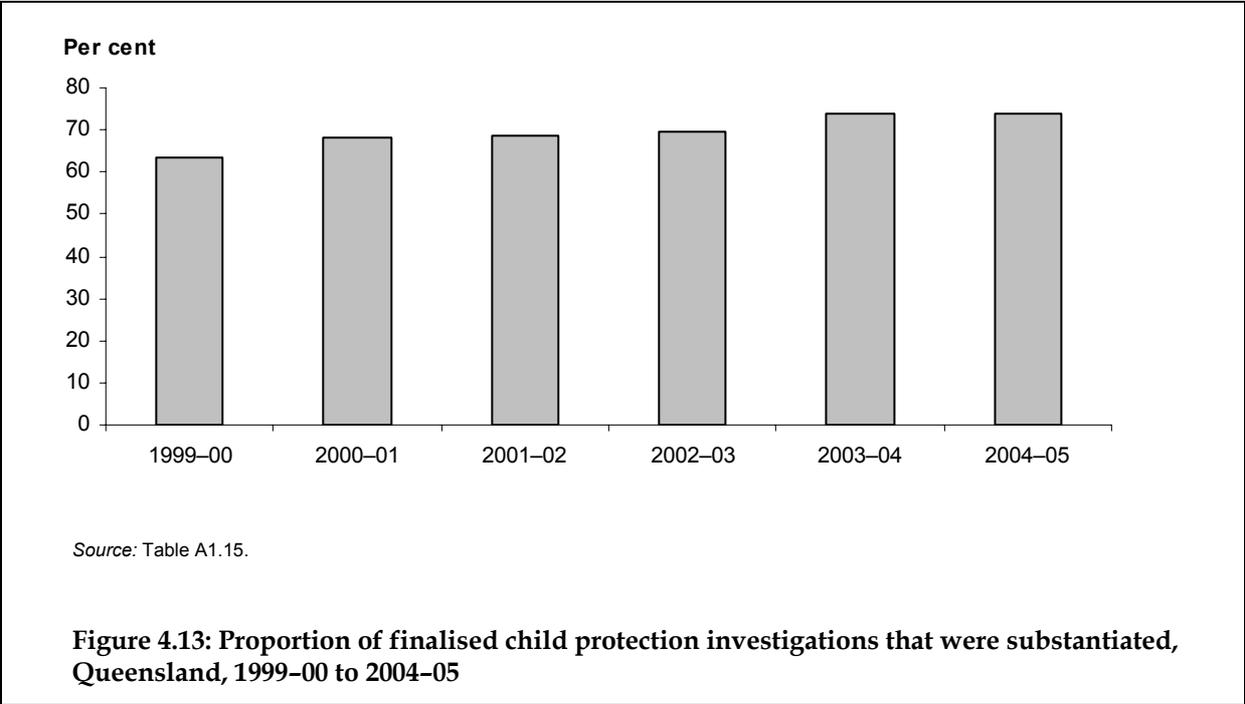
There have been a number of events that have impacted on child protection services in Queensland, and consequently the data collected and reported. First, the Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Report) was released in June 1999. In response to the Forde Report, the Department introduced new legislation – the *Child Protection Act 1999* was proclaimed in March 2000. The Act provides for the protection of children by requiring the Department to respond to allegations of harm to children, to provide support services for families, and to arrange appropriate care for children when required. The Act also places particular emphasis on promoting partnerships with other levels of government and external agencies and on the importance of maintaining a child's family, social contacts and identity (DChS 2003).

In January 2004, the Crime and Misconduct Commission (CMC) tabled the *Protecting children: an inquiry into abuse of children in foster care* report to government, recommending a new child safety system for Queensland. In March 2004, the government released a blueprint to guide the implementation of the CMCs recommendations. As part of the blueprint reforms, the Department of Child Safety was created, and it and other responsible government and community agencies have instigated significant changes to the service model and delivery approach for child safety. More consistent service delivery, new policies, practices and procedures, tools and enhanced working relationships are being implemented to create a more responsive and accountable child protection system.

4.3.1 Substantiation rate

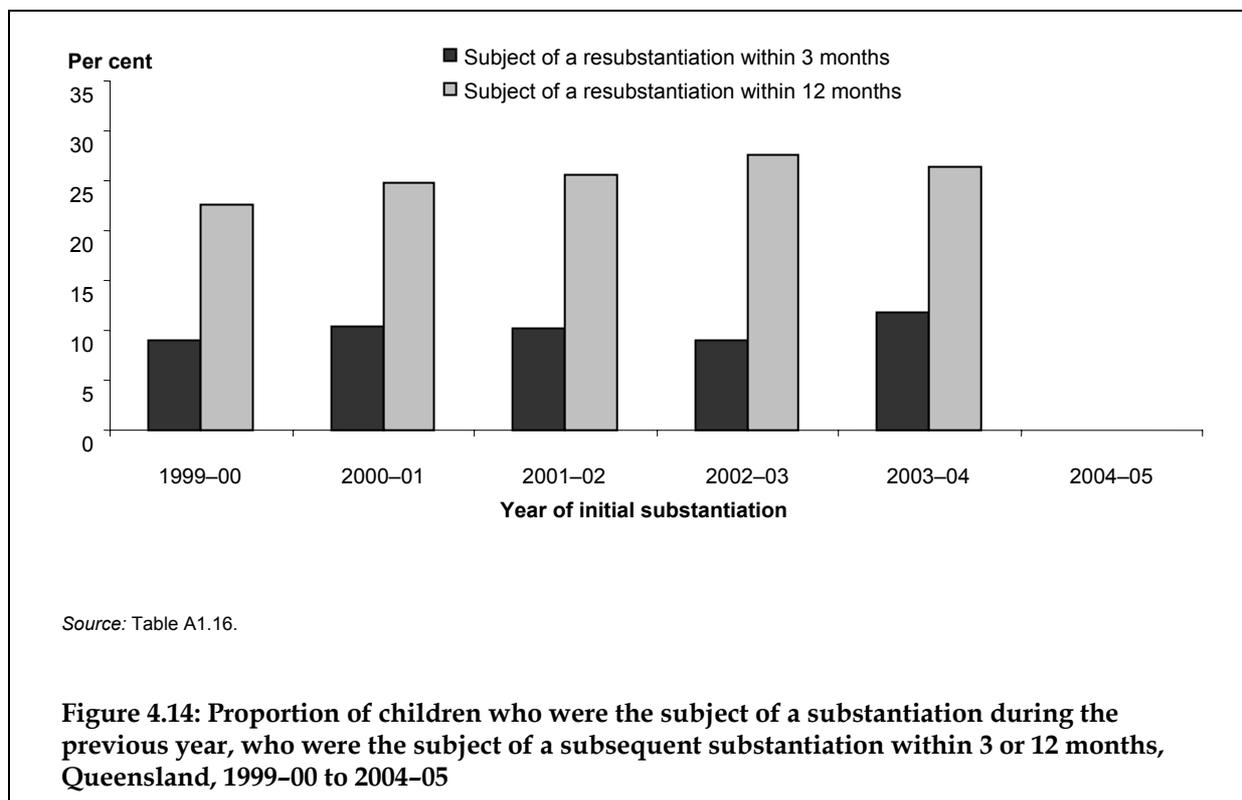
Between 1999-00 and 2003-04, the number of notifications, number of finalised investigations and percentage of investigations substantiated all increased. There was a very small decline in the numbers of finalised investigations and substantiations in 2004-05 (Table A1.15). In 1999-00, 63% of the 10,904 finalised investigations were substantiated. By 2004-05, 74% of the 23,401 finalised investigations were substantiated. Figure 4.13 shows the increase in the substantiation rate over the years.

Factors likely to lead to an increase in number of notifications are: increased community awareness and willingness to report child abuse, increases in child population size, increases in risk factors within families, and an increasing awareness of the connection between domestic violence and child protection (DChS 2004b). The overall increase in the number of finalised investigations may be an indication of the Department providing extra resources to match the increase in notifications, while the increase in the proportion of substantiations may reflect an improvement in the targeting of notifications for investigation.



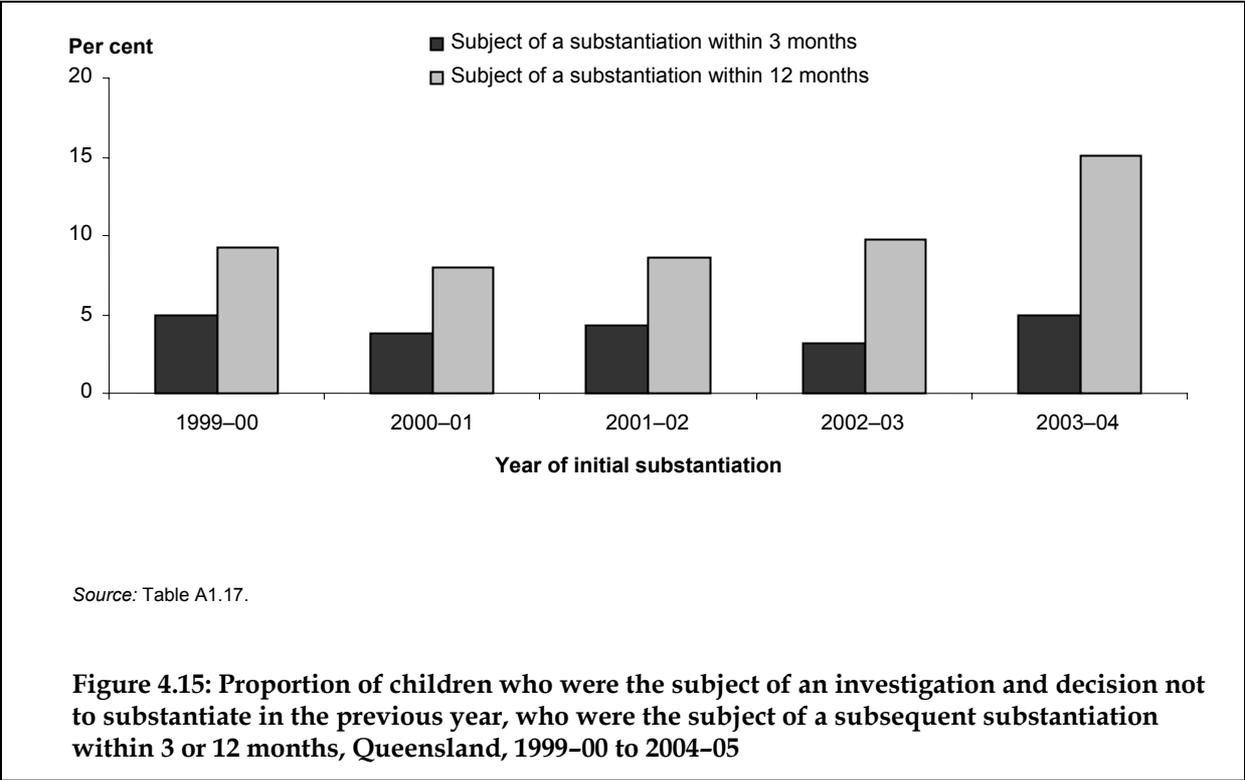
4.3.2 Resubstantiation rate

In Queensland, the proportion of children subject to resubstantiation in the first 3 months following the initial substantiation was between 9% and 12% over the reporting period from 2000-01 to 2003-04 (Figure 4.14). At 12 months following initial substantiation, resubstantiation rates ranged from 23% in 2000-01 to 28% in 2002-03.



4.3.3 Substantiation rate after decision not to substantiate

In Queensland, the proportion of children subject to a substantiation 3 months after a decision not to substantiate varied between 4% and 5% over the reporting period with no trend in the variation (Figure 4.15). Substantiations 12 months after a decision not to substantiate varied from 12% in 2000-01 to 15% in 2002-03 and 2003-04.

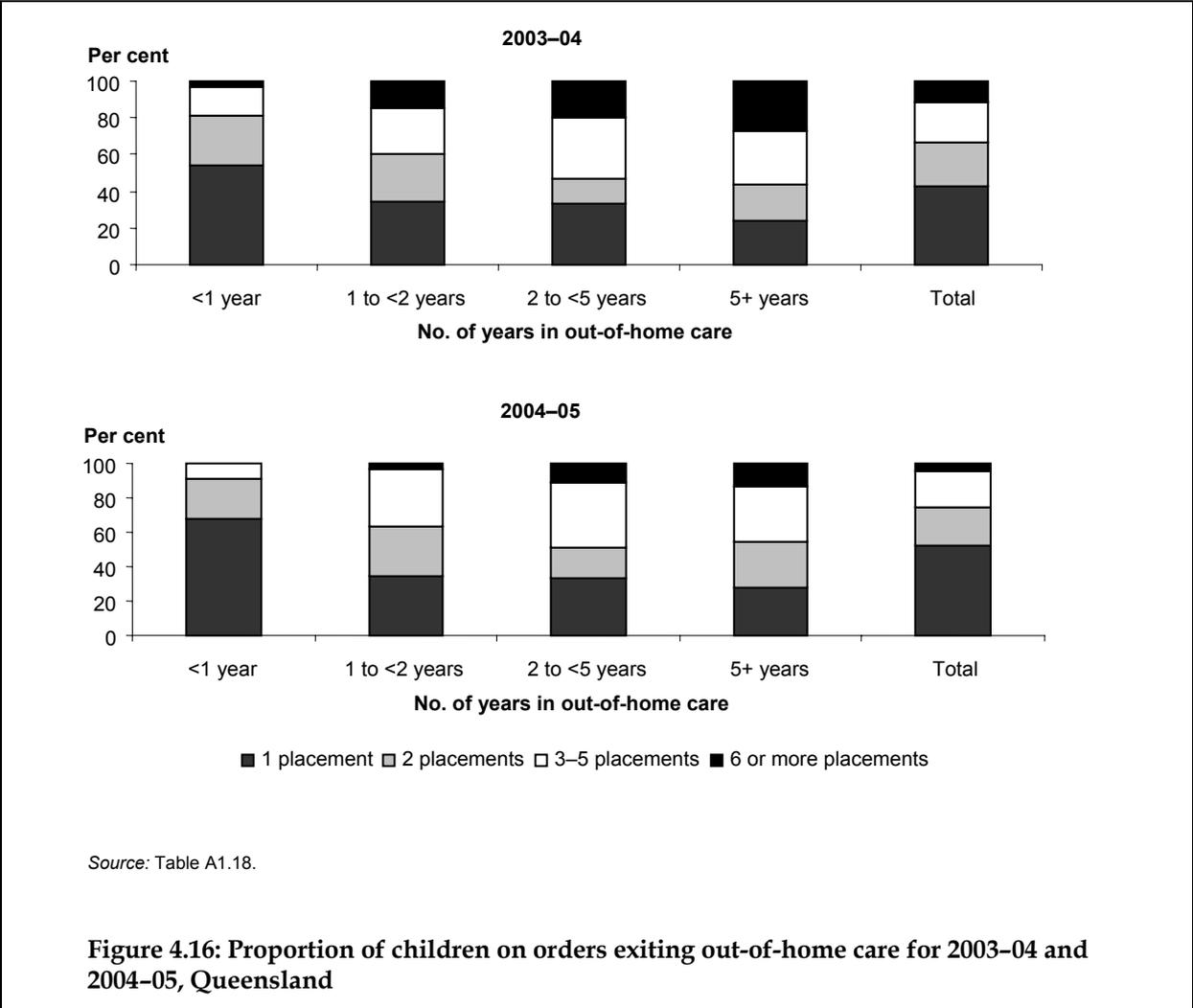


4.3.4 Safety in out-of-home care

The proportion of children in out-of-home care who were the subject of substantiation where the person believed responsible was living in the same household was relatively high in Queensland. This proportion increased in Queensland from 2% of all children in out-of-home care in 1999-00 to 8% in 2003-04 and 2004-05 (SCRGSP 2005, 2006). The other jurisdictions that provided these data all had rates lower than 1%. However, this comparison is of limited reliability due to variations in recording and collection methods across jurisdictions. Recommendations from a recent inquiry into the past abuse of children in foster care by the Crime and Misconduct Commission led to new policies and procedures to decrease the number of children abused in care (CMC 2004). The main recommendation was for the establishment of a comprehensive and coordinated child protection system across the whole of government in partnership with other organisations. It is likely that such changes will lead to an increase in safety for children in out-of-home care.

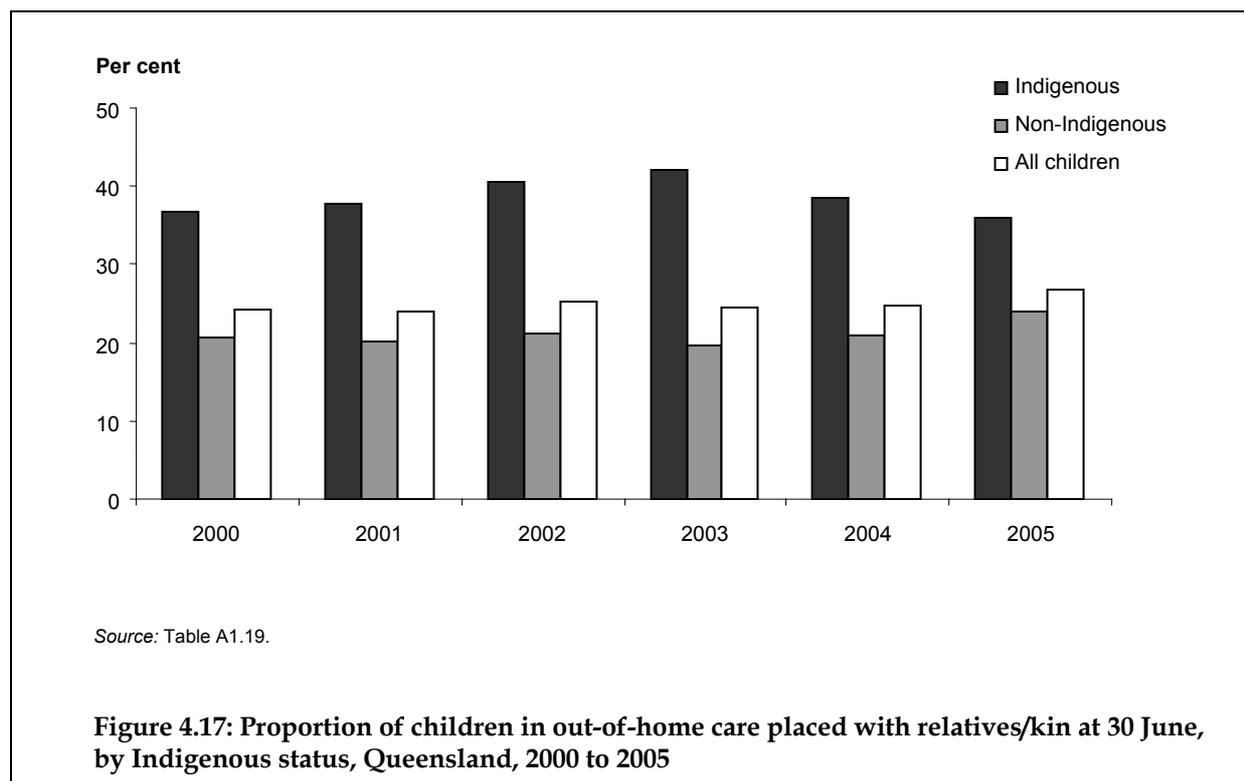
4.3.5 Stability of placement

The pattern of number of placements experienced by children exiting out-of-home care after different numbers of years was similar for 2003–04 and 2004–05 (Figure 4.16). In both years, the number of placements increased with length of time in care. More than half the children exiting care in 2003–04 after less than a year had only one placement, increasing to two-thirds of children in 2004–05. This proportion dropped substantially for children in care for longer periods. Around a quarter of children exiting after 5 years or more had only one placement. The proportion of children exiting care after 5 years or more who experienced six or more placements was 27% in 2003–04 and 13% in 2004–05.



4.3.6 Placement with extended family

Children from Aboriginal and Torres Strait Islander families were consistently placed with extended family at higher rates than other children for every year between 2000 and 2005 (Figure 4.17). On 30 June 2000, 24% of all children in care were placed with members of their extended family. This percentage remained fairly constant across the subsequent reporting periods, with the highest being 27% in 2005. Over the reporting periods, between 36% and 42% of Indigenous children in out-of-home care were placed with relatives or kin, compared with 20% to 24% of other children over the same periods.

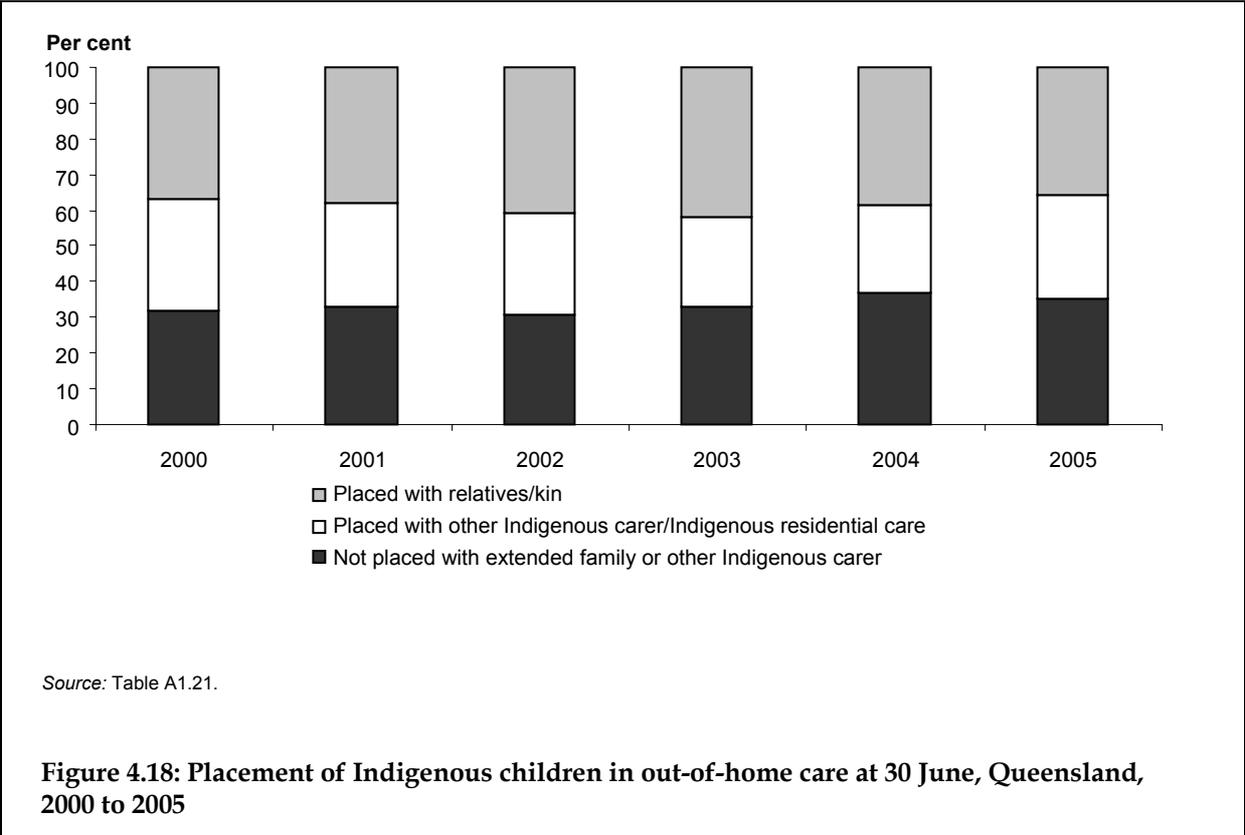


4.3.7 Children aged under 12 years in home-based care

In the years 2000 to 2005, almost all children aged under 12 years in out-of-home care were placed in home-based care (Table A1.20). From 2000 to 2002, a marginally lower proportion of Aboriginal and Torres Strait Islander children were in home-based care than other children. However, from 2003 to 2005, over 99% of all children in out-of-home care were in home-based care.

4.3.8 Placement in accordance with the Aboriginal Child Placement Principle

From 2000 to 2005, between 63% and 70% of Indigenous children were placed in accordance with the Aboriginal Child Placement Principle. Placement with extended family was the most common placement type (Figure 4.18). In 2000, of those children placed in accordance with the Principle, 54% were placed with extended family. This proportion increased each year until 2003 (63%), then decreased to 55% in 2005 (derived from Table A1.21). Correspondingly, the proportions of children placed with other Indigenous caregivers or in Indigenous residential care followed an inverse pattern.



4.4 Western Australia

Child protection in Western Australia is the responsibility of the Department for Community Development, previously known as Family and Children's Services. The Department works collaboratively with many non-government organisations within the state.

The policies and practices of the Department differ from many of the other states and territories, and this is clearly reflected in the reported data. In 1996, the then Family and Children's Services introduced the policy framework *New Directions in Child Protection and Family Support* (Family and Children's Services 1996). This approach recognises that initial referral information may indicate that there are concerns for a child's wellbeing, but it is not always clear if they have been or are at risk of harm. Where there is uncertainty, a report may receive an interim Child Concern Report classification to allow time for further inquiries. Child Concern Reports are treated with less intrusive and more supportive methods (Family and Children's Services 1996). The outcome of the inquiry may be the provision of supportive services or a reclassification as a Child Maltreatment Allegation.

Where it is clear that a child has been or is at risk of harm, a child maltreatment classification is made and a child protection investigation conducted. These new policies were introduced after analysis of the Department's data showed that a large number of reports to the Department were about quality of parenting, rather than actual or threatened harm to children.

Implementation of the New Directions framework resulted in an immediate decrease in the numbers of unsubstantiated investigations, indicating that these resources were being better targeted (Family and Children's Services 1997).

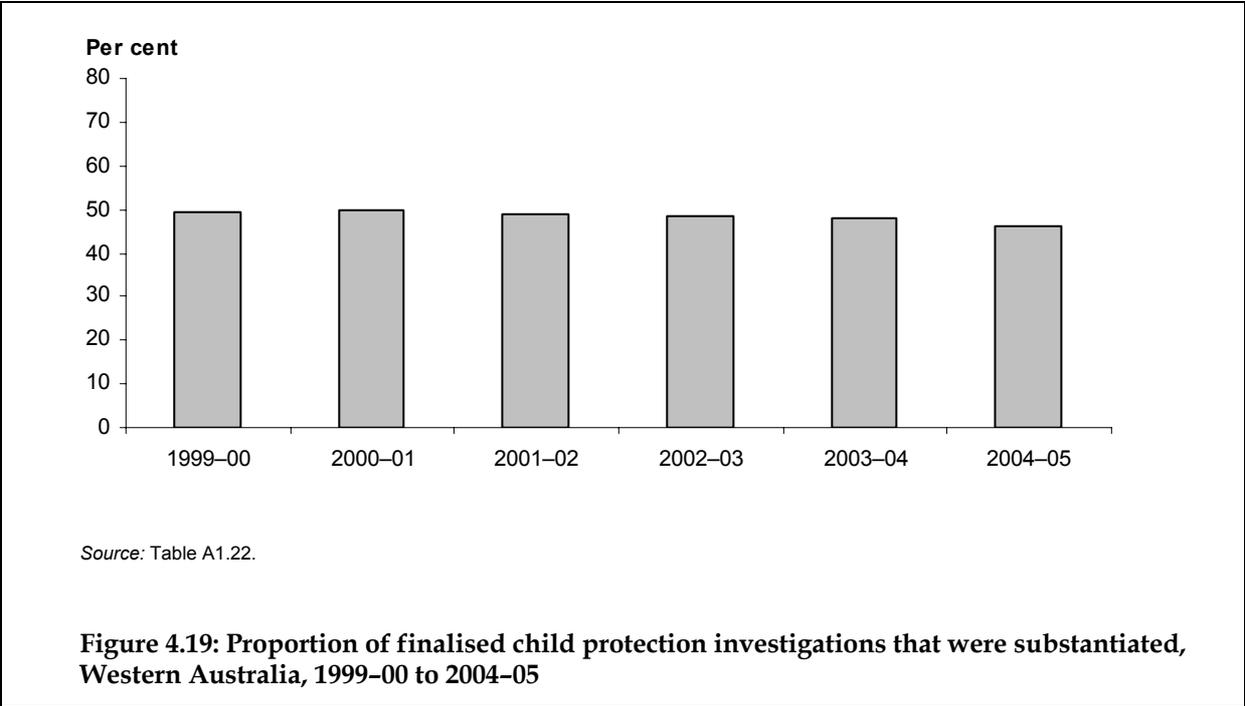
In 2003–04 the Department released its new policy, *Statutory Child Protection: A Policy for the Wellbeing and Safety of the Maltreated Child*, which guides the approach to child protection. An Interagency Collaborative Framework for Protecting Children from harm aims to strengthen relationships between all stakeholders to ensure children and their families receive appropriate services (DCD 2004).

In 2004, the Department engaged independent consultants to quality assure the systems, processes and practices aimed at protecting children in care. The consultant's report – *Quality assurance of the Department for Community Development's systems and processes for children in care* – highlighted significant strengths in processes as well as areas where improvements were required. The report identified several areas for consideration – expanded range of placement options, rigorous recruitment, screening, assessment, training and support for carers, improved training and supervision for staff and increased support for children ensuring a voice for children in care. The government's response, *Protecting children in care: a way forward*, identifies the actions taken to address these areas to enhance the safety and wellbeing of children in care.

Data reported by Western Australia relate only to reports that warranted a child protection response. This makes comparison with other jurisdictions difficult and these practice and recording differences should be carefully noted when looking at the performance indicators. Western Australia is able to report on all eight child protection and out-of-home care indicators.

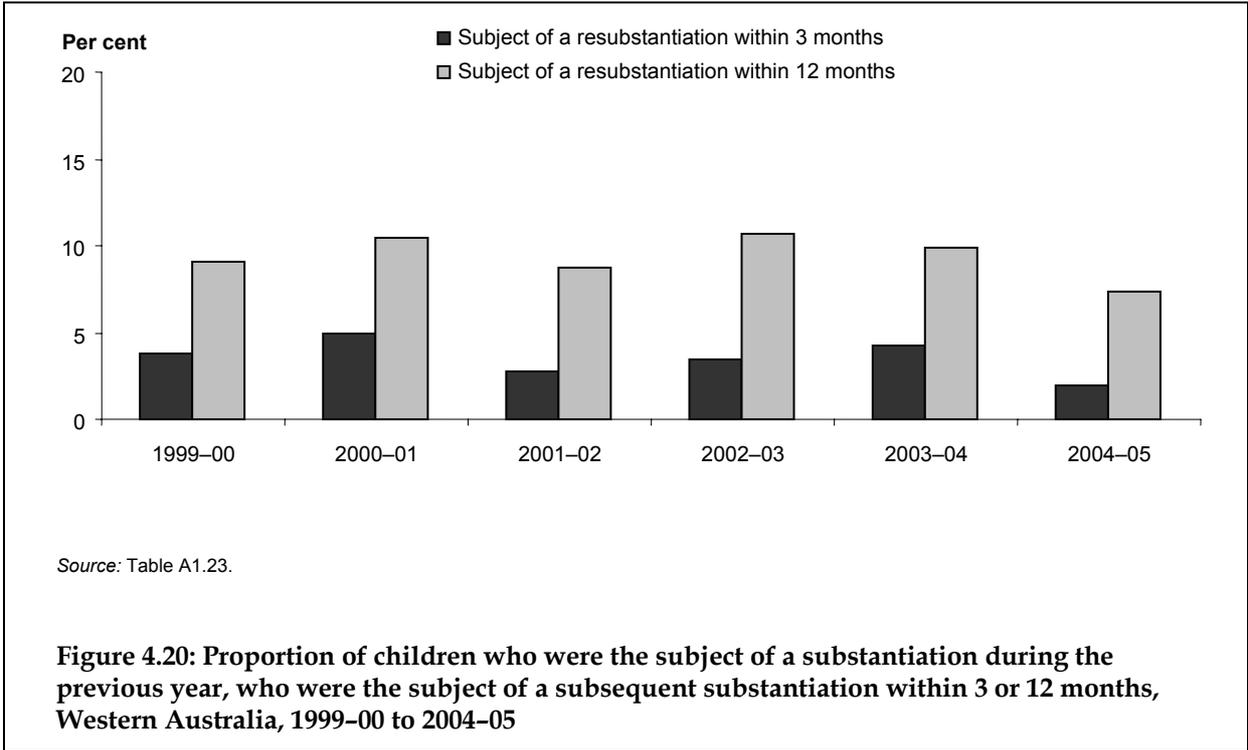
4.4.1 Substantiation rate

The proportion of finalised investigations that were substantiated in Western Australia between 1999-00 and 2004-05 remained fairly constant at just below 50% across the six reporting periods (Figure 4.19). In 1999-00, 49% of the 2,365 finalised investigations were substantiated, while in 2004-05, 46% of 2,391 finalised investigations were substantiated. The most notable aspect of the substantiation rate in Western Australian is the number of finalised investigations. The number of finalised investigations increased between 1999-00 and 2001-02, then dropped by 24% in 2002-03 (Table A1.22). By 2004-05, the number of finalised investigations increased to reach the same level as in 2000-01. The overall decline in finalised investigations reflects a decline in the number of recorded child maltreatment classifications needing investigation. This change was associated with an increased focus on community and family engagement responses to families where there are concerns for the wellbeing of children.



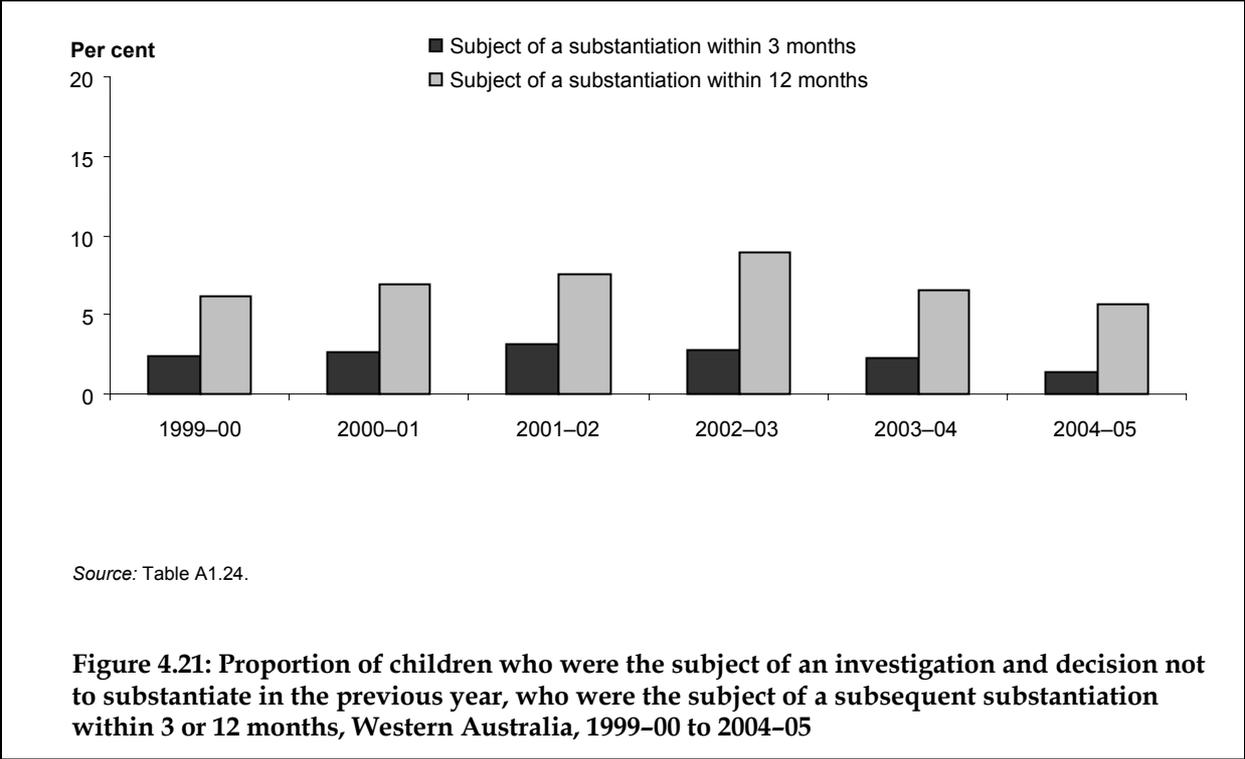
4.4.2 Resubstantiation rate

In Western Australia, less than 5% of cases were resubstantiated within 3 months in any of the 6 years examined, with the lowest resubstantiation rate occurring in 2004–05 (2%) and the highest in 1999–00 (5%) (Figure 4.20). Resubstantiation rates at 12 months were between 7% and 11% in the 6 years examined. Although there were some fluctuations in both the 3- and 12-month resubstantiation rate across the 6-year period reported, these were small and most likely reflect normal variations in the data.



4.4.3 Substantiation rate after decision not to substantiate

In Western Australia, the proportion of children who were the subject of an investigation in the previous reporting year that led to a decision not to substantiate, and who were subsequently the subject of a substantiation within either 3 or 12 months following the initial substantiation stood at 1% to 3% across the 6 years examined (Figure 4.21). At 12 months, the percentage of cases substantiated subsequent to a decision not to substantiate increased slightly from 6% in 1999-00 to 9% in 2002-03, declining to 6% in 2004-05.



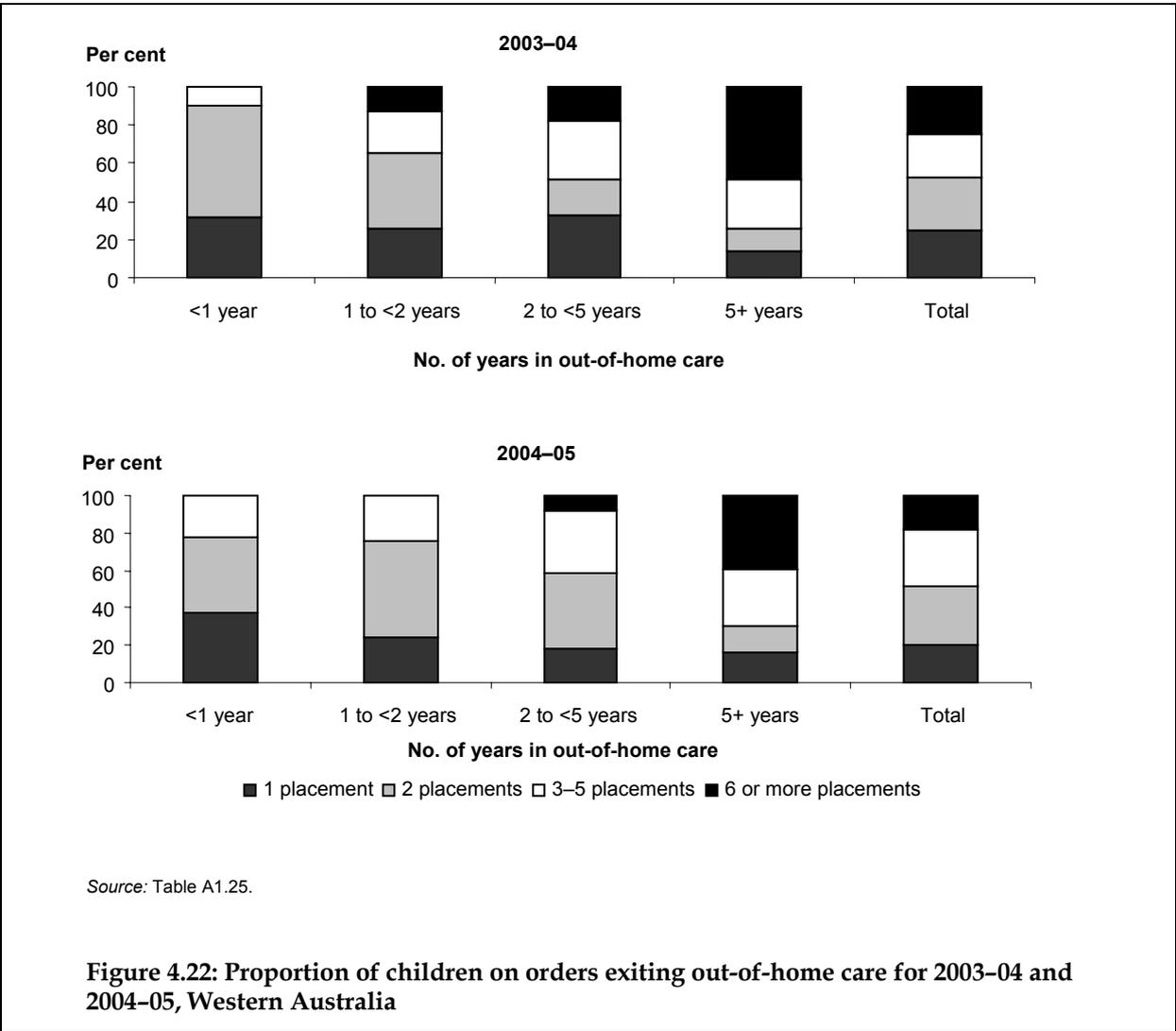
4.4.4 Safety in out-of-home care

The number of children per year in Western Australia who were the subject of a substantiation while residing in out-of-home care ranged from 2 to 15 cases over the 6 years from 1999-00 to 2004-05. In other states, this indicator measures abuse by any person living in the household. However, Western Australian data only include abuse by foster carers and workers in placement services.

4.4.5 Stability of placement

In Western Australia, like other states with smaller numbers of children exiting care, patterns of stability in number of placements can be difficult to assess. Relatively small changes in the number can appear as a large change in percentage. The data for stability of placement for Western Australia should therefore be viewed cautiously, as fluctuations in the percentages of different numbers of placements represent very small differences in numbers of children (Figure 4.22).

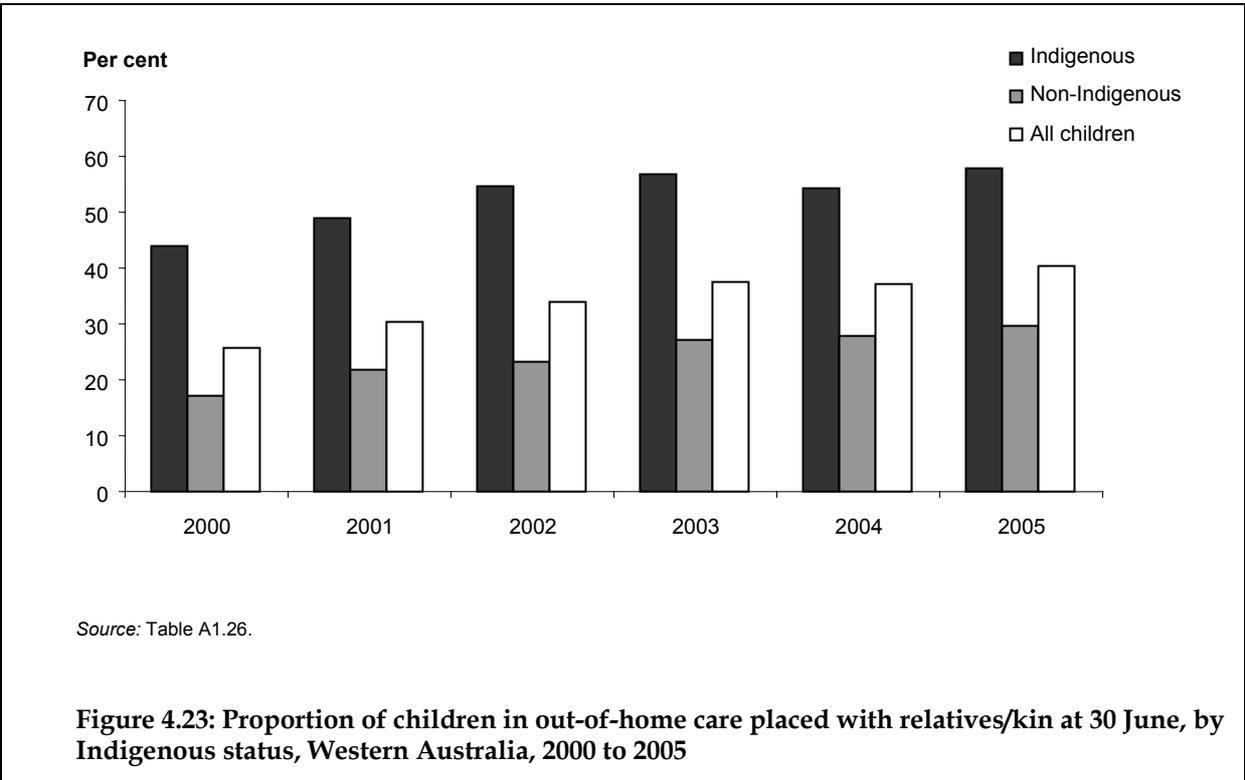
The total number of children exiting care was 156 in 2003–04 and 204 in 2004–05. In both of these years, the data show that the longer Western Australian children were in care, the more placements they were likely to have experienced prior to exiting care.



4.4.6 Placement with extended family

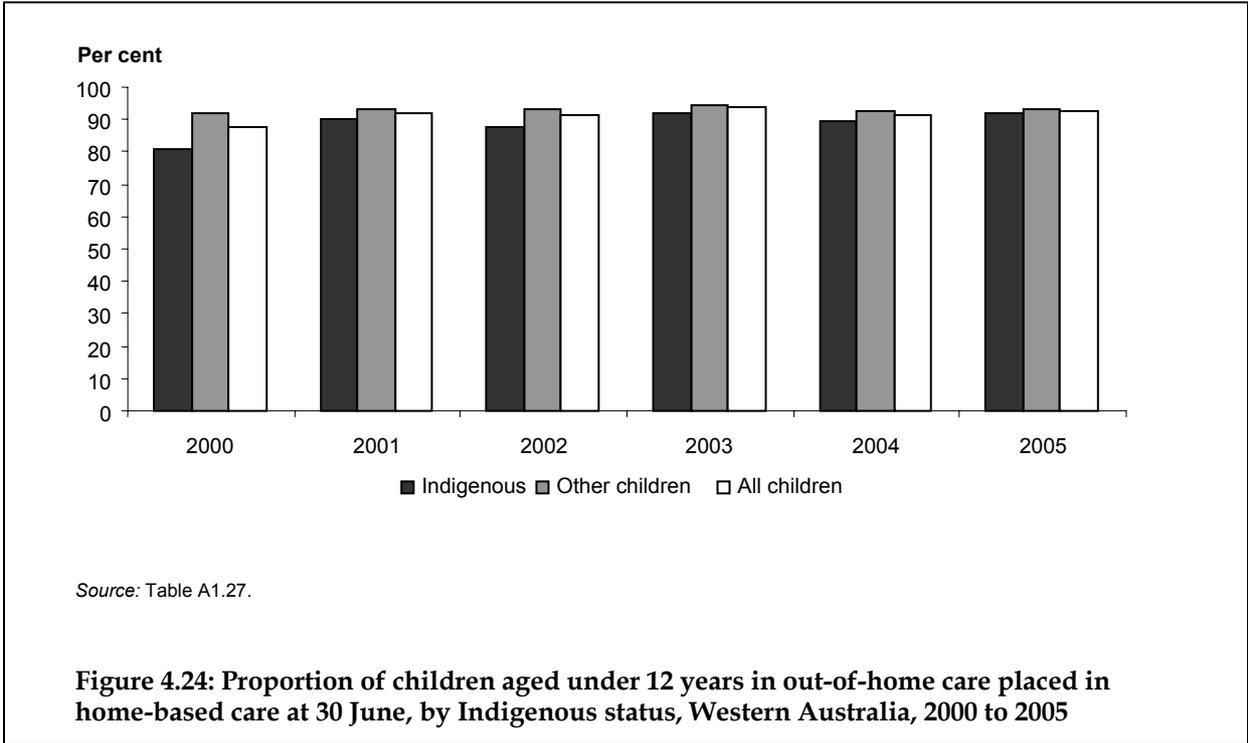
Placing children with relatives is a preferred option and in Western Australia there has been a steady increase in the proportion of children placed with relatives or kin from 26% in 2000 to 40% in 2005 (Figure 4.23). However, during 2001–02 new practices were introduced to improve the identification of Indigenous clients. Much of the increase in the number of Indigenous clients from 2001–02 is likely to be due to the improvements in the recording of Indigenous status rather than an increase in the number of Indigenous clients.

Western Australia has strengthened the provision of relative care by ensuring relative carers undergo the same assessment, registration and review processes, and receive the same preparation training and support as general carers.



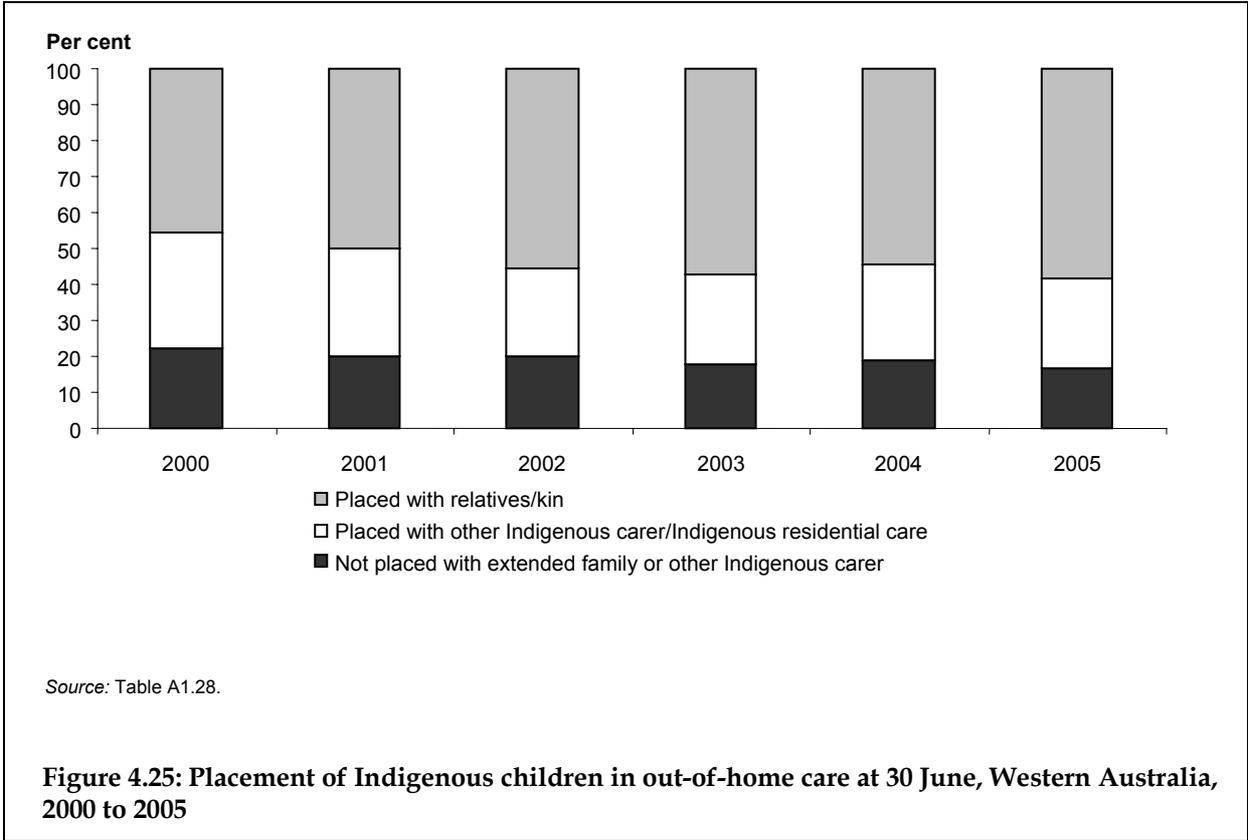
4.4.7 Children aged under 12 years in home-based care

The vast majority of young children in out-of-home care in Western Australia are placed in home-based care settings (Figure 4.24). The proportion of children reported to be in home-based care in Western Australia does not include children who are in family group homes (who are counted as being in residential accommodation). Across all years, young Aboriginal and Torres Strait Islander children were placed in home-based care slightly less often than other children, although the gap between the proportion of Indigenous and other children in home-based care has narrowed over the 6 years reported here.



4.4.8 Placement in accordance with the Aboriginal Child Placement Principle

The proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed in accordance with the Aboriginal Child Placement Principle (ACPP) has increased slightly between 2000 (78%) and 2005 (83%) (Figure 4.25). The proportions of children placed with members of their extended family also generally increased over the years. Of the children placed with accordance with the ACCP, between 59% (in 2000) and 70% (in 2005) were placed with members of their extended family. Those children who were placed according to the ACPP but did not go to live with extended family were placed with other Indigenous carers.



4.5 South Australia

Child protection in South Australia is the responsibility of the Department for Families and Communities (DFC). The DFC was formed on 1 July 2004, following the decommissioning of the Department of Human Services (Government of South Australia 2004a). Within the DFC, Families SA is responsible for the welfare of South Australian children. In particular, this unit provides assistance and support to children (and their families) who are in need of care and protection because of abuse or neglect, risk of poverty or are otherwise vulnerable.

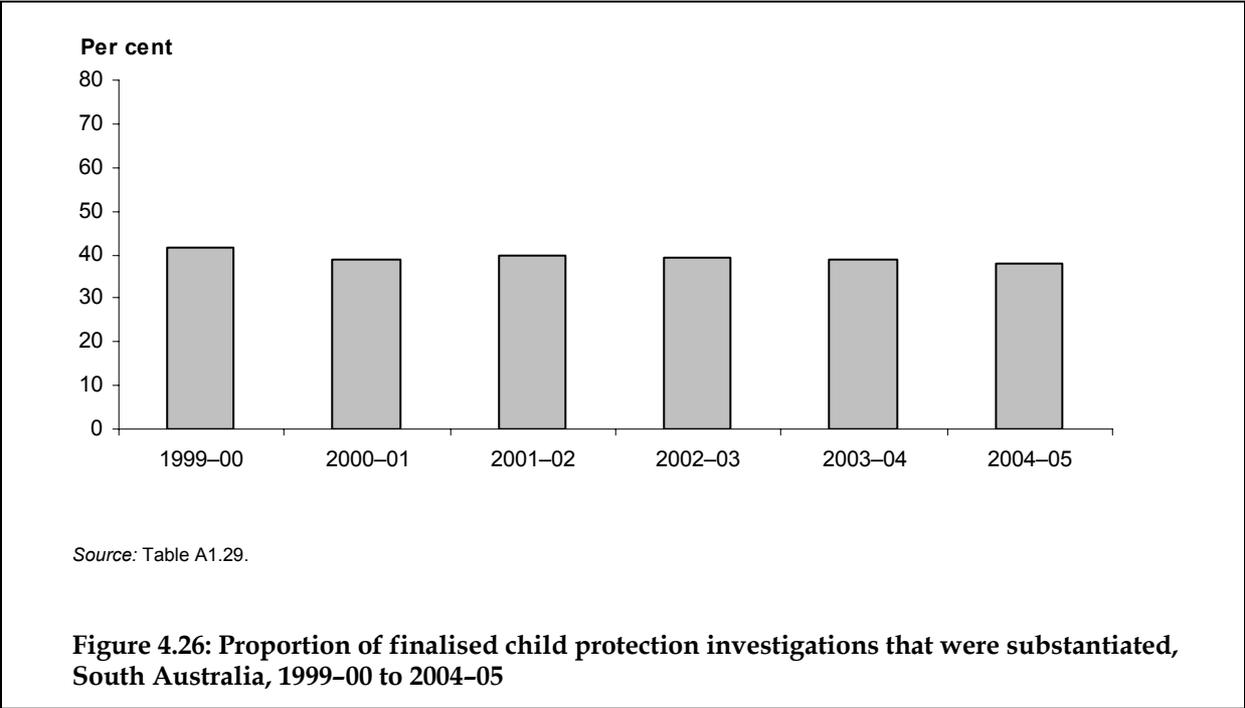
The most recent review of the South Australian Government's child protection system, the *Child protection review 2002*, was designed to ensure that government took a proactive stance to protect children from abuse and neglect (Layton 2002). The Review described a number of shortfalls in government: the task of child protection exceeded the ability of the government to deliver the support and services required; there was inadequate promotion and advocacy for children and young people; and there was a need for more diligence in the care provided to children and young people under the Guardianship of the Minister. The review called for stronger collaboration across government and non-government services involved in the care and protection of children (Layton 2002).

The government's response to the Layton Review has been the establishment of *Keeping them Safe* – a child protection reform agenda that provides for a reorientation of child protection services. A strong cross-government focus was implemented to strengthen support to children and families, provide effective and appropriate interventions, and reform work practices and cultures, with an emphasis on collaborative partnerships and improved accountability. Within the reform agenda, a number of the Layton recommendations have been implemented, for example: a universal home visiting program; intensive intervention with families where infants are at high risk; the establishment of a Child Death and Serious Injury Review Committee; and an Office of the Guardian. The Guardian provides independent advice to the Minister on the quality of care for guardianship children (Government of South Australia 2004b).

South Australia was able to report on all eight performance indicators examined in this report.

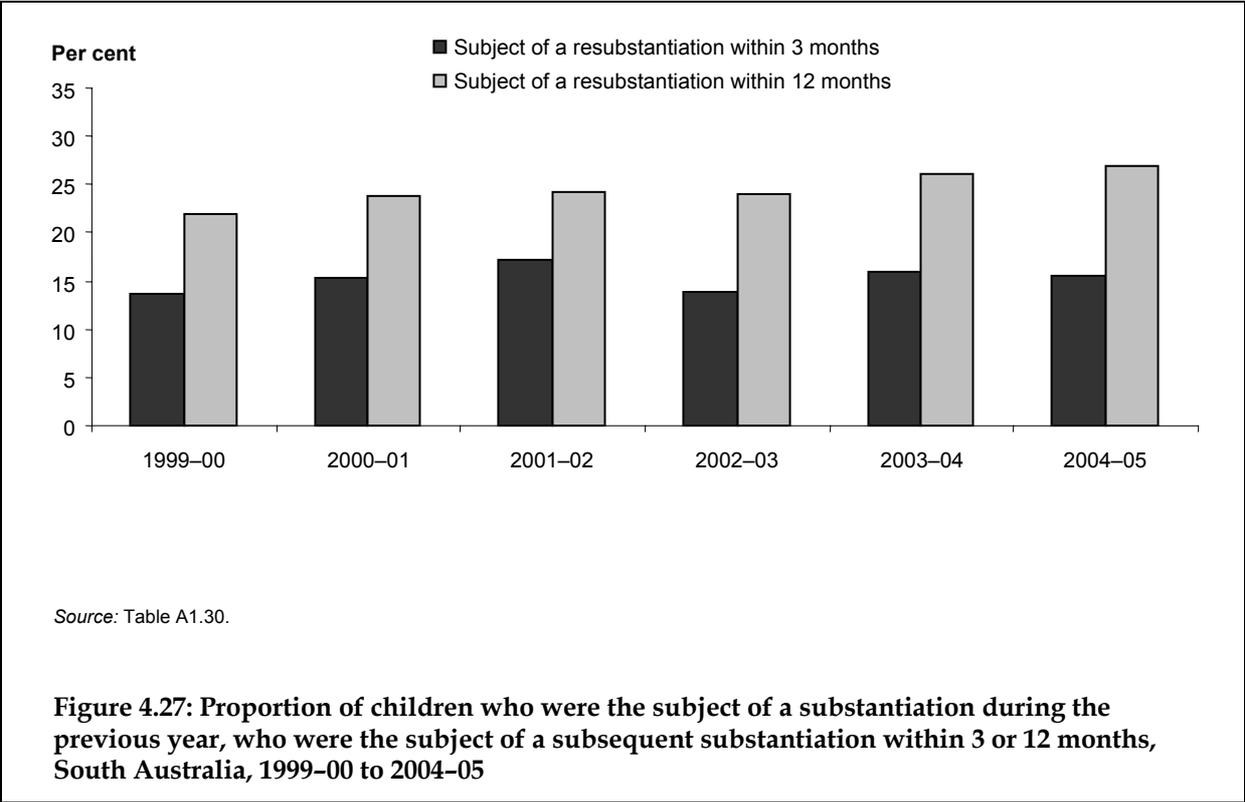
4.5.1 Substantiation rate

The substantiation rate in South Australia over the six reporting periods has remained relatively stable, ranging from 38% in 2004-05 to 42% in 1999-00 (Figure 4.26). The number of substantiated investigations fluctuated between 1,998 in 2000-01 and 2,490 in 2003-04, while the number of finalised investigations steadily increased from 5,002 in 1999-00 to 6,383 in 2003-04, before decreasing slightly to 6,250 in 2004-05.



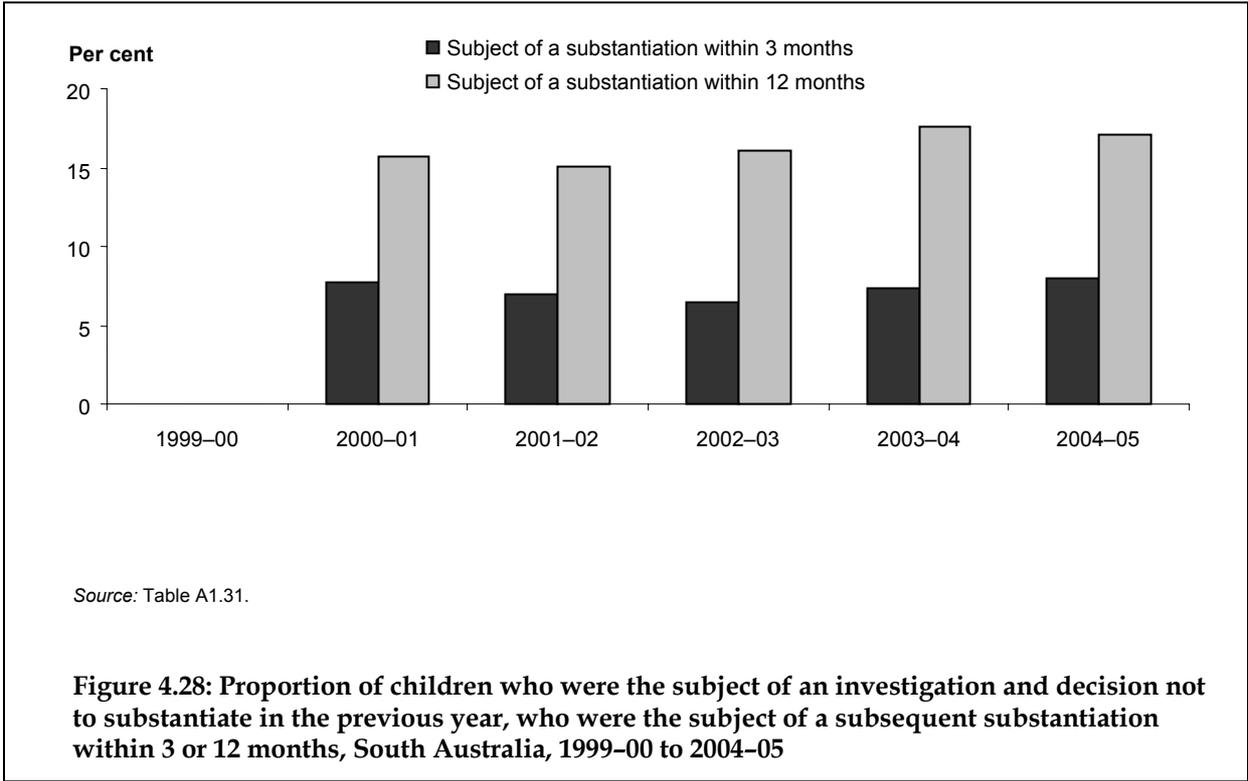
4.5.2 Resubstantiation rate

The resubstantiation rate at 3 months fluctuated between 14% and 17% over the six reporting years (Figure 4.27). The 12-month data shows the resubstantiation rate was 22% in 1999-00, rose slightly to 24% in the following year, remained stable for 2 years, then increased to 26% and 27% in 2003-04 and 2004-05 respectively.



4.5.3 Substantiation rate after decision not to substantiate

The percentage of children in South Australia who were the subject of an investigation in the previous financial year that led to a decision not to substantiate, and who were subsequently the subject of a substantiation within either 3 or 12 months is shown in Figure 4.28. Data were not available for 1999-00. For the years 2000-01 to 2004-05, the substantiation rate after a decision not to substantiate at 3 months was between 7% and 8%. At 12 months, the substantiation rate after a decision not to substantiate was between 15% and 18%.



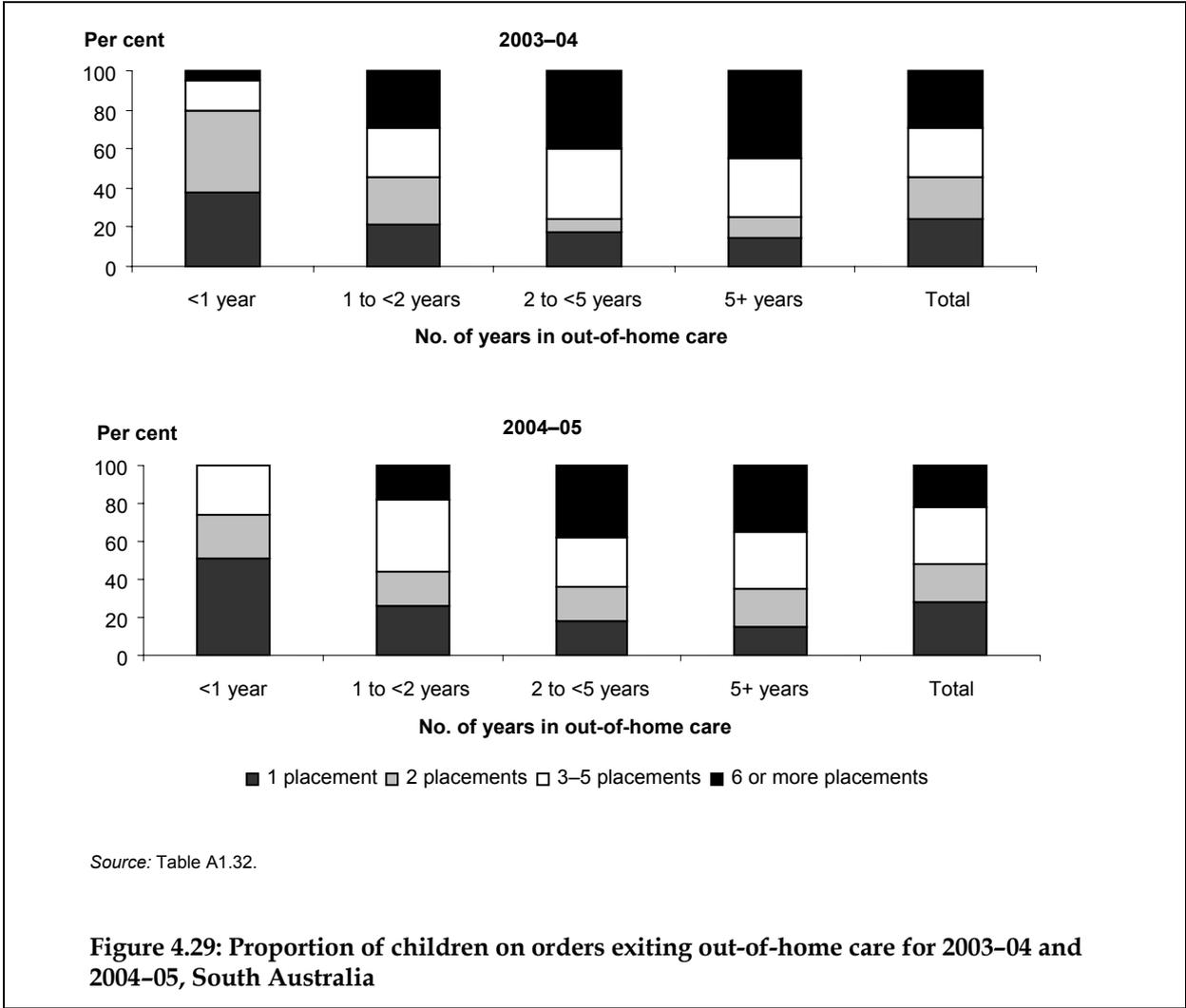
4.5.4 Safety in out-of-home care

In 2004-05, South Australia collected data on the number of children in out-of-home care who were the subject of a substantiation for which the person believed responsible was a carer or another person living in the household. Less than 1% of children in out-of-home care were recorded as experiencing such abuse.

4.5.5 Stability of placement

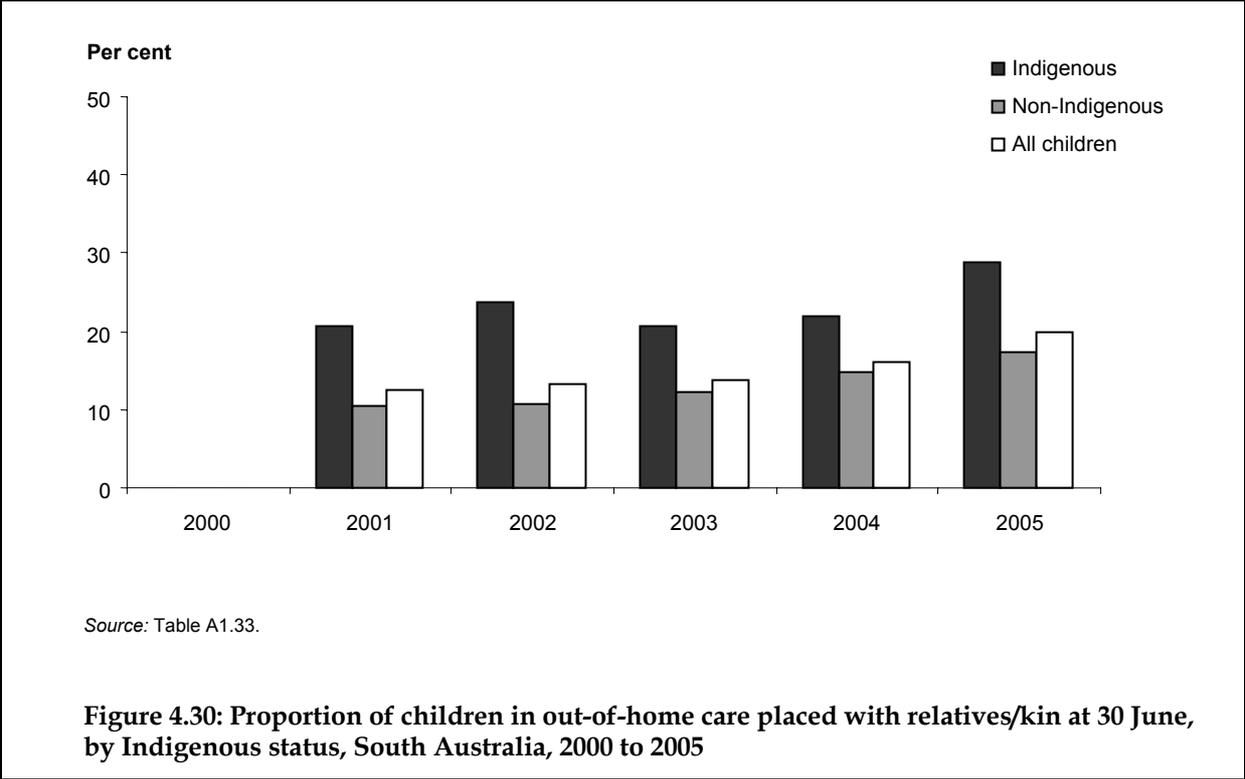
The number of placements experienced by children exiting out-of-home care after different numbers of years gives an idea of placement stability over time. The patterns of placement stability for 2003-04 and 2004-05 are quite similar (Figure 4.29). In general, the longer children were in out-of-home care, the more placements they were likely to have. After 5 years in care, the number of placements children experienced increased very little.

The proportions shown in Figure 4.29 should be interpreted with caution due to the small numbers of children involved. In South Australia, 203 and 163 children exited out-of-home care in 2003-04 and 2004-05, respectively.



4.5.6 Placement with extended family

The proportion of children in out-of-home care placed with members of their extended family is shown in Figure 4.30. Data were not available for 2000. The placement with extended family for all children increased from 13% to 20% between 2001 and 2005, with the proportion of both Indigenous and other children placed with extended family increasing over the period. In each year, the proportion of Indigenous children placed with extended family was greater than for other children.

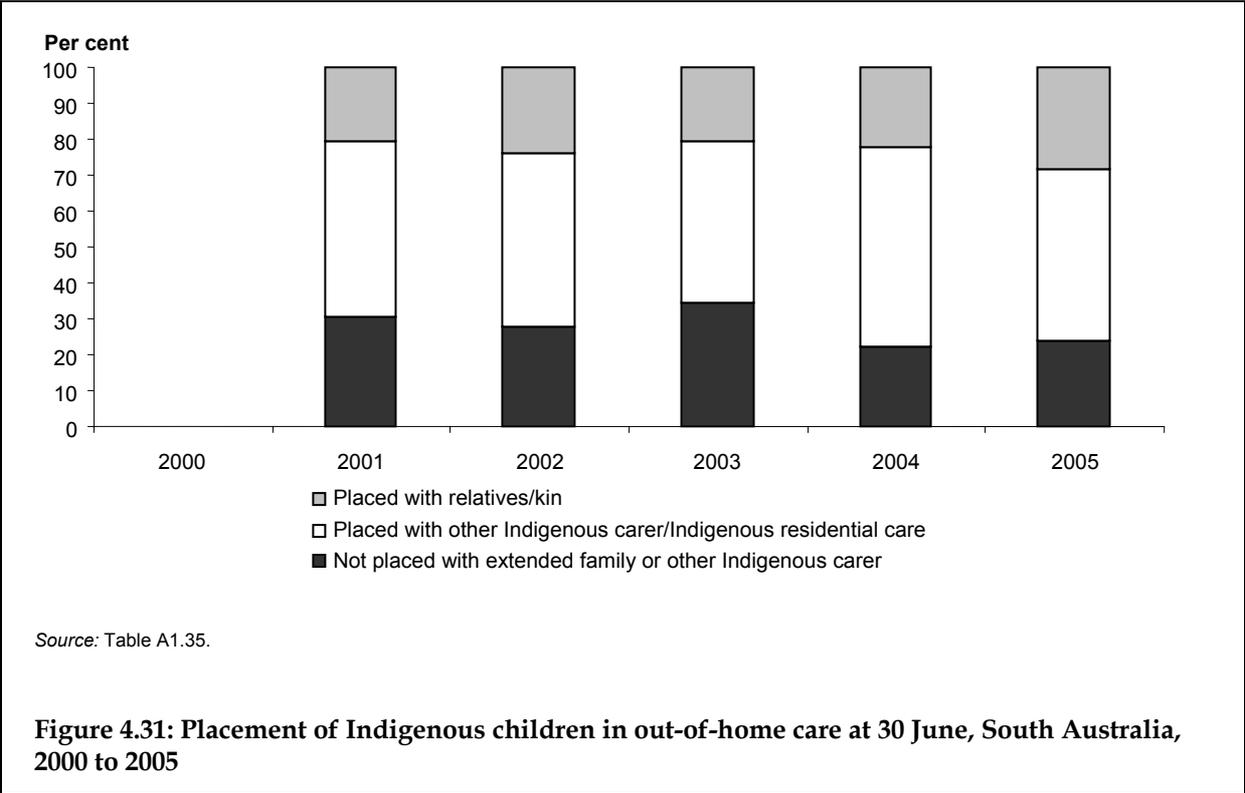


4.5.7 Children aged under 12 years in home-based care

The proportion of children aged under 12 years in out-of-home care in South Australia who were in home-based placement has remained at or above 98% for each of the last 6 years (Table A1.34). In 2000 and 2001, all Aboriginal and Torres Strait Islander children and most other children in South Australia were placed in home-based care environments. From 2002 to 2004, the proportion of Aboriginal and Torres Strait Islander children in home-based care remained above 99%. In all years reported here, the proportion of other children in home-based care was at least 98%, except in 2002, when it dropped to 93%.

4.5.8 Placement in accordance with the Aboriginal Child Placement Principle

In the period between 2001 and 2005, between 66% and 78% of Indigenous children were placed in accordance with the Aboriginal Child Placement Principle (Figure 4.31). However, between 62% and 72% of these children were placed with other Indigenous carers, rather than members of their extended family. It is important to note that from 2002 onwards, these data exclude Indigenous children living independently and those whose living arrangements were unknown, and that the category 'Placed with another Indigenous carer' includes those living in Indigenous residential care. Data were not available to assess this indicator in 2000.



4.6 Tasmania

In Tasmania, child protection services are provided by the Department of Health and Human Services (DHHS) in accordance with the provisions of the *Children, Young Persons and their Families Act 1997*. This legislation provides for the care and protection of children in a manner that maximises their opportunity to grow up in a safe and stable environment and to reach their full potential (DHHS 2004).

Under the Act, suspected incidents of abuse and neglect should be reported to the Department. Section 13 of the Act states that an adult who knows, believes or suspects on reasonable grounds that a child is suffering or likely to suffer abuse or neglect has a responsibility to take steps to prevent current or future occurrence of harm to a child. One step the adult may take to prevent the occurrence of abuse or neglect is to inform the Secretary of the Department of their knowledge, belief or suspicion. Section 14 of the Act states prescribed people must inform the Secretary of the Department if they believe, suspect or know a child has been or is being abused or neglected. Prescribed persons include professionals such as medical practitioners, police officers and teachers, as well as any other person who is employed for, or who is a volunteer in:

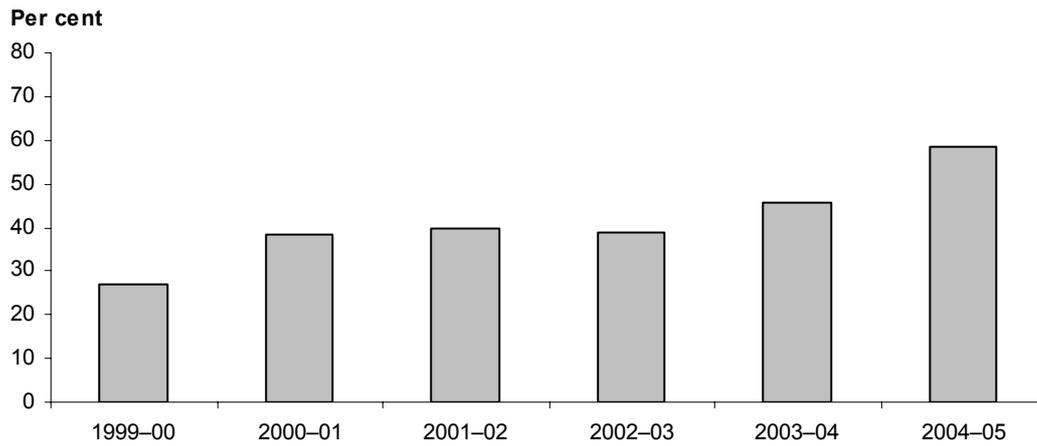
- government agency that provides health, welfare, education, child care or residential services for children
- organisations that receive funding from government for the provision of such services.

On 1 July 2003, the Department changed its method of counting notifications reported to child protection services. Prior to this date, notifications of 'child harm and maltreatment' were included in the collected data but notifications classified as 'child and family concern' were not. Reporting now includes both categories of notifications and, as a consequence, the number of notifications, investigations and substantiations recorded has increased.

Tasmania is currently able to report on seven of the eight performance indicators, and is unable to report on stability of placement. However, it is anticipated that reporting on this indicator will be possible in the future.

4.6.1 Substantiation rate

The substantiation rate in Tasmania has increased significantly since 1999-00. In that year 27% of the 356 finalised investigations were substantiated, compared with 59% of 1,333 finalised investigations in 2004-05 (Figure 4.32). From 2003-04 onwards, the increase in the substantiation rate is attributed to more consistent application of the term 'substantiation' as defined in the Glossary of this report.

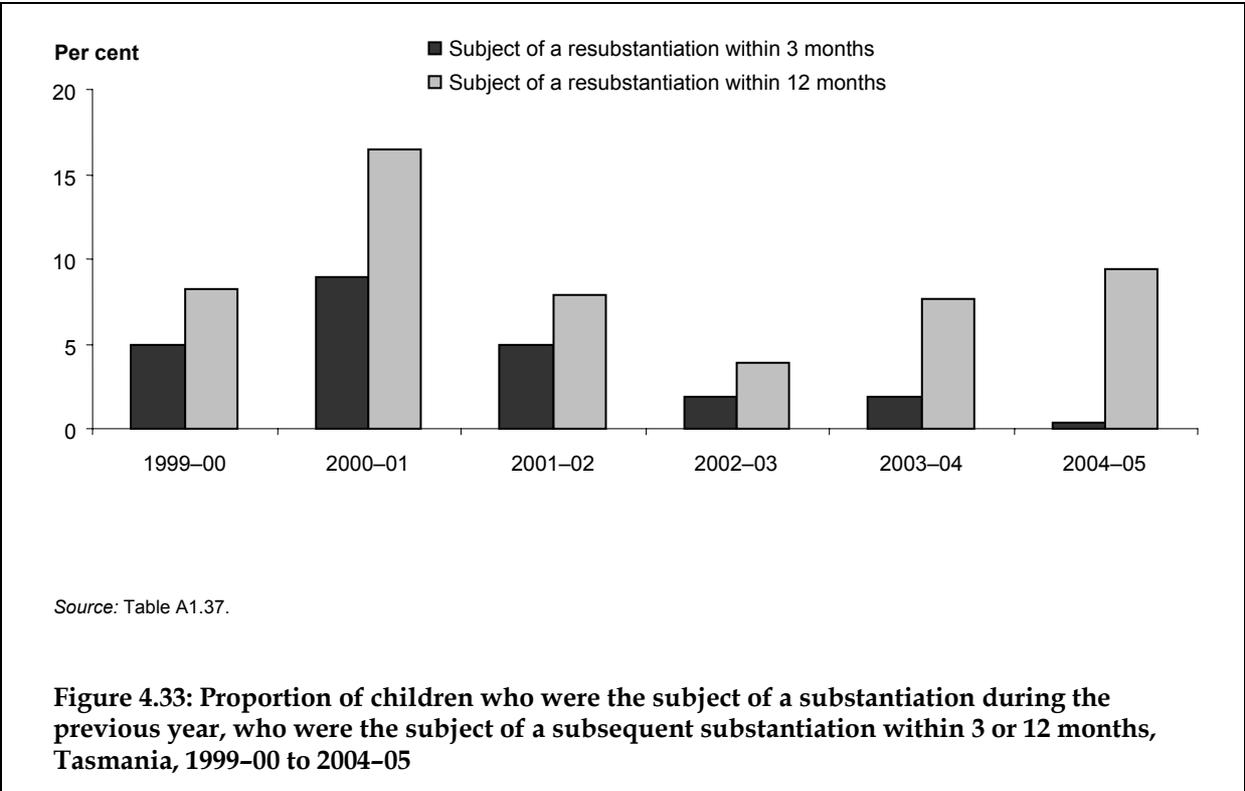


Source: Table A1.36.

Figure 4.32: Proportion of finalised child protection investigations that were substantiated, Tasmania, 1999-00 to 2004-05

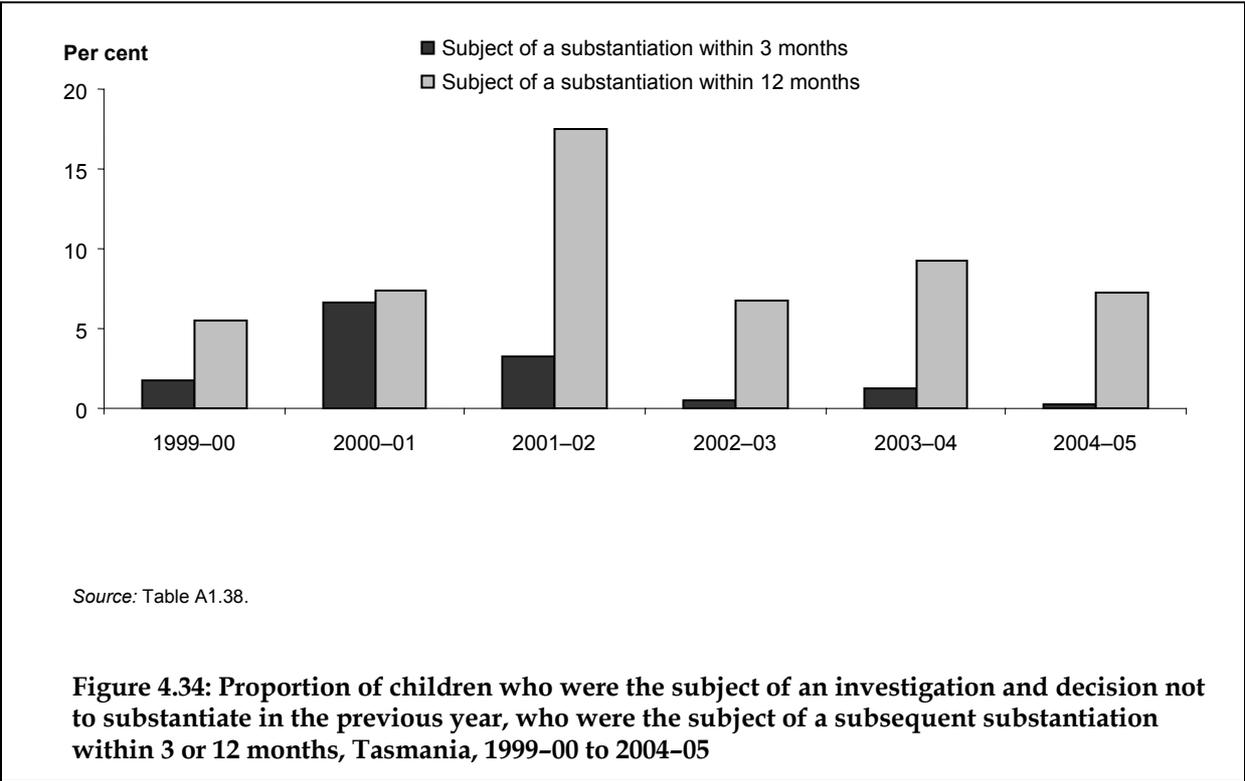
4.6.2 Resubstantiation rate

The 3-month resubstantiation rates in Tasmania for the past 6 years ranged between less than 1% in 2004–05 to 9% in 2000–01 (Figure 4.33). There was a larger range in the 12-month resubstantiation rate – from 4% in 2002–03 to 17% in 2000–01. In Tasmania, the number of children involved in resubstantiations is relatively small, with less than 10 children subject to resubstantiation at 3 months, and less than 35 at 12 months in any year (Table A1.37). Therefore, rates of resubstantiation should be interpreted carefully as a small increase in the number of children who are the subject of a resubstantiation creates a relatively large increase in the rate of resubstantiation. In addition, the AIHW modified its counting rules for this measure as of 2003–04, which may have resulted in lower rates for some jurisdictions from that year onwards. Under the revised counting rules, a resubstantiation was only counted if the notification was received after the first investigation had been finalised.



4.6.3 Substantiation rate after decision not to substantiate

As for the resubstantiation rate, yearly variations in the substantiation rate after a decision not to substantiate should be interpreted carefully due to the small number of children in the data set (Figure 4.34; Table A1.38). In addition, the AIHW modified its counting rules for this measure as of 2003–04, which may have resulted in lower rates for some jurisdictions from that year onwards. Under the revised counting rules, a substantiation after a decision not to substantiate was not counted for a child unless the notification was received after the first investigation had been finalised.



4.6.4 Safety in out-of-home care

From 1999-00 to 2003-04, Tasmania identified less than three children in each year who were the subject of substantiated abuse in out-of-home care where the person believed responsible was the carer. The number of children identified as being in this category in 2004-05 rose to 11. However, Tasmanian data on this indicator is unreliable as a large proportion of substantiations where the person believed responsible was not recorded in the information system (64% in 2004-05).

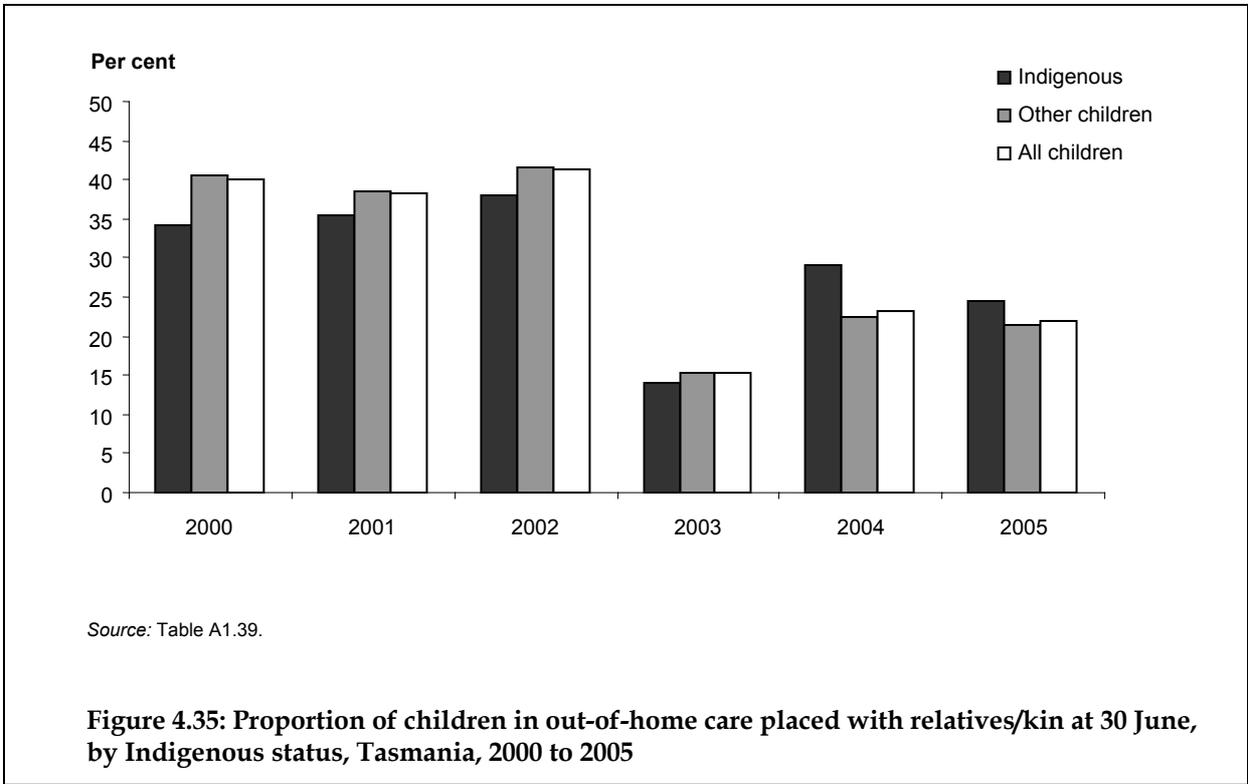
4.6.5 Stability of placement

Tasmania can not currently report on stability of placement. However, work is progressing with a view to reporting on this indicator in the future.

4.6.6 Placement with extended family

From 2000 to 2002, approximately 40% of children in out-of-home care were placed with extended family (Figure 4.35). This included a group of children who did not meet the definition of out-of-home care. That is, they were not on care and protection orders, and their placements were the result of an informal arrangement with the parents and not a formal placement made by out-of-home care services. From 2003, this group of children was excluded from the count and as a consequence, the proportion of children placed with extended family decreased to 15% of all children in out-of-home care. In 2004 and 2005, the proportion increased to above 20% of children in out-of-home care and this reflects an emphasis on the placement of children with extended family where possible.

From 2000 to 2003, Aboriginal and Torres Strait Islander children were placed with extended family proportionately less often than other children. For 2004 and 2005, the reverse was the case.



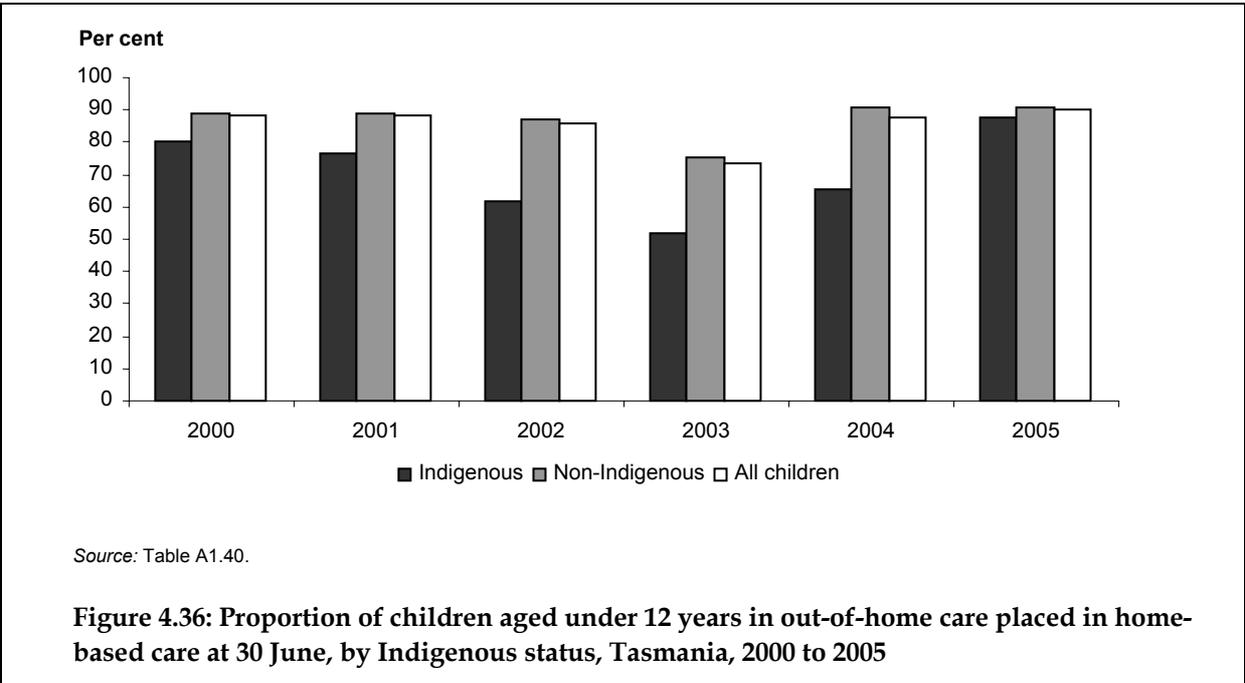
4.6.7 Children aged under 12 years in home-based care

Between 2000 and 2005 in Tasmania, the majority of children in out-of-home care aged under 12 years were placed in home-based care. The proportions ranged from 73% in 2003 to 90% in 2005 (Figure 4.36). The low rate in 2003 may be attributed to the decision described in section 4.6.6, where a number of children placed with extended family who were not on care and protection orders, and whose placement was not arranged by out-of-home care services, were excluded from the count of children in home-based care.

In 2004, the proportion of children placed in home-based care increased to 88%. This increase is attributed to a re-categorisation of placement types in Tasmania. As a consequence, from 2004 onwards, children placed in approved children’s homes were counted as being in other home-based care rather than being in residential care. While carers in this placement type are recruited, trained and supported by a community organisation, these placements are best described as home-based out-of-home care because they are similar to a home-like setting.

Tasmania generally had a lower rate of placement in home-based care than other jurisdictions in all of the reporting periods, and the use of family group homes in Tasmania was a contributing factor to this result. Although family group homes are not included in the AIHW definition of home-based care, in Tasmania a family group home is considered similar to foster care, which is classified as home-based care.

The proportion of Aboriginal and Torres Strait Islander children placed in home-based care is lower than that for other children. However, it is important to interpret the data with caution as they do not include children placed in family group homes. Thus, the proportion of Indigenous children under 12 years of age reported as being in a home-based placement in 2003–04 is considered to be conservative. It is also important to take into account the small number (78 or fewer in each of the years examined) of Indigenous children in out-of-home care when analysing variations in these data.

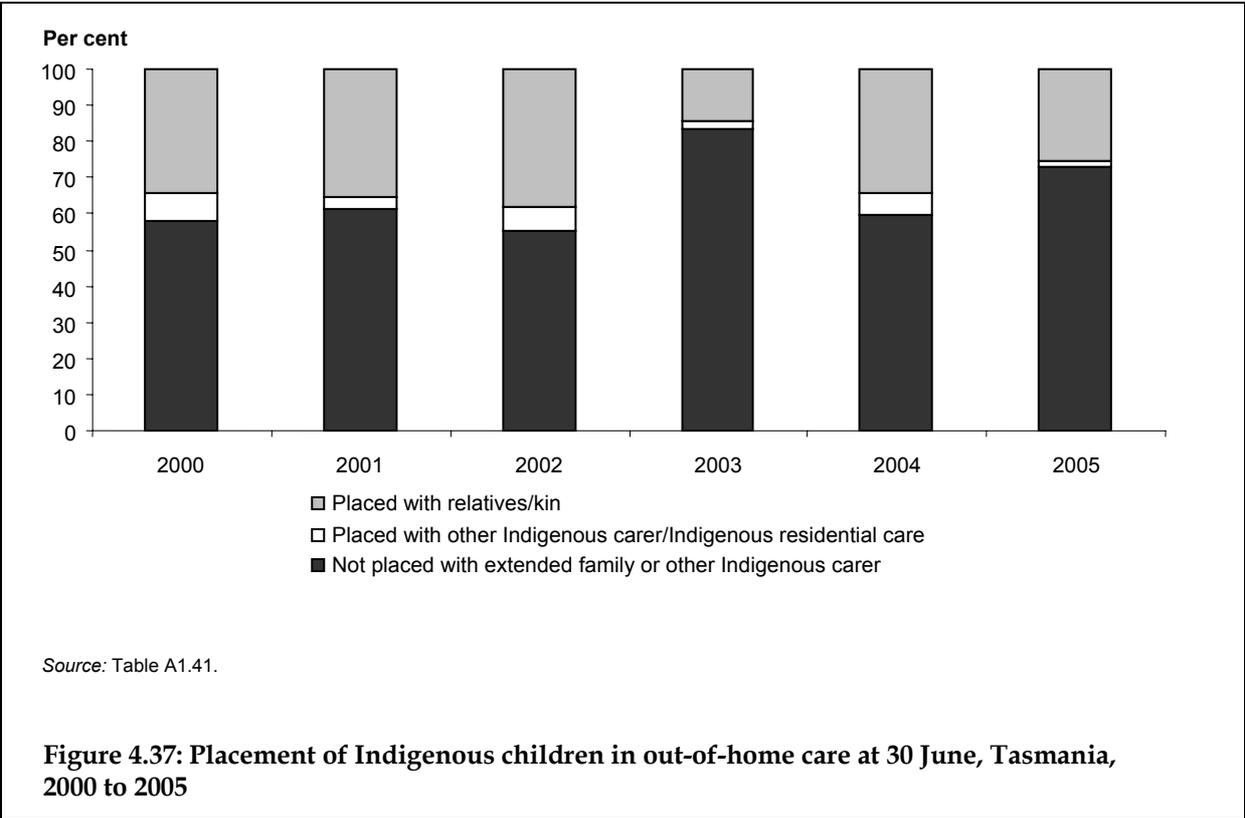


4.6.8 Placement in accordance with the Aboriginal Child Placement Principle

From 2000 to 2002, between 39% and 45% of Aboriginal and Torres Strait Islander children in out-of-home care were placed in accordance with the Aboriginal Child Placement Principle (Figure 4.37). In 2003, this proportion declined to 17%. However, the 2003 data should not be compared to the data reported for the previous years. As noted previously, children who were not the subject of a care and protection order and whose placements were not organised by out-of-home care services were excluded from 2003 onwards.

In 2004 and 2005, the proportions of children placed in accordance with the Aboriginal Child Placement Principle were approximately 40% and 27% respectively. When analysing variations in the data, it is important to take into account the small number of Indigenous children in out-of-home care (Table A1.41).

Of the children placed in accordance with the Principle, most were placed with relatives or kin. For 2005, 95% of Indigenous children were placed with relatives or kin in Tasmania. However, it should be noted that only one Indigenous child (out of 20 children) was in non-kin Indigenous care.



4.7 Australian Capital Territory

The Office for Children, Youth and Family Support is responsible for the care and protection of children in the Australian Capital Territory, and investigates and substantiates notified cases of suspected child abuse and neglect. The Office was established in May 2004, as a separate administrative unit reporting to the Chief Minister's Department, and is now part of the Department of Disability, Housing and Community Services (OCYFS 2004).

The most important legislation governing the protection of children in the Australian Capital Territory is the *Children and Young People Act 1999* (OCYFS 2004). The commissioning of this Act is likely to have had an effect on child welfare data, as would amendments made to the Act in 2001 and 2004.

Another important development which may have impacted on the data was the development of the Children's Plan. In June 2002, as a result of the Australian Capital Territory Health Review (the Reid Report), the Australian Capital Territory Government agreed to develop a Children's Plan. The Plan was released in 2004 with the aims of:

- ensuring clarity of the Government's commitment to children and families
- providing a common policy framework for the provision of services
- setting guidelines for the practical implementation of services across government, non-government agencies and the community (OCYFS 2005).

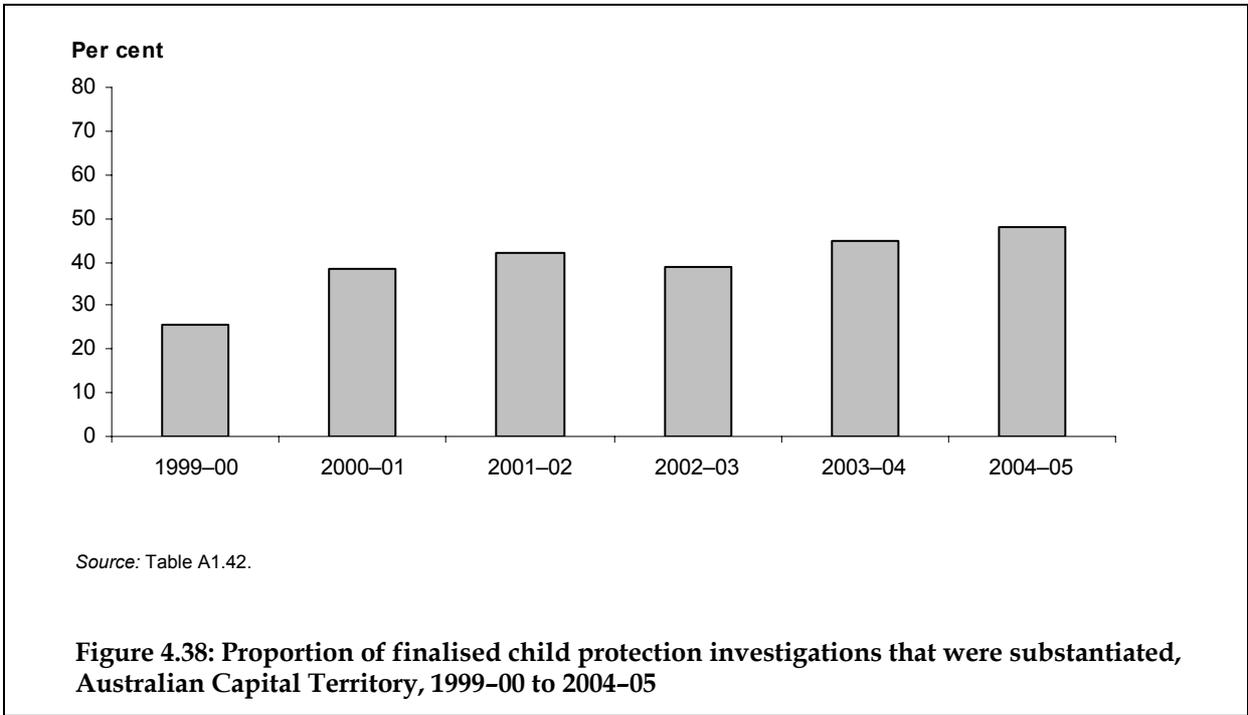
The Australian Capital Territory is able to provide data on each of the eight performance indicators.

4.7.1 Substantiation rate

In the Australian Capital Territory, the proportion of finalised investigations that were substantiated gradually increased between 1999-00 and 2004-05 (Figure 4.38). In 1999-00, 25% of the 918 finalised child protection investigations were substantiated. In 2004-05, 48% of the 2,529 finalised investigations were substantiated.

During 1999-00, a new information system was implemented and a number of substantiated cases were not recorded during the implementation period. Thus, the lower substantiation rate in 1999-00 is likely to be incorrect. According to the OCYFS, the data from 2000-01 onward give a more realistic picture of the Australian Capital Territory's substantiation rate than the 1999-00 data.

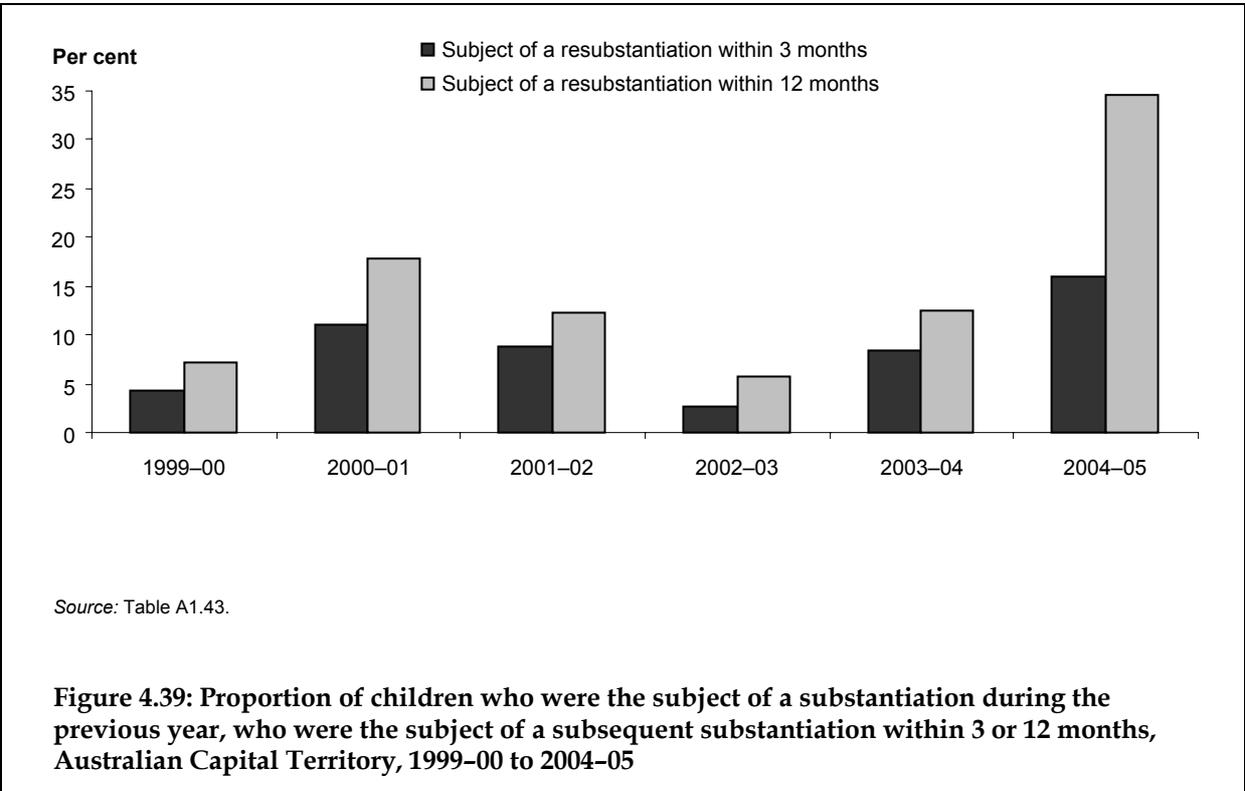
The increasing rate of substantiation reflects better targeting of children at risk through the introduction of a Centralised Intake Service. This has been accompanied by improved risk assessment tools and policy. Increasing child protection reports in the Australian Capital Territory are also likely to have influenced this figure.



4.7.2 Resubstantiation rate

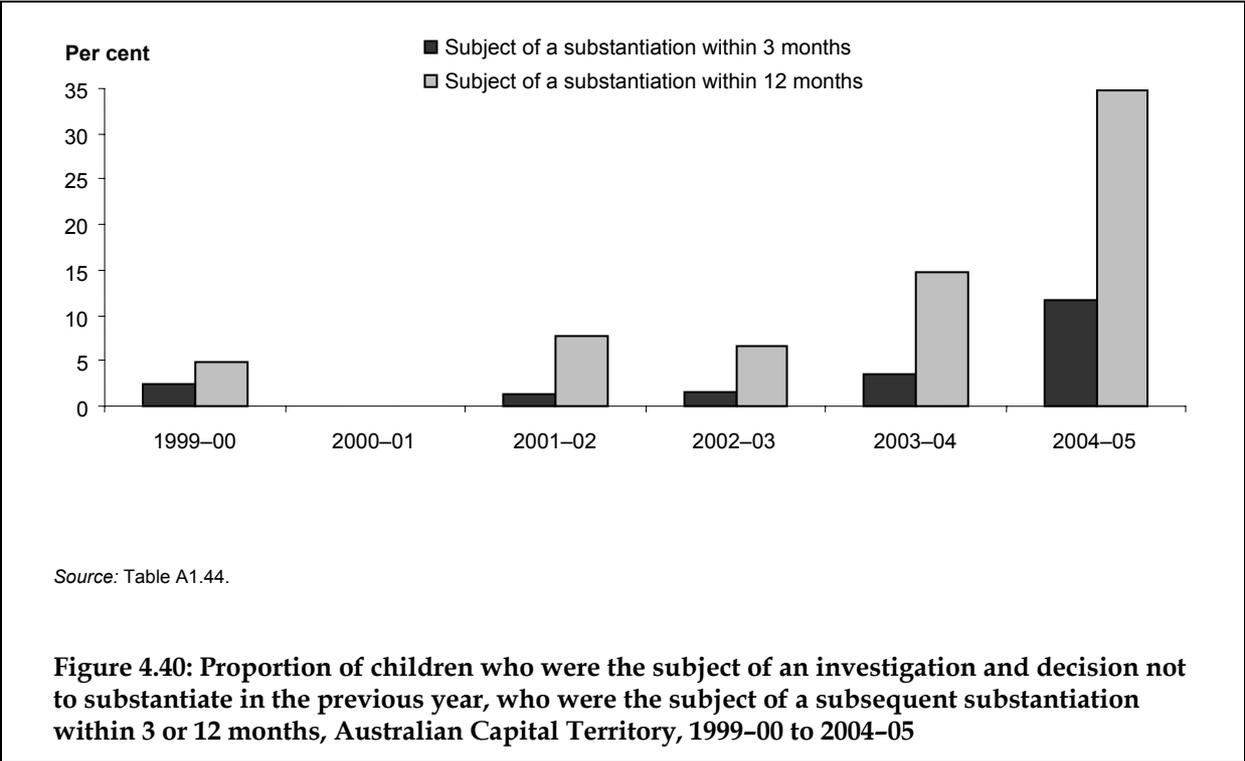
The percentage of children who were the subject of resubstantiation at 3 months ranged from 3% to 16% over the 6-year period (Figure 4.39). As the numbers of children involved were small (between 12 and 22 per year until 2003-04 and 78 in 2004-05), this variation in percentage is of little note. At 12 months, the resubstantiation rate varied between 6% and 35% over the 6-year period. Again, this represents only a small difference in the number of children involved (less than 35 in all years except 2004-05 when there were 169).

The counting rule for this indicator changed in 2003-04, therefore direct comparisons with previous years should be made with caution. Under the revised counting rules, a resubstantiation was only counted if the notification was received after the first investigation had been finalised.



4.7.3 Substantiation rate after decision not to substantiate

The substantiation rate after decision not to substantiate at 3 months and 12 months in the Australian Capital Territory appears to fluctuate greatly (Figure 4.40). However, as with the resubstantiation rate, the percentage fluctuation over the years represents a small number of children (Table A1.44). Data were not available for 2000–01, and the counting rule was changed in 2003–04, therefore limiting overall comparisons between years.

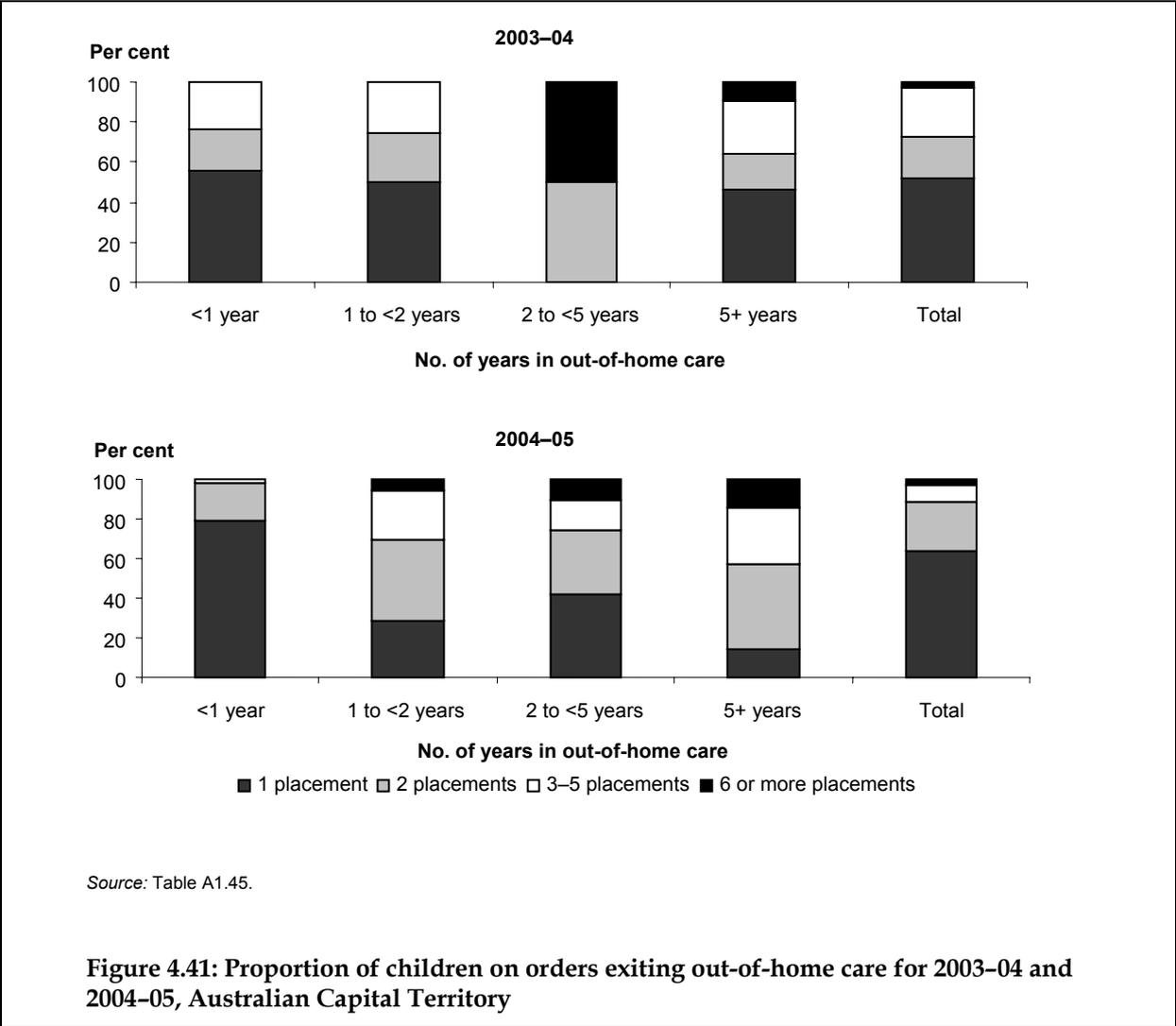


4.7.4 Safety in out-of-home care

Very few children in out-of-home care during the past 5 years were the subject of a substantiation where the person believed responsible was the carer or someone else living in the house, with the number of children ranging from 1 to 11 between 1999–00 and 2004–05 (SCRGSP 2006).

4.7.5 Stability of placement

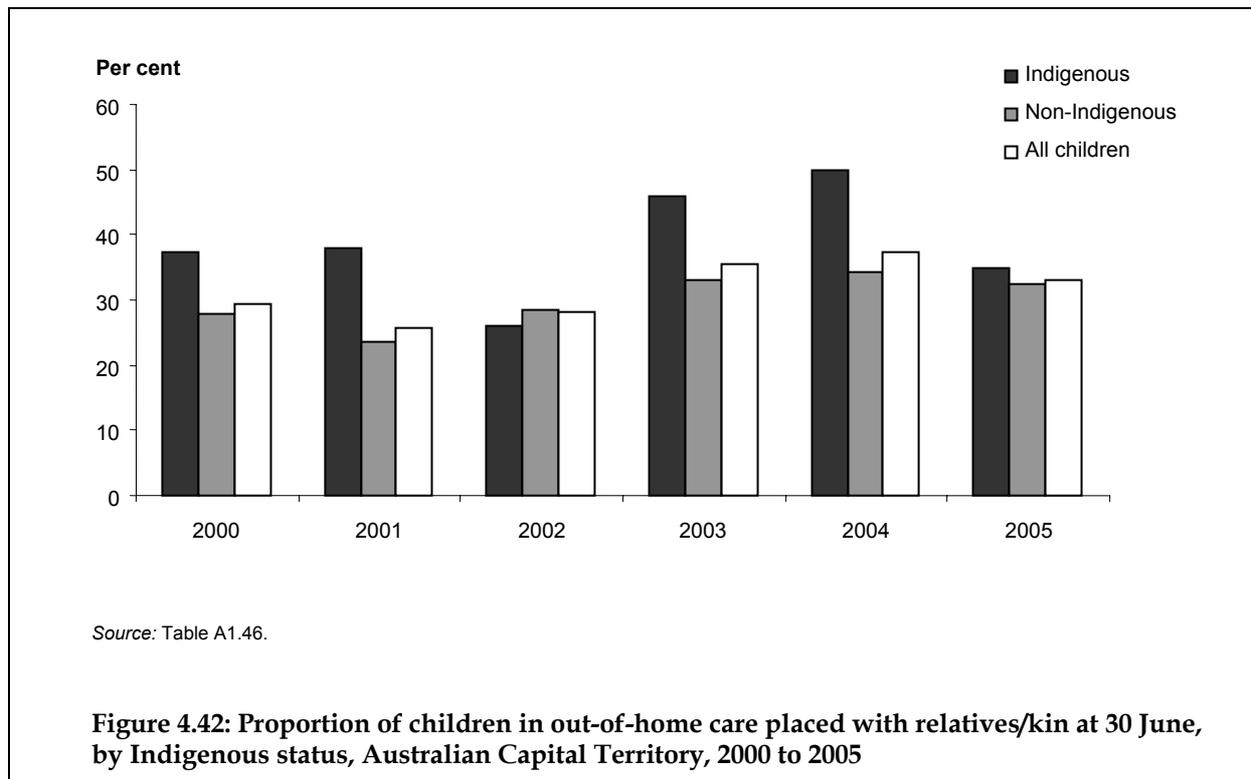
Figure 4.41 shows the proportions of children exiting out-of-home care after different numbers of years for 2003-04 and 2004-05. However, due to the small number of children involved, these proportions should be interpreted with caution. In total, there were 63 children exiting out-of-home care in 2003-04 and 134 exiting in 2004-05. In both years, a large proportion of children exited care after only one placement (52% in 2003-04 and 64% in 2004-05). In 2003-04, 44% of children had between two and five placements, compared to 33% in 2004-05. In both years 3% of children had experienced between six and 10 placements.



4.7.6 Placement with extended family

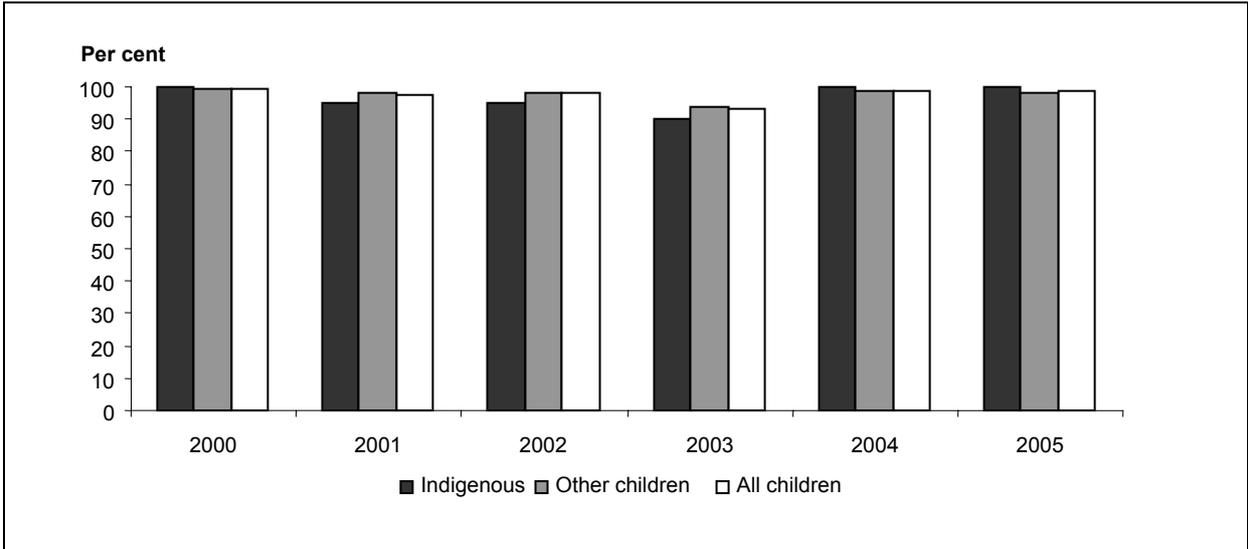
Over the 6 years reported, the proportion of children in out-of-home care in the Australian Capital Territory placed with relatives or kin fluctuated between 26% (in 2001) and 37% (in 2004) (Figure 4.42). The increase from 28% in 2002 to 35% in 2003 may be due to an increase in the use of Family Group Conferencing in 2003 as a means of involving extended family and kin in decision making for children at risk.

In all years except 2002, Indigenous children were proportionately more likely to be placed with relatives than other children. The fluctuations in the proportion of Indigenous children placed with relatives or kin is a reflection of the very small numbers of Indigenous children in care in the Australian Capital Territory (Table A1.46).



4.7.7 Children aged under 12 years in home-based care

Around 98% of all children in out-of-home care in the Australian Capital Territory were in home-based care in all years except 2003, when the proportion dropped to 93% (Figure 4.43). There was some variation in the proportion of Aboriginal and Torres Strait Islander children placed in home-based care over the reporting years. The proportion varied from 90% in 2003 to 100% in 2000, 2004 and 2005. The proportion for other children remained fairly constant at 98% to 99%, except in 2003 where it dropped to 94%.

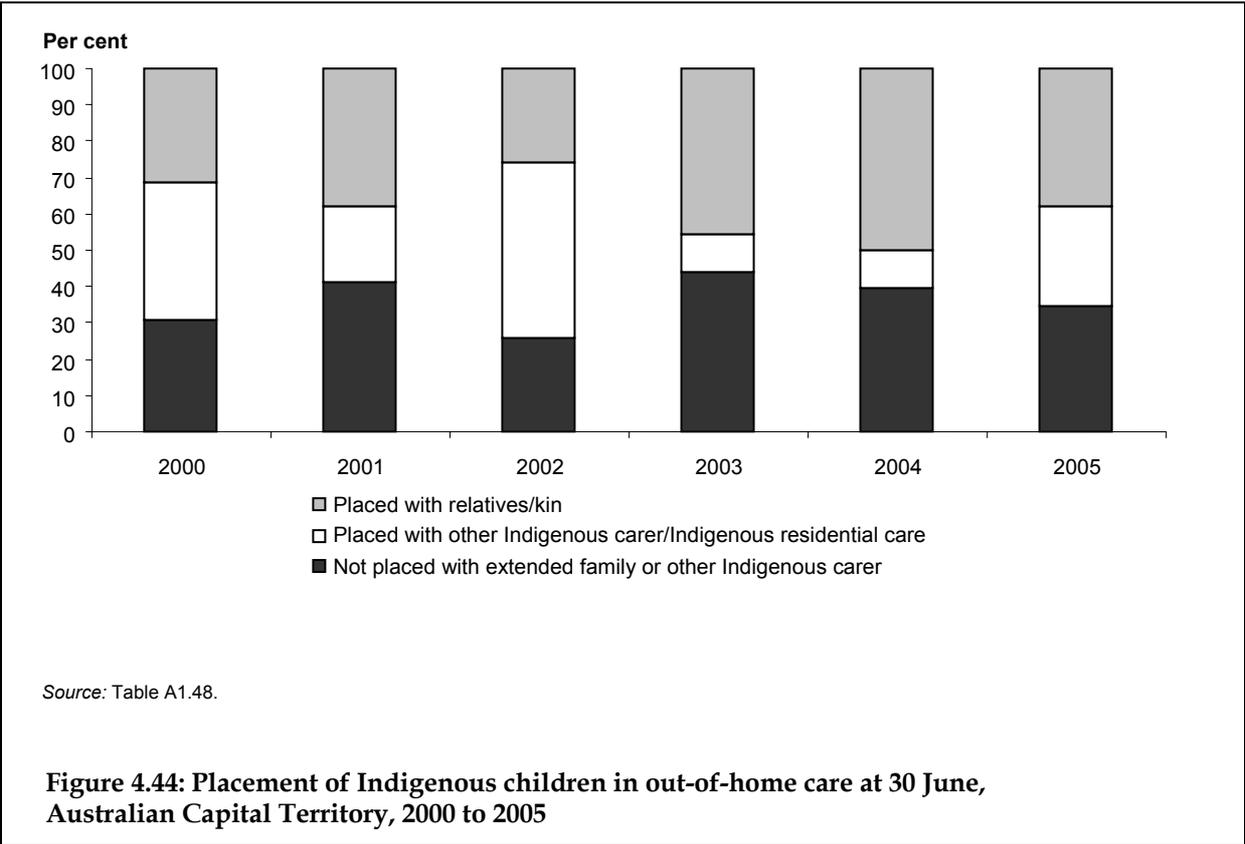


Source: Table A1.47.

Figure 4.43: Proportion of children aged under 12 years in out-of-home care placed in home-based care at 30 June, by Indigenous status, Australian Capital Territory, 2000 to 2005

4.7.8 Placement in accordance with the Aboriginal Child Placement Principle

The proportion of Indigenous children placed in accordance with the Aboriginal Child Placement Principle between 2000 and 2005 ranged between 56% and 74% (Figure 4.44). Caution must be taken regarding these data because of the small number of Aboriginal and Torres Strait Islander children in care in the Australian Capital Territory. The number of Indigenous children in care ranged from 27 in 2002, to 60 in 2005.



4.8 Northern Territory

The Department of Health and Community Services is responsible for the care and protection of children in the Northern Territory. Since 2001, a significant amount of additional funding has been injected into child protection services, with more than 40% of this funding being assigned specifically for Indigenous child protection (Northern Territory Government 2004a). It is possible that this additional funding has had an impact on recent child protection data.

Another possible influence on the Northern Territory's data is the recent review of child protection systems (Northern Territory Government 2004b). The Child Protection Systems Reform was carried out to assess child abuse and neglect issues, particularly those related to Indigenous communities. The review advised on three main areas for reform:

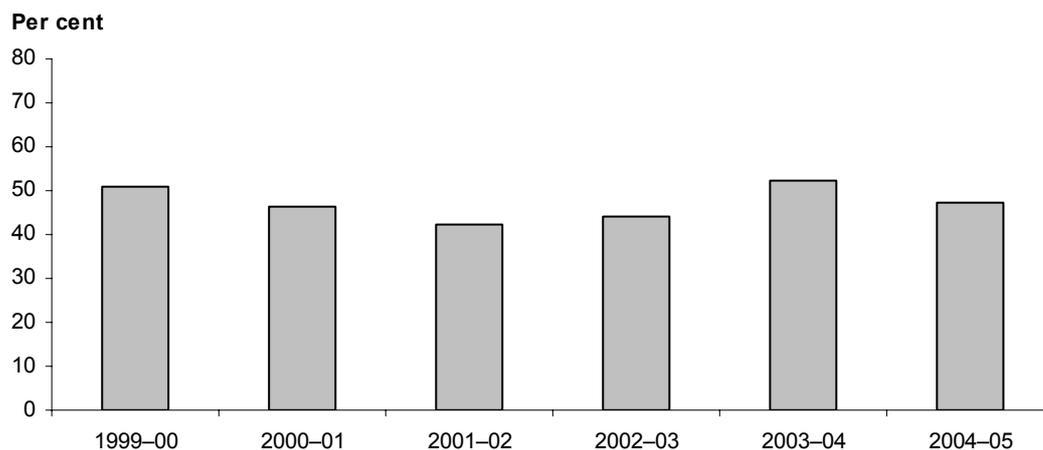
- the need for individually tailored service provision
- the requirement for an all-community approach to best combat child abuse and neglect
- the need for more resources (for hiring qualified staff and foster carers) to adequately protect children.

In the Northern Territory, everyone is legally mandated to report suspected cases of child maltreatment. That is, any person who believes that a child is being, or has been, abused or neglected is required by law to report their concerns (Northern Territory Government 2004c). This differs from most other Australian jurisdictions, where only some professionals are legally mandated to report suspected cases of child abuse.

The Northern Territory was able to report on seven of the eight performance indicators. They were not able to report on safety in out-of-home care.

4.8.1 Substantiation rate

The substantiation rate for the Northern Territory has remained relatively stable across the 6 reporting years, ranging from 42% in 2001-02 to 52% in 2003-04 (Figure 4.45). This is despite the overall number of notifications and finalised investigations slowly increasing from 1,437 and 775 respectively in 1999-00, to 2,101 notifications and 1,003 finalised investigations in 2004-05 (Table A1.49).

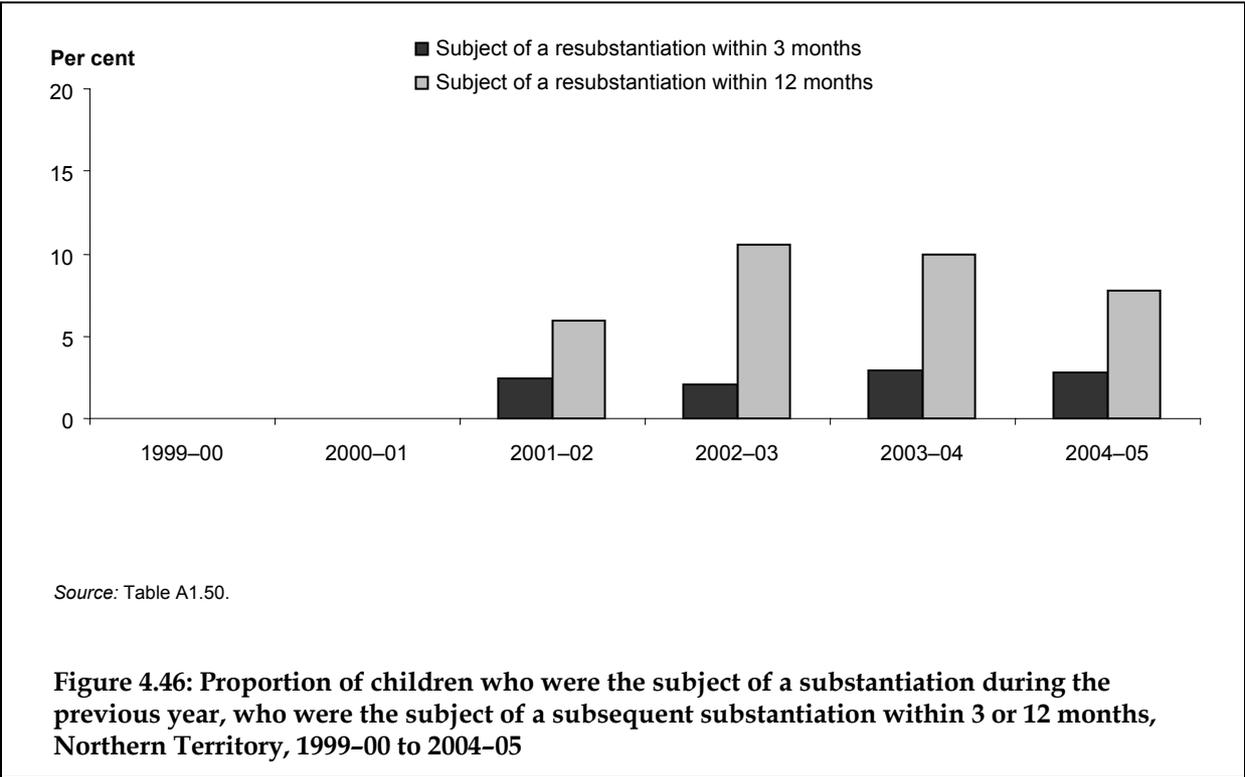


Source: Table A1.49.

Figure 4.45: Proportion of finalised child protection investigations that were substantiated, Northern Territory, 1999-00 to 2004-05

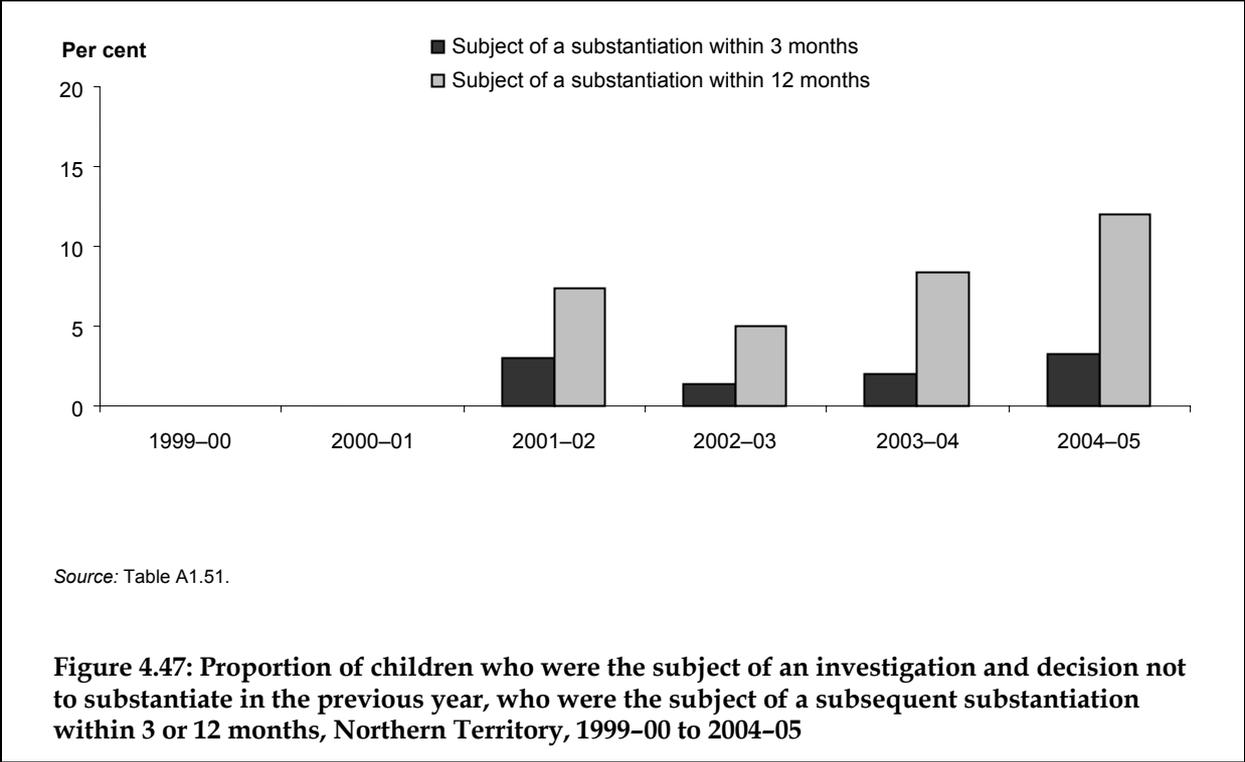
4.8.2 Resubstantiation rate

In the Northern Territory, the 3-month resubstantiation rate was between 2% and 3%, and the 12-month resubstantiation rate was between 6% and 11% in the years between 2001-02 and 2004-05 (Figure 4.46). The number of children involved is small, therefore these changes in percentage represent very small changes in number of children subject to resubstantiation. Consequently, no conclusion about trends should be drawn from these data. Data for 1999-00 and 2000-01 were unavailable for the Northern Territory.



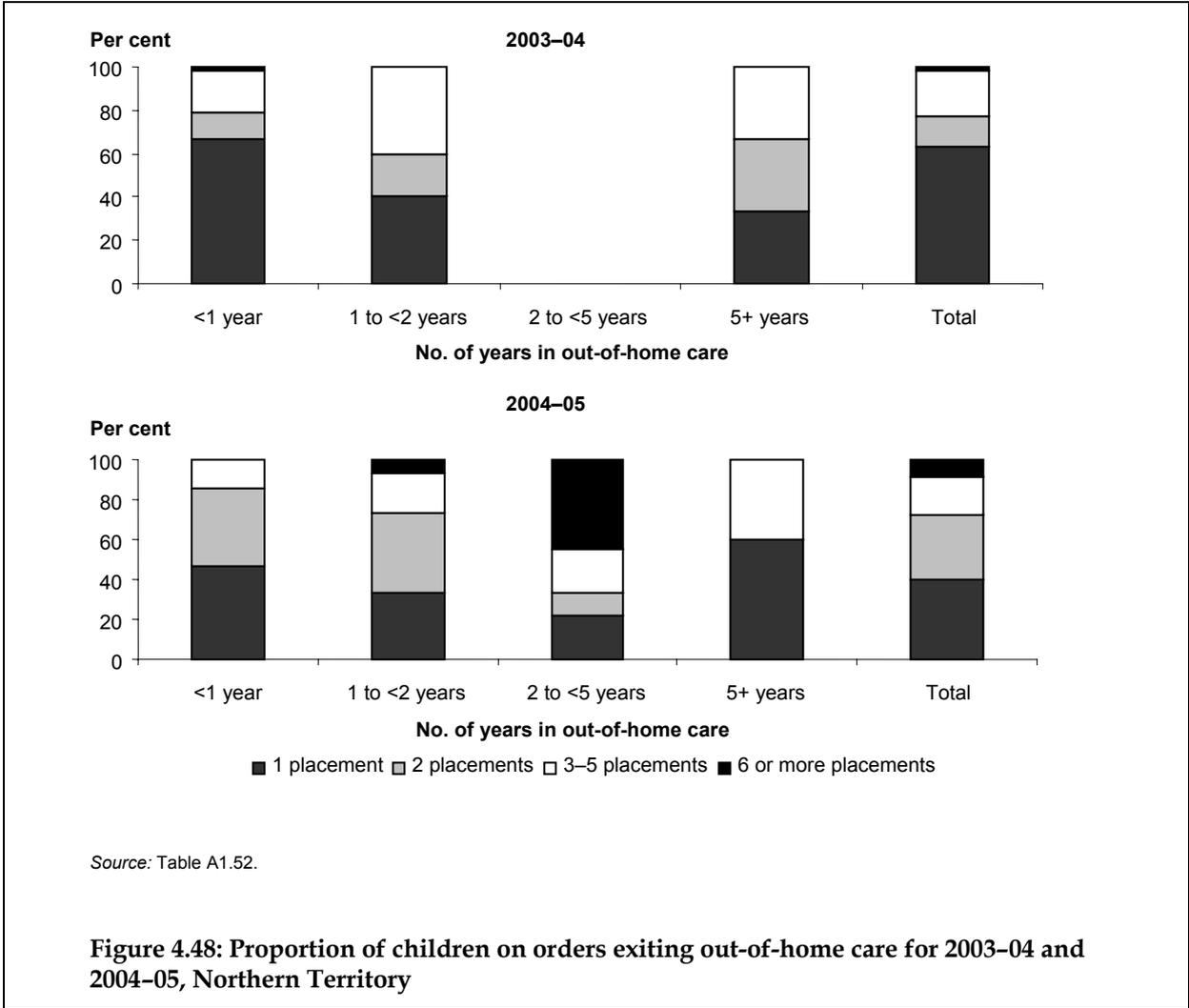
4.8.3 Substantiation rate after decision not to substantiate

As for the previous indicator, substantiation rates after decision not to substantiate were unavailable for 1999-00 and 2000-01 for the Northern Territory. The 3-month rates ranged between 1% and 3% for the remaining 4 years examined, while the 12-month rates were between 5% and 12% (Figure 4.47). As with the resubstantiation rates, these percentages represent very small fluctuations in the numbers of children involved and should not be regarded as meaningful changes.



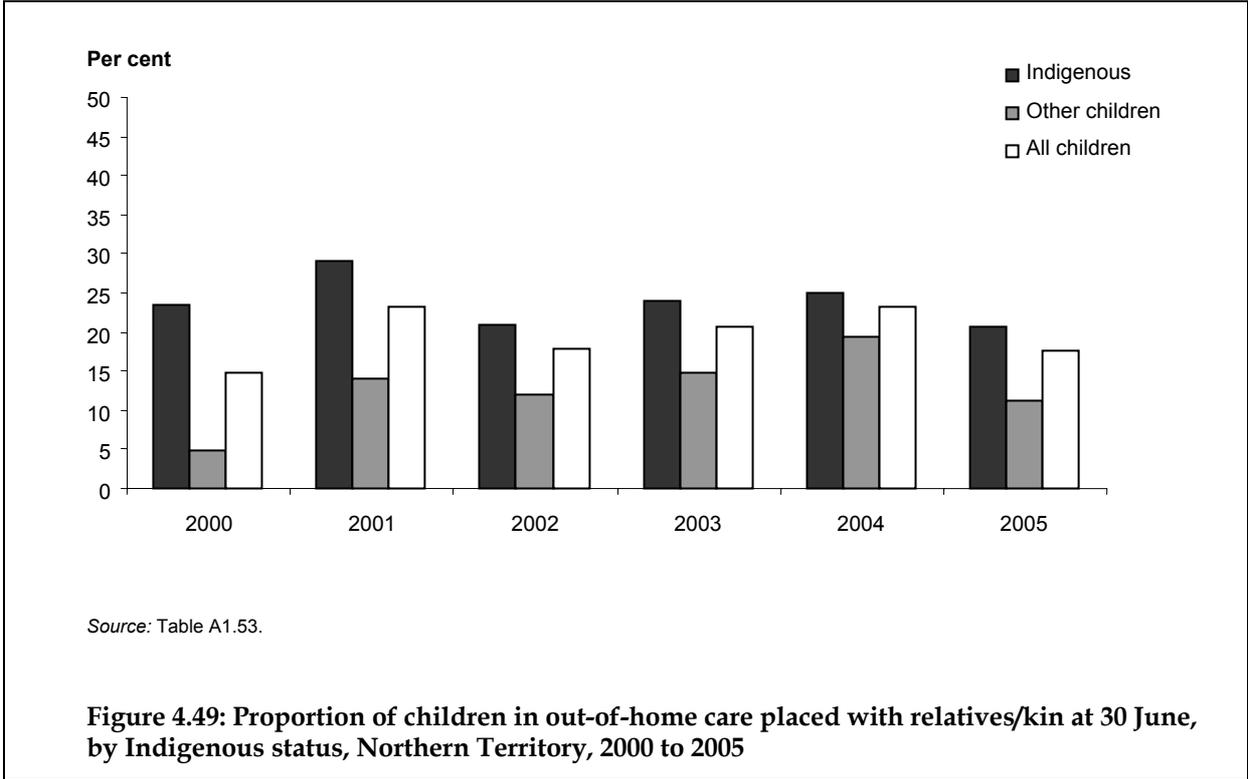
4.8.4 Stability of placement

Similar to the Australian Capital Territory data for children leaving care, the numbers in the Northern Territory are very small, resulting in large fluctuations in proportions of children having different numbers of placements for small changes in the number of children involved (Figure 4.48). Therefore, little meaningful interpretation can be gained from the data breakdown. However, it is useful to examine the total number of children leaving care in each year, keeping in mind the small numbers of children involved (56 in 2003-04 and 57 in 2004-05). For both years, children were more likely to have only one (63% in 2003-04 and 40% in 2004-05) or two (14% in 2003-04 and 32% in 2004-05) placements during their time in care. Very few children have six or more placements.



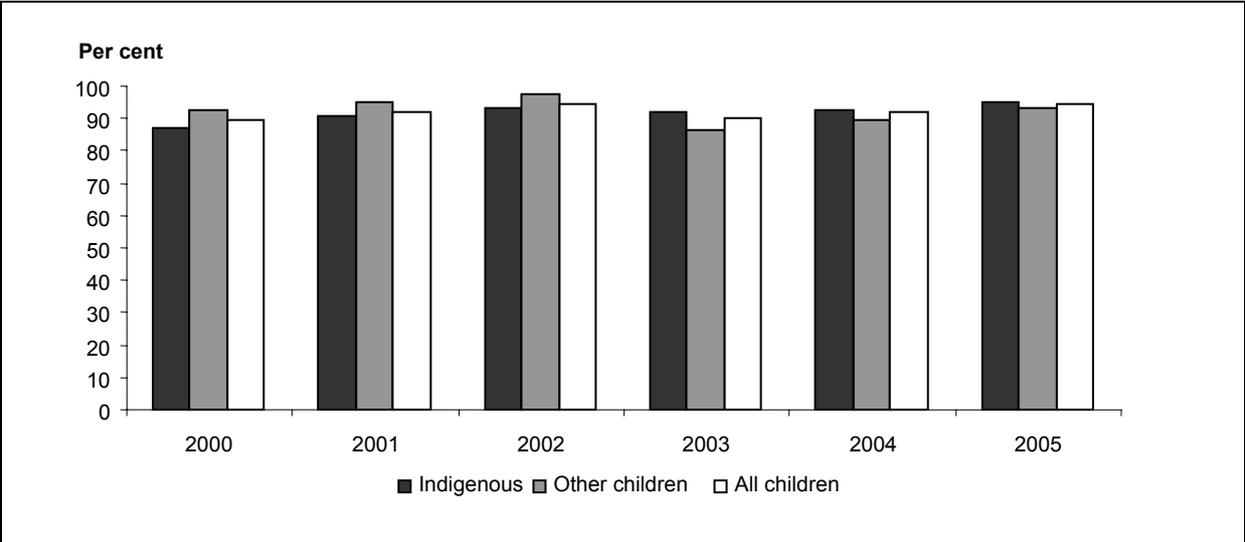
4.8.5 Placement with extended family

From 2000 to 2005, between 15% and 23% of children in out-of-home care in the Northern Territory were placed with relatives or kin. In each of these years, Aboriginal or Torres Strait Islander children were more likely to be placed with extended family than other children (Figure 4.49). In any given year no more than 29% of Indigenous children and 19% of other children were placed with members of their extended family. A reason proposed for the low rates of placement with relatives of other children in the Northern Territory is that non-Indigenous families in the Northern Territory are less likely to have extended family close by than in other parts of Australia.



4.8.6 Children aged under 12 years in home-based care

Over 89% of all children aged under 12 years in out-of-home care were placed in home-based care in every year from 2000 to 2005 (Figure 4.50). For Aboriginal or Torres Strait Islander children, the proportion ranged from 87% in 2000 to 95% in 2005. For other children, the proportion ranged from 87% in 2003, to 97% in 2002.



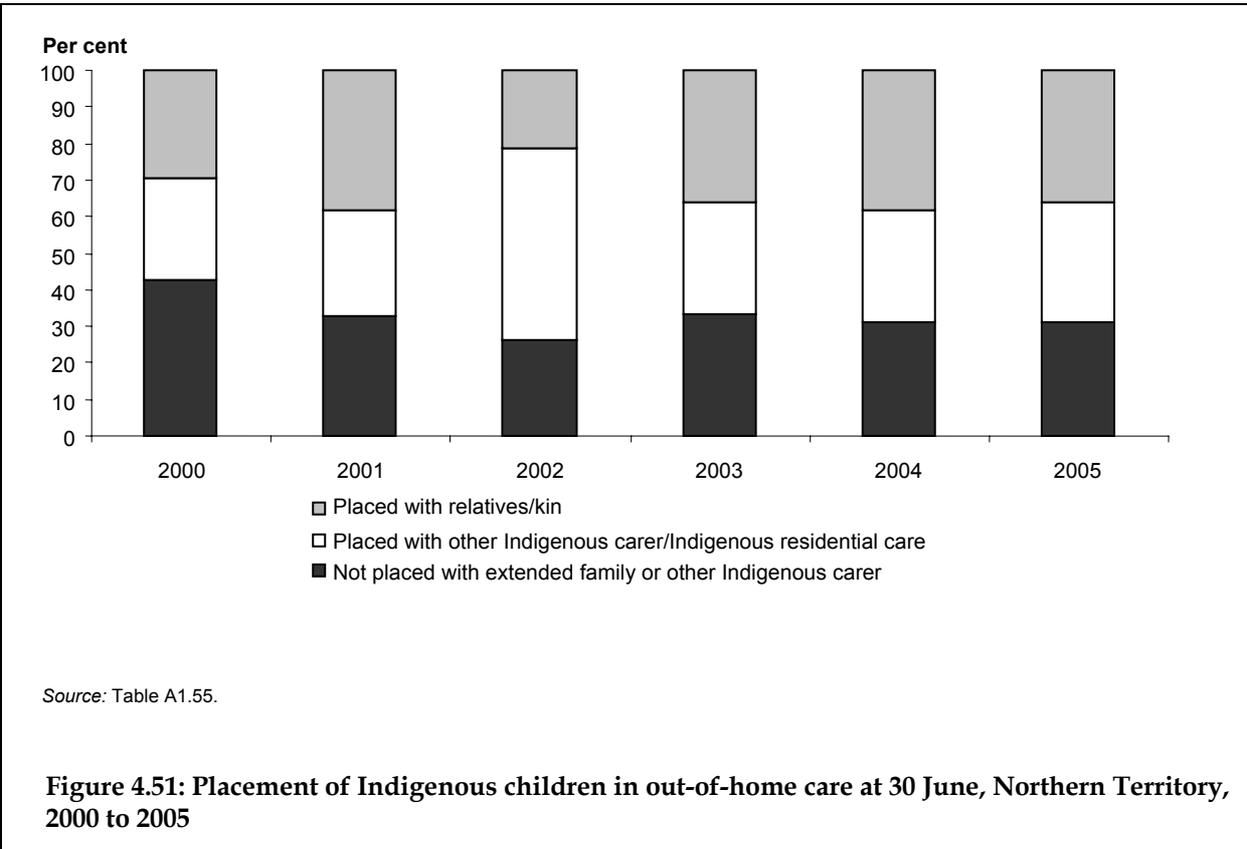
Source: Table A1.54.

Figure 4.50: Proportion of children aged under 12 years in out-of-home care placed in home-based care at 30 June, by Indigenous status, Northern Territory, 2000 to 2005

4.8.7 Placement in accordance with the Aboriginal Child Placement Principle

Between 2000 and 2005, the proportion of Aboriginal and Torres Strait Islander children in out-of-home care placed in accordance with the Aboriginal Child Placement Principle varied between 57% (in 2000) and 74% (in 2002) (Figure 4.51). In all years except 2002, a higher proportion of children were placed with relatives or kin than other Indigenous caregivers or in Indigenous residential care.

It should be noted that the definition of relatives or kin used for this indicator is broader than the definition used in other indicators as it includes kin relationships based on customary law.



5 Future directions

In addition to the indicators that have already been established to assess the performance of child protection and out-of-home care services in Australia, there are other indicators that must be considered to enable a thorough assessment of these services. NCPASS is currently developing nine new or revised performance indicators to increase service accountability. This chapter provides a brief summary of each of these indicators.

5.1 Continuity of caseworker

Description

This indicator will report the number of caseworkers that have been responsible for the case management of a child during the child's contact with the child protection system. If a child has had previous contact with the child protection service, the number of caseworkers will be counted for the most recent episode on an order.

Importance

Frequent changes to allocated caseworkers are a highly problematic area in child protection. Not only do children report a desire to maintain continuity of workers (Community Services Commission NSW 2000), interventions are far more effective when rapport has been established and a close relationship exists between the worker, the child and their family (AIHW 2002). This close relationship is difficult to cultivate with frequent changes to caseworkers.

Factors affecting interpretation

Some jurisdictions might employ case managers on short-term contracts or structure workload on a rotating basis, meaning that long-term continued case management is not possible. It is also a feature in some jurisdictions for specialist workers to be employed who undertake investigations and this provides additional expertise to this complex role. Problems in assessing continuity can occur when a caseworker goes on leave and is relieved for a short period. Continuity of workers is likely to have the most positive impact on a child when a good relationship has been established between the worker, the child and their family and when the worker provides continuous focus on addressing the assessed needs of the child or young person (AIHW 2002).

5.2 Response time to commence investigation

Description

This indicator will measure the length of time between a notification being received by a community services department and the department commencing an investigation.

Importance

The promptness of the response to child protection matters will be assessed via this indicator. Most jurisdictions have policy or legislation detailing the time recommended for cases to be investigated, and this indicator will enable assessment of how well departments are meeting these. For example, in some jurisdictions, an investigation should commence within 24 hours for cases where the child is believed to be in serious danger of harm. Children may be in serious danger of being harmed further if investigations are not commenced in a timely fashion.

Factors affecting interpretation

As stated in Chapter 3, jurisdictions have differing definitions for notifications and investigations. These differences will affect the comparability of this performance indicator across jurisdictions. It is likely that data will differ across jurisdictions as a result of policy and legislation differences across the states and territories. Not all cases are equally serious and hence different response times may be appropriate.

5.3 Response time to complete investigation

Description

This indicator will measure the length of time taken to complete an investigation. The measurement will be from the time a notification was received by the statutory child protection service department to the time the department records an investigation outcome decision (that is, whether or not the case was substantiated).

Importance

The actions resulting from an investigation outcome can determine the safety of a child. Therefore, it is imperative that investigations be completed in a timely fashion to protect the child. Further, the disruptive nature of investigations is likely to impact on children and families. It is therefore important that this likely negative impact be as short as possible and that families are notified about investigation outcomes as soon as possible.

Factors affecting interpretation

While investigations should be conducted in a timely manner, it is important that expediency does not overshadow a thorough and accurate assessment of a case. If external agencies (for example, police, schools) are involved in the case, additional time may be added to an investigation that is outside the control of the department. Inability to locate the child and/or their family might be another external reason for investigation delay. There are different policies across jurisdictions regarding the timeline set down for the completion of investigations, and these differences are likely to have an impact on the data.

5.4 Local placement

Description

This indicator will assess the degree to which children placed in out-of-home care are placed in close proximity to their home prior to entering care and continue at the same school. It is proposed that data will be collected for all children entering care in the previous financial year who attend primary or high school. The indicator will be assessed at two time points (3 and 12 months) and will be reported as:

- the proportion of children in the same school 3 months after entering care
- the proportion of children in the same school 12 months after entering care.

Importance

Being placed in the local area enables some stability and familiarity for the child, for example, they are likely to remain at the same school and have the same circle of friends (Community Services Commission NSW 2000). Continued contact with family members is also more likely when the child is placed reasonably close to their residence prior to being placed in care (AIHW 2002).

Factors affecting interpretation

Placement location should be determined in the best interests of the child. A worker may deem that placement with a particular family member might be in the best interest of the child. However, this relative may live a considerable distance from the child's original residence. Therefore, while in the best interest of the child, this placement would be considered to perform poorly on this indicator. Further, in some instances, it may be positive for the child to move from their original locality and school. For example, it may not be safe for the child to remain close to their parents or the child may have experienced significant difficulties with the school they attended. In these instances, placement away from the locality would be a positive move.

5.5 Placement with sibling

Description

When children from the same family are placed in out-of-home care, this indicator will record the number of siblings placed together in the same residence.

Importance

Stability and familiarity are important for all children. Remaining with siblings when taken from one's family home can increase feelings of security for children in care. It is also likely that placement with one's siblings will aid the child's emotional wellbeing and sense of belonging (AIHW 2002).

Factors affecting interpretation

A significant issue with this indicator is the difficulty in defining a sibling. Children with the same biological parents are usually deemed as siblings even if they do not live together. If children have a single biological parent in common, they are also usually regarded as siblings. Where fostered or adopted children fit is not always so clear although they are usually considered a sibling to a carer's biological child. In Indigenous communities, children can be raised by persons other than their biological parents. Questions then arise about the extent to which Aboriginal and Torres Strait Islander children raised in the same 'community family' should be classified as siblings. Prior to implementation, these issues will need to be clarified for recording purposes. It is likely that this indicator will become a measure of siblings or significant other children. This would acknowledge the connections with other children that the child felt were important in their life, and thus provide a measure of the disruption that separation would cause.

There are a number of other factors which may affect interpretation of this indicator. First, it might be difficult to place siblings with a substantial age difference together in the same placement as some carers prefer to only have children up to a certain age in their home. Second, large sibling groups are significantly more difficult to place together than smaller groups. Third, the date at which siblings were placed in care might also affect interpretation of this indicator. That is, it might be difficult to place a child with their sibling who has been in care for a considerable amount of time. For example, there may be little benefit to the child by aiming to place them with a sibling who is 5 years older and who has been in care since birth. Finally, it would not be recommended to place siblings together if the substantiated harm was perpetrated by the sibling.

5.6 Children with documented case plan

Description

This indicator will show whether a documented case plan exists for a child on a guardianship or custody order.

Importance

All Australian jurisdictions have legislation or policy detailing the necessity of a case plan for a child in statutory care (AIHW 2002). Case plans generally include goals such as improving the relationship between parent and child, successful reunification or long-term placement with a suitable carer. The plan also details the means by which these goals are hoped to be achieved, for example, scheduling of visits with family members, overnight stays with a parent and professional counselling. Therefore, having a case plan indicates that the department has a well thought out strategy of intervention for the child.

Factors affecting interpretation

It is envisaged that data on this indicator will be easily collected by departments, and given that all jurisdictions have legislation or policy about the importance of having a documented case, comparison between jurisdictions should be possible.

5.7 Safe return home

Description

This indicator will report on the proportion of children who were the subject of a substantiation and were placed in out-of-home care within 6 months of the substantiation, and who then returned home and were not the subject of a further substantiation within a specified amount of time. That is, this indicator assesses two important factors: whether children removed from their family home return in a set amount of time, and whether children who return home are the subject of another substantiation following that return. To date, the specified time has not been decided upon, although the usual reporting periods of 3 and 12 months have been suggested. This indicator is different from resubstantiation as resubstantiation includes children whether or not they were removed from their home and is measured in terms of resubstantiation following a previous substantiation or lack of substantiation of a notification. The measure of safe return home would look at the likelihood of substantiation following a reunion with the child's original family.

Importance

A major aim of child protection services is to protect children but maintain family continuity as much as possible. While reunification is frequently cited as the goal of protective intervention, it is paramount that this procedure is safe for the child. That is, it is imperative that the child not be placed back into an unsafe environment where they might be harmed again. This indicator therefore assesses the department's ability to make appropriate decisions regarding the probability of the child being safe from harm once returned home.

Factors affecting interpretation

Once reunified, families usually have less contact with protective services than when their child was in care. Therefore, if the underlying issues that had contributed to the child protection intervention have not adequately been addressed and there is a lack of support from service providers, it is likely that the child will be at risk of re-harm after returning home. However, if services follow up families once a child is returned home, it is more likely that re-abuse will be detected and substantiated thus increasing the resubstantiation rate.

Family circumstances can change. It is possible that it was safe for the child to return home when the reunification decision was reached, but between that time and the time the child returned home, the circumstances of the family changed and the child was no longer safe. For example, a parent became unemployed and was therefore unable to provide for the child, or an abusive de facto partner moved into the family home. Since these changes were subsequent to the department's decision to reunify the child with their family, a resubstantiation in this case should not be seen as a poor reflection on the department's initial decision.

Finally, there are differing definitions of substantiations across jurisdictions meaning that comparability across the states and territories is problematic.

5.8 Permanent care

Description

This indicator will report on the proportion of children who were on a finalised court order and placed in out-of-home care, and who were permanently placed in a family environment within a specified time period. A permanent placement includes being permanently reunited with their family, placed with extended family, or placed in family-based care.

Importance

Children require stability and security, and this indicator will show how well departments are able to provide these requirements to children. A permanent placement can provide a child with continuity and stability, which can aid with their self-esteem, feelings of security and coping skills (AIHW 2002).

Factors affecting interpretation

The length of time taken to place a child in permanent care may not necessarily equate with a positive outcome for the child. That is, a short time may mean that the department has worked expediently, but it may also mean that the department has not put enough time into thoroughly assessing the safety and suitability of the permanent placement. Performance on this indicator might also be related to the age of a child when they entered care (that is, it might be more difficult to place an older than a younger child) and the length of time the child has been in out-of-home care. In addition, jurisdictions have different protective orders for children, and these make comparability of data somewhat difficult.

5.9 Improved education, health and wellbeing of the child

An indicator or indicators to assess the improved education, health and wellbeing of children would be difficult to develop using administrative data in their current form. However, it is recognised that education, health and wellbeing are important measures of outcomes for children in the child protection systems across Australia.

With regard to improved education, the AIHW is currently undertaking a project initiated by NCPASS that assesses the educational outcomes of children on care and protection orders. This project will provide the literacy and numeracy scores of children on orders and will compare these data to benchmark scores within each jurisdiction. There will be a 2-year follow-up of these children and this will enable an assessment of the improvement in children's educational outcomes across time.

As suggested by the AIHW (2004b), children's health and wellbeing can effectively be assessed by measuring mortality, morbidity, disability and mental health. While these suggestions were made in regard to children in general, they could potentially be used to specifically assess the health and wellbeing of children involved in the child protection system.