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Child protection and out of home care: Policy, practice, and research connections Australia and New Zealand

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ABSTRACT

This article provides an outline of the early development of care and protection in Australia and New Zealand as a backdrop to an overview of child protection systems and policies and the current child protection profile in both countries. Key issues that have become the focus of policy reform are canvassed and legislative and policy initiatives to promote child safety as well as strengthen families are elaborated. An overview of trends in relation to out of home care, including routes into care, care arrangements and permanency policies is provided. The article profiles selected research studies from Australia focusing on outcomes of care: stability of care, mental health and educational outcomes of looked after children, abuse in care, and routes out of care through reunification and aging out. Other issues treated are the overrepresentation of indigenous children in care systems in both countries and the challenges of maintaining cultural connections. The article concludes with a brief comparative analysis identifying similarities and differences in child welfare systems in both countries.

Protección infantil y medidas de separación familiar: Conexiones entre políticas, práctica e investigación en Australia y Nueva Zelanda

Palabras clave:
Protección infantil
Medidas de separación familiar
Resultados en protección infantil
Reunificación
La situación de post-acogida
Sobrerrepresentación indígena

RESUMEN

Este artículo ofrece una descripción general del temprano desarrollo del acogimiento y protección en Australia y Nueva Zelanda como telón de fondo de una revisión de los sistemas y políticas de protección infantil y del perfil de protección actual en ambos países. Se sondean los aspectos más importantes en los que se ha centrado la reforma de las políticas y se elaboran iniciativas legislativas y normativas para fomentar la seguridad infantil y fortalecer a la familia. Se proporciona una revisión de las últimas tendencias relativas a las medidas de separación familiar, como los itinerarios y dispositivos de acogimiento y las políticas de permanencia. El artículo perfila estudios empíricos australianos seleccionados que se centran en los resultados en protección: estabilidad del acogimiento, resultados en salud mental y educativos en los niños atendidos, el abuso en el acogimiento y las medidas de separación familiar de los itinerarios por medio de la reunificación y la superación de la edad máxima. Otros temas abordados son la sobrerrepresentación de niños indígenas en los sistemas de acogimiento en ambos países y los retos de mantener los lazos culturales. El artículo concluye con un breve análisis comparativo de las semejanzas y diferencias de los sistemas de bienestar infantil en ambos países.

This article will review developments in child protection and out of home care in Australia and New Zealand. It will address historical, legal, and policy context and contemporary debates about care and protection as a backdrop to the discussion of trends and innovations in child protection and out of home care in both countries. Snapshots of research undertaken will be portrayed to illuminate the issues and needed policy interventions. The article concludes with discussion of the broad themes and issues relevant to New Zealand and Australia.

In terms of the child welfare policy arena, Australia and New Zealand are well suited to a comparative discussion apart from reasons of their geographic proximity and relative geographic isolation. The two countries have a history of bilateral efforts towards common approaches between jurisdictions, more recently exemplified by mechanisms such as the Community and Disability Services Ministers' Conference (CDSMC). Moreover the key features

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of the political systems of the two countries are highly similar with the exception of Australian Federalism (Chappell & Curtin, 2012). It is the impact of the latter that has tended to shape differences in the legislative framework, policy making, and policy responses to child protection and out of home care between the two countries.

Child protection in Australia

Background

Despite its large land mass, Australia has a highly urbanised population with approximately four out of five Australians living in a narrow coastal band within 50 kilometres of the coast and 86% living in urban areas (Australian Bureau of Statistics - ABS, 2008). As of the end of December 2012, the Australian population stands at just over 22.9 million people. The bulk of these reside in the eastern states, with approximately 7.3 million in New South Wales (NSW), 5.7 million in Victoria, and 4.6 million living in Queensland. Western Australia's (WA) population was approximately 2.5 million, South Australia (SA) approximately 1.7 million, with Tasmania, The Australian Capital Territory (ACT) and the Northern Territory (NT) having approximately 512 thousand, 379 thousand and 237 thousand respectively.

With respect to age, 25.32% of the Australian population are under 19 years, 18% 14 or younger, and 7% under 4 years of age (ABS, 2013). Approximately 3% of the population identifies as being Aboriginal and Torres Strait Islanders (ATSI). Unlike the New Zealand Māori, indigenous people in Australia do not have explicit legal recognition (Chappell & Curtin, 2012) nor do they represent the largest minority group (over 54% of the New Zealand population identifies as Māori). By total, the largest ATSI population reside within NSW (208,364 people), while the NT (despite the lowest total population) has by far the largest percentage of population identifying as ATSI, at 29.78%. Victoria, in contrast, has the lowest percentage with 0.86% (ABS, 2013). The age structure of the ATSI population is very different, with 57% of the population aged under 25 years, compared to 34% of the general population (Commonwealth Treasury, 2004).

Since unification by Federation in 1901, Australia has been a commonwealth of states united by a national government. In the field of child welfare, the federal Department of Families, Housing, Communities, and Indigenous Affairs (FaHCSIA) plays a largely supportive role, such as providing income support and other financial assistance to families. Child maltreatment reporting, investigation, case management and legislation are primarily the responsibility of state governments. Each state and territory within Australia has its own child welfare system, legislation and policies. While there are many similarities between them, there are points of divergence, which has implications for the national research agenda and comparisons of legislation and policy between states.

Responding to children who are maltreated and providing out of home care is an important dimension of Australian child welfare. The following sections summarise early state responses to inadequate parenting in Australia to give the historical context of contemporary interventions, and the current profile of national efforts in child protection reporting and investigation.

Early child welfare developments in Australia

As early as the mid nineteenth century, state involvement in children and families is evident through the establishment of universal schooling, industrial schools and boarding out systems (Van Krieken, 1991). Australia's child welfare system can be traced to the early period of White settlement. Significant child welfare problems emerged in this phase when mortality rates, illegitimacy issues and levels of neglect and deprivation were high (Liddell, 1993). The nineteenth century also witnessed the advent of child migration, the importation of large groups of neglected children from Britain (Bean & Melville, 1989). A reliance on institutional care was a key feature of the state's response to children of the working classes in the 1800s. Orphaned, destitute, transported, and offending children were placed in similar institutions. Alternative ideas to residential care emerged around the 1860s as a result of critiques and emergence of 'family principle' arguments, leading to the development of 'boarding out' of children to 'respectable' working class families (Picton & Boss, 1981). During the 1960s and 1970s arguments for de-institutionalisation of care gained support, resulting in foster family care being largely accepted by policy makers and practitioners as the predominant model of care.

The state adopted a highly interventionist approach in its treatment of Aboriginal children and families. Aboriginal children were forcibly removed from their parents to be raised in white families or white institutions, and apprenticed to white employers (Read, 1982; Senate Standing Committee on Social Welfare, 1985; Van Krieken, 1991).

In the mid-seventies there was a re-emergence of interest by the state and media in the incidence and severity of maltreatment. Identifying children who were abused or at risk of abuse became a major focus of the relevant state departments in Australia. With increased identification of child abuse and highly publicised inquiries into the deaths of children, strong interventionist approaches emerged, and safeguarding procedures to ensure early detection proliferated.

Current child protection profile

Although the general process in child protection across Australia is similar, the legislative framework underpinning the child protection systems is different in each state. Reports or notifications of alleged abuse or neglect may be made to the respective state department by professionals, members of the community, organizations, parents, relatives, or children themselves. 'Substantiation' of notifications is established when there is 'reasonable' cause to believe that the child has been, is being, or is likely to be abused, neglected, or otherwise harmed (Australian Institute of Health and Welfare - AIHW, 2013). All jurisdictions have introduced 'mandatory reporting' or legal requirements to report suspected child abuse. Selected professionals are mandated to report in some jurisdictions, whereas in others anyone who suspects child abuse or neglect is obliged to report it to the statutory authority AIFS (Bromfield & Holzer, 2008). An overarching child protection national policy, the National Framework for Protecting Australia's Children 2009-2020 (Council of Australian Governments - COAG, 2009) grounded in the principles of the UN Convention on Rights of the Child and endorsed by the Council of Australian Governments (COAG) is also in operation (AIHW, 2013).

The statistics of reported cases of maltreatment show striking increases over time. Across Australia, over a 12 month period 2011-2012, 252,000 notifications or reports of child abuse were recorded, a 182% increase over ten years but showing a decline against a peak of 339,454 in 2008-2009 (AIHW, 2013). An estimated 173,502 children were the subject of suspected abuse and neglect, reflecting a rate of 34.0 per 1000 children. Of the total notifications, 46% were investigated, progressing to 48,420 substantiations, and constituting a rate of 7.4 per 1000 children nationally. The proportion of substantiated cases varied across individual states from 31% in WA to 68% in Tasmania (AIHW, 2013).

The most common substantiated abuses were emotional abuse (36%), neglect (31%), and physical abuse (21%). With respect to sexual abuse there is a substantiation rate of 12%, ranging from 3% in the NT to 22% in WA. Similarly variations are evident in the substantiation of physical abuse, ranging from 13% in the ACT to 29% in Victoria. Differential policies on mandatory notification across states are

perceived to account for these variations (AIHW, 2013). Children aged under 1 year were more likely (13.2 per 1000 children) and those aged 10-14 years (6.8 per 1000 children) were less likely to be the subject of substantiations –a consistent pattern across all states. Most jurisdictions have specific policies in place to monitor younger children. In all states, girls are more likely to be subject of a substantiation of sexual abuse than boys (17% and 8% respectively) (AIHW, 2013).

There is an over representation of Indigenous children in child protection notifications and substantiations. Indigenous children were 8 times as likely to be the subject of a child protection (41.9 per 1000 Indigenous children compared with 5.4 per 1000 non-Indigenous children). This disproportionality is due to the legacy of past highly interventionist policies of forced removal, socio-economic disadvantage and Eurocentric perceptions of child rearing practices (Fernandez, 1996; Lavarch, 1995).

In Australia, as is the case overseas, child protection systems are the subject of periodic review. A major driver of policy change has been a series of child abuse tragedies and alleged negligent practice. While the development and refinement of child protection systems have brought greater numbers of children and families into the orbit of child protection, there is a trend of ignoring vulnerable families of children in need, until there is demonstrated risk. There have been portrayals of the child protection system as being either under protective or overly intrusive (Gibbons et al., 1995; Hutchinson, 1990). Other commentators have drawn attention to the forensically dominated responses to child protection in recent years, where monitoring and surveillance have dominated, and social work with children and families is increasingly reframed in legal and procedural terms (Parton, Thorpe, & Wattam, 1997). The ascendancy of the child protection focus had wide-ranging impacts on service delivery and service orientation. Many who met the threshold did not receive the appropriate service or no service at all. Preventative and supportive services for children and families received lower priority. Vulnerable families in need of services were likely to be caught in the net of child protection in order to access services. The preoccupation with investigation and validation, and failure to engage with families to address their needs had the effect of alienating and deterring families from approaching welfare services (Fernandez, 2001; Munro, 2008; Waldfogel, 2008).

Over the past 15 years several public inquiries into the operation of child protection systems have been undertaken in a number of jurisdictions reflecting strong public interest in child protection outcomes for children (Board of Inquiry into the Child Protection System in the Northern Territory, 2010; Commissioner for Public Administration, 2004; Commission of Inquiry into Abuse of Children in Queensland, 1999; Crime and Misconduct Commission, 2004; Ford, 2007; Mullighan, 2008; New South Wales Ombudsman, 2011; Wood, 2008). These inquiries have triggered major changes in policy and practice in the respective jurisdictions. Acknowledging the need for major system-wide reform. Some states have embarked on large-scale reform of legislation and policy following major Inquiries, in order to strengthen child protection and/or refocus services (AIHW, 2012).

Out of home care

Care and protection legal orders and out of home care. Where child protection concerns are substantiated, the relevant statutory department responds frequently to the child and family with appropriate support services. Notwithstanding jurisdictional differences between the states, in broad terms in situations where the harm, or the risk of harm, is serious, the authorities may apply to the Children's Court for Care and Protection Orders (CPO). Refer Sheehan and Borowski (2013) for an overview. CPOs may vary from highly interventionist orders involving transfer of legal guardianship to the State Department, to Third Party Parental Responsibility Orders involving transfer of guardianship to a relative or carer, to less interventionist orders such as supervisory orders where children continue to be under the custody and responsibility of parents with the State Department supervising and monitoring the quality of care. Placement in out of home care (OOHC) is considered as an intervention of last resort. When children are placed in care, the policy emphasis is on reunification. At 30 June 2012 there were 40,962 children on CPOs, a rate of 8 per 1000 Australian children. Seventy two per cent of these were on Guardianship and Custody Orders. The rate of Indigenous children on orders was nearly ten times that of non-Indigenous children. Statistics on the in care population indicate that at June 2012 there were 39,261 children in out of home care. Between 2011 and 2012, 12,240 children entered care, the rate of entry increasing from 7.3 to 7.7 over the previous year. Of those admitted to OOHC in 2011-2012, 43% were aged under 5 years, 23% 5-9 years, 23% between 10 and 14 years, and 11% aged 15-17 years (AIHW, 2013).

In terms of the type of OOHC there has been a substantial decline in residential care. Nationally, 1 in 20 children in out of home care live in residential care, this form of care being used predominately for children and young people with complex needs. Home based care remains the dominant form of care, accounting for 93% of children in 2012. Of these, 44% are in foster care, 47% in relative or kinship care and 2% in other types of home based care. The use of kinship care varied across states, from 23% in the NT to 56% in NSW. The majority of children were placed in care for over a year. Thirty per cent were in a continuous placement for 2-5 years and a further 38% for five years, while 19% were in their current placement for less than one year. The majority of children (90%) were in care on legal orders (AIHW, 2013).

Aboriginal and Torres Strait Islander children

The data on Indigenous children and young people in care for the same period indicates high levels of disproportionality: namely, a rate of 55.1 per 1000 children, in contrast to 7.7 per 1000 for non-Indigenous children. These rates vary across states, ranging from 20.7% per 1000 in the NT to 83.4 per 1000 in NSW. The legacy of the widespread practice of removing Aboriginal children from their families and communities and the consequences of such intervention are reflected in their over-representation in child protection and care systems. The need for special attention to policy and practice in relation to Indigenous children is reflected in the 'Aboriginal Child Placement Principle', now entrenched in legislation. It emphasises a preference for the placement with ATSI people who may include the child's extended family, its Indigenous community, or other Indigenous people, in that order of preference.

Entrenched problems of poverty, social exclusion, lack of resources, and reluctance of white welfare authorities to accept differences in family structure and child rearing practices between Aboriginal and non-Aboriginal societies have contributed to the over-representation of Aboriginal children in care. There has been slow official recognition of the significance of Aboriginality to Aboriginal people and the significance of this for child protection and OOHC policy. While principles of self-determination are being acknowledged and policy changes have occurred, such reforms are perceived by the Aboriginal community to go only some of the way towards Aboriginal self-determination. A formal apology was made by the then Prime Minister Kevin Rudd on the 13th February 2008 apologizing for the removal of Indigenous children from their birth parents, described as *The Stolen Generation* (Lavarch, 1995).

Permanency planning: Reunification and adoption

Australian jurisdictions have implemented a permanency framework (Maluccio, Fein, & Olmstead, 1986), this emphasis being

reflected in growth of early intervention and family support to prevent entry to care, and to facilitate reunification with families from care (Bromfield & Holzer, 2008). An exemplar from NSW care jurisdiction is cited. Once a care application is established in the Children's Court, a care plan is devised by the Statutory Department, as far as possible with agreement of the parents or young person, which must make provision for|: allocation of parental responsibility for the duration of care; the placement sought and how it relates to permanency planning; arrangements for contact with parents and significant others; agency designated to supervise the placement; services to be provided for the child; statement of minimum outcomes to be achieved for safe restoration; services to be provided by the State Department, or services that the Court could require other government departments or NGO's to provide to the child and family to facilitate restoration; and a statement of the timeframe during which reunification should be actively pursued. If restoration is not considered a viable pathway, a care plan must propose a suitable long term placement (Mapledoram, 2013). While policies are in place to implement permanency planning, the lack of national level data on patterns of reunification and effectiveness of family preservation services in diverting families and children from care makes it difficult to assess permanency outcomes.

As a component of permanency planning, adoption in Australia is not as widespread, compared to the United States and the United Kingdom. The first adoption legislation in the Commonwealth of Australia was enacted in WA in 1896, with similar legislation following in other states principally from the 1920s. In the period between 1920 and the mid-1970s it was common for babies of unmarried mothers to be adopted due to social and religious stigma associated with illegitimate births. Inglis (1984) suggests that more than 250,000 Australian women have relinquished a baby for adoption since the late 1920s. A rise in adoptions from the early 1950s saw a peak in the period between1970 and 1972, when there were almost 10,000 adoptions in Australia. Since this peak and from the mid-1980s, the rates of adoption have significantly declined and plateaued to a relatively stable rate of around 400 to 600 children per year. During the period 2011-2012 there were only 333 adoptions, representing a 78% decline in the last 25 years (AIHW, 2012).

This significant change in adoption rates coincided with legislative, social, and economic factors, such as greater social acceptance of raising children outside registered marriage, accompanied by an increasing proportion of children being born outside marriage. Increased levels of support made available to single parents (e.g., The Supporting Mother's Benefit introduced in 1973) and the increased availability and effectiveness of birth control also contributed to the declining numbers of children made available for adoption (ABS, 1998). Of particular significance to relinquishing mothers is the acknowledgement of the disempowerment they experienced in the practice of 'forced adoptions' and the formal National apology on behalf of the Australian people made by the then Prime Minister Julia Gillard on the 21st March 2013, for the removal of children from teenage mothers at birth, referred to as *Forced Adoption*.

In addition to local adoption, intercountry adoptions are also pursued. The adoption process for intercountry children is strictly controlled by each state and territory under the relevant state-level adoption legislation, and by the Australian Government under various Commonwealth Acts (AIHW, 2012). Australia has intercountry adoption programs with 13 countries: Bolivia, Chile, China, Colombia, Fiji, Hong Kong, India, Lithuania, the Philippines, South Korea, Sri Lanka, Taiwan, and Thailand. Private adoption arrangements are not supported by state and territory authorities. There were 149 intercountry adoptions finalised in 2011-12, representing 45% of all adoptions. This was a decrease of 66 adoptions, or 31%, from 2010-11 (AIHW, 2012).

Research into out of home care

The growing body of empirical research on out of home care in Australia is wide in terms of scope, focus, and methodology. An audit of Australian out of home care research is available in Cashmore and Ainsworth (2004). A synopsis of findings from selected Australian research follows.

Placement stability. Placement stability has been tracked in a number of international studies (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007) to assess its impact on overall child wellbeing outcomes. In a South Australian study, Barber and Delfabbro (2004) identified high levels of placement turnover: 20% had between three to five placements, 18% between six and nine placements, and a further 24% had been placed at least ten times previously. Boys were four times as likely to experience placement disruption and adolescents with emotional and behavioural difficulties were similarly vulnerable. Osborn and Delfabbro (2006) found that the number of unplanned terminations or breakdowns experienced by children in the previous two years averaged 4.95 with a range of two to 30 breakdowns over this period. A significant number of terminations were the result of carer requests triggered by children's challenging behaviours. The challenges of carer recruitment and retention are explored in McHugh et al. (2004).

Educational outcomes. The limited research on educational outcomes for children in care in Australia suggests that they do not attain the same educational outcomes as their peers in the general population (AIHW, 2011; CREATE Foundation, 2004). They are less likely than their counterparts in the community to achieve year level benchmarks on literary and numeracy, and less likely to complete the Higher School Certificate (HSC). A Victorian study found that 505 students in residential care rated below average in literacy, numeracy, personal development, social skills, and emotional and behavioural development (Cavanagh, 1995, cited in De Lemos, 1997). De Lemos's comparative study (1997) between children in family based care and those in residential settings found those in family based care scored higher on a range of educational and behavioural tests than children in residential settings, although their scores compared to the general population were still lower than average.

Townsend (2012) analysed the educational performance of 1,995 children in care, drawing on results of standardised tests administered across NSW in grades 3, 5, 7, 10, and 12. Children in care had significantly lower mean test scores in literacy and numeracy across all testing periods (in 2004 and 2006) than the children in the general population. Aboriginal children in care performed significantly more poorly in every year level in numeracy and literacy than non-Aboriginal students, and further, significantly more poorly than all Aboriginal students across the state. Consistent with findings from previous research (Daly and Gilligan, 2005; Flynn, Tessier, & Coulombe, 2013; Jackson, 2001) changes of placement, frequently involving change of schools, low expectations and support for school achievement by carers, teachers and social workers, lack of remedial help and support, and lack of protection from bullying were factors implicated in low attainment (Townsend, 2012).

Tilbury, Creed, Buys, Osmond, and Crawford (2012) surveyed 202 young people in care aged 12-18 years and a matched cohort of participants not in care to explore school engagement, aspirations, achievements and perceptions of support. Support from carers and caseworkers strongly predicted school engagement, while academic achievement and parental support were linked.

Mental health of children in care. Several studies have suggested that children in care are more likely to exhibit emotional and behavioural problems than children in the general population (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003). There is a limited body of Australian research on the mental health of children in care. In NSW, Tarren-Sweeney (2008) studied the mental health of 347 children

aged 4-11 years (176 boys and 171 girls) in court ordered care. Based on responses on the Child Behaviour Checklist for Children (CBCL, Achenbach, 1991) and the Assessment Checklist for Children (ACC) more than half were reported to have significant psychiatric disturbances. Fifty three per cent of girls and 57% of boys had at least one CBCL score in the clinical range. Levels of disturbance as measured by the CBCL in this study exceeded previously reported estimates of in care samples (Tarren-Sweeney, 2008). The predictors of mental health outcomes identified were older age at entry to care and exposure to specific types of maltreatment and to higher number of adverse life events in the previous year.

Further trends on children's mental health are cited from a longitudinal study of 59 children in care aged 4-16 years (Fernandez, 2008, 2009). Children's emotional and behavioural adjustment was assessed by carers and teachers using the CBCL and its companion, the Teacher Report Form (TRF). Data analysed from three successive waves of interviews over six years suggest a high prevalence of externalising and internalising problems at baseline, with improved scores at subsequent assessments as they progressed in placements. At baseline, 43.4% of the children were in the clinical range for the number of total problems, 38.5% for internalising problems, and 34.0% for externalising problems. The clinical rate for total problems was three times the normative trends of the Australian Government's Mental Health of Young People in Australia Survey (MHYPA, Sawyer et al. 2001). Internalising and externalising problems also exceeded the MHYPA community norms. Analysis of carer's ratings of the subscales indicated attention and social problems, delinquent behaviour, anxiety and depression were frequently in the clinical range. Caseworker ratings of the clinical range problems on the CBCL Summary Scales over three waves of interviews indicate a significant reduction in externalising problems at Wave 2 and 3. Further, children with multiple problems (between 2-8 problems on the subscales) showed some decline: 30% at Wave 1, 25% at Wave 2, and 16% at Wave 3 (Fernandez, 2009).

Permanency and reunification. Restoration (or reunification) of the child to the birth family is widely posited as an overarching goal of OOHC services. Several of the predictors of reunification from overseas research (Akin, 2011; Fanshel & Shinn, 1978; Farmer, 2011) are mirrored in the Australian research on reunification. Australian studies from two jurisdictions, SA (Delfabbro, Barber, & Cooper, 2003) and NSW (Fernandez, 1996), tracked reunification outcomes using proportional hazard modelling to determine the likelihood and predictors of return. In both studies most children were reunified within the first five to eight months of being in care. Children placed on Court Orders, those who experienced multiple placements, older children with behavioural problems, neglected children, and those from the poorest and most disadvantaged backgrounds experienced delayed reunification. Children from Indigenous backgrounds experienced extended periods in care before reunification, a finding reflected in international research on trajectories of black and minority ethnic children in care.

More recently Delfabbro, Fernandez, McCormick, and Kettler (2013) analysed the computerised child protection records of 1,377 children in Victoria, Tasmania, and South Australia to track reunification outcomes. While reunification rates differed across states, one in five children go home within the first three months, 30% return by six months, a third return after a year and 40% are home after two years. The most consistent predictors of reunification were factors related to poverty (absence of housing), parental rejection, mental health problems of parents, and absence of parents. At a multivariate level rejection, abandonment, and poverty along with changes in family configuration emerged as the three strongest factors associated with reunification.

Children who enter care are exposed to multiple rather than single risk factors (Choi & Ryan, 2002). A recent reunification study tracked the patterns for a sample of 155 children (Fernandez 2012; Fernandez & Lee 2013) to explore the speed of reunification based on 1) individual primary reasons for entering care and 2) a typology of multiple risks based on the North Carolina Family Assessment Scale - Reunification (NCFAS-R) (Reed-Ashcraft, Raymond, & Fraser, 2001). The NCFAS-R used in working with reunification cases covers seven domains: environment, parental capabilities, family interactions, family safety, child wellbeing, caregiver/child ambivalence and readiness for reunification. Through Latent Profile Analysis (LPA) families characterised by different levels of risk were identified: low (14%), median (48.5%), and high (37.5%). Families in the high-risk threshold had the lowest average scores on all domains, diverging from the others markedly in domains of family safety, family interactions and parental capabilities. Fifty two per cent were reunified, the majority rapidly in the first four months. Older children reunified faster than younger children. The analysis using the risk typology indicated that compared to children clustered in the low risk threshold, children in the high-risk group had a 73% lower speed of reunification with parents.

Leaving care. A critical indicator of the long-term success or failure of OOHC provision is the outcome for children after exiting the care system. The challenges faced by young people leaving care have received increasing research attention overseas (Courtney & Dworsky, 2006; Daly & Gilligan, 2010; Stein & Munro, 2008) and in Australia (Cashmore & Paxman, 2007; McDowall, 2009; Mendes & Moslehuddin, 2004), showing that young people leaving care experience considerable material disadvantage, marginalization, and social exclusion. Cashmore and Paxman (2007) in a NSW study benchmark the post care outcomes for a sample of young people for up to five years after leaving care, against their same age peers in the general population as follows: Care leavers who complete year 12 are estimated at 42% compared with 80% of their peers in the general population; they are less likely to be living at the same address as they were 5 years ago (10% compared to 50% of their age mates); they are more likely to be in temporary housing such as caravans, refuges (22% compared with 0.6% of age mates); and they are more likely to have had children by age 24 (57% compared to 6.2% of their peers) including being pregnant or giving birth before the age of 20.

The international consensus that young people should be supported well into young adulthood beyond 18 years is reinforced by the research of Raman, Inder, and Forbes, (2005) which demonstrates the cost-benefit to public services and to young people of investing resources during care to avert the adverse outcomes experienced post-care. Mendes, Snow, and Broadley (2013) have identified other significant needs experienced by care leavers who have disabilities, mental health concerns and substance use issues.

Systems abuse. Overseas and Australian studies document widespread practices in many care institutions that were physically, psychologically and sexually abusive or that constituted neglect (McKenzie, 2003; Mendes, 2005; Penglase, 2005; Sigal, Rossignol, & Perry, 1999). The experiences of children in Australian care systems have been documented in autobiographical accounts such as personal submissions to the Australian Parliament's Senate Inquiry into Children in Institutional Care and its report 'Forgotten Australians: A Report on Australians Who Experienced Institutional or Out of Home Care as Children' (Senate Community Affairs References Committee, 200) and various state investigations (Forde Inquiry, 1999; Ombudsman, Tasmania, 2006). Joanna Penglase (2005), herself a care leaver, provides an insightful analysis of the impact of child welfare policies on children living in the care system. The Care Leavers Australia Network (CLAN) surveys of its members indicate that abuse, harsh punishment and sexual molestation were reported to be common experiences, and the majority of respondents reported that their lives were impacted by complex mental health issues (CLAN, 2007). Currently, national concern about how children were treated whilst in 'care' has culminated in the Australian Government's Royal Commission into Institutional Responses to

Child Sexual Abuse, particularly in relation to organisations with responsibility for children in their care, historical abuse being within the gamut of their inquiry. Part of the Royal Commission's terms of reference is "to bear witness to the abuse and trauma inflicted on people who suffered sexual abuse as children in institutions". It was described by Prime Minister Julia Gillard 'as a nation changing event' with a funding of $277.9 million over four years.

Children's voices. In recent years there has been an increasing emphasis on eliciting the views of children and young people (Gilligan, 2002; Cree, Kay, & Tisdall, 2001) and a recognition of the inestimable value of the perspective of children as consumers. Australian studies exploring the participation of children in care processes are reported in Bessell (2011), Fernandez (2007), and New Southwales Community Services Commission (2000). A significant contribution comes from a series of Report Cards of the CREATE Foundation, the national peak consumer body for children and young people with a care experience. The 2013 CREATE Report Card (McDowall, 2013) presents the views of 1000 children, which are informative on a number of levels. Several factors emerge as critical to the children and young people surveyed: Experiencing stability, having people who cared about them, receiving consistent support, being able to participate and achieve and having care staff or caseworkers to act in their interests.

Taken cumulative, the studies reviewed have generated a valuable knowledge base that can be used to monitor the paths taken by children as they enter, remain in and exit from care, and provide guidance in the allocation of appropriate resources and levels of service based on the complexity of children's needs and their risk profile and in the development of policy and practice. The insights gained from letting children speak for themselves about their experiences in care and being on the receiving end of interventions should encourage practitioners and policy makers to value direct communication with children and young people.

Children in out of home care in New Zealand

Background

New Zealand has a population of 4,469,452 people (Statistics NZ, 2013). Our birth rate is 2.05 per woman and has remained relatively stable over three decades. At the time of the 2006 census 21.5% of the population was aged less than 15 years. The demographic profile is changing with a reduced birth rate and an increase in the proportion of older people as the baby-boomer generation ages. Despite the small population, New Zealand is culturally diverse. NZ European comprise 77% of the population, Māori 15%, Asian 10%, and Pacific 7%. Many claim more than one ethnicity.

Unlike Australia, there has been limited research on children in care in New Zealand and no large comparative or longitudinal studies have been undertaken. Policy makers and practitioners rely heavily on international research, primarily that from other English speaking countries. Despite this, New Zealand has introduced some innovative policies to address factors unique to this country. Central to this innovation has been an effort to address issues in relation to indigenous children. A brief historical overview provides the context for an outline of current policy and legislation. Indicative data sets the scene for identification of issues and challenges.

Early Developments

Prior to colonisation, the indigenous population of New Zealand (Māori) cared for children in the context of whānau (extended family), hapū (sub-tribe) and iwi (tribe). Children belonged to the whānau rather than biological parents and a whāngai system (informal kin care) allowed for children to be raised by other whānau and hapū members. These were open arrangements and the maintenance of whakapapa (genealogy) was of utmost importance (Metge & Ruru, 2007). The Treaty of Waitangi signed in 1840 became the founding document that enabled colonisation to proceed and included a commitment to work in partnership with the indigenous population to protect their taonga (treasures), including children. Although traditional practices continued, they were never incorporated in legislation and colonisation brought the imposition of European practices that became a source of considerable resentment and grief for Māori (Metge & Ruru, 2007; Ministerial Advisory Committee, 1988).

The earliest welfare legislation was introduced by a provincial government in 1867 (McDonald, 1978). This was replaced in 1882 by national legislation, which provided for the 'boarding out' of children (Dalley, 1998) and was an early precursor of a preference for foster care over residential care. The first child welfare legislation was introduced in 1925 and cemented the preference for non-institutional care.

Numbers of children in care remained reasonably steady until the late 1960s when they began to rise. Entry to care often became a long-term arrangement resulting in the severance of links with birth family (Dalley, 1998). Prior to the 1960s, placement in care was often due to family poverty but after that time there was an increasing focus on maltreatment. From the 1970s there was a shift away from child welfare toward social welfare, but placement in out-of-home care continued to be used for children in need of care and young offenders. During this era, however, concerns about the quality of care were emerging (McDonald, 1978) and research produced evidence of multiple placements (McKay, 1981). By this time, over-representation of Māori children in out of home care was apparent –53% of care population despite being 12% of the total population at the time (McKay, 1981). During the 1980s, New Zealand was strongly influenced by overseas research on planning and permanency. Policy supported the preparation and review of plans and there were initiatives to secure permanent placements (including adoption) for more challenging children.

Increasing concern about the alienation of Māori children from birth families and cultural connections led to the establishment of Mātua Whangai in 1983 –a programme designed to increase the availability of culturally appropriate placements. Pressure continued to mount and a Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare was established. Their 1988 report highlighted a range of issues and called for legislative review.

In 1989 the Children, Young Persons, and their Families Act was introduced. This ground-breaking legislation represented a significant shift away from the "society as parent" position in favour of "family preservation" (Fox, 1982). The principles stress the importance of family in the care and protection of children, children's right to be placed with kin if unable to live with their parents, and the maintenance of cultural identity. The importance of significant psychological attachment for children placed away from their parents is also acknowledged. The Act makes provision for notifications to be made when there are concerns about the care and protection of children and young people but does not include mandatory reporting. The Family Group Conference (FGC) is the primary mechanism for decision-making, ensuring the active participation of family and whānau. At the FGC a decision is made about the child's need for care and protection and if there is agreement, a plan is developed to address the identified issues. Cases are only referred to the Family Court when matters cannot be resolved by agreement.

Difficulties with the implementation of the new legislation became apparent from early on, and the first review took place in 1991 (Mason, 1992). Mātua Whangai was disestablished in 1993, when it was assumed that the legislative provision for maintaining cultural connections rendered the scheme redundant. This removed valuable resources at a time when Māori were already reporting

contradictions between the policies and practices of the Department of Social Welfare and the spirit of the Act (Human Rights Commission, 1992).

During the 1980s, large residential facilities were closed and funding changes resulted in the closure of many smaller non-government residential facilities. The range of placement options was limited and foster parents were dealing with increasingly challenging behaviours. The Act was amended in 1994 to reinstate a paramountcy principle following criticism that children's interests were being subsumed by family wishes. Despite this, there appears to have been a loss of focus on children in out-of-home care and the previous emphasis on permanency was lost (Atwool, 1999).

Current child protection profile

When a notification is made to Child, Youth, and Family (CYF), the statutory care and protection agency, an initial decision is made about whether or not the matter warrants further investigation. On completion of an investigation, three courses of action are possible. The family can be referred for Partnered Response (intervention by non-government organisation), a Whānau agreement can be entered into which allows for a three-month intervention, or the case is referred for a FGC.

Children can remain at home or be placed in care while the plan is implemented. If children come into care, the goal is usually return home and the decision to seek permanent placement is made after the family/whānau has had an opportunity to address concerns. When children come into care, custody is assigned to the Chief Executive of the Ministry of Social Development (MSD). Parents retain their guardianship although the Chief Executive can be appointed an additional guardian. Most children are in care by way of custody orders. Plans are filed with the Family Court and reviewed six-monthly for children under seven and annually for children over seven. Children in care are assigned a lawyer but funding restrictions have diminished the extent of their involvement in recent years.

Currently there is a renewed focus on permanency and a 'Home for Life' policy has been introduced (CYF Practice Centre). Under this policy, kin and non-kin caregivers are encouraged to seek additional guardianship and custody under the Care of Children Act 2004. Once this is granted, CYF discharge their orders. Families are eligible for the Unsupported Child Benefit (UCB) administered by the Work and Income section of MSD and a three-year support package. Birth parents retain their guardianship and contact orders are usually made to ensure on-going relationships. Some caregivers (kin and non-kin) are anxious about coping with birth family without the support of CYF and this has been a barrier to making a commitment to permanent placement. A more secure legal arrangement that does not expose Home for Life caregivers to continual re-litigation by dissatisfied birth parents is proposed in the recently introduced Vulnerable Children Bill.

There are currently three processes underway as a consequence of the history of children's negative experiences in the out-of-home care system. CYF have an historic claims unit that reviews cases and is able to make financial settlements when there is evidence of abuse within the care system. The Confidential Listening Service provides people with the opportunity to tell the story of their time in care (Henwood, 2012) and a number of adults are seeking redress through the Court.

The government's White Paper for Vulnerable Children (2012) and accompanying *Children's Action Plan* include a strategy for children in care and changes to the system for notifying concerns about children designed to encourage early identification of difficulties and provision of services to families. A legislative framework for these changes is included in the Vulnerable Children Bill. We face a number of challenges in relation to the provision of services to children in out-of-home care in New Zealand and these are addressed below. To set the scene for this, data about the current situation is outlined.

In the year ended June 2012, CYF received a total of 152,800 notifications involving 95,532 distinct clients. Of these, 41% were police reports of family violence incidents at which children were present. Of the total number of notifications, 40% required further action and this resulted in substantiated child abuse or neglect in 14% of cases. The most common finding is emotional abuse, comprising 56%, and this figure is likely to include children who have been exposed to family violence. Neglect comprises the next largest category at 22%. Physical abuse accounted for 15% of substantiated findings and sexual abuse 6.5%.

The number of children in care has been trending downward in recent years from a total of 4,522 in 2008 to 3,783 in December 2012. These figures do not include children who have custody orders but have remained at home, have been returned home, or are living in independent accommodation. The most common placement is with a family and as at December 2012, 35% were with non-kin and 43.5% were with kin. Thirteen percent of children were placed with nongovernment Child and Family Support Services and most of these are likely to be in foster homes. Family Homes provide accommodation for small groups of children and 2.45% were in this type of placement. Only 1.3% were in residential care. A further 4% were in 'other' placements including supported accommodation and boarding school.

A total of 141 children and young people were placed in care and protection residences in the year ended June 2012. Of these, 51.7% were Māori, 42.5% were Pākehā (NZ European), 2.8% Pacific, and 2.8% 'other'. It is also likely that a number of the young people sentenced to Youth Justice (YJ) residential facilities are in care. In the year ended June 2012, 806 young people spent time in YJ residences and of these, 64.2% were Māori, 22.3% Pākehā, 11% Pacific, 0.37% Asian, and 1.8% other.

With a renewed focus on permanency, CYF have combined the pool of people seeking approval as caregivers and adoptive parents. As at December 2012 there were 1,958 approved non-kin caregivers and 1,811 approved kin caregivers figures (inclusive of those currently providing care). There is strong resistance to securing permanency by way of adoption and this is reflected in very low rates. In the year ended June 2012 there were 21 non-related domestic adoptions, 14 one parent and spouse adoptions and 39 domestic adoptions by relatives. In the year ended June 2008 the comparable figures were 92, 35, and 104. There were no foster parent adoptions and only one in 2008. In the year ended June 2012 there were seven non-relative inter-country adoptions and 19 relative inter-country adoptions.

CYF facilitate some placements with kin without the children ever coming into care. In these situations, financial support is provided by way of UCB. The full extent of kin care and non-kin who have accepted permanency is reflected in the numbers receiving UCB. In the year ended June 2011 a total of 8,465 benefits were being paid for 11,899 children (Ministry of Social Development - MSD, 2012). Fifty-four per cent of the families were working and the remainder received another form of benefit, including sole parent support (13%) and national superannuation (13%).

Research commissioned by Grandparents Raising Grandchildren provides evidence of high levels of commitment from kin carers and high levels of stability (Worrall, 2009). Based on 205 responses, 33% of the placements were 10 years or longer, 49% were between 6 and 9 years, and 18% between 4 and 5 years. More than half of the children were reported to have severe problems and 86% reported significant improvement over time.

Issues and challenges

The Office of the Children's Commissioner (OCC) has responsibility for monitoring CYF, and in 2010 a review of the quality of services for

children in care was undertaken (Atwool, 2010). As part of the review, 47 children and young people, 66 caregivers, 7 caregiver social workers, 31 social workers, and a small number of managers and lawyers participated in either individual interviews or group discussions. CYF data provided a snapshot of children in their care. The review highlighted several issues, many consistent with experience in other countries but some unique to this country.

Indigenous children. The continued over-representation of indigenous children in the care system is a significant challenge. Although approximately half are in kin care, the maintenance of cultural connection for the other half is not guaranteed. Positive cultural connection is a significant factor in resilience (Atwool, 2006a) and iwi affiliation is increasingly important as Treaty settlements facilitate the increased provision of services by Māori for Māori. These developments are beginning to extend into the provision of out-of-home care and several iwi are working with CYF to ensure that children are appropriately placed and links are maintained.

Availability of placements. Having a sufficiently large pool of caregivers is a major challenge. Shortage of placements diminishes the possibilities for matching children with caregivers with the family structure and skills appropriate to their needs. In particular, specialist short-term caregivers are in short supply and sometimes children are placed with families seeking long-term care or adoption when it has not yet been decided whether the child will return home. This increases the risk of conflict and can lead to polarisation, adversely impacting on decision-making (Atwool, 2008). The average number of placements steadily increases across all age groups with length of time in care and it is likely that this reflects lack of placement choice. There is no provision for intensive or therapeutic foster care within the state system. Some NGOs provide these services but the number of placements is limited.

Support for kin and non-kin caregivers

Many caregivers (kin and non-kin) report considerable frustration at the lack of support once children are placed in their care. Caregiver social workers are responsible for the recruitment, training and on-going support of caregivers. They are highly valued by caregivers but their role is limited because they are not the social worker for the child and they carry large caseloads. Like their counterparts in other countries, kin carers appear to receive even less support than non-kin (Worrall, 2005, 2009). Many are completely unprepared for the challenging behaviour of some children and information about what the children have experienced is often lacking.

Comprehensive plans for children in care. Lack of support may be related to the absence of plans based on comprehensive assessment of children's educational and health needs (Atwool, 2010). In May 2011 the Minister of Social Development announced the national rollout of *Gateway Health and Education Assessments* and the 2011 budget included $15 million over four years to purchase services to address mental health and behavioural problems for children in care.

Life story work. Many of the 47 children and young people interviewed did not have a clear understanding of why they had come into care and very few were able to provide a coherent narrative of their time in care. CYF policy supports the use of Life Story Work and resources are available to facilitate this (CYF Practice Centre). It is not, however, standard practice and social workers indicated that they did not have time to engage in this work. Many acknowledged they were unable to maintain the minimum visiting requirement of once every eight weeks. There was little evidence of direct engagement with children in care and this may be a factor in placement breakdown.

Work with birth family. Once children come into care there is little evidence of on-going work with their families other than making arrangements for contact. Caregivers expressed concern that contact was seen as a 'right' for birth parents and that insufficient attention was paid to the impact on children or their wishes. Given the international research evidence supporting on-going contact, this appears to be an area of practice that could be further developed to ensure that contact is a positive experience (Atwool, 2013; Salveron, Lewig, & Arney, 2009).

Children's voice. New Zealand legislation makes provision for children to attend FGCs and for their views to be taken into consideration. Despite this, children often do not attend and their views are not always sought (Atwool, 1999, 2006b). The court-appointed lawyer for child is generally regarded as the most appropriate person to speak for them but practice appears to be variable with some lawyers not meeting children, especially very young children, or consulting with caregivers (Atwool, 2010). Of the children interviewed, 38% indicated that they liked their lawyers, 21% gave qualified responses, 19% did not like their lawyers, and the remainder indicated that they did not have a current relationship with their lawyer. Only four (8.5%) reported any regular contact.

Several participants stressed the importance of listening to children and young people and involving them in planning. They also wanted higher levels of engagement with their social workers, more careful selection of placements and support to remain engaged with education and other recreational activities. Several young people gave examples of current situations where they did not feel that their wishes were being taken into account or were uncertain of what was going to happen next in their lives. This was particularly so for young people who were about to turn 17, the age at which custody orders are discharged.

There is no national network for children in care. A website, *Care Café,* has been set up by an NGO with initial support from CYF. Efforts to expand this by developing a national network along the lines of CREATE Australia have met with resistance despite support from this organisation.

Transition from care. Current New Zealand legislation does not make explicit provision for care leavers. There are no longitudinal studies of care leavers in this country, but one study based on analysis of case files (Ward, 2000; 2001) and several small qualitative studies indicate that outcomes are very similar to those in other countries –high rates of unstable accommodation and unemployment, early entry to parenthood, offending and imprisonment, and high physical and mental health needs (Coote, 2007; Fitzgerald, Mortlock, & Jeffs, 2006; Leoni, 2007; Yates, 2000). The *Children's Action Plan* has a goal for the development of improved transitions from care to independent living by the end of 2013 and the Vulnerable Children Bill includes provision for advice and assistance for people moving from care to independence.

Support for social workers. Many of the social workers responsible for children in care have generic caseloads that include responsibility for the investigation and assessment of new notifications. Most of those interviewed indicated difficulty balancing priorities and admitted that caseload size and pressure meant that children in care could be overlooked (Atwool, 2010). Managers also indicated that this was a challenging area of practice. The Children's Action Plan (2012) identifies achieving better results for children in care as a key activity. Many of these changes depend on implementation by frontline social workers but there is no mention of increased resources.

Summary

Despite the issues and challenges identified, some children in care achieve positive outcomes. Stable placement appears to be the key but it is difficult to access data that demonstrates the number of children who achieve this. Current policy aims to reduce the amount of time children spend in care by pursuing permanency through return to family or permanent placement with kin or non-kin. The

Children's Action Plan demonstrates a commitment to improving outcomes for children in care and for those transitioning from care. It remains to be seen whether or not these changes will be evaluated, given New Zealand's track record of innovation without systematic evaluation of new initiatives.

Similarities and differences Australia and New Zealand

Both countries demonstrate a preference for placement in family contexts with increasing emphasis on kin care in recent times. Indigenous children are over-represented in the care population and New Zealand has led the way in acknowledging this in legislation with Australia more recently focusing attention on Aboriginal and Torres Strait Island children. Despite efforts in both countries this remains a significant challenge. Placement stability, a critical factor in achieving positive outcomes, has also proved elusive. Not surprisingly there is also evidence of poor outcomes in relation to education and mental health for children in out of home care in both countries. There is also evidence that leaving care remains challenging for young people despite recent research and policy attention to this issue in Australia. New Zealand has only just begun to acknowledge the need for on-going assistance and support for some care leavers.

One area of difference is attention to children's voices. Although children's participation in direct decision-making may be similar in both countries, Australia has an independent network for children in out of home care that ensures that children's views are available to policy makers and practitioners. New Zealand has much to learn in this respect.

References

Achenbach, T. M. (1991). *Manual for child behaviour checklist and 1991 profile.* Burlington: University of Vermont.

Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship and adoption. *Children and Youth Services Review, 33*, 999-1011. DOI: 1016/j.childyouth.2011.01.008

Atwool, N. R. (1999). Attachment and post-intervention decision-making. *Journal of Child Centred Practice, 6*(1), 39-55.

Atwool, N. R. (2006a). Attachment and resilience: Implications for children in care. *Child Care in Practice, 12*, 315-330.

Atwool, N. R. (2006b). Participation in decision-making: The experience of New Zealand children in care. *Child Care in Practice, 12*, 259-268.

Atwool, N. R. (2008). *Who Cares? The role of attachment assessments in decision-making for children in care* (Unpublished doctoral thesis). University of Otago, Dunedin.

Atwool, N. R. (2010). *Children in Care.* Wellington: Office of the Children's Commissioner. Retrieved from http://www.occ.org.nz/publications

Atwool, N. R. (2013). Birth family contact for children in care. How much? How often? Who with? *Child Care in Practice, 19*(2) 181-198.

Australian Bureau of Statistics (ABS) (2008). *Family characteristics and transitions.* Canberra, Australia: ABS.

Australian Bureau of Statistics (ABS) (2013) *Australian Demographic Statistics, Dec 2011.* Retrieved on 13/09/2013 from http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0

Australian Institute of Health and Welfare. (2011). *Educational outcomes of children on guardianship or custody orders: A pilot study*. Stage 2, Cat. No. CWS 37. Canberra: AIHW.

Australian Institute of Health and Welfare (2012). *Adoptions Australia 2011–12*. Child welfare series No. 54, Cat. No. CWS 42. Canberra: AIHW.

Australian Institute of Health and Welfare (2013). *Child protection Australia: 2011-2012.* Child Welfare series No. 55, Cat. No. CWS 43. Canberra: AIHW.

Barber, J. G., & Delfabbro, P. H. (2004). *Children in foster care*. London: Routledge.

Bean, P., & Melville, J. (1989). *Children of the Lost Empire*. London: Unwin Hayman.

Bessell, S. (2011). Participation in decision making in out of home care in Australia: What do young people say? *Children and Youth Services Review, 33*, 564-568.

Bromfield & Holzer. (2008). *A national approach for child protection: Project report*. Melbourne: Australian Institute of Family Studies (AIFS).

Care Leavers Australia Network - CLAN (2007). Care leavers Australia network: Epistemological and methodological tenets. *American Journal of Community Psychology, 28*, 773-791.

Cashmore, J., & Ainsworth, F. (2004). *Audit of Australian out of home care research.* Sydney: Association of Children's Welfare Agencies.

Cashmore, J., & Paxman, M. (2007). *Longitudinal study of wards leaving care: Four or five years on.* Research Project commissioned by the NSW Department of Community Services, Social Policy Research Centre, University of New South Wales.

Chappell, V., & Curtin, L. R. (2012), *Child, Youth and Family Practice Centre* (nd). Retrived on 25 June 2013 from www.practicecentre.cyf.govt.nz

Children's Action Plan (2012). *The White Paper for Vulnerable Children*. Retrieved from www.childrensactionplan.govt.nz

Choi, S., & Ryan, J. P. (2002). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification, *Children and Youth Services Review, 29*, 1395-1410.

Clausen, J. M., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care, *Journal of Child and Family Studies, 7*, 283-296.

Commission for Public Administration (2004). *The territory as a parent: A review of the safety of children in care in the ACT and Of ACT child protection management*. Canberra: Commissioner for Public Administration.

Commission of Inquiry into Abuse of Children in Queensland (Forde Inquiry) (1999). *Report of the commission of inquiry into abuse of children in Queensland institutions*. Brisbane: Queensland Government.

Council of Australian Governments - COAG (2009). *Protecting children is everyone's business: National framework for protecting Australia's children 2009-2020*. Canberra: Commonwealth of Australia.

Coote, P. (2007). *Going home? The fate of children who leave care* (A thesis submitted for the degree of Master of Social Welfare). University of Otago, Dunedin.

Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out of home care in the USA. *Child and Family Social Work, 11*, 209-219.

CREATE Foundation (2004). *Report card on education 2004.* Sydney, Australia.

Cree, V. E., Kay, H., & Tisdall, K. (2001). Research with children: Sharing the dilemmas, *Child and Family Social Work, 7*, 47-56.

Crime and Misconduct Commission (2004). Protecting children: An inquiry into the abuse of children in foster care. Brisbane: CMC.

Dalley, B. (1998). *Family matters: Child welfare in twentieth century New Zealand.* Auckland, NZ: Auckland University Press.

Daly, F., & Gilligan, R. (2005). *Lives in foster care: The educational and social support experiences of young people aged 13-14 years in long term foster care.* Children's Research Centre, Trinity College, Dublin.

De Lemos, M. (1997). *Educational Needs of Children in Care: Report on a research study of children in residential and home based care*. Australian Council for Educational Research.

Delfabbro, P., Barber, J., & Cooper, L. (2003). Predictors of short-term reunification in South Australia substitute care. *Child Welfare, 82*(1), 27-51.

Delfabbro, P., Fernandez, E., McCormick, J., & Kettler, L. (2013). Reunification in a complete cohort: A longitudinal study of children entering out-of-home care in Tasmania, Australia. *Children and Youth Services Review, 35*, 1587-1591.

Fanshel, D., & Shinn, E. B. (1978). *Children in foster care: A longitudinal study.* New York: Columbia University Press.

Fernandez, E. A. (1996). *Significant Harm: Unravelling Child Protection Decisions and Substitute Care Careers of Children*. Avebury, England: Ashgate Publishing.

Fernandez, E. A. (2001). Child Protection and Child Maltreatment. In M. Alston & J. MacKinnon (Eds.), *Social Work Fields of Practice* (pp. 168-189). Oxford: Oxford University Press.

Fernandez, E. A. (2007). How Children experience fostering outcomes: participatory research with children. *Child and Family Social Work*, 12, 349-359.

Fernandez, E. A. (2008). Unravelling Emotional, Behavioural and Educational Outcomes in a longitudinal Study. *British Journal of Social Work, 38*, 1283-1301.

Fernandez, E. A. (2009). Children`s wellbeing in care: Evidence from a longitudinal study of outcomes. *Children and Youth Services Review*, *31*, 1092-1100.

Fernandez, E. A. (2012), *Accomplishing Permanency: Reunification Pathways and Outcomes for Foster Care Children*. New York: Springer.

Fernandez, E., & Lee, J. S. (2013), Accomplishing family reunification for children in care: An Australian study. *Children and Youth Services Review, 35*, 1374-1384.

Fitzgerald, L., Mortlock, B., & Jeffs, L. (2006). *Finding out what we need to know: Developing a participatory research methodology with young people who have exited statutory care and protection.* Unpublished report prepared by The Office of the Children's Commissioner and The Collaborative for Research and Training in Youth Health and Development.

Flynn, R. J., Tessier, N. G., & Coulombe, D. (2013) Placement, protective and risk factors in the educational success of young people in care: Cross-sectional and longitudinal analyses. *European Journal of Social Work*, *16*(1), 70-87.

Ford, P. (2007). *Review of the Department for Community Development Review Report.* Perth: Department of the Premier and Cabinet.

Fox, L. M. (1982). Two value positions in recent child care law and practice. *British Journal of Social Work, 12,* 265-290.

Gibbons, J., Conroy, S, & Bell, C. (1995). *Operating the Child Protection System.* London: HMSO.

Gilligan, R. (2002). The importance of listening to children in foster care. In G. Kelly & R. Gilligan (Eds.), *Issues in foster care: Policy practice and research,* London: Jessica Kingsley Publishers.

Henwood, C. (2012). *Report of the Confidential Listening and Assistance Service.* Wellington: Department of Internal Affairs.

Human Rights Commission (1992). *Who cares for the kids? A study of children and young people in out-of-home care.* Wellington, NZ: New Zealand Human Rights Commission.

Hutchinson, E. D. (1990, March). Child maltreatment: can it be defined? *Social Service Review,* 60-78.

Inglis, M. (1984). *Living mistakes: Mothers who consented to adoption.* Sydney: Allen and Unwin.

Jackson, S. (2001). The education of children in care. In S. Jackson (Ed), *Nobody ever told us school mattered: Raising the educational attainment of children in public care* (pp. 11-53). London: BAAF.

Lavarch, M. (1995). *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Human Rights and Equal Opportunity Commission NSW.

Leoni, K. (2007). *Ka Tipu Mai Nga Taiohi Maori: A Study of Taiohi Maori Leaving Care in New Zealand* (A thesis submitted for the degree of Master of Youth Development). Auckland University of Technology, Auckland.

Liddell, M., (1993). Child welfare and care in Australia: Understanding the past to influence the future. In C. Goddard & R. Carew (Eds.), *Responding to children: Child welfare practice* (pp. 28-62). Melbourne: Longman Cheshire.

Maluccio, A. N., Fein, E., & Olmstead, K. A. (1986). *Permanency Planning for Children Concepts and Methods.* New York: Routledge, Chapman and Hall.

Mapledoram, D. (2013). The Children and Young Persons Act 1998. *Implications for Child Welfare Practitioners.* Lecture Series. University of New South Wales.

Mason, K. (1992). *A review of the Children, Young Persons and their Families Act 1989.* Report of the Ministerial Advisory Committee. Wellington, NZ.

McDonald, D. J. (1978). Children and young persons in New Zealand society. In P. G. Koopman-Boyden (Ed.), *Families in New Zealand society* (pp. 44–56). Wellington, NZ: Methuen.

McDowall, J. (2009). *Transitioning from care: Tracking progress* (CREATE Report Card 2009). Sydney, Australia: CREATE Foundation.

McDowall, J. (2013). *Experiencing out of home care in Australia: The views of children and young people* (CREATE Report card 2013). Sydney, Australia: CREATE Foundation.

McHugh, M., McNab, J., Smyth, C., Chalmers, J., Siminski, P., & Saunders, P. (2004). *The availability of foster carers*. Social Policy Research Centre. University of New South Wales.

McKay, R. A. (1981). *Children in foster care: An examination of a sample of children in care, with particular emphasis on placements of children in foster homes.* Wellington, NZ: Department of Social Welfare.

McKenzie, R. B. (2003). The impact of orphanages on the alumni's lives and assessments of their childhoods. *Children and Youth Services Review*, *25*, 703-753.

Meltzer, H., Gatward, R., Corbin, T., Goodman, R., & Ford, T. (2003). *The mental health of young people looked after by local authorities in England*. London: The Stationery Office.

Mendes, P. (2005). Remembering the forgotten Australians, the Care Leavers of Australia: Network and the Senate Inquiry into Institutional and Out-of-home care. *Children Australia, 30*(1), 4-10.

Mendes, P., & Moslehuddin, B. (2004), Moving out from the state parental home: A comparison of leaving care policies in Victoria and New South Wales, *Children Australia,* 29(2), 20-28.

Mendes, P., Snow, P., & Broadley, K. (2013). *Young people with a disability leaving State care: Issues, challenges and directions, Phase One Report*. Monash University. Melbourne.

Metge, J., & Ruru, J. (2007). Kua tutu te puehu, kia mau: Māori aspirations and family law policy. In M. Henaghan & B. Atkin (Eds.), *Family law policy in New Zealand* (3rd ed., pp. 47-80). Wellington: Lexis Nexis.

Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare (1988). *Puao Te Ata Tu (Daybreak).* Wellington, NZ: Department of Social Welfare.

Ministry of Social Development (2012). *The Statistical Report for the Year Ending* (June 2011). Wellington: MSD www.msd.govt.nz

Mulligan, E. P. (2008). *Children in state care: commission of inquiry*. Adelaide: Office of the Commissioner.

Munro, E. (2008). Lessons from research on decision making. In D. Lindsey & A. Shlonsky (Eds.), *Child welfare research: Advances for practice and policy* (pp. 194-200). Oxford: Oxford University Press.

New South Wales Community Services Commission. (2000). *Voices of children and young people in foster care*. Community Services Commission. Sydney.

Northern Territory Government (2010). *Growing them strong, together: promoting the safety and wellbeing of the Northern Territory's children.* Report of the Board of Inquiry into the child protection system in the Northern Territory. Darwin: Northern Territory Government.

Oosterman, M., Schuengel, C., Slot, W., Bullens, R. A. R., & Doreleijers, T. A. H. (2007). Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review, 29*, 53-76.

Osborn, A., & Delfabbro, P.H. (2006). An analysis of the social background and placement history of children with multiple and complex needs in Australian out of home care. *Communities, Children and Families Australia, 1*, 33-42.

Parton, N., Thorpe, D., & Wattam, C. (1997). *Child protection: Risk and the moral order*. Basingstoke, UK: Macmillan.

Penglase, J. (2005). *Orphans of the Living: Growing up in "care" in twentieth-century Australia*. Fremantle, WA: Fremantle Arts Centre Press.

Picton, C., & Boss, P. (1981). *Child welfare in Australia: An introduction*. Sydney: Harcourt Brace Jovanovich.

Raman, S., Inder, B., & Forbes, C. (2005). *Investing for success: The economics of supporting young people leaving care.* Melbourne: Center for Excellence in Child and Family Care and Monash University.

Read, P. (1982). *The stolen generations: The removal of Aboriginal Children in NSW from 1883-1969*. Occasional Paper No. 1. NSW Ministry of Aboriginal Affairs.

Reed-Ashcraft, K., Raymond, K., & Fraser, M. (2001). The reliability and validity of the North Carolina Family Assessment Scale. *Research on Social Work Practice, 11*, 503-520.

Salveron, M., Lewig, K., & Arney, F. (2009). Parenting groups for parents whose children are in care. *Child Abuse Review, 18*, 267-288.

Sawyer, M. G., Arney, F. M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., … Zubrick, S. R. (2001). The mental health of young people in Australia: Key findings from the child and adolescent component of the national survey of mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry, 35*, 806-814.

Senate Community Affairs References Committee (2004). *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children.* Canberra, ACT: Commonweatlht of Australia.

Senate Community Affairs References Committee Secretariat (2001). *Lost innocents: Righting the Record*. Report on child migration. Parliamentary paper 0727-4181, No. 178. The Parliament of the Commonwealth of Australia. Canberra, ACT.

Senate Standing Committee on Social Welfare. (1985). *Children in institutional and other forms of care: A national perspective*. Report of the Senate Standing Committee on Social Welfare. The Parliament of the Commonwealth of Australia. Australian Government Publishing Service. Canberra.

Sheehan, R., & Borowski, A. (Eds) (2013). *Australia's Children's Courts Today and Tomorrow*. New York: Springer.

Sigal, J. J., Rossignol, M., & Perry, C. J. (1999) Some psychological and physical consequences in middle-aged adults of underfunded institutional care in childhood. *Journal of Nervous and Mental Disease*, *187*, 57-59.

Statistics NZ (2013). *Population clock*. www.stats.govt.nz. Accessed 25 June 2013.

Stein, M., & Munro, E. R. (Eds.) (2008). *Young people's transitions from care to adulthood: International research and practice*. London: Jessica Kingsley Publishers.

Tarren-Sweeney, M. (2008). Retrospective and concurrent predictors of the mental health of children in care. *Children and Youth Services Review, 30*, 1-25.

Tilbury, C., Creed, P., Buys, N., Osmond, J., & Crawford, M. (2012). Making a connection: School engagement of young people in care. *Child and Family Social Work*. Published online 19th November 2012. Online ISSN: 1365-2206. http://onlinelibrary.wiley.com/doi/10.1111/cfs.12045/pdf

Townsend, M. (2012). *Are we making the grade? The education of children and young people in out of home care*. NSW Department of Family and Community Services. Research Report 2012.

Van Krieken, R. (1991). *Children and the State: Social control and the formulation of Australian child welfare*. Sydney: Allen and Unwin.

Walfogel, J. C. (2008). *The future of child protection revisited*. In D. Lindsey and A. Shlonsky (Eds.), *Child welfare research: Advances for practice and policy,* (pp. 235-241). New York: Oxford University Press.

Ward, T. (2000). Happy birthday… goodbye! *Social Work Now, 17*, 21-27.

Ward, T. (2001). The tyranny of independent living. *Social Work Now, 18*, 19-27.

White Paper for Vulnerable Children I & II (2012). www.childrensactionplan.govt.nz

Wood, J. (2008). *Report of the Special Commission of Inquiry into Child Protection Services in NSW.* Sidney: State of New Southwales through the Special Commission of Inquiry into Child Protection Services in NSW.

Worrall, J. (2005). *Grandparents and other relatives raising kin children in Aotearoa New Zealand.* Grandparents Raising Grandchildren Charitable Trust Research Report. www.grg.org.nz

Worrall, J. (2009). *Grandparents and whānau/extended families raising kin children in Aotearoa/New Zealand. A view over time*. Grandparents Raising Grandchildren Charitable Trust Research Report. www.grg.org.nz

Yates, D. (2000). *Sink or swim: Leaving care in New Zealand* (A thesis submitted for the degree of Master of Arts in Social Policy). Massey University. Albany.