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Child Protection and Vulnerable Families: Trends and Issues in the Australian Context

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Abstract: This paper will provide an overview and analysis of developments in child protection and out of home care in Australia. It will outline early responses to perceived inadequate parenting to provide the historical and policy contexts of contemporary debates on, and responses to, the care and protection of children and young people. Child maltreatment affects a large number of children across Australia. The statistics of reported maltreatment reflect striking increases over time. Over the last decade, several public inquiries into the operation of child protection have been undertaken in a number of state jurisdictions following which some states have embarked on large scale reform of legislation and policy, to either strengthen the child protection mandate, or refocus services. Some exemplars of significant reform in selected states will be cited. Some of the themes that will be explored in the paper will include the impact of major state based public inquiries, overseas reviews and research on child protection policy and practice; the changing balance between orientations to child protection and family support, the parameters of out of home care, the high levels of governmental intervention experienced by Aboriginal and Torres Strait Islander families, and a critical appraisal of major transformations in protective care.

Keywords: child protection; out of home care; Aboriginal and Torres Strait Islander children; reunification; adoption; transition

1. Introduction

Responding to vulnerable children who are neglected or maltreated is an integral focus of child welfare practice in Australia. This article presents an overview of the care and protection system and its components, including the development of child protection policies, their interface with family based services and the nature of out of home care (OOHC). It discusses each of these intervention strategies, traces their historical context, the policies underpinning them, the practice challenges encountered and ongoing responses. Australia has a highly urbanised population with approximately 86% of the population living in urban areas [1]. As of the end of December 2012, the Australian population stands at just over 22.9 million people. The bulk of the population resides in the eastern states, with approximately 7.3 million in New South Wales, 5.7 million in Victoria and 4.6 million living in Queensland. Western Australia's population was approximately 2.5 million, South Australia approximately 1.7 million, with Tasmania, The Australian Capital Territory and the Northern Territory having approximately 512,000, 379,000 and 237,000, respectively. With respect to the distribution of the child/youth populations, 25.32% of the Australian population are under 19 years, 18% are 14 or younger and 7% under 4 years of age [2].

Approximately 3% of the population identifies as being Aboriginal and Torres Strait Islanders (ATSI). In total, the largest ATSI (Indigenous Australians) population resides within New South Wales (208,364 people), while the Northern Territory (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% [2]. 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.

Protecting children who are maltreated and providing OOHC assumes a major focus in Australian child welfare. The definition and scope of maltreatment, its causes, and how it should be responded to are the subject of continuing international and national debate. Central to this debate is the nature of the relationship between the state and family, wherein parents' perceived right to raise their children autonomously is mediated by the obligation of the state to intervene when families fail, due to lack of resources or parental dysfunction, to meet minimal standards of care as in the case of abuse and neglect [3,4].

Determinations about child protection involve deciding a threshold, or a point at which parent behaviour constitutes abuse. The setting of thresholds of intervention is influenced by moral and legal questions, theoretical orientations, knowledge of the impact of maltreatment, as well as resource constraints [5]. The thresholds for child protection intervention have lowered with the increased awareness of the impact of abuse on children's developmental outcomes and the increasing emphasis on children's rights. However, some researchers have argued that the definitions of abuse applied to families are too broad, exposing families to unwarranted intrusion and investigative processes [6]. These dilemmas confront child protection systems internationally and are equally relevant to child protection policy and practice in Australia. Responses to abuse and neglect in Australia will be reviewed to provide a historical context to the current profile of national efforts in child protection policy and practice.

2. Early Child Welfare Developments

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 [7]. 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 [8]. The nineteenth century also witnessed the advent of child migration, the importation of large groups of neglected children from Britain [9]. A reliance on institutional care was a key feature of the state's response to children of the working classes in the 1800s. The conditions in institutions under which children lived were harsh. 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 of institutions and reformatory schools, and emergence of "family principle" arguments, leading to the development of "boarding out" of children to "respectable" working class families [10].

Through the 1800s, neglected children were cared for in institutions and forms of family based care. Evidence of abuse and neglect of children in institutions and a growing consciousness of the significance of family life for children gave impetus to the development of foster care as the dominant form of alternative care. 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 best practice. By the late nineties, most states enacted legislation to protect children and established children's courts with care and crime jurisdictions. A number of societies for the protection and rescue of children emerged, such as the Victorian Society for the Prevention of Cruelty to Children (1894) laying the foundation for developing the non-government sector in child welfare. This period also witnessed the antecedents of family support services [8].

The state adopted a highly interventionist approach in its treatment of ATSI children and families. ATSI children were forcibly removed from their parents to be raised in white families or white institutions, and apprenticed to white employers [7,11,12].

The prevalence of abuse and neglect has been noted over time. Several writers have documented the maltreatment of children throughout Australia's history. Gandevia's review of child deaths in Melbourne in 1863 identifies neglect and maltreatment as causes of such deaths in 255 inquests. In the mid-seventies, there was a re-emergence of interest by the State and media in the incidence and severity of maltreatment. Identifying and responding to 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 overseas and in Australia, proactive intervention by the state to monitor and protect children became established.

3. The Australian Child Protection System

Since the 1970s, the most significant change in the child welfare system has been the concern with children 'at risk' which has acquired an increasing prominence on an unprecedented scale. During this period, Australian state government child protection authorities have assumed responsibility for responding to maltreatment concerns. The responsibility for delivering statutory child protection

services, enacting child welfare legislation and administering children's courts rests with individual Australian state and territory governments. Inevitably, there are variations in legislation governing children in need of care and protection and processes for investigating protection cases. The legislative framework and policies underpinning 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. Such notifications are assessed to determine the degree of harm and the child's protective needs. "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 [13]. The threshold for intervention varies across state jurisdictions, reflecting varying patterns of responding to reports and differing thresholds for what is substantiated. All jurisdictions have introduced "mandatory reporting" or the legal requirement 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 [14,15].

An overarching child protection national policy is encapsulated in a National Framework for Protecting Australia's Children 2009–2020 developed through a consultative process with states and territories and significant stakeholders including children and young people. This framework is grounded in the principles of the UN Convention on Rights of the Child and endorsed by the Council of Australian Governments [13,16].

The pattern of reporting of maltreatment shows striking increases over time. Across Australia over a 12 month period 2012–2013, 272,980 notifications or reports of child abuse were recorded ([17], p. 16). This represents a 98% increase in notifications over a decade (*i.e.*, 137,938 in 2001–2002) but showing a decline against a peak of 339,454 in 2008–2009 [13]. An estimated 184,216 children were the subject of these notifications in 2012–2013, reflecting a rate of 35.5 per 1000 children in Australia. Of the total notifications, 45% were investigated progressing to 53,660 substantiations following investigation, relating to 40,571 children and constituting a rate of 7.4 per 1000 children nationally ([17], p. 16). There were increasing numbers of children in substantiations, on care and protection orders, and in OOHC. There was a 29% increase in the number of children who were the subject of substantiations, rising from 31,527 in 2010–2011 to 40,571 in 2012–2013 ([17], p. viii). Forty-two per cent of children who were the subject of substantiations were from areas of lowest socioeconomic status ([17], p. viii). The proportion of "substantiated" cases varied across individual states from 31% in Western Australia to 68% in Tasmania [17].

The most commonly substantiated forms of maltreatment were emotional abuse (38%), neglect (28%) and physical abuse (21%). With respect to sexual abuse there is a substantiation rate of 13% ranging from 1% in the Northern territory to 20% in Western Australia. Similarly, variations are evident in the substantiation of physical abuse ranging from 8% in the ACT to 27% in Victoria. Neglect was the most common category of abuse for children in the states of New South Wales (32%), Queensland (42%), South Australia (47%) and the Northern Territory (47%). Differential policies on mandatory notification across states are perceived to account for these variations ([17], pp. 19–20). In addition to the identification of the primary abuse type placing the child at risk, the co-occurrence of primary and other types of abuse are recorded. For instance, where emotional abuse was the primary abuse type substantiated neglected co occurred in 32% of cases. Similarly, co-occurrences of

emotional abuse and neglect (37% and 26%, respectively) were noted in cases of substantiated physical abuse ([17], p. 20).

In terms of children involved in substantiated reports, children aged under 1 year were more likely (14.4 per 1000 children) and those aged 15–17 years (3.5 per 1000 children) were less likely to be the subject of substantiations—a consistent pattern across all states. Accordingly, most jurisdictions have specific policies in place to monitor younger children. In relation to a gender distribution, 51% of the children who were subject of substantiation were girls. In all states, girls are more likely to be subject of a substantiation of sexual abuse than boys (17% and 9%, respectively) ([17], p. 22). Overall, while these data trends might point to a perceived escalation in the incidence of maltreatment, they are reflective of an increasing professional and community awareness of the vulnerabilities and rights of children, and increased willingness to act on this awareness to protect children.

There is an over representation of ATSI children in child protection notifications and substantiations. ATSI children were eight times as likely to be the subject of a child protection substantiation (45.3 per 1000 ATSI children compared with 5.7 per 1000 non ATSI children) ([17], p. 25). This disproportionality is explained in terms of the legacy of past highly interventionist policies of forced removal, the continuous erosion of ATSI communities, high levels of socio-economic disadvantage and Eurocentric perceptions of child rearing practices [18–20].

In Australia, as is the case overseas, child protection systems are reviewed periodically. A major driver of policy change has been a series of child abuse tragedies and alleged negligent practice. During the 1980s and 1990s, highly publicised inquiries into the deaths of children heightened concern about the consequences of child maltreatment and the shortcomings of child protection systems. In Australia, state level inquiries into deaths from child abuse of Paul Montcalm [20] Daniel Valerio [21] Jordan Dwyer, and Ben [22,23] drew attention to organisational, procedural and individual contributory factors involved, and galvanised political support for strengthening child protection intervention. Statutory reports and media archives document scandals and errors in judgement and management that have exposed vulnerable children to extreme maltreatment and even child death [24]. Evidence of community outrage at media accounts of children and young people who have been abused physically, emotionally and sexually, or neglected to the point of serious impairment, and the apparent inability of the child protection system to prevent maltreatment or protect children either in their own families or in OOHC have influenced directions in child protection policy. Some commentators have characterised the policy change driven by media and community reaction to the 'worst' scenarios as 'quick fixes' that have the potential to lead the system into further crises [25]. Other commentators have affirmed the contribution of the media in effecting significant policy change [26].

While the development and refinement of child protection systems have brought greater numbers of children and families to the attention of child protection authorities, 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 [27,28]. The gap between notifications and substantiations is large. The issue of what services families receive beyond an investigation of abuse, and whether these services are experienced as punitive and controlling is raised. Other commentators have drawn attention to the forensically driven responses to child protection in recent years, where monitoring and surveillance have dominated and social work with

children and families is increasingly expressed in legal and procedural terms. The emphasis on risk and culpability and the interactions between child welfare workers, police and legal practitioners have transformed the discourse into a socio legal one [29,30].

The preoccupation with a child protection focus has had wide ranging impacts on service delivery to families. The systems and practices developed to respond to the escalating notifications of abuse have had implications for responses to children and families generally, not only those who were abused or at risk of abuse. Many who met the threshold did not receive the appropriate service, or no service at all. Preventative and supportive services for all 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 have the effect of alienating and deterring families from approaching welfare services [4,28,31].

3.1. Enhancing System Responses

Since the mid-nineties, individual states have implemented several system level reforms to achieve better child and family outcomes. Some significant components of Australian child protection systems that have developed over the last two decades include central intake systems, differential response models, introduction of risk assessment tools and the operation of interdisciplinary and interagency collaborative mechanisms. As a means of monitoring and standardising responses central intake systems designed to serve as sole points of access for receiving reports of maltreatment have been introduced in selected states. Such systems have been implemented to reduce the impact of inter office, and inter worker variations in assessing thresholds for intervention. The merits of this approach in South Australia is documented in Hetherington [32].

Technologies of risk assessment have been another development in Australia with the introduction in the nineties of child protection structured risk assessment measures to improve consistency of child protection practitioners' assessments at intake and subsequent case management. Individual states have adapted measures from the U.S. or developed frameworks to meet the needs of their local context. While the potential benefits of risk assessment tools are acknowledged [33,34], a review of the research literature on risk assessment instruments raise caution about the limited number of studies examining the properties of these tools, the variability in definitions and measures [35], the lack of unanimity in defining concepts of "risk" and "maltreatment" [27,36] and the inherent ethical dilemmas in the use of such tools [37]. Other commentators draw attention to the importance of distinguishing between risk assessment (estimation of likelihood of recurrence of maltreatment) and family assessment (identifying the unique constellation of developmental and ecological factors that trigger or inhibit maltreatment [38,39]). Importantly, the essential role of risk assessment measures as aids to decision making designed to complement practitioner clinical judgement is emphasised [40,41].

Another service response evident in a number of states (South Australia, Western Australia and Victoria) has been the development of differential response models, designed to offer multiple pathways for addressing the needs of children and families. In principle, under differential response models families reported and identified as being at low to moderate risk are offered an assessment rather than investigation, a non-adversarial response promoting voluntary engagement of families

without coercive state intervention [42]. In the Western Australian differential response model, cases are classified as either a generic child concern report (currently defined as "concerns for child welfare"). All reports benefit from a full assessment of risk and need, incidents of severe and persistent harm being referred to the child protection team, and other child concerns differentiated as requiring family support or no further action. An evaluation of the system concluded it enabled focused targeting of severe cases and prioritising of resources [43].

The Enhanced Client Outcomes implemented in Victoria represents another model providing practitioners with multiple differentiated response options grounded in child-centred family-focused practice. The potential of the differentiated response system to facilitate family engagement, and interagency collaboration, and promote scope for professional judgement at intake is acknowledged [25]. Evaluations of such systems operating in the U.S. note positive impacts in terms of maintenance of family safety, reduced child removals, increased access to services and family satisfaction [44].

3.2. Public Inquiries into Child Protection Systems

Strong public interest in child protection outcomes for children has continued into the 21st century. Over the past 15 years, several public inquiries into the operation of child protection systems have been undertaken in a number of jurisdictions [45–53]. Advocating further reforms in the operation of child protection systems these inquiries have triggered major changes in policy and practice in the respective jurisdictions. Individual states have responded to the acknowledged need for major system-wide reform in different ways. Some states have embarked on large-scale reform of legislation and policy following major inquiries, in order to strengthen child protection and/or strengthen family support programs. The emphasis is on promoting safe and stable environments for children exposed to parental drug and alcohol misuse, domestic violence, mental health concerns, and who are vulnerable to abuse and neglect. Preventive and supportive interventions to enhance family and child wellbeing and minimise removal to protective care are revisited in these reforms. Some examples of recent programs of significant reform in selected states are cited.

In the State of New South Wales, the Care and Protection jurisdiction experienced procedural and organizational changes following the Wood Special Commission of Inquiry (2008) [46]. The so-called "Wood Report" on child protection proposed amendments to the Children's and Young Person's Care and Protection Act 1998, to reduce the numbers of children entering care, increase the use of Alternative Dispute Resolution, limit the power of the Children's Court to make contact or parental visitation orders, and enhance the status of the Children's Court by appointment of a District Court Judge as the head of the Children's Court. In New South Wales, the "risk of harm" reporting threshold was amended to "risk of significant harm" as part of the New South Wales "Keep Them Safe" reforms. Child Wellbeing Units (CWUs) were established in major government reporting agencies of Health, Education, Family and Community Services and Police in accordance with attempts to reshape responses to child protection concerns and provide guidance to staff in determining the new threshold of "significant harm". The newly formed CWUs are intended to facilitate agency responses to less serious cases through referral to service systems. These changes have implied a greater focus on preventative and early intervention services to address concerns earlier, and reduce the number of reports of children at risk. In this context, the "Brighter Futures Program", an early intervention

program to support vulnerable families with children 0–8 years (by providing a suite of services including child care, parenting programs, home visits, family day care and specific support such as brokerage funds to purchase goods and services), received further impetus under the 'Keep Them Safe' emphasis on shared community responsibility for child wellbeing and child protection. Also included are case management services to address vulnerabilities such as domestic violence, mental health needs and substance misuse [54].

In the State of Queensland, in 2004 the 'Crime and Misconduct Commission of Inquiry in the Abuse of Children in Foster Care' identified serious failures in the child protection system and recommended major reforms, including the creation of a new department (Department of Child Safety) focused exclusively on child protection. It also instituted legislative changes requiring that case plans be submitted to the Children's Court as a pre-requisite to the Granting of Care Orders. The over-representation of ATSI children and their families in the child protection system received attention through a re-focusing of intensive resources to enhance early intervention and family support programs to address risks and challenges confronting ATSI families [55].

In Victoria, the legislation (Child Wellbeing and Safety Act, 2005) was amended in 2009 to extend the scope of Child Death Inquiries and significant funds were invested in increasing service system capacity. In addition to the focus on front end child protection demand, there has been enhanced provision of diversionary services through referrals to "Child FIRST" (Child and Family Information, Referral and Support Teams) contributing to reduction in numbers of children entering care. In 2012, the Protecting Victoria's Vulnerable Children Inquiry, which had been commissioned to investigate systemic problems in the child protection system, initiated an extensive reform agenda including child protection, workforce reform, establishment of a child friendly legal system and a Commissioner for Children and Young People, and expanded use of Family Group Conferencing and ATSI family decision making. In terms of prevention and early intervention, specialist programs were initiated to deliver intensive antenatal and postnatal support for vulnerable expectant mothers and parenting education, and skill building in parents to prevent the need for statutory child protection involvement.

This overview of child protection in Australia provides insight into the scope of maltreatment and evolving statutory responses to the issues. While significant practice reforms have been implemented there remain systemic concerns that organisational capacity to carry forward and sustain new practice directions is constrained by high caseloads, staff shortages, inadequate staff training and supervision and a culture that does not promote autonomy and critical thinking. Whether the incidence of child abuse is on the increase or whether there is a greater awareness of maltreatment is debated. However, in serious and fatal incidents of abuse there is less doubt that such an event has a profound impact on the community at large and the morale of practitioners and their organisations as political and public outrage forces reviews of policies and procedures. In such contexts, there has tended to be a diversion of resources and worker skills and time to child protection work at the expense of a relational and supportive orientation to families. Clearly, in such vital circumstances there should be strenuous efforts to avert such occurrences by addressing the implications and messages from published reports which have investigated serious cases [24].

The discourse of child protection has retained a tenacious hold over child welfare policy constraining the development of proactive work with families and children through what Holman (1988) refers to as a "family resource model" which encapsulates a range of services including day

care, respite care, family aides, shared care and income and housing support to be made available to all families, not merely the "stigmatised exceptions" [56]. It also stands to reason that the curriculum that prepares practitioners for practice with children and families should lay the foundation for more effective intervention in this area of practice by addressing models that incorporate a collaborative approach between relevant disciplines, that emphasise participatory and empowerment oriented approaches to working with children and families, and encourage critical thinking about the knowledge base and theoretical orientations used to underpin child protection assessments and interventions [57].

There is increasing support for a public health response with emphasis on primary prevention. To reduce risk and optimise children's developmental outcomes and safety universal primary preventative services need to be available to all families with additional services targeted to those in special need [55,58].

4. Out of Home Care

Integral to Australian child protection is its current out-of-home care (OOHC) provisions for children where reports of abuse and neglect are substantiated and who are not able to live at home safely. Where child protection concerns and risk to the child are substantiated the relevant Statutory Department responds to the child and family with appropriate support services. Regardless of jurisdictional differences between the states, in general, in situations where the harm, or the risk of harm, is serious or when parents need relief for a period of time, the statutory authorities may apply to the Children's Court for Care and Protection Orders. An overview of the structure and decision making processes of Children's Courts in different states is available in Sheehan and Borowski [59]. Care and Protection Orders 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 [17]. Placement in OOHC is considered as an intervention of last resort. When children are placed in care the policy emphasis is on reunification.

At 30 June 2013, there were 43,136 children on Care and Protection Orders, a rate of 8.2 per 1000 Australian children. Seventy-one per cent of these children were on Guardianship or Custody Orders ([17], p. 33). The rate of ATSI children on orders was 59.2 per 1000 children ([17], p. 43). A review of the in care population indicates that at June 2013 there were 40,549 children in OOHC. Between 2012 and 2013, 11,341 children entered care, the rate of entry being 7.8 per 1000. Across all jurisdictions the rate of children in OOHC at June 2013 ranged from 5.2 per 1000 in Victoria to 11.7 in Northern Territory ([17], p. 47). The rate of children in OOHC increased between 2009 and 2013 from 6.8–7.8 per 1000. ([17], p. 55) Of those children admitted to OOHC in 2012–2013, 43% were aged under 5 years, 24% 5–9 years, 23% between 10 and 14 years and 11% aged 15–17 years ([17], p. 47). The growth in numbers of children and young people in OOHC is explained in terms of increasing drug and alcohol use by parents, increasing exposure of children to domestic violence and abuse, implementation of policies of mandatory notification, and increase in levels of poverty and deprivation in families [13]. The age distribution of children discharged from care is older than that of children entering care—a median age of 11 years at discharge against the median age at entering care of 6

years. The pattern of discharge reflects children being admitted to care at a younger age and remaining there for longer periods ([17], p. 47).

4.1. Out of Home Placement

A range of options are available for children who are unable to be cared for by their parents temporarily or permanently. These include formal and informal care arrangements. Formal care options include foster care with non-relatives, kinship care, adoption, and residential care, the latter comprising institutions, boarding schools, small group homes, and youth hostels and shelters. These formal care arrangements are usually authorised and financed by the state and frequently involve Children's Court interventions. The informal care arrangements comprise care by relatives and extended family and may be informally negotiated by parents, or formalised by state intervention. Such arrangements are frequently referred to as "kinship care".

In terms of types of OOHC there has been a substantial decline in residential care. Nationally, one in 20 children in OOHC live in residential care, this form of care being used predominately for children and young people who have complex needs. Home based care remains the dominant form of care accounting for 93% of children in 2011–2012. Of these, 43% are in foster care, 48% in relative or kinship care and 3% in other types of home based care ([17], p. 48). The use of kinship care varied across states from 23% in the Northern Territory to 56% in New South Wales. The majority of children were placed in care for over a year. Thirty per cent were in a continuous placement for 2–5 years, a further 39% for five years while 18% were in their current placement for less than one year. The majority of children (90%) were in care on legal orders ([17], p. 49).

4.2. Aboriginal and Torres Strait Islander (ATSI) Children in Out of Home Care

The data on ATSI children and young people in care for the same period indicates high levels of disproportionality: namely a rate of 57.1 per 1000 children, and a steady increase since 2009 from 44.8 per 1000 children. These rates vary across states ranging from 20.7% per 1000 in the Northern Territory to 83.4 per 1000 in New South Wales ([17], p. 51). The legacy of the widespread practice of removing ATSI children from their families and communities, and the consequences of such intervention is reflected in their over-representation in child protection and care systems, a theme to be pursued later in this paper.

5. Permanency Planning: Reunification and Adoption

Australian jurisdictions have implemented a permanency framework [60], 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 [14]. An exemplar from the State of New South Wales care jurisdiction is cited.

5.1. Care Plans and Permanency Planning

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. The most recent amendments to the Children's and Young Persons Care and Protection Act will bring in significant changes in relation to the use of guardianship orders and the use of adoption as a mechanism to reduce the number of children in OOHC. Parents of babies under two years of age will have only six months from the initial interim orders before the court is able to remove their parental rights by making a finding as to whether there is a realistic possibility of restoration of the children to parents. Parents of older children will have that decision made by the end of 12 months ([54], p. 47). 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. Australian based research into reunification outcomes highlight key issues and trends [61,62] and will be discussed later.

5.2. Adoption: Local and Intercountry

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 between 1970 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 400–600 children per year. During the period 2011–2012, there were only 333 adoptions representing a 78% decline in the last 25 years [52,63].

This significant reduction 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 [64]. 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 21 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 [52]. 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 during 2011 and 2012, representing 45% of all adoptions. This was a decrease of 66 adoptions, or 31%, from 2010 to 2011 [52].

6. Emerging Challenges in Out of Home Care

The system of OOHC has been subject to research scrutiny to identify outcomes experienced by children, and the practices and policies that underpin its operation. The following review will highlight some significant issues confronting OOHC, some unique to Australia, and many consistent with the experience of other countries. Major concerns identified surround the extended periods of time children spend in unplanned care and the instability they experience through breakdown of placements [58,65,66]. A number of studies have demonstrated the low priority child welfare systems give to education and schooling and the barriers to educational attainment that children in care experience as a result of changes of placement, frequent changes of schools, and also low expectations by teachers and carers [67–70]. The evidence of emotional and behavioural problems among children in long term care has been found in a number of research studies with the pattern of disturbance found to be higher than the general population [71–75]. Studies have also identified that young people with an experience of OOHC are significantly overrepresented in criminal justice proceedings and juvenile detention and prison populations [46,76,77]. There is also evidence that young people leaving the care system are disproportionately likely to experience homelessness, unemployment, develop psychological and social problems and become involved in the criminal justice system [78–80]. In addition to these overarching concerns, there are a unique set of issues that merit specific attention.

6.1. Abuse in Care

Of national concern is the long term impacts of living in institutional care [81,82]. The Care Leavers Australian Network (surveys of members) refers to harsh punishment and sexual abuse that were reported to be common experiences impacting on their current mental health. 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 organizations with responsibility for children in their care. While serving as a means of gathering evidence, healing and reconciliation, the hearings provide a voice for those who have suffered maltreatment and victimisation in systems designed for their care and protection. Besides publicly acknowledging errors of the past, the evidence emerging from the hearings should inform policy and practice to enhance the safety of current systems [83,84].

6.2. Aboriginal and Torres Strait Islander Children

The continued over-representation of ATSI children at all levels of the child protection process and in the care system is a major challenge and a matter of continued national concern. The need for special attention to policy and practice in relation to these children is reflected in the Aboriginal Child Placement Principle now entrenched in legislation. It emphasises a preference for placement with ATSI people who may include the child's extended family; its ATSI community; or other ATSI people in that order of preference.

Entrenched problems of poverty, racism, social exclusion, lack of resources and reluctance of white welfare authorities to accept differences in family structure and child rearing practices between ATSI and non-ATSI societies have contributed to the continuing over-representation of ATSI children in care. There has been slow official recognition of the significance of Aboriginality to ATSI 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 ATSI community to go only some of the way towards ATSI self-determination [18,85]. A formal apology was made by the then Prime Minister Kevin Rudd on 13 February 2008 for the removal of ATSI children from their birth parents, described as *The Stolen Generation*. Tilbury *et al*. [86] argue for a critical review of the professional knowledge underpinning child protection practice with ATSI families and advocate the use of context specific knowledge developed from the diverse perspectives of ATSI families and communities. The "Closing the Gap" targets to address child mortality and enhance early childhood education and educational attainment for older children and reduce the gap in health and employment outcomes for ATSI populations [87] is a pivotal national strategy to address the disadvantage ATSI children and young people experience on a broader front, and minimise their vulnerability to the trauma of involvement in the child protection process.

6.3. Training and Support for Kin and Non-Kin Carers

Foster carers are required to fulfil a unique and challenging role in caring for vulnerable children who have been removed from their biological families. They play a pivotal role in the child's ongoing development and long term outcomes. Foster families play a significant role in minimising the harm done to a child by their removal, and in children being reunified with their families of origin, or by establishing a nurturing permanent family. To accomplish these goals the issues of recruitment assessment and training have assumed significant focus [37]. In recent years, there has been an exponential increase in the number of children entering care, and a decline in the availability of carers. This situation has triggered considerable research into the challenges of caregiving and the need for policy that supports better training and support for all carers. There are different types of care that are utilised—short term crisis care, long term care, respite care and kin care—each type requiring different skills and levels of support [88–90].

While caring for children can be rewarding, the stressful nature of caring for foster children who often have behavioural difficulties, the challenges of working closely with biological parents and the potential threat of allegations of abuse must be acknowledged. Ongoing support and appropriate training for carers is crucial in ensuring high standards of care for children [91–93]. Parenting foster

children involves challenges that are different from parenting of birth children. There is a need for support and training for carers around issues of managing children's emotional and behavioural problems. Where children have experienced abuse and neglect in their families, foster carers and residential staff can benefit from training to recognise and deal with the effects of such maltreatment on children's relationships with them.

There is increasing use of kinship or relative care as the need for OOHC placements escalate and the pool of available foster carers and residential care placements is stretched. The increase in parents affected by drug use and escalating reports of maltreatment have led to rising numbers of children placed formally or informally within extended family [15,94,95]. The perceived benefits are maintaining continuity of family relationships and preservation of cultural identity and sense of belonging, greater access to birth parents and promoting attachment and ensuring young people who leave care are not isolated. The Aboriginal Child Placement Principle supporting kinship care enables maintenance of ATSI children within their cultural community networks. Despite the positive benefits of continuity, stability and wellbeing, the potential for continued abuse by parents and family members whilst in kinship care is not to be overlooked. There are further concerns identified in national and international studies. Kin carers, despite becoming part of the child welfare system, are known to receive minimal formal support, preparation and recognition for the challenging caretaking roles from the Statutory Authority [96,97]. A number of studies have shown that kin carers and foster carers in general are poorly supervised, receive fewer support services and little training and preparation [91,98–100]. Berrick [101] draws attention to the fact that kin carers are socioeconomically disadvantaged relative to non kin carers. The children in kinship care are disproportionately from ATSI communities who experience high levels of socioeconomic disadvantage resulting in a two tiered care system, each funded, supervised and supported differentially by state authorities.

6.4. Listening to Children

There is increasing recognition of the need to enhance participation of children in the services they receive. Participation by children in matters which affect them is a reflection that children as individuals have views and opinions which cannot be represented by parents or professionals. The past decade has seen changes to legislation which place specific statutory duty on Community Service Departments to ascertain the wishes and feelings of the child, and to take these into account when making decisions. Such legislative provisions are only the first step. The day to day practice of involving children and ensuring their voices are heard and taken seriously will need continuing commitment on the part of practitioners and policy makers to the philosophy of working in partnership with young people.

Children's participatory rights have been enhanced by the establishment in Australia of the CREATE Foundation an advocacy organization that seeks to engage and empower young people in participating actively in decisions which affect their lives. A significant contribution comes from the series of Report Cards of the CREATE Foundation which draw attention to children and young people's experience of multiple placement changes, their marginal educational outcomes and their frequent alienation from birth and extended family networks. The 2013 CREATE Report Card [76] presents the views of 1000 children highlighting their desire to have stability in their care experience,

to receive consistent support from care staff and caseworkers, to achieve in education and to participate actively in decisions that affect them. Further impetus for recognition of the voices of children and young people is also seen in expanding research undertaken in Australia and overseas [90,102–105].

6.5. Birth Parents

When children are taken into care there is little evidence of ongoing work to support birth parents. Several writers have alluded to the marginalisation and disempowerment parents experience when their children enter care. Families who are single parents on low incomes and who experience significant hardships in terms of food and housing insecurity are at high risk for child welfare involvement [19,101,106]. There is a view that it is the very poor who are the subject of notifications, surveillance and coercive interventions, essentially the same population strata which historically have been recipients of child welfare services, and that their circumstances derive from inherent inequalities in the social structure [107–109]. Child neglect continues to be the predominant concern and the subject of child protection interventions which in the context of growing inequalities and dilemmas about the nature of state intervention in relation to disadvantaged families, including ATSI families, raises several concerns.

Most parents present with multiple and co-occurring problems that lead to maltreatment of their children. Frequently, precipitating factors include substance abuse, physical and mental illness, domestic violence, financial and housing problems and social isolation. The increasing number of drug using parents poses a major challenge to child protection workers. There is increasing recognition that substance use is associated with other circumstances including mental health problems and domestic violence. This prompts realisation of the need for integrated programs to address substance use and its triggers [110]. Facilitating parents in accessing the full continuum of services and integrating them into the overall case plan is crucial to resolving concerns to ensure safety of the child and eventual reunification.

While children are in care, birth parents require support in maintaining contact with their children in the interests of continuity and fostering the child's identity. The level of contact maintained between children and their birth families and its effect on children's outcomes has been emphasised in research studies [104,111,112]. Research suggests structured contact between the child and their birth family provides ongoing benefits for the child while living away from home. The emphasis is on an 'inclusive' approach to maintain children's connectedness to birth and extended families, to foster identity and continuity [111]. Higher levels of identification with birth parents have reinforced foster family attachment and self-esteem. Caseworkers play a major role in supporting all parties concerned in facilitating parental, sibling and extended family contact [111].

A child may remain in long-term care or be adopted and still remain connected to his or her parents through such contact [113]. Birth parents are to be considered an integral part of the care team for many reasons: their involvement helps the child's adjustment; through exposure to parenting approaches of foster carers or care staff they acquire the skills needed to respond to their child's needs; while enabling them to work toward reunification [61]. Based on the international evidence on supporting maintenance of children's links with their birth families, this is an important area of practice to be developed and enhanced.

6.6. Reunification

Child Welfare Services, in addition to providing protective OOHC when a child's safety and wellbeing is threatened, emphasise reducing the length of time children are in care and working towards reunification, or return home to parents [60]. Reunification is posited as an overarching goal of out of home services in state legislation. A body of international and Australian research has identified important predictors indicating reunification to be most probable in the early months after entry to care [61,62,114]. Child and family characteristics including age, minority status and family disadvantage and placement type have also been found to influence reunification outcomes [115–118].

The findings from research highlight the need for a prioritisation of resources to support expedient reunification given the potential for children to return in the early months after entry to care. These studies also highlight the need for reunification practice to respond to address the systemic and long term entrenched social and economic disadvantages that many families face through provision of housing, income support, child care and health care. This entails a proactive and planned approach to reunification accompanied by a package of integrated services and comprehensive parenting support.

6.7. Transitioning out of Care

The challenges experienced by young people leaving the care system have received wide attention in research and policy. Evidence from research suggests they confront major difficulties in securing educational, vocational, housing, employment and other opportunities integral to their transition out of care. Australian studies have documented their severely reduced life chances noting they are more prone to experiencing substance abuse and mental health problems, marginal educational and employment outcomes, homelessness and becoming parents at an early age [70,76,79,119,120]. There is international consensus that young people from the care system should be supported beyond 18 years of age and have a right to be cared for into their early adulthood [80]. While policies and programs to support leaving care exist in different states, there is concern that they are discretionary and not mandatory, and do not go far enough to respond to this vulnerable group of young people.

7. Conclusions

This article has reviewed the nature of child welfare practice and the ways in which the state responds to children and families. Child protection systems and family support practice are constantly evolving and statutory interventions have far reaching consequences for children and families. The expanding concepts of child protection and protective care, and an accompanying body of research have reinforced the recognition of the need for permanency in children's lives through supportive care in the environment of their families or through stable OOHC. Responding to children's needs for safety permanence, and importantly, overall wellbeing entails child welfare systems, partnering with other service delivery systems which are outside the parameters of the child welfare system including physical and mental health, education and early childhood services; advocating for children; and helping families secure the services their children need around specific developmental periods, as Wulczyn *et al*. (2006) argue that children's wellbeing embraces a broader concept, and is influenced by factors that extend beyond the remit of parents and carers [121]. The reinstatement of a push for a

family service orientation with greater emphasis on preventative services and early support to families is indicative of a desirable shift from a dominant focus on child protection to promoting children's welfare and wellbeing through family support and a multipronged approach. Drawing on the typology of responses to child maltreatment developed by Gilbert *et al.* [122], Australia's child protection systems represents a mix of the child protection orientation, the family orientation and the child focus orientation. However, the balance of these individual dimensions and the ascendancy of particular orientations are impacted by political and economic contexts. The balance shifts with legislative amendments often triggered by child death inquiries and associated media coverage, and budgetary constraints.

Abbreviations

ATSI: Aboriginal and Torres Strait Islanders;
CWUs: Child Wellbeing Units;
OOHC: Out of Home Care.

Conflicts of Interest

The author declares no conflict of interest.

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