

Child protection

12

Summary

Target

The target associated with Outcome 12 in the 2020 National Agreement is to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children (aged 0–17) in out-of-home care by 45% by 2031, from a 2019 baseline of 54.2 per 1,000 First Nations children.

Background

- Most Aboriginal and Torres Strait Islander (First Nations) children are raised in safe environments. The over-representation of First Nations children in the child protection system reflects the history of colonisation affecting First Nations people through dispossession of their land, the displacement of families and communities, past policies of assimilation and forcible child removals, and loss of culture. Trauma and structural inequality are among the consequences of colonisation and systemic racism that continue to affect First Nations people (AIHW & NIAA 2024).
- There are concerns that First Nations children being placed in OOHC and consequently removed from their families and communities, particularly through permanent care orders or adoption, has parallels to the Stolen Generations, and will have similar impacts (SNAICC 2023).
- Connection to family, community, culture and Country is considered crucial to the protection, healthy development and identity formation of young First Nations people in out-of-home care (OOHC) and supporting opportunities for their reunification with family. Disconnection from culture is seen as having an adverse impact on young people, both while they are living in OOHC and when they are leaving it.
- Children are most commonly placed in OOHC following a substantiation of a notification by a statutory child protection authority. This means that an initial notification of alleged child maltreatment has been made to a child protection department, following which an investigation of the alleged maltreatment is conducted. A substantiation occurs when there was reasonable cause to believe that a child had been, was being, or was at risk (or significant risk) of being, maltreated. Drivers of child maltreatment include poverty, substance use, and family violence.
- However, there is a lack of quantitative research that examines the processes whereby reports of concerns about child maltreatment are made and those reports are substantiated. While previous research has identified an over-representation of Aboriginal infants in the child protection system in Australia, the literature has been limited in examining the points at which disparities between Aboriginal and non-Aboriginal children occur (O'Donnell et al. 2019).
- There are many authoritative reports of First Nations families experiencing difficulties in interacting with child protection systems as well as discrimination in dealings with child protection organisations. Qualitative studies of these interactions often highlight:
 - a lack of cultural competency within mainstream services
 - the effects of intergenerational trauma
 - First Nations communities' mistrust of statutory child protection authorities
 - inadequate government-funded programs and services.

Current status

- Nationally, the number of First Nations children aged 0–17 in OOHC increased from nearly 18,000 (54 per 1,000 First Nations children) in June 2019 to around 19,800 (57 per 1,000) in June 2023, increasing the gap between First Nations and non-Indigenous children in OOHC.
- In 2023, First Nations children aged 0–17 were 12.1 times as likely as non-Indigenous children aged 0–17 to be in OOHC, compared with 10.6 times as likely in 2019.
- In 2022–23, the primary types of abuse or neglect for children who were the subject of a substantiated notification were:
 - emotional abuse (around 52% of substantiations for First Nations children, 60% for non-Indigenous children)
 - neglect (nearly 29% for First Nations children, nearly 17% for non-Indigenous children)
 - physical abuse (around 12% for First Nations children, 14% for non-Indigenous children)
 - sexual abuse (7.0% for First Nations children, 9.5% for non-Indigenous children)
- In 2023, around 63% of First Nations children aged 0–17 in OOHC were living with First Nations or non-Indigenous relatives or kin or other First Nations caregivers (about 12,500). This proportion has remained relatively unchanged since 2017.
- Reunification with birth parents (or family or a former guardian) is another ATSICPP indicator. In 2020–21, about 16% of children aged 0–17 in OOHC were reunified in the reporting period (about 1,700). There is a lack of data about how long it takes for children to be reunified with their birth parents (or family or a former guardian), where this occurs. Of the approximately 1,500 First Nations children aged 0–16 who exited OOHC to reunification in 2019–20, most (around 84%) did not return to care within 12 months.
- Achieving the 2031 target would require an annual drop of around 1,100 each year from June 2023 to June 2031 in the number of First Nations children in OOHC.
- There is a lack of quantitative research into the factors associated with First Nations and non-Indigenous children leaving OOHC, or with the length of their stay in OOHC. These dynamics, along with the rates at which children enter OOHC, are important drivers of the number of children in care at a particular point in time. One study found that over the period 2000–01 to 2007–08, the number of Australian children entering OOHC each year was relatively stable, but the number of children in OOHC increased due to children remaining in OOHC for longer periods. The study did not present separate results for First Nations and non-Indigenous children (Tilbury 2009).
- At 30 June 2023, of the approximately 19,800 First Nations children in OOHC, nearly 45% (about 8,800 children) had been continuously in care for 5 years or more, after increasing steadily from 40% in June 2019.
- In the Northern Territory (around 31 per 1,000 First Nations children) and Tasmania (just over 33 per 1,000) the rate was only slightly higher than the 2031 target of 29.5 per 1,000. Among the remaining states and territories, the OOHC rate was much higher, ranging from 47 per 1,000 in Queensland to 103 per 1,000 in Victoria.
- From June 2019 to June 2023, the OOHC rate for First Nations children has:

- fallen overall in New South Wales, the Australian Capital Territory and the Northern Territory
- risen overall in Victoria, Queensland and South Australia
- remained relatively stable in Western Australia and Tasmania.
- The OOHC rate for First Nations children aged 0–17 was lowest in *Remote and very remote* areas combined (32 per 1,000 First Nations children) and markedly higher in *Inner and outer regional* areas combined (about 73 per 1,000) and *Major cities* (nearly 67 per 1,000).

Key factors

- Reducing the number of children entering the child protection system requires prevention and early intervention programs to be prioritised. Primary prevention includes universal access to services, and activities and programs with a whole-of-community focus; early intervention includes services to support families that may be having difficulties caring for their children.
- The four priority reforms articulated in the National Agreement on Closing the Gap are seen as central to driving improvements in outcomes, including in the area of child protection, by changing the way governments work with Aboriginal and Torres Strait Islander people. Shared decision making and building the community-controlled sector are considered key drivers of change (SNAICC 2023).
- There is increasing evidence to demonstrate that service providers led by First Nations people are best placed to strengthen the cultural identity of children in OOHC and support their wellbeing.
- The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) aims to keep children connected to their families, communities, cultures and Country, and to ensure the participation of Aboriginal and Torres Strait Islander people in decisions about their children’s care and protection. A key element of the ATSICPP is governments working in partnership with First Nations communities, and with the participation of children, parents and their families, to:
 - prevent separation by dealing with the causes that lead to children and families becoming involved with the child protection system
 - place children in OOHC according to a hierarchy that prioritises a child’s placement with First Nations family or other non-Indigenous family, then First Nations members of their community, then First Nations family-based carers, then with a non-Indigenous carer or in residential care
 - support First Nations children in OOHC to maintain connections with their family, community, culture and Country.
- The New South Wales government has used a levy to divert some funding from the Department of Communities and Justice into Aboriginal community-controlled organisation-led approaches, with the aim of reducing the number of Aboriginal children in out of home care (Allison 2022). The New South Wales government recently announced measures to improve reform of the child protection system and has committed to setting up a restoration taskforce to support Aboriginal children who can safely go home to do so (DCJ 2024).
- One study ‘... endorses calls to shift from reactive strategies based in tertiary child protection to proactive, primary prevention that aims to reduce risk factors and enhance protective factors prior to problems emerging’ (Conley Wright et al. 2021:5), arguing for

the establishment of multidisciplinary services cross-cutting child welfare, youth justice, mental health and education systems.

- **Safe and Supported: The National Framework for Protecting Australia's Children 2021–2031** is a 10-year strategy to improve the lives of children, young people and families who are experiencing disadvantage, or who are vulnerable to abuse and neglect. The strategy aims to do this by better coordinating programs and supporting families to keep their children safe, while targeting areas with the biggest need – not only for the greatest impact but also to avoid duplication. The framework describes governments' commitments to transforming systems by placing Aboriginal and Torres Strait Islander self-determination at their centre. This includes partnering with Aboriginal and Torres Strait Islander community-controlled organisations in the design and administration of child protection systems, consistent with commitments under the Closing the Gap Priority Reforms (DSS 2021).

12.1 Introduction

Outcome 12 of the 2020 National Agreement on Closing the Gap relates to reducing over-representation of Aboriginal and Torres Strait Islander children in the child protection system.

The target associated with this outcome is to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children (aged 0–17) in out-of-home care by 45% by 2031, from a 2019 baseline of 54.2 per 1,000 children.

Outcome	Aboriginal and Torres Strait Islander children are not over-represented in the child protection system.
Target	By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children (aged 0–17) in out-of-home care by 45%.
Indicator	The rate (per 1,000) of Aboriginal and Torres Strait Islander children aged 0–17 in out-of-home care.
Measure	<p><i>Numerator</i> — number of Aboriginal and Torres Strait Islander children aged 0–17 in out-of-home care, as at 30 June.</p> <p><i>Denominator</i> — number of Aboriginal and Torres Strait Islander children aged 0–17 in the population, as at 30 June.</p>

‘Aboriginal and Torres Strait Islander families and communities have successfully provided love and care for their children, growing them up strong and safe in their cultural traditions for thousands of years. The cultural strengths of Aboriginal and Torres Strait Islander child-rearing practices contribute to creating safe and nurturing environments for children. Despite this, Aboriginal and Torres Strait Islander families continue to face adversity and experience a range of structural drivers that lead them to encounter the child protection system.’

The Family Matters Report 2020: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia

Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations have agreed that the over-representation of Aboriginal and Torres Strait Islander (First Nations) children in out-of-home care (OOHC) needs to be reduced, as demonstrated by including Target 12 in the National Agreement on Closing the Gap (DPM&C 2020). *Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031* states that ‘children and young people in Australia have the right to grow up safe, connected and supported in their family, community and culture’ (DSS 2021). Connection to family, community, culture and Country has been identified as crucial to the development and identity formation of young First Nations people in OOHC to support opportunities for their re-unification with family; disconnection from culture is seen as having an adverse impact on young people, both in OOHC and when leaving it (Mendes et al. 2020).

The rate at which First Nations children continue to be separated from their families, communities and cultures has been described as ‘devastatingly high’ (Liddle et al. 2022). There are concerns that the large numbers of First Nations children being removed from their families and communities will have similar impacts to those for the Stolen Generations (the

historical forcible removal of First Nations children from their families that occurred as a result of historical government policies) (Campbell 30 May 2017; Krakouer et al. 2018). The over-representation of First Nations children in OOHC has been linked to the trauma and its consequences experienced by those of the Stolen Generations who were forcibly removed (Atkinson et al. 2014; Bromfield and Holzer 2008; Douglas and Walsh 2013; HREOC 1997; Hunter et al. 2021; Krakouer et al. 2018; The Healing Foundation 2021). Reducing First Nations over-representation in OOHC is essential to help break the cycle of intergenerational trauma (O'Donnell et al. 2019).

The indicator for measuring progress towards the outcome that First Nations children are not over-represented in the child protection system is the rate (the number per 1,000 population) of First Nations children aged 0–17 in out-of-home care. The target is to reduce the rate of over-representation of First Nations children (aged 0-17) in out-of-home care by 45% by 2031.

The main data source for assessing progress towards the target is the National Child Protection Data Collection (NCPDC), which is based on administrative data provided by state and territory departments responsible for child protection, according to a set of agreed specifications. Children in scope for this data collection are those aged under 18. For some states and territories this also includes unborn children.

From 2012–13, following the implementation of the Child Protection National Minimum Data Set (CP NMDS), child protection data across jurisdictions and over time have become increasingly comparable, though comparability is still affected by policy and practice differences, including:

- variation across jurisdictions as to who is legally obliged to report suspected child abuse and neglect to the appropriate authority (referred to as mandatory reporting)
- use of agency-defined and caller-defined approaches to recording notifications
- thresholds used for risk assessment practices
- treatment of multiple notifications and overlapping investigations
- treatment of cases for unborn children, abuse in care, non-familial maltreatment and where there is no suitable caregiver
- care and protection orders issued, particularly for interim and temporary orders
- reporting types of OOHC placement (AIHW 2022b, appendices A–C).

Data are available annually and enable detailed disaggregation by geography and other characteristics including the length of time in placements and relationship of carer. Given the administrative nature of the CP NMDS, it contains limited information on various individual-, household- and community-level demographic, socioeconomic and cultural characteristics and child protection processes to support modelling of the determinants of child placement in OOHC.

At the time of analysis, 2022–23 data were the most recent CP NMDS data available for inclusion in this chapter.

To understand the key factors associated with children in OOHC, the current report presents:

- current and historical trend data on target indicators at the national and state and territory level, and disaggregated by other sociodemographic and geographic characteristics
- a review of national and international literature on the determinants of child maltreatment and placement in OOHC among First Nations people.

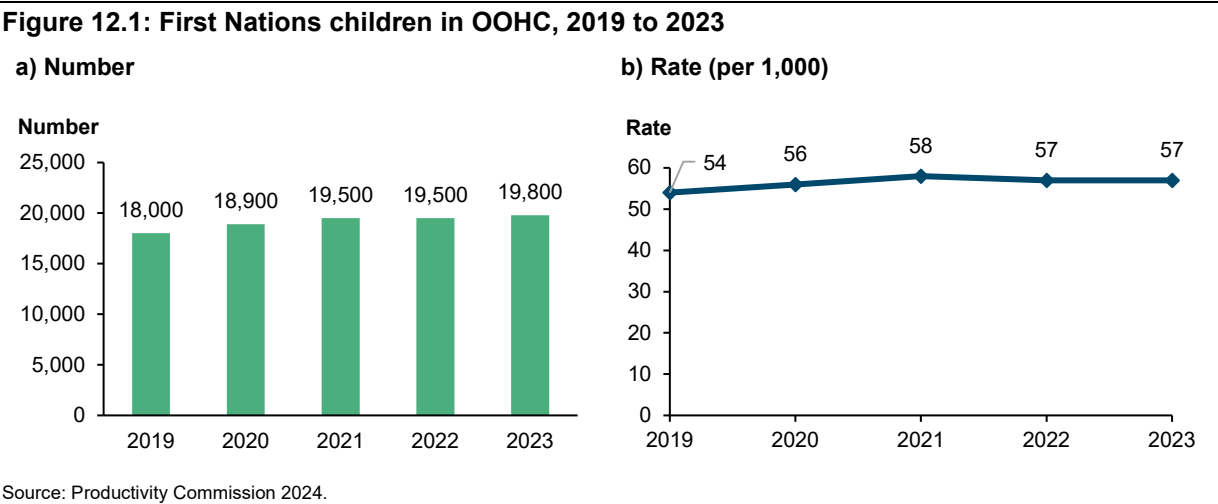
12.2 Child protection target: current picture and time trends

This section presents the data available on the rate of First Nations children aged 0–17 in OOHC, and progress towards the target.

12.2.1 National

Nationally, the number of First Nations children aged 0–17 in OOHC increased from nearly 18,000 in June 2019 to around 19,800 in June 2023 (Figure 12.1).

The rate of First Nations children aged 0–17 who were in OOHC, expressed as the number per 1,000 population of First Nations children, increased from around 54 per 1,000 in June 2019 to nearly 58 per 1,000 in June 2021, then fell slightly to around 57 per 1,000 in June 2023 (Figure 12.1; supplementary Table S12.1).

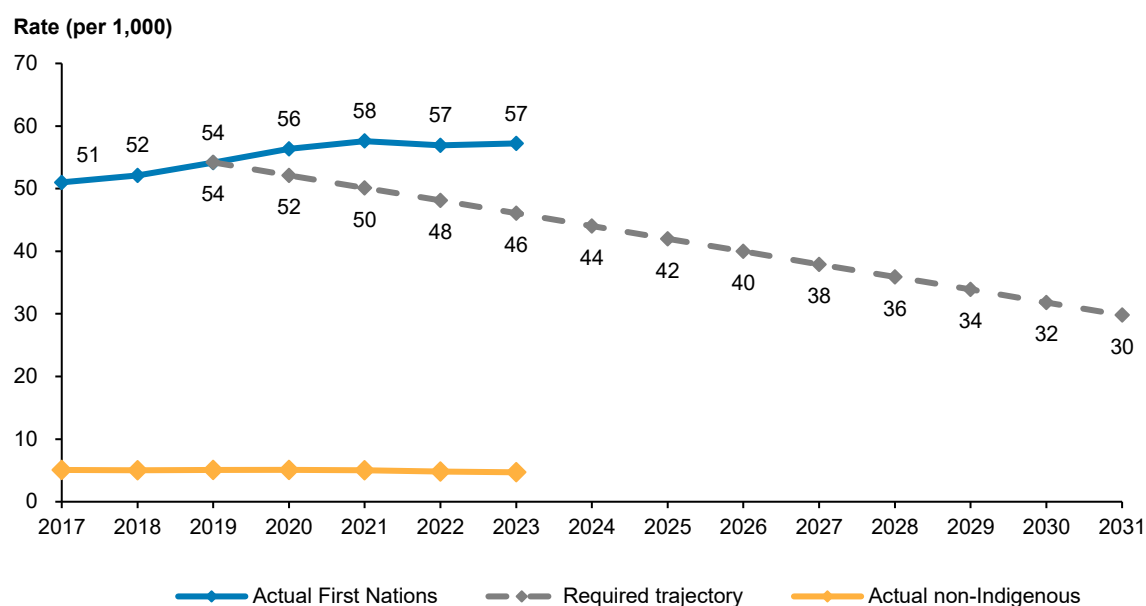


For the rate of over-representation of First Nations children in OOHC to be reduced by 45% by 2031, it would need to decrease from the baseline of 54.2 per 1,000 in 2019 to 29.8 per 1,000 in 2031 (Productivity Commission 2024). The agreed path or trajectory on how the rate of First Nations children in OOHC would need to decline over time to reach this 2031 target rate is presented in Figure 12.2.

The rate of First Nations children in OOHC increased between June 2019 and June 2023, increasing the gap between First Nations and non-Indigenous children in OOHC. In 2023, First Nations children aged 0–17 were 12.1 times as likely as non-Indigenous children aged 0–17 to be in OOHC, compared with 10.6 times as likely in 2019 (Figure 12.2).

Achieving the 2031 target would require an annual decrease of 3.4 per 1,000 in the rate of First Nations children in OOHC between 2023 and 2031. The corresponding number of First Nations children in OOHC would need to decrease on average by around 1,240 each year from June 2023 to June 2031. This number is estimated by applying the required target rate of 29.8 per 1,000 in 2031 to the projected population of the First Nations population aged 0–17 in 2031 (421,438) (ABS 2021a). The difference between this and the number of First Nations children in OOHC in 2023 (9,890) is then divided by the number of years between 2023 and 2031.

Figure 12.2: Rate of children in OOHC, current trajectory and trajectory required to meet the 2031 Closing the Gap target



Sources: AIHW 2022b, Table T2; Productivity Commission 2024.

12.2.2 State and territory

By state and territory, at 30 June 2023, the largest proportions of First Nations children in OOHC were living in:

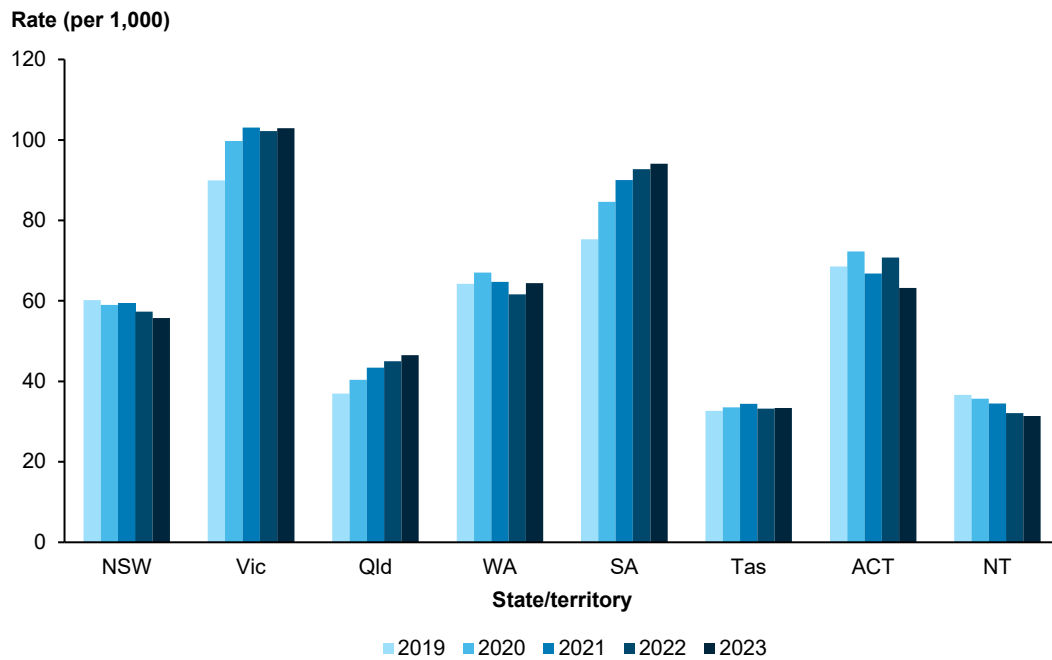
- New South Wales (about 33% or 6,600 children; 34% of First Nations children live in this state)
- Queensland (about 24% or 4,700; 29% of First Nations children live in this state)
- Western Australia (about 14% or 2,700; 12% of First Nations children live in this state)
- Victoria (about 13% or 2,700; 7% of First Nations children live in this state) (Productivity Commission 2024).

The OOHC rate for First Nations children varied considerably by state and territory. In the Northern Territory (around 31 per 1,000) and Tasmania (just over 33 per 1,000), the rate was close to the 2031 national target of 29.5 per 1,000. Among the remaining states and territories, the OOHC rate was much higher, ranging from 47 per 1,000 in Queensland to 103 per 1,000 in Victoria.

From June 2019 to June 2023, the OOHC rate for First Nations children has:

- fallen overall in New South Wales, the Australian Capital Territory and the Northern Territory
- risen overall in Victoria, Queensland and South Australia
- remained relatively stable in Western Australia and Tasmania (Figure 12.3).

Figure 12.3: Rate of First Nations children in OOHC, by state and territory, 2019 to 2023



Source: Productivity Commission 2024.

12.2.3 Remoteness area

This section presents remoteness area information for OOHC rates of First Nations children.

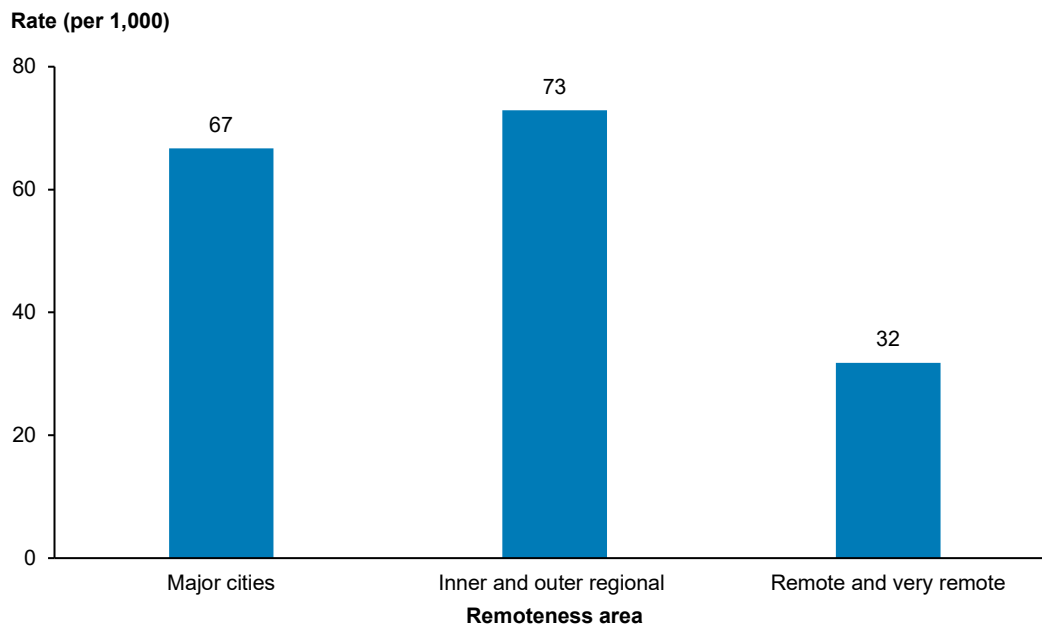
In 2023, the share of First Nations children in OOHC decreased by the remoteness of the area in which they were living:

- *Major cities* (44% or about 8,700 children)
- *Inner regional areas* (28% or about 5,500)
- *Outer regional areas* (19% or about 3,700)
- *Remote areas* (4.4% or about 870)
- *Very remote areas* (3.6% or about 700) (AIHW 2024, Table S5.9a).

The OOHC rate for First Nations children aged 0–17 was lowest in *Remote and very remote* areas (32 per 1,000); it was markedly higher in *Inner and outer regional* areas (about 73 per 1,000) and *Major cities* (nearly 67 per 1,000) (Figure 12.4; Table S12.2).

Children placed a greater distance away from their family, community and Country are likely to find it more difficult to return regularly. Richardson and colleagues (2007) cite 485 studies identifying material disadvantage as a barrier to recruitment of foster carers, and there are higher levels of individual- and community-level disadvantage among First Nations people living in remote areas. The same report points to the existence of informal placements (Richardson et al. 2007), which may be more prevalent in more remote areas. Poorer access to services in more remote areas is another potential factor, although there is a lack of data and research investigating the reasons for OOHC placements.

Figure 12.4: Rate of First Nations children in OOHC on 30 June 2023, by remoteness



Source: AIHW 2024, Table S5.9b.

12.2.4 Children in OOHC by age group

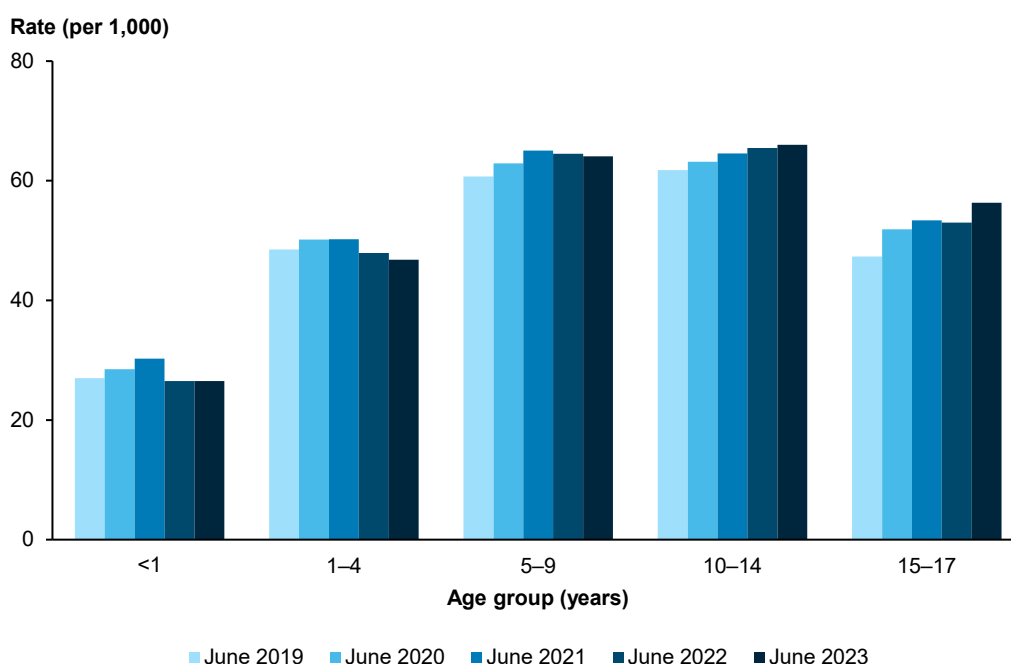
Nationally, of the 19,800 First Nations children living in OOHC at 30 June 2023, the age groups with the largest proportions of children were:

- 10–14 years (about 31% or 6,200 children) – in comparison, around 27% of First Nations children aged 0–17 in the general First Nations population were aged 10–14
- 5–9 years (about 30% or 6,000) – in comparison, around 27% of First Nations children aged 0–17 in the general First Nations population were aged 5–9 (AIHW 2024, Table S5.5; PC 2024).

At 30 June 2023, rates of First Nations children in OOHC were highest in the 5–9 and 10–14 age groups, at about 64–66 per 1,000.

From June 2019 to June 2023, the rate of First Nations children aged 15–17, in OOHC increased markedly. There were smaller increases in the rates of First Nations children aged 5–9 and 10–14, and a small decrease in the rate of those aged under 1 year and 1–4 (Figure 12.5).

Figure 12.5: Rate of First Nations children in OOHC, by age group, 2019 to 2023



Sources: Productivity Commission 2024.

Children who were not yet born at the time of notification

As noted in *Child protection Australia 2021–22* (AIHW 2023a):

‘all jurisdictions, except South Australia and the Northern Territory, have legislation to support the prenatal reporting of children at risk; that is, reports can be made for pregnant women where there are concerns held for their unborn children upon birth. Differences in policy and practice across jurisdictions impact on the data relating to unborn children for notifications, investigations, and substantiations’ (AIHW 2023a, Appendix C).

In most cases where a child was not yet born at the time of notification (94%), a decision on how to respond to the notification was made before the child was born. The level of intervention varied (whether the notification was resolved without investigation, or was investigated) and whether investigations occurred before or after birth. Early intervention and prevention, including working intensively with the mother or family, referring the mother to services, and providing advice and assistance, are used to support vulnerable children and their families (AIHW 2023a, Appendix B).

In 2022–23, about 690 First Nations children who were the subject of a child protection substantiation were not yet born at the time of notification (AIHW 2024, Table S3.6).

In evidence presented to the Yoorrook Justice Commission – established in Victoria to address systemic injustices faced by First Nations people – the Victorian Government recognised that more than half of child protection notifications relating to unborn children were unsubstantiated and that racism was a contributing factor (AIHW & NIAA 2024).

12.2.5 Substantiated reports of child maltreatment

Children are most commonly placed in OOHC following substantiated maltreatment. Substantiated maltreatment means that a report has been made to a child protection department alleging child maltreatment or harm to a child (called a notification), the report has been investigated, and the investigation concluded that the child had been, was being, or was at risk (or significant risk) of being maltreated (AIHW 2023a).

Information about substantiations provides insights into the characteristics of children and where they were living at the time of the reported maltreatment. This information may be relevant for policy and the delivery of early intervention programs and services, particularly in respect to geographical location:

- Geographical location of children where there was a substantiation refers to where the child was usually living at the time of the notification of alleged maltreatment to a child protection department.
- Geographical location of children in OOHC refers to where the child was living in their OOHC placement.

Comparative rates of notifications resolved by means other than an investigation may be an indicator of potential biases, including systemic racism. This information is not readily available at the time of writing of this report. Further analysis is needed to better understand the extent of unsubstantiated notifications by Indigenous status.

However, in 2021–22, there were 170.4 First Nations children aged 0–17 per 1,000 population who were receiving child protection services, which includes:

- investigation of a notification
- being on a care or protection order
- being in out-of-home care.

This is more than 8 times the rate of non-Indigenous children receiving child protection services (21.0 per 1,000).

In comparison, the ratio of the rates of substantiations of notifications of First Nations children aged 0–17 to non-Indigenous children was smaller (7 times).

This implies that there is a higher rate of First Nations children than non-Indigenous children receiving child protection services for whom a notification was not substantiated (noting that in some cases children may be admitted to a care and protection order for reasons other than substantiated maltreatment, for example where the parents are unable to adequately care for the child) (AIHW 2022b).

Substantiation rates by primary type of maltreatment

In 2022–23, the primary types of abuse or neglect for children who were the subject of a substantiated notification were:

- emotional abuse (around 52% of substantiations for First Nations children, 60% for non-Indigenous children)
- neglect (nearly 29% for First Nations children, around 17% for non-Indigenous children)
- physical abuse (around 12% for First Nations children, 14% for non-Indigenous children)

- sexual abuse (7.0% for First Nations children, 9.5% for non-Indigenous children) (AIHW 2024, Table S3.10).

The proportion of First Nations children for whom there was a substantiated notification of emotional abuse was lower than that for non-Indigenous children. In contrast, the proportion of First Nations children for whom there was a substantiated notification of neglect was higher than that for non-Indigenous children.

Substantiation rates by remoteness areas

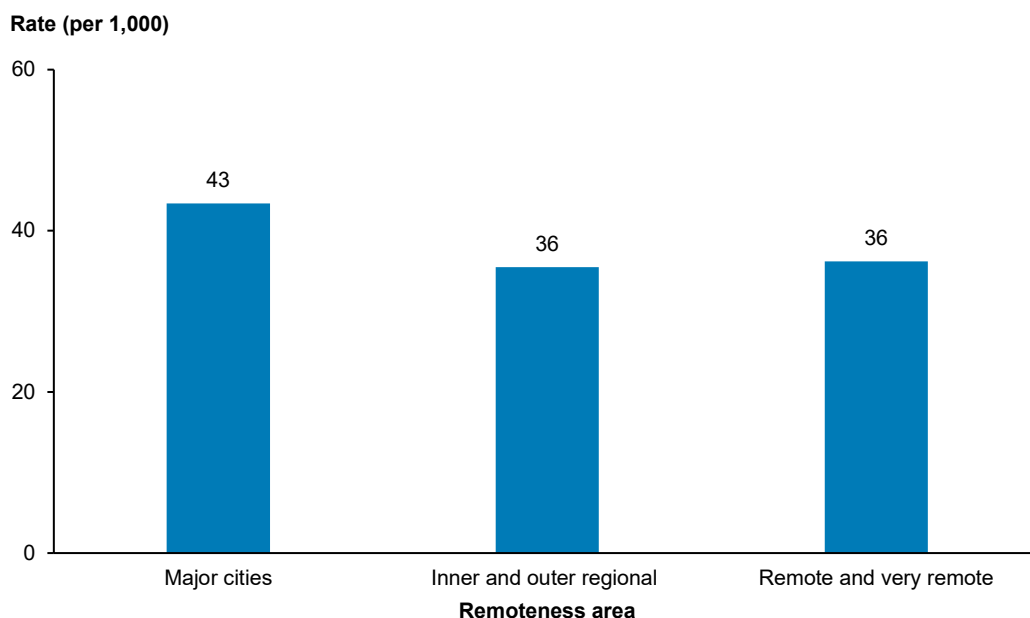
This section presents remoteness area information for substantiation rates of First Nations children.

The proportions of First Nations children for whom there was a substantiation in 2022–23, by the remoteness area in which they were living at the time of the substantiation, were:

- *Major cities* (about 41% or about 5,600 children)
- *Inner regional areas* (about 25% or about 3,400)
- *Outer regional areas* (16% or about 2,200)
- *Remote areas* (6.6% or about 900)
- *Very remote areas* (7.3% or about 1,000) (AIHW 2024, Table S3.7a).

In 2022–23, the substantiation rate for First Nations children aged 0–17 was highest in *Major cities* at 43 per 1,000, compared with rates of around 36 per 1,000 in *Inner and outer regional areas* and around 36 per 1,000 in *Remote and very remote areas*. These rates are based on the child’s place of usual residence recorded with the substantiation (Figure 12.6; Table S12.2). Rates were calculated using numbers published in AIHW 2024 and ABS 2019.

Figure 12.6: Rate of First Nations children who were the subject of substantiations 2022–23, by remoteness



Sources: ABS 2019; AIHW 2024, Table S3.7a.

Substantiation rates by Indigenous Regions

The child protection data by Indigenous Regions (IREGs) presented in this chapter were obtained by assigning postcodes to the corresponding IREG, using the 2016 edition of the Australian Statistical Geography Standard (ABS 2016).

As noted earlier, information presented in this chapter on the geographical location of children where there was a substantiation refers to where the child was usually living at the time of the associated notification, while information about the geographical location of children in OOHC refers to where the child was living in their OOHC placement.

Data for 2022–23 by IREG were not available at the time of publication. Numbers and rates of First Nations children aged 0–17 who were the subjects of substantiations of notifications received during 2021–22 in each IREG are presented in Table 12.1 and rates are illustrated in Figure 12.7. Note that data presented for the Australian Capital Territory are for the entire territory.

The rate of First Nations children aged 0–17 who were subjects of substantiations of notifications in 2021–22 varied across IREGs.

- IREGs in Queensland tended to have lower rates of substantiated notifications for First Nations children, ranging from 6.2 per 1,000 in the Torres Strait to around 32 per 1,000 in Mt Isa.
- Rates of substantiated notifications for First Nations children were also lower in Tasmania, at around 11 per 1,000, and in some regions of Western Australia including West Kimberley (around 26 per 1,000) and South Hedland (nearly 28 per 1,000).
- The highest rates of substantiated notifications for First Nations children were in regional Victoria (around 81 per 1,000), Alice Springs (around 91 per 1,000) and Tennant Creek (around 116 per 1,000).

Results for IREGs in New South Wales, Queensland, Western Australia and the Northern Territory – the 4 jurisdictions with the largest First Nations populations – are illustrated in Figure 12.8.

Table 12.1: First Nations children who were the subjects of substantiations of notifications received during 2021–22, IREG at notification^{(a)(b)}, number and rate (per 1,000)

State/territory	IREG at notification ^(b)	Number	Rate (number per 1,000)
NSW	Dubbo	302	43.2
NSW	North-Eastern NSW	393	34.4
NSW	North-Western NSW	184	49.2
NSW	NSW Central and North Coast	1,617	41.6
NSW	Riverina – Orange	600	41.5
NSW	South-Eastern NSW	314	41.3
NSW	Sydney – Wollongong	1,664	50.7
NSW	Indigenous region outside NSW	31	..
NSW	Indigenous region not determined	104	..
NSW	Total	5,209	45.0
Vic.	Melbourne	820	72.7
Vic.	Victoria exc. Melbourne	1,168	84.0
Vic.	Indigenous region outside Vic	20	..
Vic.	Indigenous region not determined	24	..
Vic.	Total	2,032	80.6
Qld	Brisbane	873	23.0
Qld	Cairns – Atherton	263	20.1
Qld	Cape York	77	17.5
Qld	Mount Isa	111	32.3
Qld	Rockhampton	263	20.6
Qld	Toowoomba – Roma	261	26.0
Qld	Torres Strait	18	6.2
Qld	Townsville – Mackay	289	18.8
Qld	Indigenous region outside Qld	114	..
Qld	Indigenous region not determined	5	..
Qld	Total	2,274	22.7
WA	Broome	90	37.4
WA	Geraldton	131	41.4
WA	Kalgoorlie	99	32.0
WA	Kununurra	83	39.7
WA	Perth	705	40.7
WA	South Hedland	112	27.6
WA	South-Western WA	213	29.9
WA	West Kimberley	60	25.7
WA	Indigenous region outside WA	260	..
WA	Indigenous region not determined	6	..
WA	Total	1,759	42.3

(continued)

Table 12.1 (continued): First Nations children who were the subjects of substantiations of notifications received during 2021–22, IREG at notification^{(a)(b)}, number and rate (per 1,000)

State/territory	Indigenous region at notification ^(b)	Number	Rate (number per 1,000)
SA	Adelaide	522	37.7
SA	Port Augusta	144	42.1
SA	Port Lincoln – Ceduna	61	56.6
SA	Indigenous region outside SA	94	..
SA	Indigenous region not determined	1	..
SA	Total	822	44.8
Tas	Tasmania	125	10.6
Tas	Indigenous region outside Tas	0	..
Tas	Indigenous region not determined	8	..
Tas	Total	133	11.3
ACT^(c)	Total	100	33.0
NT	Alice Springs	189	91.2
NT	Apatula	113	36.4
NT	Darwin	351	51.4
NT	Jabiru – Tiwi	105	24.0
NT	Katherine	139	37.2
NT	Nhulunbuy	107	27.8
NT	Tennant Creek	173	116.3
NT	Indigenous region outside NT	40	..
NT	Indigenous region not determined	8	..
NT	Total	1,224	48.1

.. = no data/insufficient data.

(a) Information about IREG at notification was derived from information about postcode at notification. In some cases, the IREG of notification was different from the state/territory in which the case was counted. Where postcode information was missing/not stated/inadequately described, the IREG could not be determined.

(b) The ABS has a separate regional geographical structure that is more relevant to the Indigenous population, updated after each Census. IREGs are the largest geographical units in the ABS Indigenous-specific regional classification. These data were classified using the 2016 edition of the classification, which was the latest edition at the time these data were analysed. For more information, see *Australian Statistical Geography Standard (ASGS): Volume 2 – Indigenous Structure, July 2016* (ABS 2016).

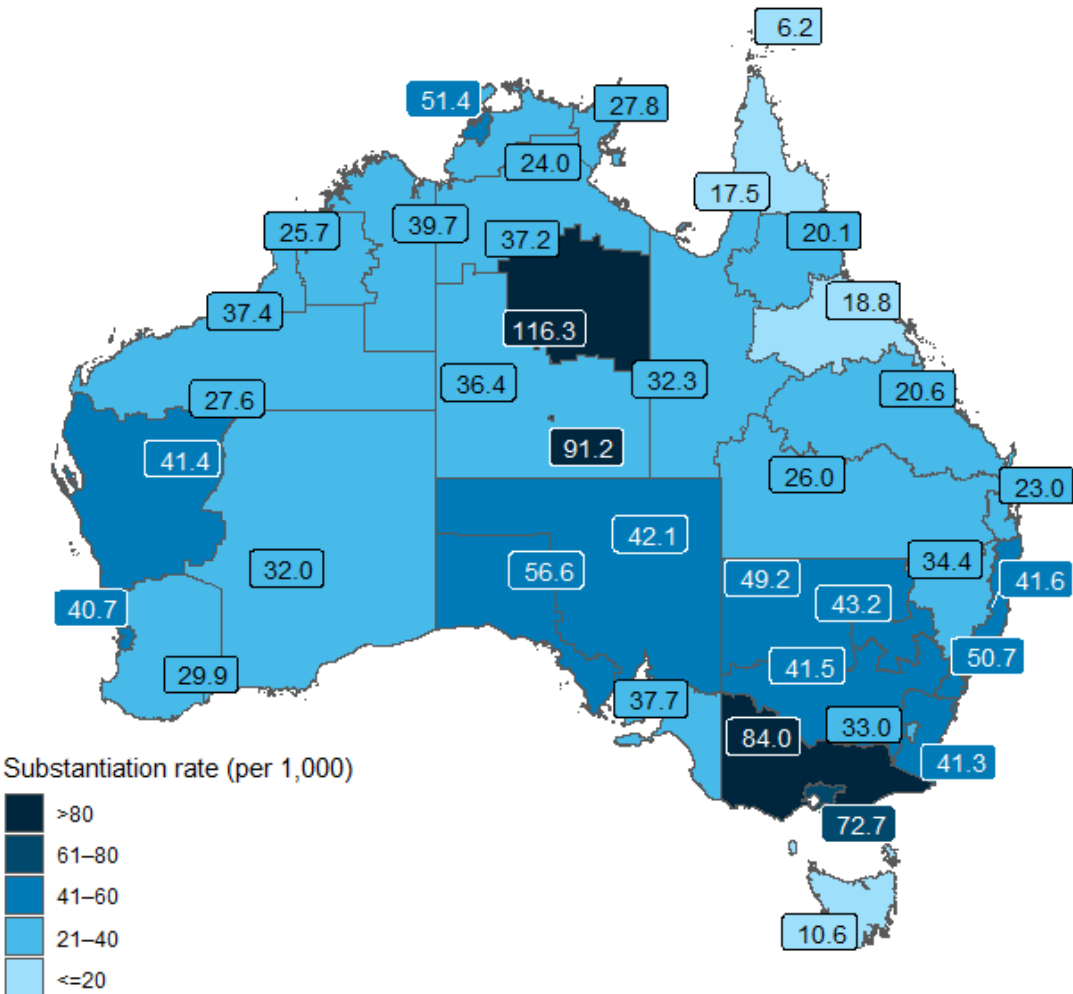
(c) Information is presented for the whole of the ACT.

Notes

1. Data presented in this table are not comparable across jurisdictions, or over time, due to differences in the way jurisdictions collect and report data on notifications, investigations and substantiations and how this has changed over time. See Appendix A of AIHW 2023a for more information.
2. Finalised investigations, and thus substantiations, refer only to cases that were notified during the year, not to the total number of investigations finalised by 31 August 2022.
3. See Technical notes of AIHW 2023a for the method used to calculate rates, and Table P4 for the population data used.

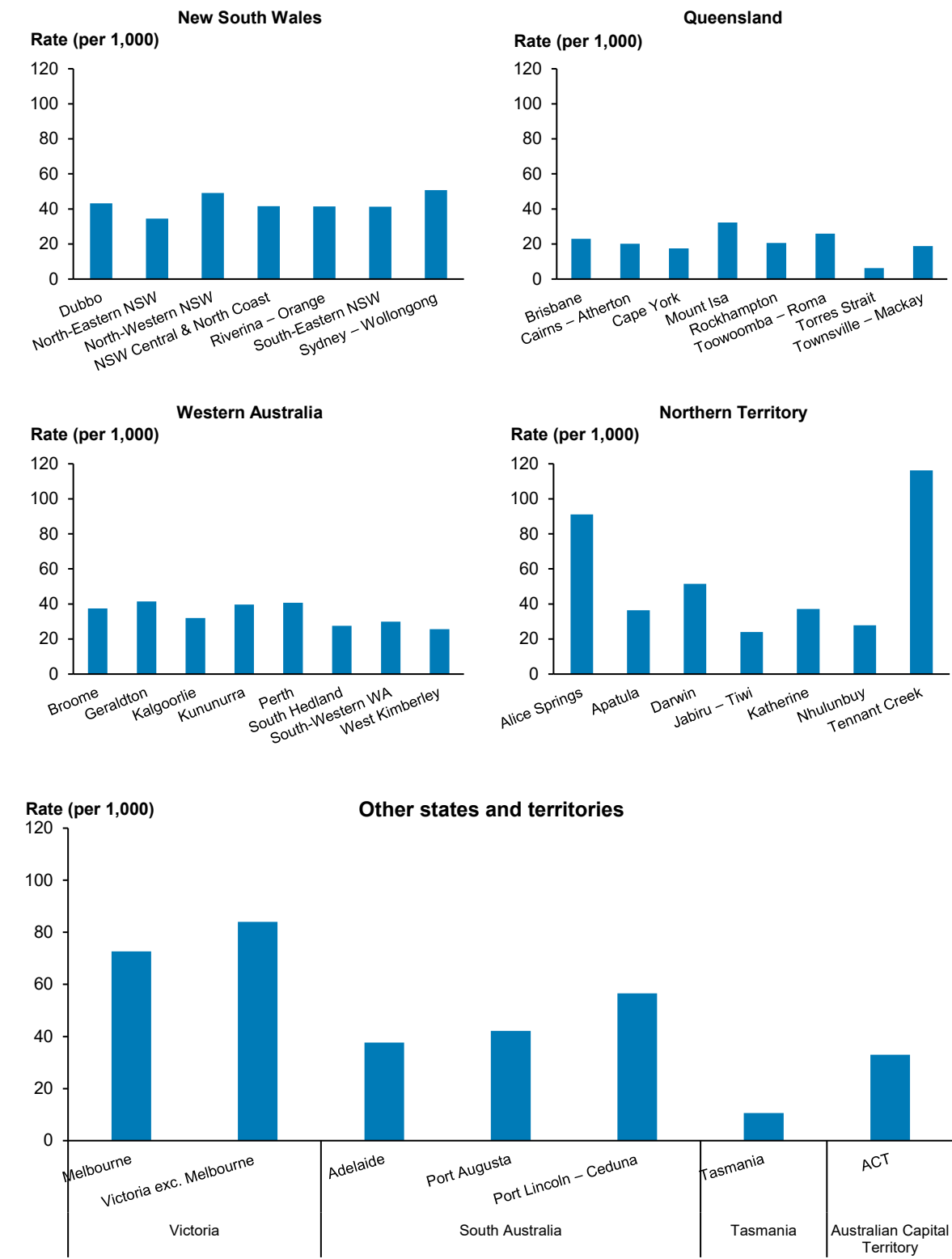
Source: AIHW Child Protection Collection 2021–22.

Figure 12.7: First Nations children who were the subjects of substantiations of notifications received during 2021–22, IREG at notification, rate (per 1,000)^(a)



(a) Information is presented for the whole of the ACT.
 Source: Child Protection Collection 2021–22.

Figure 12.8: First Nations children who were the subjects of substantiations of notifications received during 2021–22, IREG at notification, by jurisdictions



Source: Child Protection Collection 2021–22.

Substantiations by socioeconomic areas

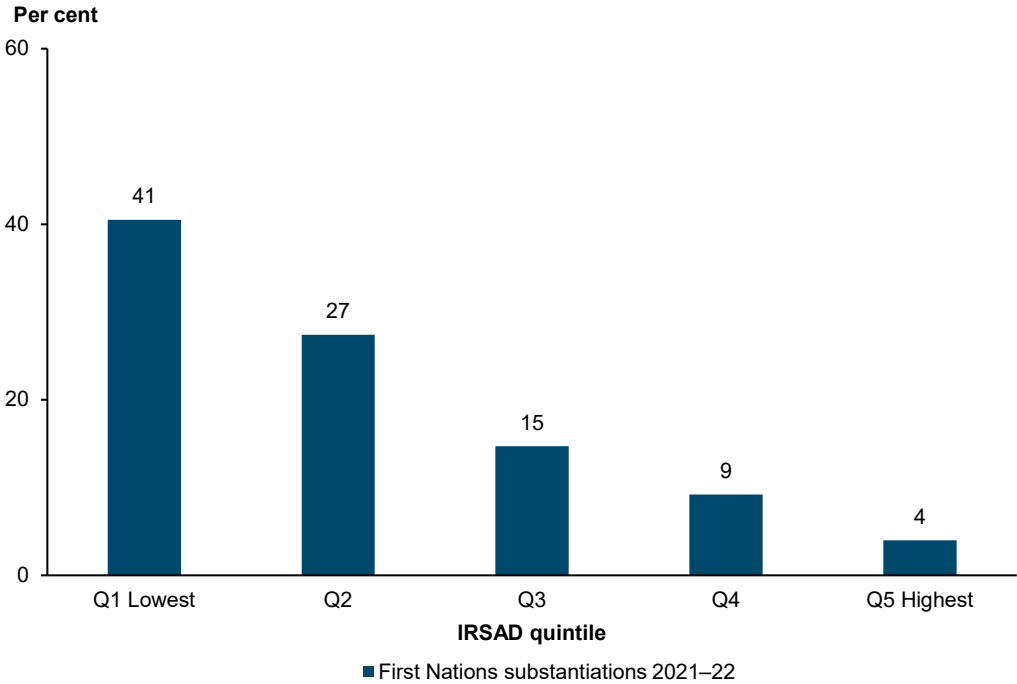
The analysis in this section is based on the Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD) of the area in which a child who was the subject of a substantiation lived, grouped into 5 quintiles (fifths) (ABS 2021).

About 41% (5,500) of First Nations children who were the subjects of substantiations in 2021–22 were living in socioeconomic areas ranked in the 20% that were most disadvantaged (i.e. Q1 or the first quintile of IRSAD) (ABS 2021). Another 27% were living in the second most disadvantaged 20% of areas (i.e. Q2 or the second quintile of IRSAD) (Figure 12.9; Table S12.3).

The NCPDC 2021–22 information on substantiations was classified using the 2016 SEIFA IRSAD classification, as the 2021 SEIFA IRSAD classification was not available at the time that analysis was carried out.

For further understanding of the associations between socioeconomic disadvantage and substantiations more detailed analysis, controlling for other factors, would be required.

Figure 12.9: First Nations substantiations^(a) by IRSAD^(b), 2021–22



(a) Children may be the subject of more than one substantiation. All substantiations are included in these data, so an individual child may be counted more than once.
 (b) Index of Relative Socioeconomic Advantage and Disadvantage.
 Sources: AIHW 2023a Data Table S3.8; AIHW analysis of ABS 2021 Census.

12.2.6 Admissions to and discharges from OOHC and time in care

National

The number of children in OOHC at a given point in time (for example, at 30 June 2023) is a function of:

- the number of children in OOHC at a previous point in time (for example, at 30 June 2022)
- the number who enter and leave OOHC during the following year (for example, 2022–23)
- the length of time that children spend in OOHC.

Previous research has found that between 2000–01 and 2007–08, the number of Australian children entering OOHC each year was relatively stable; however, the number of children in OOHC increased, due to children remaining in OOHC for longer periods. The results presented in that research were not disaggregated by Indigenous status. The study noted that more empirical research is needed in Australia on the reasons for increased length of time in care (Tilbury 2009).

Another study of children aged 0–3 who entered OOHC for the first time in New South Wales between May 2010 and October 2011 found that leaving OOHC was relatively rare (24%) because children in the sample were selected after a final order had been filed with the Court; they would therefore be expected to stay in care for some time. The study found that among those aged 0–3 who did leave care, the likelihood of leaving was highest 3 to 4 years after the interview conducted at the start of the survey.

Placement type was also associated with whether children left care. Compared with children in foster care, those children in relative/kinship homes were much more likely to leave care, and those who had spent some time in their parent's home were more likely to have left care. More detailed discussion of these findings and some caveats are contained in the study report (Wulczyn and Chen 2019).

In recent years, the COVID-19 pandemic has had an impact on child protection activity. Analysis of activity during the initial stages of the pandemic in Australia – March to August 2020 – found that:

- notifications dropped during COVID-19 shutdowns and increased once restrictions eased
- substantiations were relatively stable
- the number of children in OOHC remained relatively stable (for more information on how the data and risk factors were affected by the pandemic, see AIHW 2021b).

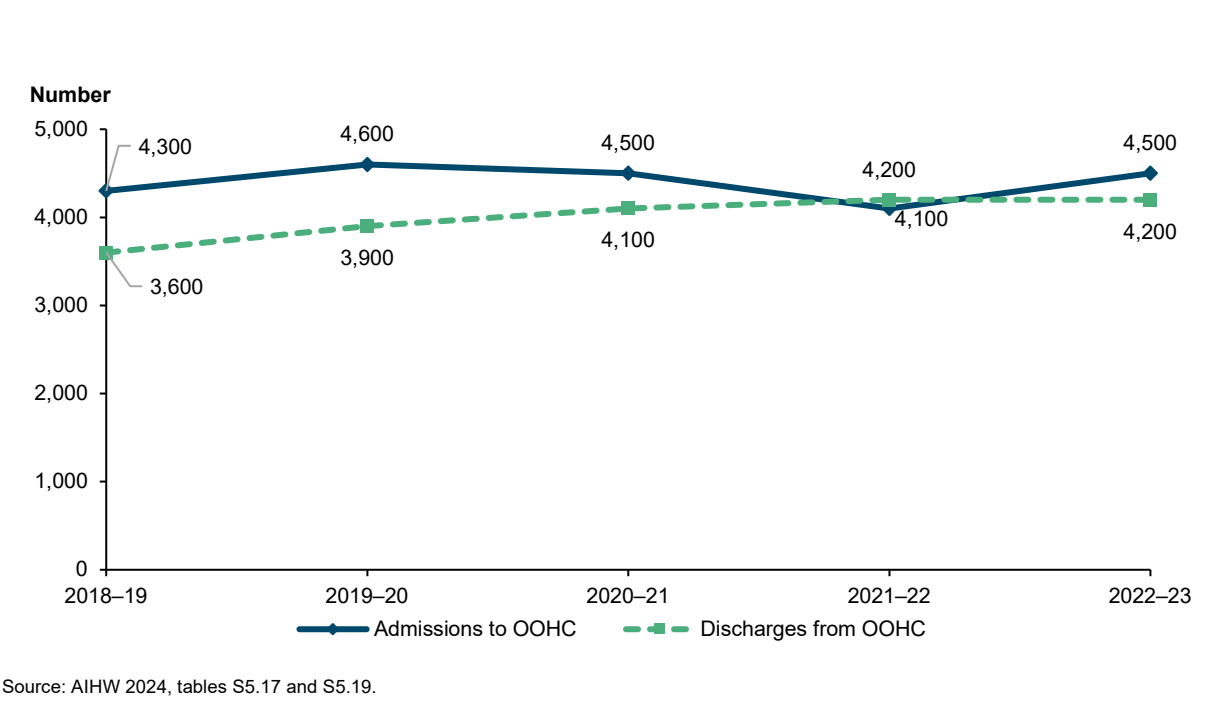
The number of First Nations children admitted to OOHC increased from around 4,300 in 2018–19 to nearly 4,600 in 2019–20, then decreased in the following 2 years to around 4,100 in 2021–22 and increased to around 4,500 in 2022–23.

Over the same period, the number of First Nations children discharged from OOHC increased each year, from just over 3,600 in 2018–19 to around 4,200 in 2022–23. Children discharged from OOHC include those who are reunited with family, placed in a third-party parental care arrangement, adopted or aged out of care.

This means that in each year from 2018–19 to 2022–23, more First Nations children were admitted to OOHC than were discharged, except in 2021–22, this pattern was reversed, with more First Nations children discharged from OOHC than the number admitted (Figure 12.10).

Driven by these dynamics, the number of First Nations children in OOHC as at 30 June each year increased steadily from 2019 to 2023 as shown in Figure 12.10.

Figure 12.10: Number of First Nations children admitted to and discharged from OOHC, 2018–19 to 2022–23

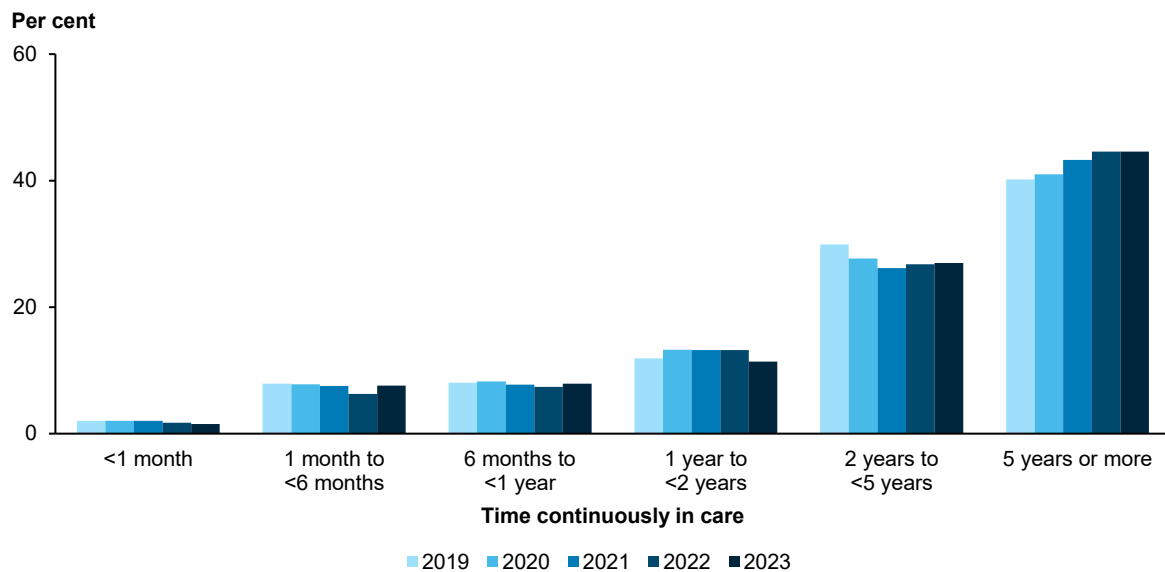


The length of time that children spend in OOHC also has an impact on the number of children discharged from OOHC in any particular year. The effect of increased time spent in care on the numbers of children in care has been referred to elsewhere as a ‘blocked pipeline’ (Tilbury 2009).

In June 2023, of the approximately 19,800 First Nations children in OOHC, nearly 45% (about 8,800 children) had been continuously in care for 5 years or more and around 27% (about 5,300) for 2 to less than 5 years.

The proportion of First Nations children in OOHC who had been continuously in care for 5 years or more increased steadily from June 2019 to June 2023 while the proportion who had been in care for between 2–5 years decreased between June 2019 and June 2021, then increased only slightly to June 2023. Over the same period, there has been very little change in the proportion of First Nations children spending shorter lengths of time in OOHC (Figure 12.11).

Figure 12.11: First Nations children in OOHC by length of time continuously in care, 2019 to 2023



Sources: AIHW 2020, 2021a, 2022b, 2023, 2024 (Table S5.14).

A recent study noted mixed evidence for an association between duration of OOHC and children’s health and social functioning. A longer duration in OOHC was found to be associated with a slightly increased likelihood of mental disorder diagnosis (but not with the other outcome measures examined – educational under-achievement or police contact). The study suggested this might be due to a policy to screen children in OOHC for health problems and may reflect increased likelihood of diagnosis, rather than an increase in mental disorders. The study also notes that characteristics like the duration of OOHC may be influenced by other variables, such as the family environment that led to the child’s placement in OOHC (O’Hare et al. 2023). Another study found that early-age entries to care were associated with more time in care (O’Donnell et al. 2016).

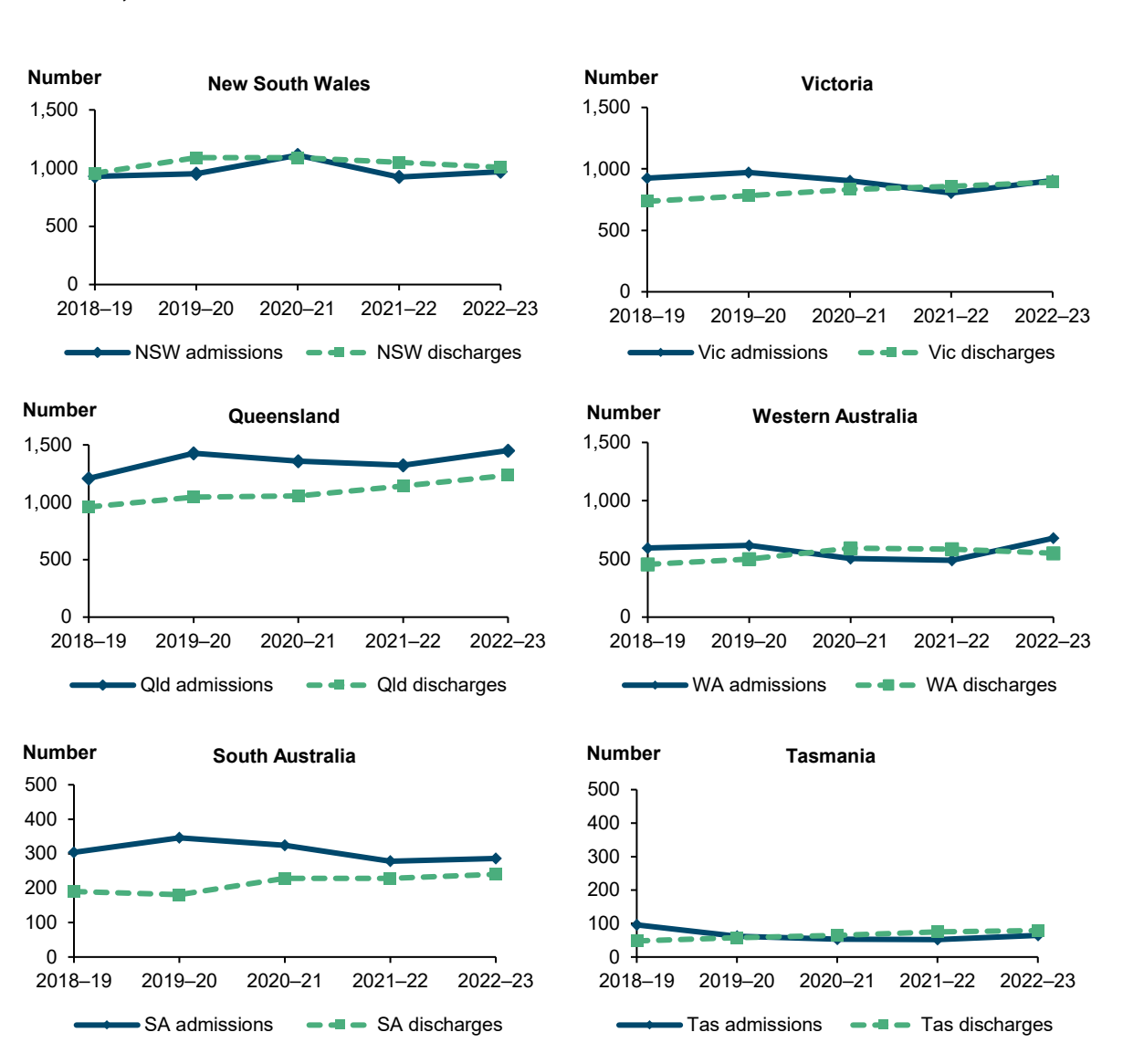
State and territory

The 5 most populous states – New South Wales, Victoria, Queensland, Western Australia and South Australia – accounted for about 93% of all First Nations children in OOHC as at 30 June 2023 (AIHW 2024, Table S5.5).

Across states and territories, the number of First Nations children admitted to OOHC has generally fallen or remained relatively stable between 2018–19 and 2022–23, while the number discharged from OOHC has generally risen or remained relatively stable.

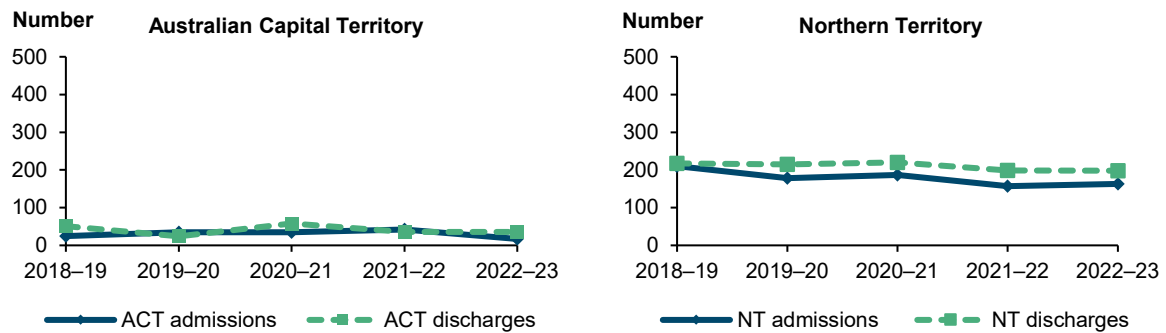
In 2022–23, the number of First Nations children discharged from OOHC was similar to, or higher than, the number admitted to OOHC in most states and territories, except in Queensland, Western Australia and South Australia where the number of First Nations children discharged was lower than the number admitted to OOHC (Figure 12.12).

Figure 12.12: First Nations children admitted to and discharged from OOHC, states and territories, 2018–19 to 2022–23



(continued)

Figure 12.12 (continued): First Nations children admitted to and discharged from OOHC, states and territories, 2018–19 to 2022–23

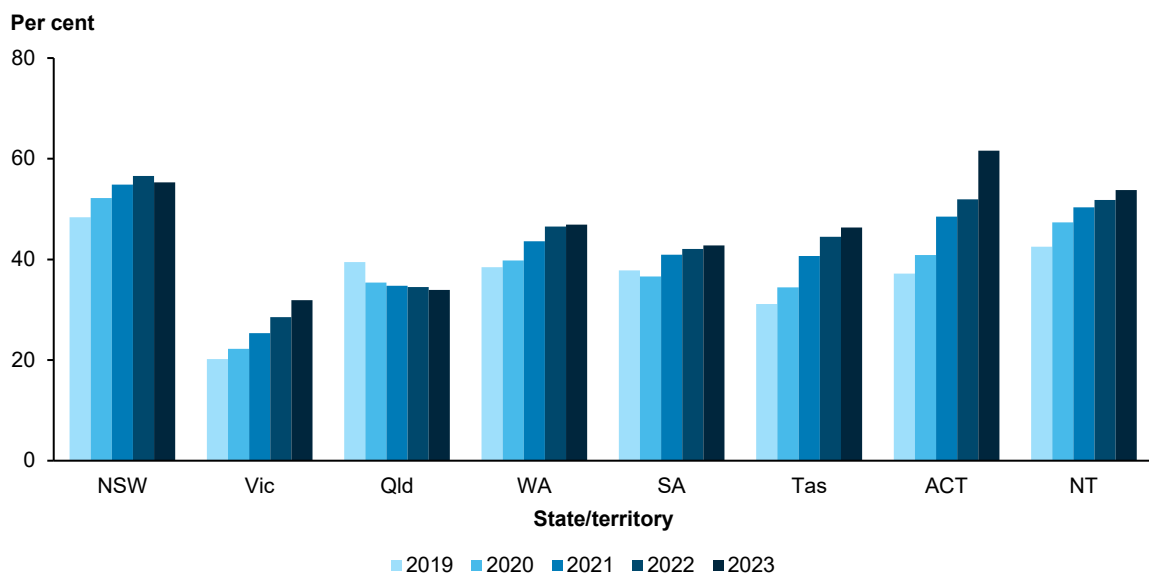


Sources: AIHW 2024, tables S5.17 and S5.19.

Length of time in care by state/territory

At 30 June 2023, the proportion of First Nations children who had been continuously in care for 5 years or more ranged from nearly 32% in Victoria to 62% in the Australian Capital Territory. From 2019 to 2023, the proportion of First Nations children in OOHC for 5 years or more increased in all states and territories except Queensland (Figure 12.13).

Figure 12.13: First Nations children in OOHC, proportion in care for 5 years or more by state and territory, 2019 to 2023



Sources: AIHW 2020, 2021a, 2022b, 2023, 2024 (Table S5.14).

Aboriginal and Torres Strait Islander Child Placement Principle indicators

The ATSICPP aims to protect First Nations children from the adverse effects of separation from family, community, culture and Country. A key element of the ATSICPP is governments working in partnership with First Nations communities, and with the participation of children, parents and their families, to:

- prevent children from being separated from their families by dealing with the causes that led to the involvement of children and families with the child protection system
- place children in OOHC according to a hierarchy that prioritises placement, firstly, with First Nations relatives/extended family, or other (non-Indigenous) relatives/extended family; then with First Nations members of their community; then with First Nations family-based carers; or, if none of these preferred options is available, with a non-Indigenous carer or in residential care
- support First Nations children in OOHC to maintain connections with their family, community, culture and Country (SNAICC 2017).

In 2023, around 63% of First Nations children aged 0–17 in OOHC were living with First Nations or non-Indigenous relatives or kin or other First Nations caregivers (about 12,500) (AIHW 2024, Table S5.12). This proportion has remained relatively unchanged since 2017 (AIHW 2022a, Table S1.1).

Reunification with birth parents (or family or a former guardian) is another ATSCPP indicator. In 2020–21, about 16% of children aged 0–17 in OOHC were reunified in the reporting period (about 1,700) (AIHW 2022a, Table S2.3a). Of the approximately 1,500 First Nations children aged 0–16 who exited OOHC to reunification in 2019–20, most (around 84%) did not return to care within 12 months (AIHW 2022b, Table S2.4a).

12.3 Literature review

There is a substantial body of national and international literature on the factors associated with child maltreatment. As well, there is some research that examines the factors associated with children’s involvement in the child protection system in general, and with being in OOHC specifically.

Much of the quantitative literature focuses on characteristics of children and their families as determinants of child maltreatment and OOHC placement. Research that considers the determinants underlying these immediate factors and extends beyond them to systemic issues, attributes the over-representation of First Nations children in care to ‘past policies and the legacies of colonisation’, including ‘poverty, assimilation policies, intergenerational trauma and discrimination and forced child removals’ and ‘a lack of understanding of the cultural differences in child-rearing practices and family structure’ (AIFS 2020a).

However, there is a gap in the quantitative literature on the role of child protection system processes – that is, the processes whereby reports of concerns about child maltreatment are made and substantiated. It has been noted that, while previous research has identified an over-representation of Aboriginal infants in the child protection system in Australia, the literature has been limited in examining the specific points at which disparities between First Nations and non-Indigenous children occur (O’Donnell et al. 2019) and the extent to which child protection systems themselves contribute to over-representation of First Nations children in OOHC.

In contrast, qualitative studies often highlight:

- poor organisational culture and lack of cultural competency in child protection organisations
- the effects of intergenerational trauma and First Nations communities’ mistrust of statutory child protection authorities
- inadequate government-funded programs and services (for example, Oates 2020).

Many authoritative reports recount First Nations families experiencing both difficulties interacting with child protection systems, and racial discrimination in their dealings with these systems and organisations (see examples from the 2017 Royal Commission into the Protection and Detention of Children in the Northern Territory, and the NSW Family is Culture review, cited in Hunter et al. 2020). There is evidence to support the argument that service providers led by First Nations people are best placed to strengthen the cultural identity of children in OOHC and support their wellbeing, to respectfully listen to and reassure First Nations families and communities, and manage mistrust and fear of child protection services (Creamer et al. 2022).

There is also a lack of quantitative research on the factors associated with children leaving OOHC, the length of their stay in OOHC, and whether these factors differ for First Nations and non-Indigenous children. These dynamics, along with the rates at which children enter OOHC, are important determinants of the number of children in care at a particular point in time.

The first part of this section describes findings from the broader literature, including a summary of factors associated with child maltreatment, child protection system involvement, or children being in OOHC. This literature includes both international studies and Australian studies, some of which include analysis relating to First Nations children.

The second part of this section focuses on a small number of the most relevant Australian studies from the literature and presents information about the effects of key factors. These studies include some that focus on First Nations children or contain analysis by Indigenous status.

12.3.1 Broad findings from the literature

The reviews and studies described in this section are divided into those that refer to child maltreatment (a key factor of children being placed in OOHC) and those that refer specifically to children's being in OOHC. All of these studies identify similar factors, reflecting that placement in OOHC is a statutory response to substantiated reports of child maltreatment. As noted earlier, there is a gap in the quantitative literature regarding the role of child protection systems and the governance structures and processes that underpin the systems.

Review related to general child maltreatment

Poverty, deprivation, or level of socioeconomic disadvantage

Poverty or low income, and other forms of deprivation, socioeconomic inequality and economic insecurity or material hardship were found to be associated with a higher likelihood of child maltreatment (Austin et al. 2020; Bromfield and Holzer 2008; Bywaters et al. 2022; Conrad-Hiebner and Byram 2020; Doidge et al. 2016; Doidge et al. 2017; Hunter and Flores 2021; Raissian and Bullinger 2017).

While low income, material hardship and poverty are all measures of a lack of sufficient resources, specific definitions differ, as described below:

- One commonly cited potential explanation for the relationship between poverty and child maltreatment is the investment model, which focuses on whether families have adequate resources to provide for their children's basic needs, and is particularly relevant to neglect of children.
- Another potential explanation is the family stress model, which is that a lack of financial resources can cause stress and depression in parents, leading, in turn, to substance abuse, for example (Bywaters et al. 2022; Raissian and Bullinger 2017).

Low income is a well-established risk factor for child maltreatment (Austin et al. 2020; Bromfield and Holzer 2008; Conrad-Hiebner and Byram 2020). One systematic review found that the most reliable predictors of child maltreatment were ‘income losses, cumulative material hardship, and housing hardship’ (Conrad-Hiebner and Byram 2020). Another recent report states of their review that ‘this substantial body of work provides strong evidence that poverty, measured in multiple ways, is associated with increased levels of one or more forms of CAN’ (child abuse and neglect) (Bywaters et al. 2022:58).

One United States study found that a \$1 increase in the minimum hourly wage implied a statistically significant 9.6% decline in neglect reports. The authors noted that the effect was large, but also noted that the \$1 increase in the minimum hourly wage represented a 16% increase (Raissian and Bullinger 2017). Another review cited studies showing associations between measures of material hardship and child maltreatment, describing material hardship as a more direct measure of ‘the tangible ways in which poverty affects everyday life’, such as difficulties in affording basic needs like housing, food, utilities and medical care (Austin et al. 2020).

Poverty was found to be ‘consistently and strongly associated with maltreatment’ in another systematic review. Across the studies included in the review, poverty was defined by geography, family/household income, socioeconomic status, poverty rate, unemployment, families living below the poverty level or children living in poverty, receipt of public assistance, composite poverty scores and self-reported acute financial challenges (Hunter and Flores 2021).

For all First Nations people in the 2018–19 NATSIHS, nearly 1 in 3 (32.2%) were in the lowest 10% of Australian households for equivalised household income, while 3 in 4 (75.8%) were in the lower half. This meant that only 1 in 4 (24.2%) First Nations people were in a household with an equivalised income over the median Australian value (Table S12.4).

Co-occurring domestic violence, substance use and mental health issues

The role of co-occurring domestic and family violence, alcohol and other drug issues and mental health issues in bringing children to the notice of child protection services is well documented in the general literature. An Australian review noted a greater focus in recent years on the relationship between family experience of multiple interrelated problems and child maltreatment (Bromfield and Holzer 2008; Conley Wright et al. 2021; Humphreys et al. 2020; Isobe et al. 2020).

According to one study, the risk of child maltreatment increased markedly with the number of risk factors, which included economic disadvantage, poor parental mental health and substance use, and social instability (for example, the number of house moves, changes of high school and parental separation/divorce), with the prevalence of maltreatment in the highest risk groups being greater than 80% (Doidge et al. 2017).

A critical interpretative synthesis of literature in the Australian context observed that there was little robust empirical research undertaken in an Australian context that examined the occurrence, overlap or interrelationships of economic disadvantage, poor parental mental health and substance use, and social instability with involvement in the child protection system. The study noted an absence of, or inconsistencies in, definitions used in the research, and a lack of information about specific aspects that may have an impact on children. Further, it found that there was a lack of exploration and analysis of the interactions among domestic and family violence, alcohol and other drug issues and mental health issues, and broader socioeconomic, demographic and contextual factors – for example, low social support and unemployment often coinciding with mental health issues. According to the study, the available body of research highlights a deficit in the way the child protection

system responds in working with families (including adult victims/survivors), engaging with men and working effectively across organisations serving clients with complex needs. It also notes that demand for treatment often exceeds supply (Conley Wright et al. 2021).

Parental alcohol or substance use

Parental alcohol or substance use was found to be associated with a higher likelihood of child maltreatment (Austin et al. 2020; Bromfield and Holzer 2008; Doidge et al. 2017). Parental alcohol and drug use was one of 10 factors most commonly associated with child maltreatment, according to an Australian review of large meta-analyses (Bromfield and Holzer 2008).

Substance abuse was associated with child maltreatment behaviours self-reported by parents in a study that also found child maltreatment was 64% lower among parents with a recent but not current substance use disorder than among those reporting a current substance use disorder (Kepple 2017, cited in Austin et al. 2020).

According to data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), in the 12 months prior, over half (57.2%) of First Nations adults living in a household with dependent children exceeded the single occasion risk for alcohol at some point. Fewer than 1 in 5 drank but did not exceed the single occasion risk level (17.5%), while 1 in 4 (25.2%) did not drink alcohol at all. About 1 in 4 (23.8%) First Nations adults living in households with dependent children reported using a substance in the last 12 months for a non-medical purpose. Substances surveyed include marijuana, amphetamines, LSD, and sniffing petrol, among others, but did not include alcohol, tobacco or vapes (Table S12.4).

Parental mental health

Parental mental health is one of 10 factors most commonly associated with child maltreatment, according to an Australian review of large meta-analyses (Bromfield and Holzer 2008). Parental mental health was found to be associated with a higher likelihood of child maltreatment (Austin et al. 2020; Bromfield and Holzer 2008; Doidge et al. 2017; Marcal 2022).

Maternal depression was a statistically significant predictor of neglect, according to a study mainly focused on associations between housing insecurity and child maltreatment. There were 3 outcome measures: psychological aggression, physical aggression, and neglect. The main explanatory variables of interest were housing quality, stability and affordability, along with covariates including mother's age and ethnicity, child's gender, mother's age at the child's birth, mother's highest level of education, marital status, total household income, maternal depression and maternal substance use. This study was conducted in large cities in the United States and these results may not generally apply to First Nations people in Australia, especially those living outside major cities (Marcal 2022).

In the 2018–19 NATSIHS, the Kessler-5 measure of psychological distress was used to determine the mental health status of participants. The results indicated that the majority (71.3%) of First Nations Australian adults living in households with dependent children had low/moderate psychological distress, while roughly 3 in 10 (28.7%) were experiencing high/very high levels of distress (Table S12.4).

Domestic violence

Family violence is one of 10 factors most commonly associated with child maltreatment, according to an Australian review (Bromfield and Holzer 2008) that cites large meta-analyses (Black et al. 2001a, 2001b; Black, Slep et al. 2001; Schumacher et al. 2001).

Other factors

A recent review of risk and protective factors for child maltreatment in the United States (Austin et al. 2020) identified some additional factors, including that:

- rates of maltreatment were highest among the youngest children – this may be attributable to younger children being more dependent on, and spending more time with, their caregivers as well as being more vulnerable
- rates of maltreatment were higher among children with special health-care needs or disability – this may be partly due to more frequent interactions with health services and higher levels of dependence
- protective factors were found to be:
 - children’s resilience and self-regulation skills
 - social support available to a caregiver from family and friends
 - greater availability of health, social and educational services
 - greater social cohesion
 - social policies related to government benefits and leave entitlements
- risk factors were found to be:
 - neighbourhood crime or community violence
 - wider social trends or policies, ranging from economic policy to gender inequality.

Review related to children’s involvement with child protection systems including OOHC placement

Co-occurring domestic violence, substance use, and mental health issues

A 2015 report of an inquiry by an Australian Senate committee identified ‘socioeconomic factors linked to disadvantage, particularly family violence, drug and alcohol abuse and mental health issues’ as the most important factors for children entering and remaining longer in OOHC (Senate Standing Committees on Community Affairs 2015).

Parental alcohol or substance use

Around half of all children in South Australia who had first entered care between 0–2 years came from families affected by substance abuse (Delfabbro et al. 2009). The association between substance abuse and greater chances of OOHC placement was statistically significant in a study that included American Indian/Alaskan Native families (Carter 2010).

Parental alcohol abuse was found to be associated with child placement in a study of First Nations populations in Canada (Trocme et al. 2004).

Parental mental health

Over one-third of all children in South Australia who had first entered care between 0–2 years old came from families affected by parental mental health issues (Delfabbro et al. 2009). In a study including American Indian/Alaskan Native families, the chances of OOHC placement were statistically significantly greater if the caregiver had mental health problems (Carter 2010).

Domestic violence

About one-half of all children in South Australia who had first entered care between 0–2 years old came from families affected by domestic violence (Delfabbro et al. 2009). A study

of children in Western Australia found that those with mothers who had an assault-related hospital admission were 4 times as likely to be taken into care (O'Donnell et al. 2016).

Poverty, deprivation or socioeconomic disadvantage

A United States study found that an increase in income was associated with reductions in child neglect and child protection system involvement, particularly among low-income single-mother families (Berger et al. 2017).

12.3.2 Findings on key factors from Australian studies

In general, there is a lack of accessible data that include information about both child and family characteristics and child protection system involvement, processes and outcomes, although some linked data sets are available to certain researchers. These include:

- the New South Wales Human Services Dataset:
<https://www.facs.nsw.gov.au/resources/research/human-services-dataset-hsds>
- the South Australian Early Childhood Data Project:
<https://health.adelaide.edu.au/betterstart/publications-presentations-reports/reports>.

The AIHW developed a linked data collection to report on the relationships between child protection and youth justice supervision (AIHW 2022e).

A small number of empirical studies focus on factors associated with child maltreatment or child protection system involvement for Australian children. In general, the factors are similar for First Nations and non-Indigenous children, but, as previously noted, there is a gap in the empirical literature regarding the child protection system processes, and whether there are differences in these processes for First Nations children and non-Indigenous children.

The following studies include one specific to First Nations people (Segal et al. 2019), 2 that include analysis by Indigenous status (O'Donnell et al. 2016; O'Donnell et al. 2019) and 2 of Australian children in general (Doidge et al. 2016; Doidge et al. 2017). These studies examine the factors associated with outcomes, including child maltreatment, lifetime child protection system involvement, first entry to OOHC during childhood, and infant entry to OOHC. All of these studies appear to capture factors associated with child maltreatment, reflected in child protection system involvement or placement in OOHC, but do not examine the effects of factors related to child protection system processes.

Each of these studies draws on relatively large samples and uses robust statistical methods – in most cases, multivariate modelling controlling for a range of relevant variables. Each uses data from a single Australian jurisdiction (Western Australia, South Australia, Victoria), so there may be limited applicability to the First Nations population across jurisdictions.

- The study by O'Donnell and colleagues (2019) included 2,334 infants born in Western Australia from 1990 to 2010 who entered OOHC aged under 1 year.
- The 2019 study by Segal and colleagues included all children liveborn in South Australia between 1 January 1986 and 30 June 2017, a total of 608,547 children, with between 108,208 and 151,137 children in each of 5 birth cohorts.
- The total study population in the analysis by O'Donnell and colleagues (2016) included 303,057 births in Western Australia.
- The 2019 Western Australian study by O'Donnell and colleagues used measures of hospital admissions related to maternal substance use, maternal mental health or assault. In Western Australia, child sexual abuse is subject to mandatory reporting (including by health-care professionals), but other types of risks to children can become

more apparent when a parent is admitted to hospital for these reasons, and may be reported even if mandatory reporting is not required.

- The 2 studies by Doidge and colleagues (2016, 2017) were based on samples of 2,443 young adults from the Australian Temperament Project, a longitudinal study conducted in Victoria.
- Another study by Delfabbro and colleagues (2009) was a smaller scale study of infants (498) entering OOHC in South Australia between 2000 and 2004.

Five of the studies mentioned above – by Segal and colleagues (2019), O’Donnell and colleagues (2016 and 2019) and Doidge and colleagues (2016 and 2017) – used multivariate modelling to examine the effects of multiple explanatory variables on the outcome studied. These explanatory variables include some that are often related or co-occurring, including:

- maternal substance use and mental health issues (O’Donnell et al. 2019)
- socioeconomic disadvantage, maternal substance use or mental health issues and maternal hospitalisation for assault (O’Donnell et al. 2016)
- unemployment, poverty, parental substance use and parental mental Health (Doidge et al. 2017).

The findings about key factors associated with OOHC and related outcomes are discussed below.

Placement in OOHC or child protection system involvement

Socioeconomic area

- The likelihood of ever being placed in OOHC was 3 times as high among First Nations children living in the most disadvantaged quintile as among those living in the least disadvantaged quintile (Segal et al. 2019).
- The risk of entering OOHC for the first time was 5 times as high among Western Australian children from the most socially disadvantaged areas as among those from the least disadvantaged areas (O’Donnell et al. 2016).
- The likelihood of ever being the subject of a child protection investigation was 2 times as high among First Nations children living in the most disadvantaged quintile as among those living in the least disadvantaged quintile (Segal et al. 2019).
- The likelihood of ever being the subject of a child protection substantiation was 3 times as high among First Nations children living in the most disadvantaged quintile as among those living in the least disadvantaged quintile (Segal et al. 2019).

Maternal mental health

- The likelihood of being placed in OOHC was 1.4 times as high among First Nations infants (aged under 1 year) whose mother had a hospital admission related to mental health as among those whose mother did not (O’Donnell et al. 2019).

Domestic violence

- The risk of entering OOHC for the first time was 4 times as high among Western Australian children whose mother had an assault-related hospital admission as among those whose mother had not (O’Donnell et al. 2016).

Parental substance use

- The risk of entering OOHC for the first time was 6 times as high among children whose mother had a mental health or substance-related hospital admission as among those

whose mother did not, based on a study of Western Australian children (O'Donnell et al. 2016).

- Placement in OOHC was statistically significantly higher (up to 7 times as likely) among First Nations infants in Western Australia whose mother had a hospital admission related to substance use as among those whose mother did not (O'Donnell et al. 2019).

General child maltreatment

Socioeconomic circumstances

- The risk of child maltreatment was 1.5 times as high for those who had experienced parental unemployment as for those who had not (based on father or mother being unemployed at specific points when the child was growing up; however, there was no specific information on the total duration of unemployment) (Doidge et al. 2017).
- The risk of child maltreatment was 2 times as high for those who had experienced poverty as a child (as an adult, retrospectively answered as 'somewhat true' or 'very true' to the statement '*Your family was poor and struggled to make ends meet*') as for those who had not (Doidge et al. 2017).
- It was estimated around 27% of child maltreatment in the population was explained by a combination of factors indicating the child was from a lower socioeconomic background, including:
 - occupation and highest level of education for mothers and fathers at baseline
 - the highest quality of housing reported by the time the child was aged 7–8
 - unemployment of mothers or fathers at 5 points in time while the child was growing up
 - participant's retrospective perception of poverty while growing up (recorded at age 23–24) (Doidge et al. 2016).

Parental mental health and substance-use

- According to a prospective study of young Victorian adults born in 1983:
 - the risk of child maltreatment was 1.9 times as high among those who reported that their father or mother had mental illness or a substance use problem when the respondent was a child as those who did not
 - the risk of child maltreatment was 2.3 times as high among those who reported parental substance use as those who did not.

12.4 Policy implications

One of the aims of the 2020 National Agreement on Closing the Gap is to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children (aged 0–17) in OOHC by 45%, by 2031.

The rate at which First Nations children continue to be separated from their families, communities and cultures has been described as 'devastatingly high' (Liddle et al. 2022). There are concerns that the large numbers of First Nations children being removed from their families and communities has parallels with, and will have similar impacts to, the Stolen Generations – the forcible removal of First Nations children from their families that occurred as a result of historical government policies (Campbell 30 May 2017; Krakouer et al. 2018). The over-representation of First Nations children in OOHC has been linked to the trauma and its consequences experienced by those among the Stolen Generations who were forcibly

removed (Atkinson et al. 2014; Bromfield and Holzer 2008; Douglas and Walsh 2013; HREOC 1997; Hunter et al. 2021; Krakouer et al. 2018; The Healing Foundation 2021). Reducing First Nations over-representation in OOHC is essential to help break the cycle of intergenerational trauma (O'Donnell et al. 2019).

Nationally, the number of First Nations children aged 0–17 in OOHC increased from nearly 18,000 at 30 June 2019 to around 19,800 at 30 June 2023. The rate of First Nations children in OOHC increased from around 54 per 1,000 at 30 June 2019 to nearly 58 per 1,000 at 30 June 2021, then fell slightly to around 57 per 1,000 at 30 June 2023.

Despite this small decrease in the rate of First Nations children aged 0–17 in OOHC in the most recently available data, the over-representation of First Nations children in OOHC increased between June 2019 to June 2023. In 2023, First Nations children aged 0–17 were 12.1 times as likely as non-Indigenous children aged 0–17 to be in OOHC, compared with 10.6 times as likely in 2019.

Determinants of the number of children in OOHC include factors associated with child maltreatment, as placement in OOHC is one potential outcome following substantiation of a notification of child maltreatment. Socioeconomic disadvantage, family and domestic violence, parental mental health and substance use have been identified in the literature as some of the key factors of child maltreatment (potentially leading to involvement with the child protection system). However, it has been observed that focusing on individual parenting risk factors has a stigmatising effect that potentially leads to under-reporting of domestic and family violence and a reluctance to seek help for alcohol and other drug use and mental health issues, especially where families associate identification of these risk factors with child welfare involvement (Conley Wright et al. 2021).

International frameworks prioritise the best interests of the child, including their right to culture and family contact, in child protection systems (Krakouer et al. 2018). In Australia, the ATSICPP aims to protect First Nations children from the adverse effects of separation from family, community, culture and Country by working in partnership with First Nations communities – and with the participation of children, parents and their families – to prevent separation. It aims to manage the placement of children in OOHC according to a hierarchy that prioritises, firstly, placement with Indigenous relatives/extended family, or other (non-Indigenous) relatives/extended family, and to support First Nations children in OOHC in maintaining connections to their family, community, culture and Country (SNAICC 2017). However, only around 63% of first Nations children aged 0–17 in OOHC were living with First Nations or non-Indigenous relatives or kin or other First Nations caregivers, with this proportion remaining relatively unchanged since 2017.

There is a lack of quantitative research that examines the processes whereby reports of concerns about child maltreatment are made and those reports are substantiated. It has been noted that while previous research has identified an over-representation of First Nations infants in the child protection system in Australia, the literature has been limited in examining the points at which disparities between First Nations and non-Indigenous children occur (O'Donnell et al. 2019).

However, there are many authoritative reports of First Nations families experiencing both difficulties in interacting with child protection systems and racial discrimination in their dealings with them (see examples from the 2017 Royal Commission into the Protection and Detention of Children in the Northern Territory, and the NSW Family is Culture review, cited in Hunter et al. 2020). Many First Nations families lack access to culturally safe early intervention and prevention services and either have difficulties engaging with mainstream services, and/or experience racially discriminatory treatment from them. These issues are well documented (see, for example, O'Donnell et al. 2019).

Challenges facing child protection systems, some of which have implications for policy and services, are identified in Higgins and Katz (2008). They include:

- increasing numbers of notifications, placing strain on the system's capacity to assess them
- few substantiations compared with the number of notifications, indicating an inefficient use of resources and many families being drawn into the child protection system unnecessarily
- a focus on investigation, with a lack of resources for prevention or early intervention services
- more children in OOHC with greater levels of behavioural and emotional difficulties and a lack of resources to meet their needs
- difficulties recruiting and training foster carers
- lack of trust in statutory child protection services (Higgins and Katz 2008).

Qualitative studies highlight:

- issues related to poor organisational culture and a lack of cultural competency in child protection organisations
- the effects of intergenerational trauma and First Nations communities' mistrust of statutory child protection authorities
- inadequate government-funded programs and services (Oates 2020).

Service providers led by First Nations people are best placed to strengthen the cultural identity of First Nations children in OOHC and support their wellbeing, and to respectfully listen to and work with First Nations families and communities (Creamer et al. 2022).

Access to culturally appropriate services is also raised in the context of the link between children in child protection systems and youth justice. First Nations young people under youth justice supervision were more likely than non-Indigenous young people to have had an interaction with the child protection system. Around 64% of First Nations young people under youth justice supervision during 2020–21 had also received child protection services in the previous 5 years, compared with 46% of non-Indigenous young people (AIHW 2022e).

The New South Wales Government 'has used a levy to divert a percentage of Department of Communities and Justice (DCJ) funding into ACCO [Aboriginal community-controlled organisation]-led approaches, with the aim of reducing the number of Aboriginal children in out of home care' (Allison 2022:26). One study 'endorses calls to shift from reactive strategies based in tertiary child protection to proactive, primary prevention that aims to reduce risk factors and enhance protective factors prior to problems emerging' (Conley Wright et al. 2021:5), arguing for the establishment of multidisciplinary services cross-cutting child welfare, youth justice, mental health and education systems.

To reduce the number of children entering the child protection system, prevention and early intervention programs should be prioritised. Primary prevention includes universal access to services, and activities and programs with a whole-of-community focus, while early intervention includes services to support families that may be having difficulties caring for their children (AHRC 2019; Lewis et al. 2019).

A recent AIHW report (AIHW 2023b) using linked data shows very high rates of income support receipt and use of homelessness services for young people who have left out of home care. This suggests that young people who leave out of home care need support. Policy should also focus on supporting young people after they leave OOHC. This report also

highlights the value of data linkage for better understanding transitions into and out of OOHC.

Safe and Supported: The National Framework for Protecting Australia's children 2021–2031 is a 10-year strategy to improve the lives of children, young people and families experiencing disadvantage or who are vulnerable to abuse and neglect. The Australian Government, state and territory governments, First Nations representatives and the non-government sector are working to reduce child maltreatment through better coordinating programs and supporting families to keep their children safe, while targeting areas with the biggest need for the greatest impact, and to avoid duplication (AIHW and NIAA 2024). (See [https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/protecting-australias-children#:~:text=Triple%20Zero%20\(000\)-,Safe%20and%20Supported%3A%20the%20National%20Framework%20for%20Protecting%20Australia%27s%20Children,free%20from%20harm%20and%20neglect.](https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/protecting-australias-children#:~:text=Triple%20Zero%20(000)-,Safe%20and%20Supported%3A%20the%20National%20Framework%20for%20Protecting%20Australia%27s%20Children,free%20from%20harm%20and%20neglect.))

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Appendix 12A: Broad overview of the child protection process in Australia and the National Child Protection Data Collection

Broad overview of the child protection process in Australia

In Australia, governments provide a range of services aimed at helping families and supporting child safety. The Australian Government provides income and family support payments, the child support scheme (which aims to ensure that children receive financial support from parents who are separated), support for child care, access to health-care services, family support services, legal assistance and the family law system.

State and territory governments deliver many services that aim to help families and keep children safe, including family support, health, housing and education, and mental health and therapy services (DSS 2021).

State and territory governments are also responsible for statutory child protection. Child protection is ‘the prevention of, and response to, exploitation, abuse, neglect, harmful practices and violence against children’ (UNICEF 2021). Child protection agencies investigate reports of child abuse or neglect and assist children and families with a range of family support services, generally delivered by non-government organisations. The child protection process may lead to referral to a variety of support services or may lead to legal intervention to remove a child (AIHW 2022b). Increasingly, there is a greater focus on early intervention and targeted support, to prevent families and children becoming involved with the child protection system (DSS 2021).

Families and children come into contact with the child protection system when concerns about a child’s welfare (that is, potential child maltreatment) are reported to a state or territory child protection authority. Such a report may proceed to a formal child protection *notification*, which in turn may proceed to an *investigation*. If a notification of child maltreatment is *substantiated*, and the child protection authority determines that the child is not safe, the child is placed on a *care and protection order* – a legal arrangement that gives child protection departments partial or full responsibility for a child’s welfare. Children may then be placed in *out-of-home care* or another type of placement, temporarily or permanently.

Child protection concepts and definitions

Definitions of some key terms in the child protection process are provided below, as described in (DSS 2021). More information is also available from:

- the AIHW Glossary of child protection terms at the following link: <https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/glossary>
- *Child protection Australia 2020–21* (AIHW 2022b), in particular *Notifications, investigations and substantiations* at the following link: <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/notifications-investigations-and-substantiations>
- the Australian Institute of Family Studies Child Family Community Australia Resource Sheet (AIFS 2020a).

Child maltreatment

Child maltreatment (child abuse and neglect) is defined by the World Health Organization as 'abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power' (WHO 2020).

Notification

A notification is a report made to a child protection department alleging child abuse or neglect, child maltreatment, or harm to a child. These reports can be made by individuals or organisations (DSS 2021).

The legal obligation to report suspected child maltreatment ('mandatory reporting') is governed by commonwealth and jurisdiction-specific legislation (AIHW 2022b). Mandatory reporting legislation generally lists particular occupations, usually those who deal with children in the course of their work such as teachers, early childhood education and care workers, doctors, nurses and police; however, there is variation across jurisdictions regarding the specific types of maltreatment covered by mandatory reporting and who is legally obliged to report suspected child maltreatment to the appropriate authority. The list of those mandated to report child maltreatment varies from people in a limited number of occupations, to more extensive lists, through to every adult (AIFS 2020b).

See AIHW (2022d) for links to legislation governing mandatory reporting and the definition of 'in need of care and protection'.

Once a child concern report has been classified as a notification, the case is further assessed to determine the next action to be taken. Where there are marked concerns regarding harm or risk of harm an investigation is required. However, where there is a low risk of harm, there is a non-investigatory response, which may include referral to support services or providing advice. In cases where the child is deemed to be safe, no further action is taken (AIHW 2020).

Investigation

Investigation is the process by which departments gather more information about a child involved in a *notification*. As noted above under *Notification*, not all reports of concerns about a child's welfare proceed to an investigation. Staff assess the harm or degree of harm to the child and their protective needs. Investigations may include sighting or interviewing the child where practical (DSS 2021).

Substantiation

A substantiation is the result of a finalised investigation which concludes that there is reasonable cause to believe that a child has been, is being or is likely to be, abused, neglected or otherwise harmed. This may include cases where children have no suitable caregiver (DSS 2021).

Care and protection order

These are legal orders or arrangements that give child protection departments some responsibility for a child's welfare (AIHW 2022c).

Out-of-home care

Generally, out-of-home care (OOHC) is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. It is a medium- or long-term arrangement when there is a high level of risk determined by child protection authorities or when parents cannot care for their children for a time.

This includes placements approved by the department responsible for child protection for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer) (DSS 2021).

Where a 'permanency outcome' occurs – a long-term guardianship or custody order, reunification with family, placement in a third-party parental care arrangement, or adoption – children are considered to have exited OOHC and so are not counted as being in OOHC.

Hunter and colleagues (2020) argue that First Nations children who are permanently placed away from their families should be included in OOHC statistics.

Child Protection National Minimum Data Set

The source of the data presented in this chapter is the Child Protection National Minimum Data Set (CP NMDS), which is based on administrative data provided by state and territory departments responsible for child protection, according to a set of agreed specifications.

Children in scope for this data set are those aged under 18. For some states and territories, this also includes unborn children.

Since the implementation of the CP NMDS, reporting from 2012–13 has increased comparability across jurisdictions and over time.

Comparability of child protection data across states and territories and over time is still affected by policy and practice differences – specifically, by differences in the:

- variation across jurisdictions regarding mandatory reporting; that is, who is legally obliged to report suspected child abuse and neglect to the appropriate authority
- use of agency-defined and caller-defined approaches to recording notifications
- thresholds used for risk assessment practices
- treatment of multiple notifications and overlapping investigations
- treatment of cases for unborn children, abuse in care, non-familial maltreatment and where there is no suitable caregiver
- care and protection orders issued, particularly for interim and temporary orders
- reporting types of OOHC placement (AIHW 2022b, appendixes A–B).

Box 12A.1: National definition of out-of-home care

A nationally consistent definition of OOHC was implemented in the CP NMDS in 2018–19 (AIHW 2022b).

Out-of-home care is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns. This includes placements approved by the department responsible for child protection for which there is ongoing case management and financial payment (including where a financial payment has been offered but has been declined by the carer).

Out-of-home care includes legal (court-ordered) and voluntary placements, as well as placements made to provide respite for parents and/or carers.

Out-of-home care excludes:

- placements for children on third-party parental responsibility orders (see AIHW 2023, Appendix A, Table 1.3 for more information on order types)
- placements for children on immigration orders
- supported placements for children aged 18 or over
- pre-adoptive placements and placements for children whose adoptive parents receive ongoing funding due to the support needs of the child
- placements to which a child enters and exits on the same day
- placements solely funded by disability services, psychiatric services, specialist homelessness services, juvenile justice facilities, or overnight child-care services
- cases in which a child self-places without approval by the department (AIHW 2022b).

Limitations of child protection data to measure child maltreatment

There are limitations in using data about contact with child protection systems to measure or research child maltreatment. Data on the number of children who come into contact with the child protection system do not measure the prevalence of child maltreatment in the general population and in any specific population subgroup. Previous research has identified issues with child protection statistics that result in some children who have been maltreated not being included in the statistics, and other children who have not been maltreated being included. There are also issues contributing to the under-reporting and over-reporting of child maltreatment specific to First Nations communities (see discussion in AIFS 2020a).

The first Australian study of the prevalence and outcomes of child maltreatment, the Australian Child Maltreatment Survey (ACMS), has been conducted (QUT 2020) and results were published in early 2023. Data from First Nations participants were not separately analysed or presented as it was determined that this would not be 'ethically or methodologically appropriate' (Haslam et al. 2023).

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