

2.5 A stable and secure home for children in out-of-home care

Some children are not able to live in safety and security with their parents. There are several reasons for this. It may be that children have been, or are at risk of being, abused or neglected and need a more protective environment. It may be that parents are incapable of providing adequate care for them, or that alternative accommodation is needed during times of family conflict. When these situations occur, state and territory departments responsible for child protection may intervene and place children in out-of-home care.

Out-of-home care is overnight care for children aged 0–17, where financial support from state or territory departments responsible for child protection is given or offered to the carer. It can include kinship care (provided by relatives of the child), foster care, family group homes and residential care. During 2015–16, more than 55,600 children (10.4 per 1,000 children) were supported in out-of-home care placements (AIHW 2017). More than one-third (36%) of all children in out-of-home care as at 30 June 2016 were Aboriginal and Torres Strait Islander children and more than half (52%) were boys (AIHW 2017). The number of children in out-of-home care across Australia has increased considerably over recent years—overall, 5,300 more children were in out-of-home care in 2015–16 than in 2012–13 (an increase of 11%) (AIHW 2014, 2017). For more information on child protection, see Chapter 2.4 'Child protection'.

Social and economic impact

The social and economic costs associated with out-of-home care are substantial. There is the personal cost for children and their families. There is also a sizable cost to the community, in providing child protection services at the state and territory level (\$4 billion in 2015–16, see Box 2.5.1) and welfare and other services related to the long-term poorer outcomes for many children who have been in care.

Research shows that negative experiences in early life (including child abuse and neglect) increase the likelihood of developmental delays and of difficulties with learning, memory and self regulation (Center on the Developing Child at Harvard University 2016; McLachlan et al. 2013). This can have longer term impacts on health and wellbeing and on a person's ability to be a productive member of society—representing a substantial cost to government in terms of workforce participation, health care and social assistance (Kezelman et al. 2015; McLachlan et al. 2013). Box 2.5.1 presents the recurrent cost of out-of-home care in 2015–16 and recent estimates of the longer term costs associated with negative childhood experiences.







Box 2.5.1: Estimating the cost of abuse and neglect

- In Australia, the national recurrent expenditure on out-of-home care services alone was \$2.7 billion in 2015–16—a real increase of \$240.2 million (9.7%) from 2014–15 (SCRGSP 2017). The total cost of child protection, including out-of-home care services, was almost \$4 billion.
- The longer term cost to government of negative family functioning was estimated to be \$5.4 billion per year in 2010 (Access Economics 2010).
- The cost of unresolved trauma from physical, sexual and emotional abuse has been estimated at \$6.8 billion per year (Kezelman et al. 2015).

The experience of out-of-home care has been shown to further affect the health and wellbeing of children unable to live with their parents. However, differences between children who experience abuse or neglect and who are later placed in out-of-home care and children who remain at home may contribute to this effect. These differences include the type and severity of the abuse or neglect experienced and socioeconomic characteristics (Berger et al. 2009).

Of particular concern are children who have extended periods in out-of-home care, and who may 'drift in care', moving between multiple home-based placements or between home-based and residential care (Strijker et al. 2008). These circumstances have been linked with negative outcomes in a range of areas, including:

- mental health and wellbeing (Leve et al. 2012; McGrath-Lone et al. 2015; Reilly 2003; Staines 2016)
- educational attainment (Leve et al. 2012; McGrath-Lone et al. 2015; Reilly 2003; Smith & McLean 2013; Staines 2016)
- access to suitable accommodation (Staines 2016)
- employment (Courtney et al. 2001; Reilly 2003; Staines 2016)
- life satisfaction and relational stability (Leve et al. 2012).

The negative outcomes may be severe and include:

- homelessness (Courtney et al. 2001; Reilly 2003)
- disproportionately high rates of substance abuse (Staines 2016)
- over-representation in youth justice systems (Courtney et al. 2001; Reilly 2003; Staines 2016)
- vulnerability to further abuse and violence (Courtney et al. 2001; Reilly 2003)
- premature death (McGrath-Lone et al. 2015).

The Prison Reform Trust in the United Kingdom reported recent findings that there had been little or no improvement in outcomes for children in care in recent years and this was compounded by placement instability (Staines 2016).







Young people who enter the income support system before the age of 18—in particular, young people leaving out-of-home care—are a group requiring support to prevent long-term dependence on income support (Reference Group on Welfare Reform 2015). Australia does not yet have comparable evidence of the outcomes for children in care or changes over time (see 'What is missing from the picture?' at the end of this article). Longitudinal data are critical to understand the outcomes for children in care and the efficacy of policies and systems to support them. Linkage of administrative data sets held by government agencies can maximise the information available to better understand the characteristics and pathways of disadvantaged groups (McLachlan et al. 2013).

Importance of a stable and secure home

Developing secure relationships, including those with non-parent carers, can mitigate or reverse negative outcomes such as those already mentioned (Center on the Developing Child at Harvard University 2016). This is because a 'child who has been subject to trauma and loss requires a deep, meaningful and sustained primary attachment relationship to heal' (McPherson & MacNamara 2014: 224). Therefore, a key aim for children in out-of-home care is to achieve a stable, long-term care arrangement. The processes that state and territory departments responsible for child protection take to achieve this goal are broadly termed 'permanency planning'.

The importance of permanency for children and young people in out-of-home care is widely recognised in Australia and internationally. The concept emerged in the United States in the 1970s, where there was increasing concern that children unable to live with their families were 'drifting in care', with multiple, unstable foster care placements over extended periods (Roth 2013).

In Australia, the impact of out-of-home care on children and young people, as well as the direct and indirect cost to the community, has been examined over many years in parliamentary inquiries, Council of Australian Governments (COAG) reforms and coronial inquests. In 2015, Australia's Senate Inquiry into Out-of-home Care (Senate Community Affairs References Committee 2015) showed heightened policy interest in providing ways to achieve long-term care, with safety of the child and stability of placement as prime objectives. The Inquiry concluded that placement stability and emotional security in the early years are critical to a child's development and important in securing positive outcomes (Senate Community Affairs References Committee 2015). It also recommended that a project be undertaken to develop a nationally consistent approach to legal forms of permanence—including guardianship orders and adoption—and to research improving access to those placements (Senate Community Affairs References Committee 2015).

In November 2016, Community Services ministers of Australian and state and territory governments agreed to develop a set of guiding principles to drive permanency arrangements for children in out-of-home care. These included a focus on permanency and stability, on the timeliness of permanent care decisions and on improving outcomes for Indigenous families and children. Further, it was agreed that reform efforts be directed toward improving consistency in permanent care arrangements across jurisdictions, and to investigating possible schemes for mutual recognition of the suitability of carers.







Permanency planning—what are the options?

Permanency planning, in the context of child protection, is defined as 'the process of making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging' (Tilbury & Osmond 2006: 266). Permanency may be understood in terms of both the legal framework for individual care arrangements (for example, a care and protection order or an adoption order), and the actual placement stability achieved. It is important to note, however, that placement stability can occur without a long-term legal order and, conversely, that a long-term legal order does not necessarily result in placement stability.

Legal permanency

The legal framework of permanency is based on the orders that establish long-term care arrangements. For national reporting purposes, short-term care and protection orders (which anticipate reunification with the family) are for 2 years or less. Long-term orders seek to set continuity or stability of care, where the carer and the care arrangements are unchanged over an extended period, once safe reunification with the child's family has been ruled out. However, as noted, not all long-term orders provide placement stability in practice.

Placement stability

Placement stability refers to stability in both the care relationship and residential location. In general, the fewer placements a child has, the greater is his or her stability. However, measures of placement stability are confounded in the available national data by a number of factors. These include placement changes to enhance the child's wellbeing (including reunification attempts), respite provision, sibling co-location efforts, and attempts to find a 'forever home'. Achieving long-term care—particularly when the child is placed outside the kinship network—requires extensive planning. Considerable efforts are made to achieve a match between child and carer to increase safety and security, while reducing the risk of placement disruption.

Permanency planning in practice

There are jurisdictional differences in the approach and terminology used for child protection practices in Australia. Yet, some concepts, both in planning for permanency and in the actions taken to achieve long-term care arrangements, are shared (AIHW 2016c). These can be broadly grouped as:

- · reunification with the family of origin
- long-term alternative care on third-party parental responsibility or guardianship/ custody orders
- adoption orders.

These three broad options have very different legal bases and practical outcomes (see Box 2.5.2).







Box 2.5.2: Options for achieving permanency

Reunification

Reunification is a planned process to safely return a child home after a period of time in care to be with their birth parent(s), family or former guardian (and enabling the child to stay); this occurs when it is in the child's best interests, and where it will safeguard his or her long-term stability and permanency (AIHW 2016c). By returning to the family of origin, the child may be deemed to have exited care. Parental rights and responsibilities may resume as normal, although in some cases a care and protection order can remain in place for a period.

Third-party parental responsibility orders

These orders transfer all duties, powers, responsibilities and authority (to which parents are entitled by law) to a nominated person(s) whom the court considers appropriate. The nominated person may be an individual, such as a relative, or an officer of the state or territory department (AIHW 2017).

Guardianship/custody orders

Guardianship orders involve the transfer of legal guardianship to the relevant state or territory department or non-government agency. Custody orders generally refer to orders that place children in the custody of the state or territory department responsible for child protection, or a non-government agency. These orders usually involve the child protection department being responsible for the daily care and requirements of the child, while the parent retains legal guardianship (AIHW 2017). Guardianship or custody orders can be for specific periods. For national reporting purposes, these are classified as:

- **long-term orders:** transfer guardianship/custody until the child is 18. In some jurisdictions, this may also include orders for a specified period of more than 2 years
- **short-term orders:** transfer guardianship/custody for a specified 'short-term' period of 2 years or less.

Adoption orders

Adoption is a legal process involving the transfer of the rights and responsibilities for the permanent care of a child from the child's parent(s) to his or her adoptive parent(s). The legal relationship between the child and the parent(s) is severed and any legal rights that existed from birth regarding the birth parent(s), such as inheritance, are removed. The legal rights of the adopted child become the same as they would be if the child had been born to the adoptive parent(s) (AIHW 2016a).

Known carer adoption

This is adoption by the foster parent(s) or other non-relative(s) who has been caring for a child in out-of-home care, and been responsible for the daily care and control of the child for the period specified by the relevant state/territory department before the adoption (AIHW 2016c). (In some jurisdictions, adoption from care may not be viewed as part of permanency planning, or, while legally available, it may be rarely used in practice—in particular, for Indigenous children and young people.)







As well, due to the inherent uncertainties in securing permanency, dual planning processes are common. This is especially the case, given the critical importance of age considerations and the need to minimise delays in putting decisions into practice. Jurisdictions may plan for safe reunification while actively seeking to identify potential long-term alternative care.

Permanency planning is not a static process. Children may move from one care and protection order to another and/or from one placement to another. This may be due to efforts to find the most suitable long-term care, or to placement disruption. Further, children who have exited out-of-home care due to reunification or adoption may re-enter out-of-home care at a later stage. This would then require further consideration about how permanency may be achieved.

Challenges in achieving permanency

Children who have experienced abuse and neglect are one of the most vulnerable groups in the community (COAG 2009); those who are subsequently placed in out-of-home care have a broad range of needs (Bath 2015). Caring for these children can be particularly challenging, due to behavioural issues or additional needs arising from disability or developmental delay (Bath 2015; DHS 2016). Some children may also find it hard to form attachments with carers (Meredith Carter & Associates 2015). Carers may thus carry a greater burden of care when parenting children who are unable to live with their birth parents (DHS 2016; Meredith Carter & Associates 2015).

Permanency planning needs to be individualised and must consider all these issues, along with the child's age and whether siblings may be placed together (Murphy et al. 2012; Pritchett et al. 2013; Selwyn et al. 2014). However, permanency decisions also need to be timely; research indicates that a child's age—in particular, age at entry to care—is a strong predictor of placement disruption (Selwyn et al. 2014). The older a child is when adopted, the greater the likelihood of adoption breakdown (Unwin & Mişca 2013).

The challenges to achieving permanency for children in out-of-home care can result from a blend of barriers at the child, family and agency level (seen in 'crisis-driven placements') and difficulties in matching suitable carers with children who already experience health and behavioural issues (Thomson et al. 2016).

Kinship carers report stress, financial strain, health concerns and poor resources as common experiences, with problems compounded by lack of preparation and training (AIFS et al. 2015; Dunne & Kettler 2006; McPherson & MacNamara 2014). Agency level barriers within child welfare systems add to the challenges, including the complexity of processes and the availability of adequate supports and services for children and carers alike (Murphy et al. 2012).

Overall, the availability of out-of-home carers is declining, as the number of children entering care and the complexity of their needs increase (Fernandez 2014; Tregeagle et al. 2014). Together, these challenges potentially increase the average number of placements a child may experience, reflecting a lack of placement choices and the additional placement efforts required (Fernandez & Atwool 2013).







Who are the children needing long-term care?

Reunification (or safe return home) is the policy priority for children in out-of-home care across all states and territories. This will not be achieved for some children, so permanent alternative care arrangements will be needed.

Across all states and territories, policies for permanency planning indicate that children who have been in care for 2 or more years need a decision on their long-term care arrangements (AIHW 2016c) (see the Glossary for relevant out-of-home care definitions).

Almost 31,000 (67%) of the 46,500 children in out-of-home care as at 30 June 2016 had been continuously in care for 2 or more years (AIHW 2017). Of children who have been in 'long-term care' (that is, for 2 or more years):



most (70%) were aged between 5 and 14, with a median age of 10 (see Supplementary Table S2.5.1)



more than one-third (36%) were Indigenous (Table S2.5.2)



94% were living in home-based out-of-home care, including 43% with relatives/kin (Table S2.5.3)



almost three-quarters (74%) had experienced more than 1 placement in their most recent episode of care (Table S2.5.4).

What do we know about the level of permanency achieved for these children?

This section presents available data on the long-term care arrangements for children in out-of-home care, and adoption by known carers.

Children remaining in out-of-home care

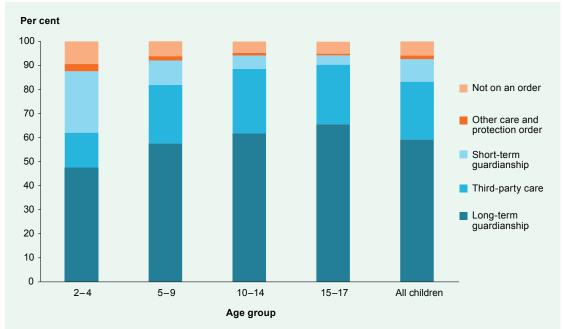
The available data indicate that most children in out-of-home care for 2 or more years, including children who have had more than 1 care arrangement, achieved some level of stability of care, if not permanency.

Of the children who had been in care for 2 or more years, most (83%) were on a long-term care and protection order:

- one-quarter (24%) were in a third-party parental care arrangement—home-based care where parental responsibility had been transferred to the carer
- around three-fifths (59%) were on long-term finalised guardianship or custody orders (Figure 2.5.1).







Note: This figure includes only children who had been continuously in out-of-home care for 2 or more years as at 30 June 2016.

Source: AIHW Child Protection Collection 2016.

Figure 2.5.1: Children aged 2–17 in long-term out-of-home care, by legal arrangement and age group, 30 June 2016

Similar patterns were generally seen across age groups. However, children aged 2–4 were less likely to be on a long-term third-party parental responsibility order and more likely to be on short-term guardianship/custody orders than older children. Young people aged 15–17 were more likely to be on a long-term guardianship order and living in residential care than other children (Table S2.5.5).

Most (88%) children on a long-term guardianship or custody order were living in home-based care with a foster or relative/kinship carer. A smaller proportion (8.1%) were living in residential care or family group homes (Table S2.5.6). Children living in home-based care (that is, in a family setting with a carer) are seen to have better developmental outcomes than children living in residential care with paid, rostered staff (AIFS et al. 2015; Cashmore 2011; DHHS 2014). Residential care may be used for children who have complex needs or to keep large sibling groups together.

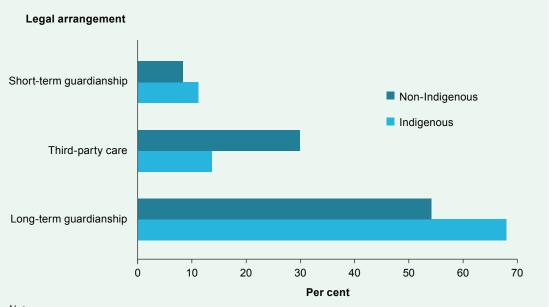
Figure 2.5.2 shows that, when compared with non-Indigenous children, Indigenous children were:

- more likely to be on long-term guardianship/custody orders (68% compared with 54%)
- less likely to be in long-term third-party care arrangements (14% compared with 30%).

These findings may reflect a difference in approach to achieving permanency for Indigenous children. Permanence for Indigenous children does not rely on individual relationships but rather to belonging to, and being cared for in, extended family and kin networks; hence, placement with family and community should be considered before other permanent care arrangements (SNAICC 2016).







Notes

- 1. This figure includes only children who had been continuously in out-of-home care for 2 or more years as at 30 June 2016.
- 2. This figure excludes children for whom Indigenous status was unknown; children on supervisory, interim and other types of orders or who were on administrative arrangements; and children who were not on a care and protection order as at 30 June 2016.

Source: AIHW Child Protection Collection 2016.

Figure 2.5.2: Children in long-term out-of-home care, by legal arrangement and Indigenous status, 30 June 2016

Most (87%) children who had been in care for 2 or more years had also spent at least 2 years in one main care arrangement (Figure 2.5.3).

This finding is based on the most recently available child protection data, which cover the 2 year collection period 2014–15 to 2015–16. These data include all placements that were open during this collection period, including those that began in a previous collection period. Therefore, time spent in each care arrangement can include time spent outside the 2 year collection period.

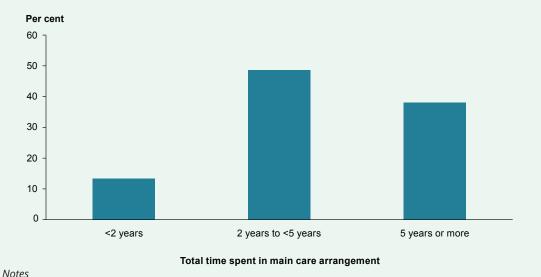
Multiple placements are generally viewed as representing instability for a child. However, in the national data, the higher number of placements that some children have experienced can also reflect:

- the use of regular respite care to support an existing long-term placement
- attempts to achieve a more permanent care arrangement (that is, a new placement with relatives/kin or other long-term carer)
- preparation for transition from care (for example, change in placement to independent living or residential care)
- shared care arrangements where children regularly spend a specified number of nights in more than one care arrangement.









- 1. This figure includes only children who had been continuously in out-of-home care for 2 or more years as at 30 June 2016.
- 2. For this analysis, 'main care arrangement' has been selected, based on the longest total duration (the sum of all care periods) spent in a care arrangement.
- 3. Time spent in the main care arrangement can include placements that began in a previous collection period and therefore can include time spent outside the 2-year collection period.

Source: AIHW Child Protection Collection 2016.

Figure 2.5.3: Children in long-term out-of-home care, by time spent in the main care arrangement, as at 30 June 2016

Views of children in out-of-home care

A recent survey of more than 2,000 children in out-of-home care indicated that 91% felt safe and settled in their current placement, 94% felt close to at least one family group (either the people they lived with, family members, or both) and 97% felt they had an adult who cared about what happened to them, now and in the future (AIHW 2016d).

Two longitudinal surveys currently underway in New South Wales and Victoria will also, in future, provide valuable insights into the experience of children and young people in out-of-home care.

New South Wales Pathways of Care longitudinal study

This large-scale longitudinal study is following a cohort of children and young people who entered out-of-home care for the first time ever between May 2010 and October 2011. Baseline information was collected at entry to out-of-home care and ongoing data are being collected on out-of-home care experiences and developmental wellbeing. These data include those on domains related to physical health, cognitive/learning ability, social-emotional wellbeing and safety. Data on their involvement in child protection, out-of-home care, health care, education and the justice system will be linked and matched to the survey results. The results of the study will be used to inform casework practice and enhance out-of-home care systems to improve outcomes for children in care (NSW FACS 2017).





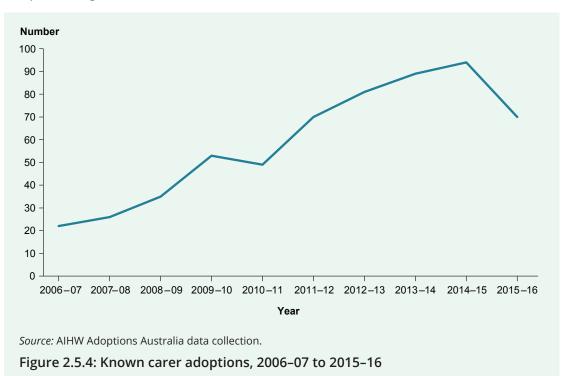


Beyond 18 longitudinal study in Victoria

This is a study of young people who were aged 16–19 in 2015 and had spent time in out-of-home care in Victoria. Participants are asked to complete three surveys between 2015 and 2018 to document their views on being part of the child protection system and leaving care. Information collected will be related to their out-of-home care and life experiences, health, relationships and education. The study aims to improve the support provided to young people while they are in care, while they make the transition from care and after they leave care (AIFS & DHHS 2017).

Children adopted from out-of-home care

In Australia, 70 children were adopted from out-of-home care ('known carer' adoptions, see Box 2.5.2) in 2015–16. The number of 'known carer' adoptions rose between 2006–07 and 2014–15 (from 22 to 94), before falling to 70 adoptions in 2015–16 (see Chapter 2.3 'Adoptions') (Figure 2.5.4).



Australian jurisdictions differ in the extent to which they use adoption to achieve permanency for children in out-of-home care (AIHW 2016c; Box 2.5.2). The majority of carer adoptions were finalised in New South Wales, reflecting that state's policies for options to achieve stability.

The recent fall in known carer adoptions is due in part to the application of long-term guardianship orders to children in out-of-home care in New South Wales, from late 2014 (AIHW 2016a).







Placement stability in adoptions

Very little is known in Australia about placement stability in adoptions. Currently, the only Australian national data available are on intercountry adoptions at 12 months after placement of the child with the adoptive family (AIHW 2016a).

Disruption and dissolution of adoptions occur at different points in the adoption process but both result in either the child's return to (or entry into) out-of-home care or placement with new adoptive parents.

- Disruption is an adoption process that ends after the child is placed in an adoptive home but before the adoption is legally finalised.
- Dissolution is an adoption that ends after it is legally finalised.

Studies in the United States have reported disruption (in some cases including dissolution) rates between 6% and 11% (Coakley & Berrick 2008). Studies in the United Kingdom that separate disruption and dissolution report disruption rates of between 4% and 11% (Selwyn et al. 2014).

Changing perceptions of the role of adoption

Adoption of children from out-of-home care has been of increasing interest in recent years. This has been reflected in legislative changes in some jurisdictions. For example, on 1 April 2014, the New South Wales Parliament passed the Child Protection Legislation Amendment Bill 2014. The amendments aim to streamline the process of adopting children and young people in out-of-home care. Amendments in Western Australia (effective late 2012) reintroduced relative adoption as a legislative option and strengthened the carer adoption process (AIHW 2016a).

However, adoption is only one option in permanency planning for children in out-of-home care and is not as widespread in Australia as in England or the United States (Fernandez & Atwool 2013; Ross & Cashmore 2016).

In the United States, the majority of children adopted from out-of-home care were adopted by their foster carers; in the United Kingdom, the majority were 'stranger/matched adoptions' (Selwyn et al. 2014).

The most recent data for the United States indicate that nearly 54,000 children were adopted from foster care in 2014–15. As at 30 September 2015, there were 428,000 children in foster care, of whom more than 110,000 were waiting to be adopted (US Department of Health and Human Services 2016). Over a similar period, in England, more than 5,300 children, of almost 70,000 in care, were adopted (UK Department for Education 2015). This compares with Australia's 94 known carer adoptions for the same period, where 54,000 children were in out-of-home care (AIHW 2015, 2016b).

Opinions differ among legislators, policy makers, practitioners, academics and the community about the use and appropriateness of adopting children from out-of-home care (Ross & Cashmore 2016). This includes a concern not to replicate the Stolen Generations and Forced Adoption, which have been the subject of national apologies (Senate Community Affairs References Committee 2015; SNAICC 2016; Tregeagle et al. 2014).







Adoption may be considered to be in the 'best interests' for some children; however, it is not suitable for all, especially for children who do not wish to be adopted (Bonfili 2015). Some research has estimated that half of the children for whom restoration had been excluded were not suitable for adoption (Tregeagle et al. 2014). This may be due to existing family and/ or kinship ties preventing adoption. For children who are placed with relatives/kin, adoption is not generally considered appropriate (AIHW 2016a), while the Aboriginal and Torres Strait Islander Placement Principle (Lock 1997) views the adoption of Indigenous children as a last resort. A child's age, history of abuse, and emotional /behavioural problems may mean that, for some children, long-term out-of-home care with skilled foster parents may be a better permanency option than adoption (Queensland Department of Communities 2011).

The availability of sufficient numbers of carers to adopt children, other than infants, has been questioned (Ainsworth 2016). Many potential adoptive parents prefer to adopt infants and younger children, while children identified as needing adoption may often be older and have had repeated restoration efforts and care placements, sometimes resulting in additional behaviour disorder issues (Tregeagle et al. 2014; Unwin & Mişca 2013). Casework assistance with contact, therapeutic, practical and emotional support, and financial assistance have all been identified as critical to the success of adoption (UCCYPF 2014), but may be reduced or become time limited on adoption (Ross & Cashmore 2016).

What is missing from the picture?

National child protection data are limited in the extent to which they can describe the level of permanency achieved. This is due to the difficulties in determining when a care arrangement has become permanent. The number of children who exited out-of-home care and were reunified with their family cannot be reported using existing national data. Similarly, data are not available on the number of children who experience disruptions to reunification attempts or long-term care arrangements.

National information about permanency-related concepts for children and young people in out-of-home care could be enhanced by the development of:

- nationally standardised definitions of permanency
- national data on the specific reasons children are placed in out-of-home care, including family characteristics
- national data on the reasons for changes in placement, which may help to identify placement changes made to promote permanency
- linked data to support comparisons of outcomes between children who have different experiences of out-of-home care and children who have never entered care
- linked data on the life course of young people exiting care at age 18
- a follow-up survey of children in out-of-home care, including qualitative components, increasing consistency of methodology across jurisdictions
- reportable data on adoption disruption and dissolution
- national data on the types and levels of family support services provided.







What is the AIHW doing?

The AIHW is continuing to work with state and territory departments responsible for child protection to:

- develop and implement an agreed 'reunification/permanency' indicator under Standard 1 of the *National Standards for Out- of-Home Care*
- expand reporting of known carer adoptions to better understand the children for whom this permanency option has been used
- provide a composite view of long-term care in national reports by:
 - reporting on long-term and short-term finalised guardianship/custody orders in <u>Child protection Australia</u>
 - reporting on adoption orders as well as care and protection orders in <u>Child protection Australia</u>
 - reporting on third-party parental responsibility orders in <u>Adoptions Australia</u>,
 to complement data on known carer adoptions including relevant research.
- improve the availability and comparability of national child protection data, with a focus on the framework for reporting on out-of-home care in Australia.

Linkage of child protection data with youth justice and specialist homelessness services data has been undertaken. The potential for linking out-of-home care data with other data sets related to health and welfare to enable outcomes reporting is also being explored.

Where do I go for more information?

More information about child protection is available at www.aihw.gov.au/child-protection/. The report Child protection Australia 2015-16 and other recent publications are available for free download.

More information about adoptions is available at www.aihw.gov.au/adoptions/. The report
Adoptions Australia 2015-16">Adoptions Australia 2015-16 is available for free download.

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