Statement of Witness

to Queensland Child Protection Commission of Inquiry

Name of witness	Clare Tilbury
Address	School of Human Services and Social Work, Griffith University, Logan campus, Meadowbrook, Queensland
Occupation	Professor, Life Without Barriers Carol Peltola Research Chair
Date	20 August 2012

I, CLARE TILBURY, of c/- Griffith University, Logan campus, University Drive, Meadowbrook, Queensland, solemnly and sincerely affirm and declare:

Background

1. I hold the position of Professor, Life Without Barriers Carol Peltola Research Chair in the School of Human Services and Social Work at Griffith University.

2. I have been a social worker for thirty years, mainly in child and family services, in direct practice, policy development, teaching and research roles. A curriculum vitae setting out my employment history and research publications is attached (Attachment 1).

3. My educational qualifications are Bachelor of Social Work (1982), Graduate Diploma of Business (1990); Master of Philosophy (2001) and Doctor of Philosophy (2004) in the field of social work.

4. The focus of my research is on the quality and outcomes of child and family services, utilising performance measurement and mixed-method approaches to investigate the effectiveness of child protection systems, strategies and services. In making this statement about Queensland's child protection system, I draw upon the findings from my own research and the larger body of research evidence about child protection services for children and families.

Signature of person making this statement ..... Signature of witness .....

QCPCI

Date: 27.8.2012

Exhibit number: 40

5. My statement relates to three areas being reviewed by the Commissioner: (1) the adequacy and efficiency of the current use of resources in the child protection system; (2) the Childrens Court; and (3) the transition of children through, and exiting, the child protection system.

The adequacy and efficiency of the current use of resources

6. I have published the results of three studies relevant to the issue of effective use of resources. The articles are attached as follows:
   Attachment 2: Tilbury, C. (2003) Repeated reports to child protection: interpreting the data. *Children Australia*, 28, 3, 4-10.
   Attachment 3: Tilbury, C. (2009) The over-representation of indigenous children in the Australian child welfare system. *International Journal of Social Welfare*, 18, 57-64.
   Attachment 4: Tilbury, C. (2009) A 'stock and flow' analysis of Australian child protection data. *Communities, Children and Families Australia*, 4, 2, 9-17.

7. These studies analyse child protection administrative data, and show that there is significant under-investment in Queensland in intensive family support, which is an early intervention response to concerns about child abuse and neglect that may be provided prior to, as well as, or instead of, departmental intervention. Further, the under-investment is particularly pronounced in relation to services for Aboriginal and Torres Strait Islander children and families.

8. There are high levels of renotification and resubstantiation in the child protection system in Queensland, both of which involve repeat work. Receiving a notification takes time and resources, as it may involve receiving a call, recording information, checking previous child protection history, providing advice to the caller, obtaining information from other services. It may result in an investigation which involves two officers making a visit to the family, sometimes accompanied by police or a representative from an Indigenous Recognised Entity. As set out in *Child Protection Australia* (Australian Institute of Health and Welfare, 2012, table 2.2), in 2010-11 there were 19,353 children subject to 21,655 notifications (i.e. approximately 12% of children notified were notified more than once in

the same year) and 5,941 children were subject to 6,598 substantiations (i.e. approximately 11% of children substantiated were substantiated more than once in the same year). Further, the *Report on Government Services 2012* (Steering Committee for the Review of Government Service Provision, 2012, table 15A.72) shows that in 2009-10 there were 1,371 children subject to a resubstantiation within a twelve month period, comprising 17.7% of all children substantiated. This is an inefficient use of resources, which is not effective in providing protection for vulnerable children. The data paint a picture of families being notified and substantiated again and again and not receiving the assistance that is needed to safely care for their children

9. The lack of investment is also evident in relative spending levels. In 2010-11 Queensland expenditure on child protection investigations was $295.2 million and out-of-home care $369.5 million (Steering Committee for the Review of Government Service Provision, 2012). In contrast, funding to non-government organisations for what the Department of Communities, Child Safety and Disability now defines as' intensive family support' is $52.6 million, with only $10.1 million of this for Indigenous family support services. The stated commitment to early intervention is not matched by policy attention and spending. There needs to be considerably more policy and practice attention to intensive family support, along with a shift in relative spending, to achieve the change that is necessary to move away from a crisis-oriented response to child abuse and neglect.

10. The ineffective use of resources and the lack of balance between preventative family support and tertiary child protection services is very pronounced in relation to working with Indigenous families. Having come to the attention of statutory authorities, Indigenous children are more likely to be substantiated for abuse or neglect, more likely to be placed on an order, more likely to be placed in out-of-home care, more likely to stay longer, and more likely to be on juvenile justice orders and in detention. The over-representation of Indigenous children and families is linked to their level of social disadvantage and inequities in areas such as employment, income, housing and health. Clearly, government action is required to remedy this situation. It is not the fact of government intervention in Indigenous family life that is problematic, but the nature of the intervention. If a community has greater needs for support because of poverty or other

forms of disadvantage, it is logical to expect them to have a greater need for services, including child protection services. The problem arises when services are only available in the stigmatising circumstances of child maltreatment and involuntary intervention, rather than being provided as a part of a family support response. Indigenous agencies remain a relatively minor part of the child welfare service response, certainly compared with the numbers of Indigenous clients. They are few in number and receive low levels of funding. Alternative policies and programmes would focus on children's quality of life and family living conditions, community development and genuine collaboration with Indigenous communities and agencies.

11. Not only is there insufficient attention to early intervention or 'family preservation', there is insufficient attention to family reunification once a child enters care. In Queensland as elsewhere in Australia, the prevalence of children in care has increased markedly over the last decade, whereas the incidence or entry rate to care is steady. There was a sharp increase in entries post CMC Inquiry (2004-05) but has declined since 2009 and in 2009-10 the entry rate returned to pre-CMC Inquiry levels, and steadied in 2010-11 at 2.4 per 1000. The underlying reason for this dynamic (of rising prevalence but stable rate of entries to care) is the increasing length of time children stay in care. There is a 'blocked pipeline' effect occurring. Gradually since 2004-05 the length of time children spend in out-of-home care has been increasing. Between 2004 and 2011, the percentage of children who were in care for less than two years before exiting decreased from 74% to 60%. The percentage of children who were in out-of-home care for 2 to 5 years prior to exit increased from 14% to 26% and the percentage in out-of-home for more than five years increased from 11% to 14% (Report on Government Services, 2012, table 15A.78).

12. Since duration in care is the main driver of current out-of-home care population dynamics, then policy and practice effort needs to be put into improving the quality of the care provided, and good casework with children and families. This requires a greater focus on intensive work with parents as soon as children enter care, to ensure short-term or voluntary out-of-home care does not unnecessarily become long-term out-of-home care. Family preservation and reunification work is demanding, time-consuming and resource intensive. But if children are to have the chance of a stable future, caring relationships and

connections with a family, child protection agencies must recognise the inequitable situation whereby the balance of resources tends to be heavily weighted towards out-of-home care, rather than supporting parents to look after children safely at home.

Childrens Court

13. In 2010-11, I was a co-investigator on a national study titled 'Challenges possibilities and future directions: a National Assessment of Australia's Children's Courts'. It examined current challenges and possible future directions for the court, in both child protection and juvenile justice divisions. The project was led by Professor Alan Borowski and Associate Professor Rosemary Sheehan from Victoria. It included nine parallel studies which focused on each Australian State and Territory, and also considered Australia as a whole. The Queensland study was conducted by myself and Paul Mazerolle from Griffith University. The findings of this study are forthcoming in a book chapter which is at Attachment 5: Tilbury, C. and Mazerolle, P. (forthcoming) The Childrens Court in Queensland: where to from here? in R Sheehan and A Borowski (Eds), *Australia's Children's Courts Today and Tomorrow*, Springer Publishing Company, New York.

14. There were two sources of data for the study. The initial data collection drew on legislation, government reports, policy documents and research to establish the history and current workings of the court. Subsequently, data were collected from judicial officers and other stakeholders to ascertain their views about the operations of the court. Interviews were conducted with 22 people, and seven focus groups were conducted with a further 25 participants. Included were six judges, six magistrates and representatives from police, community services, justice, children's advocacy and legal aid agencies. Interviewees were based in Brisbane and regional centres. A standard list of questions was asked in accordance with the methodology of the national study.

15. Stakeholders were asked about the purpose of the Children's Court and referred to relevant legislative principles in stating the purpose and philosophy of the Children's Court. It was generally agreed that a special court is appropriate to recognise the needs and rights of children in court proceedings. In relation to child protection, stakeholders

indicated the Court was part of a broader child protection system in which the main goal was protecting children from harm. Judicial officers defined their role as a decision-maker in accordance with legislation - they could make balanced decisions about the best interests of a child by considering the evidence put before them, and ensure fairness and transparency when the State intervenes in family life. Many participants acknowledged the limited capacity of the court to resolve the problems causing people to appear in court. Most regarded the court's purpose as resolving the consequences, rather than addressing the causes, of the individual and social problems that bring children and families before Children's Courts. Diversion and alternative dispute resolution were considered vital and appropriate, but under-developed.

16. Participants discussed the two-tiered structure of the court, the Children's Court of Queensland at District Court level and Children's Courts at the Magistrates Court level, which operate separately and distinctly. Different Presidents and Chief Magistrates have taken different approaches to their roles, with greater or lesser degrees of communication between the two levels of the court. Many stakeholders regarded the dual structure for the courts as problematic as the separation between the courts means it is difficult to obtain a comprehensive picture of the nature of justice dispensed to children, young people and families, and leadership is dispersed. The two-tier structure and the appointment of a District Court Judge as President of the Children's Court coincided with the introduction of new youth justice laws in 1992. It was designed to improve the status and credibility of the Court. Many interviewees, however, expressed the view that children's court work continued to have a low status amongst judicial officers and lawyers, in part because the Childrens Court of Queensland has very little involvement with child protection matters.

17. Structural separation between Children's Courts and other courts and tribunals was raised. It was noted that matters which the Queensland Civil and Administrative Tribunal hears (such as reviews of departmental decisions about contact and placement) would be heard by the Children's Court in other jurisdictions, and some felt that opportunities for children to have decisions changed or reviewed should be extended.

18. Opinions about the effectiveness of the courts were varied. Many interviewees expressed overall positive views about the Court and the constructive role it plays in dealing with complex issues, while acknowledging there is room for improvement. Others saw the court as having to deal with the failures of other social service systems and were pessimistic about the court's capacity to effect positive change for children and young people. Most referred to the need for treatment programs and more effective preventative services for disadvantaged families.

19. The main factors identified as not working well with the Children's Courts in the child protection division were:
    - limited specialisation in the magistracy and judiciary
    - inconsistent decision-making across the state
    - inadequate responses to children under dual child protection and youth justice orders
    - inadequate responses to children and parents with complex or multiple problems (mental health, intellectual disabilities and substance abuse)
    - inadequate case planning and poor quality evidentiary material presented by statutory officers
    - lack of child participation and children's understanding of court processes
    - parents who are intimidated and powerless in court proceedings, who lack awareness of their rights, and often are not legally represented
    - lack of positive working relationships between professionals in the court and lack of understanding of roles of different players

20. As most Queensland magistrates and judges are generalists involved with a wide range of legislation in both adult and children's courts, several interviewees emphasised their dependence upon the information provided - expert advice, quality evidence and details of available services or programs - to reach decisions. The Department, it was asserted, does not fulfil its obligation to act as the 'model litigant' if information is withheld or documents are filed late. Dissatisfaction was expressed about the caseplans submitted to the court by child protection workers. Some magistrates pointed out they had a legislated

requirement to assess the appropriateness of caseplans, but not to monitor their implementation.

21. Stakeholders generally thought that most children did not fully understand court processes or decisions. The principle of children being able to have a say in decisions that affect their lives is becoming more recognised in Australian policy and practice, and the question of how children could participate in the family court jurisdiction has been examined, with a focus on children being 'listened to' without having to make a choice between alternative living arrangements. As well as advancing the rights and interests of children, their participation avoids negative impacts such as misunderstandings, frustration and hurt that can arise for children if decisions are made without an opportunity to provide input, or in their absence. The Charter of Rights for a Child in Care in the *Act* gives children the right to be consulted about and take part in making decisions affecting them. However, in reality children's voices are not often heard in court and decisions are generally made for them, without their input.

22. The directions for reform from the study relate to increasing specialisation and expertise, increased use of alternative dispute resolution, improving opportunities for participation by children and parents, and integrated responses to families. Currently the court is specialised to the extent that children are seen as having special needs and rights of their own and requiring a separate forum, but not specialised in terms of drawing upon a specialised knowledge base in children's law, child development, or child maltreatment. Participants were divided as to whether judicial officers with specialised knowledge of children's issues are necessary, given the court's role is to make decisions based upon evidence from statutory officers and experts on children's development and welfare. The size of the state and the decentralised population were seen as practical barriers to more specialisation, as resources dictate local courts must be generalist. Other interviewees asserted that increased specialisation is both possible and necessary for magistrates and lawyers.

23. Linked to limited specialisation, in the child protection jurisdiction, there is limited jurisprudence or case law. The vast majority of child protection matters are heard at the

Magistrates Court level, are generally not reported, and appeals are rare. This means that despite the gravity and complexity of issues being considered, there is little analysis or review of decisions, or opportunities for judicial officers and others to examine reasons for decisions in cases other than those they are directly involved with.

24. Given that the Brisbane Children's Court is currently the only specialist children's court, ensuring all young people have equal access to justice and services, regardless of their location in Queensland, was seen as a challenge. It was generally thought that the Brisbane Children's Court provided superior responses to children and families than courts in suburban or regional centres. While some regional courts deal regularly with children's matters, most courts hear fewer than ten children's matters each year, limiting capacity to build expertise.

25. Many interviewees suggested that police, legal practitioners, child protection workers, magistrates and judges all require expertise in their own fields plus an appreciation of the disciplinary knowledge of other court personnel. Some magistrates advised they had addressed issues locally by providing courses on advocacy and admissible evidence, resulting in significant improvements in the quality of applications. Education and training for magistrates and judges was suggested around consistent interpretation of legislation, child development and the impact of poor environments on children. Some magistrates maintained there was sufficient training through the annual conference and regional conferences. The quality of legal representation was described as variable, with expertise being particularly lacking outside south-east Queensland.

26. Most of the court's clients are from socially disadvantaged, vulnerable families. Providing better prevention services or intervening earlier with children and their families was believed more effective than tertiary level interventions by the courts. The need for a therapeutic, integrated, multi-disciplinary team consisting of trained professionals with expertise in child development working together to assist children was identified.

27. Adequate funding was seen as vital for legal representation in child protection cases. Many parents do not have representation, contributing to an imbalance of power between

parents and the State. Interviewees identified the importance of both separate and direct representation for children, so that their voices are more often heard in proceedings, and they are more likely to understand the court process and outcomes.

28. It was concluded that the challenges facing the court are considerable. They are related to issues of effectiveness and quality: achieving the right balance of legal and welfare responses, ensuring the interests and voices of children and families are represented in court, ensuring consistent decision-making and resources across the state, and recognising the gravity and serious impact of court decisions on the lives of children and families. There are aspects of the court that are consistent with therapeutic principles, such as the court's focus on achieving the best interests of the child. But there are lost opportunities to make the court more responsive to children and families. This may include improving mechanisms for conciliation and settlement, professional development to encourage a shift away from adversarial practices, improved advocacy for parents, and strengthening children's input. Such initiatives would conceivably improve court operations and parents' and children's experiences of court. The court could seek information from other sources as well as the material provided by the parties. The Act (s.105) provides that the childrens court is not bound by the rules of evidence, but may inform itself in any way it thinks appropriate. The Explanatory Notes of the Child Protection Bill 1998 in relation to this section state: *The court is inquisitorial, and may use whatever means it wishes to inform itself. For example, the court may accept a submission from interested family members, or may ask to speak to the child in the magistrate's office.* Given the nature of decisions made by the court, their life-long implications, and the complex human emotions involved, it is vital that the process is more satisfactory for the parties, that they feel listened to and understood, and that the court is perceived to be fair and just. It would seem overdue for the child protection division of court to keep pace with advances in non-adversarial approaches and therapeutic jurisprudence more generally.

Transition of children through, and exiting, the child protection system

29. In 2007, I commenced a study of the school to work transition of young people in care, with my colleagues Professor Peter Creed and Professor Nicholas Buys from Griffith

University. It is well established that outcomes for care leavers in education, employment, health and other domains are poor, compared to the not-in-care population. Employment for care leavers is an important outcome indicator, as achieving in education and employment has long-term effects on quality of life. Employment is important not only to financial security (and therefore housing stability), it also improves self-confidence and social connectedness. Unemployment or insecure employment is associated with low self-esteem and mental health problems for young people, whereas better education leads to better overall health status and higher labour force participation. Therefore, it is important to provide the necessary supports to assist young people in care to develop work-related goals and interests. Two of the articles published from this study are attached, as follows:
Attachment 6: Creed, P., Tilbury, C., Buys, N. and Crawford, M. (2011). The career aspirations and action behaviours of Australian adolescents in out-of-home-care. *Children and Youth Services Review*, 33, 1720-1729.
Attachment 7: Tilbury, C., Creed, P., Buys, N. and Crawford, M. (2011) The school to work transition for young people in care: perspectives from young people, carers and professionals. *Child and Family Social Work*, 16, 2, 1-8.

30. This study was a mixed-method (survey and interview), longitudinal project, which was designed to comprehensively investigate the career development of young people in care. The quantitative data from this project compared a group of 202 children in care with a matched sample of 202 not-in-care on a range of career-related variables, (including career aspirations, career barriers and educational aspirations) and career action behaviours (career exploration, career planning).

31. The young people in care reported lower occupational aspirations, less career planning, more career barriers, lower educational aspirations, and less school engagement. The main predictors of career aspirations for the in-care group were career decision self-efficacy, outcome expectations and perceived career barriers. This study found no significant differences between young people in care and not-in-care on career variables of career goals and outcome expectations, career exploration and career self-efficacy. There were significant differences between the young people in-care and not-in-care on a number of other variables: the in-care group had lower occupational and educational aspirations,

believed their parents to have lower aspirations for them, engaged in less career planning, perceived more career barriers, and had a less stable and less positive relationship with their schools.

32. Results are consistent with previous research regarding low expectations held for children in care by professionals involved in their lives. Both caseworkers and guidance officers were pessimistic about prospects for a successful school to work transition for young people in care. Their attention was on behavioural and psychological issues, rather than future planning. This may reflect the fact that their work is dominated by the children who are not settled in placements or at school. Unfortunately, this may mean that many children in care, those who have needs that are "under the radar" or not acute, are missing out on resources that can help them to achieve their goals. All participant groups in this study commented on how practice with young people in care is preoccupied with the here and now - problems, placement, and finding appropriate services. On the other hand, the process of career development and preparing for the school to work transition is inherently future-oriented. It is about getting from where you are, to where you want to be: about future goals, opportunities, resources, life plans and outcomes.

33. The concentration on where the child lives as the basic need to be resolved first is not a rationale to de-prioritise education, work and the child's post-care future. Many of the young people interviewed in this study were not in stable placements, but they still had future work-related goals, and needed assistance to plan towards those goals. All of the domains of development are important, and while some needs may take precedence at a particular time, this is no justification for permanently creating a hierarchy of needs in which placement trumps everything else, every time. Orientation to education and future work is an extremely important part of nurturing the development of young people; it should not be relegated to second-order for children in care.

34. There appeared to be confusion amongst professionals in the study about whose responsibility it was to facilitate a positive career focus for young people in care. Caseworkers – the delegated guardians – have overall case management responsibility for children; yet, they acknowledge they lack expertise in the area of career development.

Two remedies are possible here: resources and training for caseworkers, or bringing into the care system professionals who do have expertise in this field, such as educators and career advisors. Both strategies could be adopted. For example, agencies could develop career resources aimed at young people in care (there are many examples of career activities, workbooks and websites for specific target groups); ensure the caseworker role encompasses a focus on future goals and outcomes; and provide for the expertise of career development professionals to be readily available to caseworkers on a consultancy basis. At a policy level, targeting school stability, measuring educational attainment, and raising expectations about further education and work outcomes would be a positive step. While there were young people in this study who did receive appropriate career development opportunities, it was not consistent, and there was no evidence of any concerted attention to this aspect of development. If they had an Education Support Plan, they frequently did not know what was in the plan.

35. Young people need help at all stages of the career development process: they need to be exposed to diverse experiences and people (for example, through hobbies, part-time jobs, sports) so they can begin to form interests and get ideas (*aspirations*); they need help with naming their skills and talents and matching these to possible work choices, setting goals and making sound choices (*expectations*); and they need to be encouraged so they develop the confidence to achieve goals (*self-efficacy*).This includes having access to resources, as some goals require financial assistance to pay for hobbies, tutors, materials or fees, or transport. These career development activities need to start in the pre-teen years and cannot wait until transition from care planning (typically from age 15 or 16 years).

36. The implications of the research fall into four categories: raising the aspirations of young people in care to achieve a fulfilling career; improving their capacity to plan a career pathway and to overcome barriers; taking a longer-term and multidimensional approach to casework that is oriented to successful adult functioning; and responding more comprehensively to both the social and psychological effects of the care experience. Enhancing the capacity for career and life planning must start in the early secondary school years, followed up with consideration of specific employment and training options in transition from care planning. More attention to adult outcomes in general, and career

development in particular, will promote the capacity of young people in care to choose positive pathways, to be supported in those choices, and to experience the personal and social rewards of workforce participation.

C. TILBURY

Declared before me at Brisbane, this 20 **day of August, 2012.**

MORAG LEITH McDONALD
SOLICITOR

Signature of person making this statement ..... Signature of witness .....

List of attachments

Attachment 1: Clare Tilbury curriculum vitae

Attachment 2: Tilbury, C. (2003) Repeated reports to child protection: interpreting the data. *Children Australia*, 28, 3, 4-10.

Attachment 3: Tilbury, C. (2009) The over-representation of indigenous children in the Australian child welfare system. *International Journal of Social Welfare,* 18, 57-64.

Attachment 4: Tilbury, C. (2009) A 'stock and flow' analysis of Australian child protection data. *Communities, Children and Families Australia*, 4, 2, 9-17.

Attachment 5: Tilbury, C. and Mazerolle, P. (forthcoming) 'The Childrens Court in Queensland: where to from here?' in R Sheehan and A Borowski (Eds), *Australia's Children's Courts Today and Tomorrow*, Springer Publishing Company, New York.

Attachment 6: Creed, P., Tilbury, C., Buys, N.and Crawford, M. (2011). The career aspirations and action behaviours of Australian adolescents in out-of-home-care. *Children and Youth Services Review*, 33, 1720-1729.

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Signature of person making this statement ..... Signature of witness .....

ATTACHMENT 1

CURRICUM VITAE - CLARE TILBURY

Present Position: Professor, Life Without Barriers Carol Peltola Research Chair

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BRIEF BIO

Clare Tilbury has thirty years' experience as a social work practitioner, researcher and educator. She has worked in a range of positions covering direct practice with children, young people and families undertaking individual casework; group work and community work; research at universities and in government agencies; policy and program development and implementation; and management. Her research interests include child protection outcomes, accountability, and performance measurement, with a focus on children's wellbeing in care systems and what they say would make a difference in their lives.

ACADEMIC QUALIFICATIONS

- 2004 PhD University of Queensland, *Counting family support: the influence of performance measurement on child protection policy and practice*
- 2001 MPhil University of Queensland, *Performance measurement in child protection*
- 1990 Grad Dip Business (Industrial Relations) Brisbane College of Advanced Education
- 1982 BSocWk University of Queensland

CURRENT and RECENT RESEARCH

- *A national assessment of Australia's Children's Courts.* Member of national team led by Prof A. Borowski (Latrobe). Australian Research Council – Discovery (2009-2011).
- *Pathways to better practice: better human resources in child protection services for Indigenous communities in Western Australia and Queensland.* ARC Linkage Grant (2008-2011) with Prof DA Stehlik, Prof L Chenoweth, Dr D McAuliffe. Industry partners: WA Dept for Community Development and Queensland Department of Communities - Child Safety.
- *School to work transition for young people in State care*, ARC Linkage Grant (2007-2009) with Prof Peter Creed and Assoc Prof Nick Buys. Industry partners: Queensland Department of Child Safety and Education Queensland
- *Educational attainment for children in care*, (2009) Grant from Life Without Barriers and Edmund Rice Education
- *Cross-national study of Indigenous children in child welfare systems*, Key Centre for Ethics, Law, Justice and Governance, Griffith University (2007) with Prof June Thoburn, UEA (UK).
- *Permanency Planning Decision-making,* Griffith University Industry Collaborative Scheme (2006) with Dr Jennifer Osmond. Industry partner: Queensland Department of Child Safety

PROFESSIONAL MEMBERSHIPS

- Australian Association of Social Workers, Member
- Key Centre for Ethics, Law, Justice and Governance, Member

EMPLOYMENT

2005-current	Griffith University School of Human Services and Social Work
2004	Queensland Department of Communities: A/Child Safety Director
2001-2004	University of Queensland School of Social Work and Applied Human Sciences: full-time PhD student, casual academic and research assistant
1994-2001	Queensland Department of Families: various management and policy coordination positions in family support, child protection and out-of-home care
1990-1994	Human Rights and Equal Opportunity Commission: Senior Conciliator
1990	University of Queensland Social Work Department: Tutor
1987-1989	Young Parents Program: Coordinator/Social Worker
1986-1987	Queensland Department of Family Services: Resource Officer
1985	University of Queensland Social Work Department: Research Assistant
1984	Legal Aid Office (Queensland): Social Worker; Legal Services Commission (NSW): Research Officer
1982-1984	Black Community Housing Service: Social Worker

PUBLICATIONS

Journal articles

Creed, P. A., Buys, N., Tilbury, C., & Crawford, M. (in press; accepted August 2011). The relationship between goal orientation and career striving in young adolescents. *Journal of Applied Social Psychology*.

Jurczyszyn, R. and Tilbury, C. (2012) Higher and further education for care leavers: A road less travelled. *Developing Practice*, 33, 11-22.

Osmond, J. and Tilbury, C. (2012) Permanency Planning Concepts. *Children Australia*, 37, 3, 100-107.

Crawford, M., Tilbury, C., Creed, P. and Buys, N. (2011) The Role of Carers and Caseworkers in the School-to-work Transition of Young People in Care. *Australian Social Work*, 64, 4, 459-474. DOI: 10.1080/0312407X.2010.537353

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Tilbury, C., Creed, P., Buys, N. and Crawford, M. (2011) Career development of young people in care: perspectives from young people, carers and professionals. *Child and Family Social Work*, 16, 2, 1-8.

Creed, P., Tilbury, C., Buys, N. and Crawford, M. (2011) Cross-lagged relationships between goal orientation and career aspirations in early adolescents. *Journal of Vocational Behavior*, 78-1, 92-99.

Buys, N., Tilbury, C., Creed, P. and Crawford, M. (2011) Working with youth in foster care: implications for vocational rehabilitation practice. *Disability and Rehabilitation*, 33, 13-14, 1125-1135. DOI: 10.3109/09638288.2010.521614

Tilbury C (2009) A 'stock and flow' analysis of Australian child protection data. *Communities, Children and Families Australia*, 4, 2, 9-17.

Tilbury, C. (2010) Educational status of children and young people in care. *Children Australia, 35, 4, 7-13.*

Tilbury, C. Osmond, J. and Scott, T. (2010) Teaching critical thinking in social work education: a literature review. *Advances in Social Work and Welfare Education*, 11, 1, 31-50.

Tilbury, C., Osmond, J. & Crawford, M. (2010) Measuring client satisfaction with child welfare services, *Journal of Public Child Welfare*, 4, 1.

Tilbury, C., Buys, N. and Creed, P. (2009) Perspectives of young people in care about their school-to-work transition, *Australian Social Work* , 62, 476-490.

Tilbury, C. & Thoburn, J. (2009) Using racial disproportionality and disparity as an outcome measure for child welfare programs, *Children & Youth Services Review*, 31, 10, 1101-1106.

Tilbury, C. (2009) The over-representation of indigenous children in the Australian child welfare system. *International Journal of Social Welfare,* 18, 57-64.

Tilbury, C. & Thoburn, J. (2008) Children in out-of-home care in Australia: international comparisons. *Children Australia*, 33, 3, 5-12.

Tilbury, C. & Mazerolle, P. (2008) Making child protection policy: the CMC Inquiry into Abuse of Children in Foster Care. *Aust J Public Administration*, 67, 3, 283-293.

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ATTACHMENT 2

200311979

Repeated reports to child protection

Interpreting the data

Clare Tilbury

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This article examines data regarding three performance indicators that cast light on child protection intake and assessment processes, when children are reported to child protection agencies because of concerns about abuse or neglect. Rates of renotification, substantiation, and resubstantiation are examined. What do the data reveal about whether intervention is effective in keeping children safe from further harm and whether investigative resources are targeted to priority cases? The policy implications are discussed.

Performance measurement is a mainstay of contemporary public sector management. It involves:

- defining objectives or 'outcomes' for government or agency policies and programs;
- articulating the strategies, services and activities ('outputs' and 'processes') used to meet those objectives; and
- using quantitative data ('measures' or 'indicators') to analyse 'performance' (a combination of effectiveness and efficiency) on an ongoing basis (Carter, Klein & Day 1992; SCRCSSP 2002).

Performance data on child protection are reported annually by the Steering Committee for the Review of Commonwealth-State Service Provision (SCRCSSP) and in all States' budget papers. Unlike in the USA and England, in Australia there has been little debate about performance measurement in child protection, but that makes it no less important here in terms of its potential impact on policy and practice.

This article examines data concerning three performance indicators that illuminate what happens at the 'front end' of the child protection process when children are reported to child protection agencies because of concerns about abuse or neglect. The indicators examined are rates of renotification, substantiation and resubstantiation. These indicators are intended to monitor whether intervention is effective in keeping children safe from further harm and whether investigative resources are appropriately targeted. What can the data tell us about performance in these areas?

RECENT CHANGES IN APPROACH

Research in the 1980s and 1990s caused many jurisdictions to rethink approaches to child protection. Findings from research in the UK were part of this shift in thinking:

- an explosion in the number of reports of abuse and neglect in the 1980s caused a concentration of resources on investigation and resulted in a majority of families who were reported or investigated receiving little or no help, even when problems were identified (Gibbons, Conroy & Bell 1995; Packman, Randall & Jacques 1986);

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- an increase in the level and range of support services available to help families with complex and significant needs was required, including for those families 'filtered out' of the child protection system (Gibbons, et al. 1995; Tunstill 1995);
- the 'goal keeping' mode of child protection, in which placement is seen as a last resort and the emphasis is on 'keeping children out of care', can lead to a worsening of family problems and unplanned, crisis placements for children (Packman, et al. 1986); and
- poor planning and failure to target support services causes children for whom universal services are not sufficient to miss out on help, creating a system that is 'service-led' rather than 'needs-led' (Audit Commission 1994).

In the USA, similar trends were evident. Research there called for:

- increasing the level and range of services available to families, particularly those with 'less serious' problems (Waldfogel 1998);
- the provision of family support as part of a child protection continuum (Pecora, Fraser, Nelson, McCroskey & Meezan 1995);
- a partnership approach with parents (Whittaker 1991); and
- the need to deal differently with the huge numbers of reports received and the large proportion of unsubstantiated investigations (Faver, Crawford & Combs-Orme 1999; Waldfogel 1998).

The issues raised in this research resonated with developments in Australia (for example, Clarke 1995; Thorpe 1994; Van Soelen 1994). Most jurisdictions embarked on reforms in the 1990s to manage intake and assessment procedures (see Figure 1 for examples). The reforms involved two main areas: differential responses to notifications, reducing reliance on investigation as the first and only response by redirecting some cases to family support services; and the theory and practice of risk assessment. In practice these two areas are inter-related, because the crucial issue in introducing differential responses is the basis for deciding what response is right for what level of risk (Waldfogel 1998).

Overall, research has highlighted the deleterious effects on outcomes for children and families of concentrating resources on receiving and responding to reports of abuse and neglect at the expense of a more comprehensive approach to meeting the needs of families experiencing serious difficulty in caring for their children. Improving access to family support, particularly in the early stages of contact with families, is seen as essential to move policy and practice beyond 'child rescue' towards a more integrated paradigm that recognises the impact of personal, family and structural factors effecting child abuse and neglect (Aldgate & Hill 1995; Colton, Drury & Williams 1995; Tomison 1999; Waldfogel 1998; Whittaker 1991).

This paper utilises performance indicator data to examine the picture now emerging about what is happening at the early stages of child protection work in Australia. What can these data tell us about policy and practice?

Figure 1 Examples of strategies to manage intake and assessment procedures

Queensland – 1992-93

- new guidelines for determining what constitutes a notification to differentiate child protection notifications from general child and family welfare intake;
- advice and referral responses for less serious notifications;
- capacity to provide brief counselling or support when statutory intervention is not warranted; and
- replacing the term 'investigation' with 'initial assessment' to better define the child protection role in contrast to the forensic/investigation role of police.

Western Australia – 1995-96

- new guidelines for determining what constitutes a notification to differentiate child maltreatment allegations (investigative response) from child concern reports (assessment response); and
- providing family support when statutory intervention is not warranted.

South Australia – 1997

- new system for screening and resource targeting involving centralised statewide intake and structured risk assessment tools to classify notifications, tailoring responses depending on the level of indicated risk.

Victoria – 1998-99

- differentiated responses to notifications according to degrees of risk and diversity of needs for clients at intake;
- a professional judgment risk assessment tool; and
- specialist family support services for 'at risk' families who do not require a protective response.

New South Wales – 2000

- new legislation allowing for flexibility in dealing with notifications;
- an emphasis on early support; and
- the introduction of centralised statewide intake.

THE INDICATORS

RENOTIFICATION RATE

The renotification (also called re-referral) rate is the proportion of all notified cases that have been subject to a previous notification. It does not necessarily indicate that a child has been subject to further harm, but that someone was sufficiently concerned about a child to make a report that requires some sort of response from the child protection agency. This response may be limited to receiving a telephone call but may also involve recording information, checking for previous child protection history, making a referral, providing advice, obtaining information from other sources, or conducting an initial assessment or investigation. It might be posited that if an inadequate response is made to the first notification, the likelihood of an additional notification increases. Harm might not be assessed or substantiated for either notification, but a high renotification rate tends to indicate poor targeting of resources because work has to be re-done (several times over in some cases). In one of the few studies on renotification, English, Marshall, Brummel & Orme (1999) argue that renotification is an important accountability measure because of the crucial importance of prior history in predicting future harm. A high renotification rate indicates that the screening system is not addressing cumulative harm and that families may not be receiving appropriate post-notification services. The renotification rate is time-dependant, and some renotifications result from changes of family circumstances (such as separation or re-partnering) rather than needs not being adequately assessed or addressed the first time. However the importance of considering family history in assessing risk is underscored when renotification rates are analysed over a lengthy time period.

Changes to intake procedures undertaken in the 1990s caused the number of investigations and, in many cases, the number of notifications, to drop significantly in the period immediately thereafter (Johnstone 2000). However, since 2000, the number of notifications and investigations has started climbing again (except in Tasmania, ACT and NT) (AIHW 2002a). This can be attributed in part to extensive mandatory reporting provisions in some States. However, it is apparent from trends in some jurisdictions that a significant reason for the increase is high renotification rates.

A recent Victorian report states that in 1993-94, 64% of all clients notified were first time clients, whereas in 2000-01 only 39% were first time clients. About two-thirds of notifications in 1999-2000 involved children from families where there had been a previous notification of either the child or a sibling. In 2000-01 the average number of previous notifications was 4.2 per child (Victorian Department of Human Services 2002, pp.15-16). While not strictly comparable because of the differences in defining a notification, the trend is similar in Queensland, where in 1993-94, 65% of all children notified were first-time clients and in 2000-01, only 56% were first-time clients. That is, over 7,000 children notified in 2000-01 (44% of all children notified) were subject to a prior notification since 1984-85 when notification data were first available (Queensland Department of Families 2002). In Western Australia 'child concern reports' are not counted as notifications but in 1995-96, 27% of these matters were re-reported as either a child concern report or a child maltreatment allegation within 12 months, and 16% of child maltreatment allegations were renotified (Parton & Mathews 2001). Renotification rates for other jurisdictions were not available but it would be interesting to know how widespread the trend is in Australia. High renotification rates were also found in a UK study in which only 35% of families referred for investigation were 'new' to social services (Gibbons et al. 1995).

Overall, research has highlighted the deleterious effects on outcomes for children and families of concentrating resources on receiving and responding to reports of abuse and neglect at the expense of a more comprehensive approach to meeting the needs of families experiencing serious difficulty in caring for their children.

A large proportion of notifications are dealt with by means other than investigation: 38% of notifications in NSW, 64% in Victoria, 14% in Queensland and 48% in South Australia received a response such as advice or referral in 2000-01 (AIHW 2002a, p.12). Surely neither these responses, nor an investigative response if that is made, are sufficiently effective if a large proportion of families are subsequently renotified. Nor are responses efficient if 61% of intake resources in Victoria and 44% in Queensland went into repeat work. This conclusion holds even if the repeat work is limited to receiving a call from a notifier and no other action is taken, because each repeat call adds up to a lot of extra work given the huge volume of renotifications.

The data paint a picture of families being reported again and again to child protection agencies because they do not receive the help they need to maintain adequate care for their children. Victoria has concluded that there are a large number of families presenting with complex and chronic problems that are not assessed as resulting in significant harm to children, but who require 'extensive support and intervention' (Victorian Department of Human Services 2002, p.14). A range of program responses has been

introduced to address this issue. The deduction that repeat work could be avoided if the child protection agency intervened more effectively at early stages is inescapable. Instead of targeting resources, intake systems are more like temporary barricades. It may be more cost effective to provide services *additional to* screening, assessment, advice and referral at this point in order to prevent families being renotified. As a first step, and to understand more about the link between the adequacy of intake responses and renotification, it would help to know precisely which families are being renotified, what response was made to the previous notification and the reason for the subsequent notification.

SUBSTANTIATION RATE

The substantiation rate is the proportion of finalised investigations that resulted in a substantiated outcome. It indicates whether child protection investigations are effectively targeted to those children most at risk. There are both human and financial costs if investigations are not effectively targeted (AIHW 2002b). Some children may be left in harmful situations while others are the subjects of unwarranted intrusion, which can have traumatic effects on families and undermine the chances that they will voluntarily seek help with parenting (Department of Health 1995).

In Australia there are significant variations in practice between jurisdictions in relation to counting both finalised investigations and substantiated outcomes, so data need to be carefully interpreted and comparability is limited (AIHW 2002b). In 2000-01 reported substantiation rates for New South Wales, South Australia, Tasmania and the ACT were around 38%, the Northern Territory was 46%, Western Australia 49%, Victoria 59% and Queensland 68% (SCRCSSP 2002, p. 807).

Determining the outcome of an investigation involves a combination of sensitivity, or predicting harm accurately (true positives), and specificity, or predicting no harm accurately (true negatives). There is a margin of error in all risk assessment, resulting in false positives and false negatives. Statistically, the lower the base rate or prevalence of abuse, the greater are the limitations on improving predictions. A low threshold ('casting the net too wide') produces a high rate of false positives meaning unwarranted intrusion on families and a waste of scarce resources. But conversely and *necessarily*, raising the threshold increases false negatives – not identifying serious cases of abuse (Munro 1999). So while a high substantiation rate may indicate that the decision to investigate was the right decision and resources were not expended on investigating where children were not at risk, if it is 'too high', it might be that serious cases were missed. Following these assumptions, and looking at the outlier jurisdictions, if only 38% of the cases investigated were substantiated, perhaps too many families were unnecessarily investigated, whereas a 68% substantiation rate could indicate a very high threshold for substantiating harm. But to determine the overall efficacy of targeting strategies these data should be used to prompt further analysis rather than be considered definitively (SCRCSSP 2002). The substantiation rate only indicates how investigations are targeted and does not relate to the accuracy of assessments, or whether harm or risk would have been identified for notifications that were not investigated.

The deduction that repeat work could be avoided if the child protection agency intervened more effectively at early stages is inescapable.

RESUBSTANTIATION RATE

The resubstantiation (also called re-abuse or recurrence) rate is the proportion of all children for whom harm is substantiated within a time period who are then subject to a further substantiation. It indicates whether the child protection system has been effective in keeping a child safe from further harm. The rationale for the indicator is that if a child protection agency has assessed a child as having been harmed or at risk of harm, it is expected to intervene appropriately to ensure that the child is not harmed again. Some resubstantiation may be expected, such as that resulting from disclosure by a child of harm that occurred previously or that resulting from changes in the family that are outside the control or knowledge of the agency (SCRCSSP 2002). But a high level of resubstantiation suggests intervention is not effective in either bringing about the required changes in the child's family situation or making a safe alternative plan for the child's care.

A study of 1994-95 data from ten USA states (Fluke, Yuan & Edwards 1999) found these consistent re-abuse patterns:

- neglect is the most likely form of abuse to recur;
- re-abuse is more likely with younger children;
- re-abuse is associated with the provision of post-intervention services; and
- multiple re-abuse places children most at risk compared with one recurrence or no recurrence.

These findings are consistent with the research that cautions against 'incident based' risk assessment because children are most at risk from ongoing patterns of poor parenting (Department of Health 1995). There may be a tendency to take more decisive action in relation to physical and sexual

abuse (a specific incident for which 'evidence' is clearer for court), making neglect and emotional abuse (when harm is cumulative and often results from a history of inactions rather than incidents) more likely to be renotified (Victorian Department of Human Services 2002).

There are various methods of counting resubstantiation. (For a discussion of these issues see Fluke et al. 1999; Poertner, McDonald & Murray 2000.) Most counting rules for the indicator limit the time period for counting resubstantiation to deal with the problem of resubstantiation occurring due to changes of circumstances over time, rather than inadequate intervention. Fluke et al. (1999, p.640) found that most re-abuse occurred in the six months after case closure and 'the relative hazard of recurrence declines as the observation period increases'. Perversely, resubstantiation rates may be higher if the agency actively follows up and keeps the case open longer, because any resubstantiation is more likely to be detected and recorded. If cases are closed early, the chances of renotification may be smaller (Fluke et al. 1999). Studies in Britain found that most re-abuse occurred within two years of registration, and that the re-abuse rate for severe cases (those requiring medical attention) was much lower than the rate for all cases (Department of Health 1995).

... the business of delivering an effective and efficient child protection system is an ongoing research and development process, in which questions about how to manage front end work are likely to be ever present.

In Australia, resubstantiation rates within twelve months for 1999-2000 were reported as: NSW 10.2%; Queensland 22.6%; Victoria 14.0%; WA 10.5%; SA 23.9%; ACT 17.9%; Tasmania 16.5% (SCRCSSP 2002, p.802). Benchmarking resubstantiation rates with reference to performance in other jurisdictions is difficult because of legislative, policy and practice differences about what constitutes 'substantiation'. Poertner et al. (2000) found widely varying rates of recurrence reported in USA studies for this reason.

There are possible problems in using resubstantiation as an indicator of safety. Given the distress and disruption that removal from home might cause for a child, and the emphasis on working with families to improve their functioning, children are only removed when this is the best means of securing their protection. Inherently, keeping a child at home carries an increased risk of re-abuse. A level of resubstantiation does not necessarily mean that more intrusive methods of protection are warranted. Evidence about the effects of maltreatment shows that with the exception of severe assaults and some sexual abuse, long-term difficulties for children seldom follow from a single abusive event:

> for the majority of cases, the need of the child and family is more important than the abuse ... the general family context is more important than any abusive event within it (Department of Health 1995, p. 54).

Resubstantiation rates may be insensitive to improvements in the care of children between the first notification and an isolated recurrence.

DISCUSSION: IMPLICATIONS FOR POLICY

In summary, a high renotification rate indicates inefficient use of resources and ineffective responses made to families at intake. A very low substantiation rate indicates poor targeting of investigations. A very high substantiation rate indicates serious cases are possibly being screened out at intake. A high resubstantiation rate indicates agencies are ineffective in achieving a key outcome of safety from further harm for children. Despite the steps taken by jurisdictions during the 1990s to target resources, the numbers of notifications and investigations are still rising. This shows there are no simple answers: the business of delivering an effective and efficient child protection system is an ongoing research and development process, in which questions about how to manage front end work are likely to be ever present.

Improving the consistency and accuracy of risk assessment and introducing differential responses are of limited benefit without effective intervention to reduce risk. Referrals for family support will only 'work' if the services have the capacity and skills to effectively respond to the needs of families referred to them. At a minimum this requires a shared understanding between the statutory agency and the family support service about why the family is being referred (a common assessment framework), and a case management approach in which family needs are assessed and interventions are planned, executed and monitored according to the unique needs of the family (rather than determined by what is available). A study by English, Wingard, Marshall, Orme & Orme (2000) compared notified families who were referred to community-based family support with those who received a 'low level investigative response' involving record checks and discussion with other professionals (that is, no contact with the family). Most families in both groups were not renotified. For those who were, while there was a significantly lower renotification rate at six months for those referred to family support, the difference had diminished at twelve months, providing support for the notion that sustained ongoing assistance is

required for many families. The study concluded that the primary issues in preventing renotification are:

(1) the parent recognising there is a problem, and

(2) parental co-operation with services.

It cannot be assumed that services will effectively engage with low risk families, or that services will adequately address family needs so as to reduce renotification. These are crucial areas for further research and practice development.

Despite policy rhetoric and the evidence that it is essential, family support remains marginalised in practice. This is related to media coverage of child protection and child deaths inquiries, pressure on frontline workers to adopt a forensic approach, and the consequent narrowing of assessments to focus on safety at the expense of broader needs – all manifestations of the 'risk society' in which trust in science and expert knowledge is undermined, and uncertainty and doubt about the future lead to a societal focus on risk and risk management (Parton, Thorpe & Wattam 1997). Including family support in the child protection performance measurement effort may help to contain this marginalisation. Within managerialist approaches to government, reporting on indicators potentially shapes policy action, making some areas of work important and others invisible. It is essential to develop indicators that reflect a broader policy agenda than narrow 'child rescue' frameworks, congruent with research about improving outcomes for children and families (Tilbury 2002). Most family support work remains unrecorded, unnoticed and therefore undervalued, and performance measurement provides a means to demonstrate the contribution of family support to the safety and well-being of children. There are criticisms about using administrative data on the grounds that it is reductionist, inaccurate, or some aspects of practice are not quantifiable. While these criticisms have some weight, most child protection data sets are fairly large-scale and provided they are carefully interpreted, data can be useful to ask policy-relevant questions and improve practice. This seems preferable to relying on partialised, anecdotal accounts from one stakeholder or another.

> It is particularly important to use available data while improving the knowledge base in child protection, because millions of decisions are being made about child protection every day with little or no empirical support (English et al. 1999, p.298).

The point of using performance indicators is not to make definitive judgments about performance but to facilitate an open and reflective approach, bringing more clarity to how problems are understood and therefore where to look for solutions.

However, the complexity of measuring family support is acknowledged. A key threshold issue for family support research and practice is definitional clarity. Family support is often defined very broadly (see AIHW 2001 for the scope of family support services in Australia). In order to better integrate family support with child protection services, increased knowledge and understanding are required about who gets help, why, and for how long – and the corollary, who is missing out? (Little 1999).

The three indicators discussed in this paper do not represent the full story about what is happening at the early stages of child protection work, and there is much unknown about these processes. But the more data are reported and their meaning analysed, the more direction is provided for the questions and actions to pursue next – such as investigating whether repeated referrals are the result of inadequate initial response or whether there are some other processes at work, and the types of services actually provided to families (if any) from differential responses, and their impact on child safety and well-being.

CONCLUSION

The data on renotification, substantiation and re-abuse shows that the problems of concentrating resources on investigation and filtering at-risk families out without providing services are still present. More attention is required, at multiple points along the child protection process, to actually helping families who have serious difficulties in caring for children.

This, surely, is not a surprise. Family support is intended to prevent family problems from worsening and to curtail risk. The idea of prevention is based on the idea of cause and effect, reliant on our capacity to predict and intervene. But there are real limits to predictive capabilities in child protection (Munro 1999), in which complexity and uncertainty are inherent. As demand increases and the rationing of services becomes more important, the impulse to risk assessment, categorisation and prioritisation is increased. Then, as the sophistication of risk assessment improves, we uncover problems we didn't know about before 'and about which we are more precisely uncertain' (Freeman 1999, p.240). The complexity of the issues is understood at a deeper level, and so the prevention system is faced with more problems to solve. Freeman (1999) describes this as the 'recursive politics' of prevention: 'prevention policy appears self-propelling, constantly in need of renewal' (p.240). The data presented in this article indicate that a renewed commitment to family support in Australian child protection systems is warranted. □

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ATTACHMENT 3

DOI: 10.1111/j.1468-2397.2008.00577.x
Int J Soc Welfare 2009: 18: 57–64

INTERNATIONAL
JOURNAL OF
SOCIAL WELFARE
ISSN 1369-6866

The over-representation of indigenous children in the Australian child welfare system

Tilbury C. The over-representation of indigenous children in the Australian child welfare system
Int J Soc Welfare 2009: 18: 57–64 © 2008 The Author(s), Journal compilation © 2009 Blackwell Publishing Ltd and the International Journal of Social Welfare.

Similar to other wealthy countries with colonised indigenous populations, Australia's indigenous children, those of Aboriginal and Torres Strait Islander descent, are seriously over-represented in the child welfare system. The specific dimensions of this problem warrant detailed examination. It is useful to consider factors such as rates of entry to care, length of stay and the nature of services provided in order to understand the problem more fully. This article uses child protection, out-of-home care and juvenile justice administrative data to examine the levels of disproportionality at key decision points in the child welfare system. The data show that child welfare interventions are persistently more intrusive for indigenous children, and that levels of disproportionality have not improved over time. More comprehensive child and family welfare policies are needed to address indigenous disadvantage. Despite calls by indigenous community agencies for more input to decision-making, their participation in the Australian child welfare system remains marginal.

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Key words: child welfare, juvenile justice, race disproportionality, indigenous children, administrative data

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Accepted for publication December 3, 2007

Background

Indigenous children and young people are significantly over-represented in child welfare systems in most wealthy countries with indigenous populations. This article examines the situation in Australia. For readers unfamiliar with the Australian context, it is important to set the scene. Australia has a population of approximately 21 million people. Around 3 per cent of the total population and 5 per cent of the child population (aged 0–17 years) is indigenous, but 24 per cent of the in-care population is indigenous. There are two groups of indigenous Australians: Aboriginal people and Torres Strait Islanders. They have very distinctive cultures but are linked by their histories and politics. The status of Aboriginal and Torres Strait Islander people as the original owners of the land has received limited recognition in Australian law. The High Court's 1992 'Mabo' judgment recognised certain rights to land and aspects of customary law, but there are no treaties with indigenous peoples, unlike in New Zealand and Canada. There are no formal structures for indigenous decision making in government and no mandated indigenous representation in Australian parliaments. Australia has a federal system of government, comprising the Commonwealth, six States and two Territories. The States and Territories are responsible for child welfare and consequently there are eight different child welfare systems, each with their own legislation. The Commonwealth has constitutional responsibility for indigenous affairs. There are no federal laws governing indigenous child welfare issues, such as the US Indian Child Welfare Act.

Up to the 1960s, each jurisdiction had a separate legislative regime for the control of Aboriginal and Torres Strait Islander people, which included segregation on reserves and missions, removal of children from parental care on racial grounds (such as being 'half-caste') and the placement of children in domestic service, dormitories or children's homes (Haebich, 2000; McCallum, 2005). All indigenous children under 17 years were automatically in the guardianship of the 'Protector of Aborigines' or his equivalent in the various jurisdictions. These historical conditions have contemporary consequences. The Royal Commission into Aboriginal Deaths in Custody (1991) found that

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a large proportion of Queensland's Aboriginal and Torres Strait Islander population had experienced institutionalisation either on a church mission or a government settlement, an experience that was highly destructive of their culture. State paternalism saturated every piece of legislation dealing with Aboriginal and Torres Strait Islander peoples. The effect was to slowly extract any power that people had over their lives. This is a situation to which four or five generations were exposed, effectively crippling initiatives and self-esteem (Royal Commission into Aboriginal Deaths in Custody, 1991).

Indigenous people who were affected by government policies of institutionalisation and assimilation and who were removed from their parents' care have come to be known as the 'stolen generations' (Human Rights and Equal Opportunity Commission, 1997). The separation of children from their families over successive generations has left a legacy of grief, sadness and loss of identity and culture for many. The impact of colonisation is also evident in major disparities between indigenous and non-indigenous people in housing, health, employment and educational domains (AIHW, 2005). Unfortunately, removals and their consequences continue today, through child protection and juvenile justice interventions (Cunneen & Libesman, 2000).

Aims

While the over-representation of indigenous children in the Australian child welfare system is well-known, the specific dimensions of the problem merit detailed examination, not least because the situation seems to be getting worse, not better. Understanding the levels of disproportionality at various decision-making points will advance our understanding of the nature of over-representation, the efficacy of current policies and programmes, and the most effective points at which to intervene.

Method

Publicly available administrative child welfare data for the last 5 years, from 2001–2002 to 2005–2006, were examined to explore the levels of over-representation at key decision making points in the child protection–child welfare continuum. Administrative child welfare data are routinely collected by each Australian jurisdiction. Data relating to notifications (known as reports or referrals in other jurisdictions), investigations and substantiations, children on care and protection orders and children in out-of-home care are provided to the Australian Institute of Health and Welfare (AIHW) for release in two annual reports – *Child Protection Australia* published by the AIHW and the *Report on Government Services* published by the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP). These reports are based on standard counting rules, but there are limits to the comparability of jurisdictional data. Australia-wide data relating to the juvenile justice system are also provided to the AIHW, for publication in annual *Juvenile Justice in Australia* reports. Data on children and families receiving support from community agencies is not generally available but, with respect to this article, it is notification to the child protection agency that is the start of statutory intervention.

It should be noted that there are demographic variations with regard to the indigenous population. First, the age profile of the indigenous population is young compared with the non-indigenous population. The proportion of indigenous Australians aged 10–17 years (19 per cent) is almost twice that of the non-indigenous population (11 per cent). This is consistent throughout Australia (AIHW, 2007b: 17). Second, the indigenous population is unevenly distributed throughout the country. While the more populous states of New South Wales and Queensland have the highest numbers of indigenous citizens, a higher proportion (around one-quarter) of the Northern Territory population is Aboriginal (AIHW, 2007b: 18).

The child welfare data presented here are important for understanding broad trends and patterns over time, making them vital in planning responses. However, they do have limitations. First, the data that are available are mainly cross-sectional. Therefore, they represent the 'stock' of children subject to intervention and in care, but not the 'flow' of children through the system. These data can be biased, in that cross-sectional samples of children in care generally contain a higher concentration of children who stay a long time (Wulczyn, 1996). A further limitation relates to reliability in recording the indigenous status of children coming into contact with the child protection system. This is particularly problematic at the early stages of intervention when there is less known about a child's background. While several jurisdictions have introduced measures to improve the identification of indigenous clients, there is a significant proportion of children whose indigenous status is unknown or not recorded (AIHW, 2007a). Therefore, the levels of over-representation at notification and investigation stages are likely to be undercounted. Third, while indigenous peoples are often counted together in child welfare data, the levels of disproportionality are less pronounced for Torres Strait Islanders than for Aboriginal children. However, the data on indigenous status are not sufficiently reliable to be able to disaggregate patterns for Aboriginal and Torres Strait Islander children. Finally, Australian totals are reported in this article, but this may disguise jurisdictional differences between States and Territories.

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Results

Reports and investigations

Indigenous children were three times more likely than non-indigenous children to be notified or reported to child protection authorities. Across Australia in 2005–2006, some 266,745 notifications involving 165,586 children aged under 16 years were recorded by jurisdictions. Fifteen per cent of all notifications related to indigenous children (Table 1). The rate at which indigenous children were notified or reported almost doubled from 52 per 1,000 in 2001–2002 to 101 per 1,000 in 2005–2006. The rate at which other (non-indigenous) children were notified also increased, from 21 per 1,000 non-indigenous children in 2001–2002 to 33 per 1,000 in 2005–2006 (Table 2). This increase in reports mirrors international trends and has been attributed to the expansion of mandatory reporting in some States, increased public awareness of child abuse and neglect, and changes in policy, practices and recording (AIHW, 2007a). Over that 5-year period, the rate of notifications about indigenous children compared with non-indigenous children increased from being two times more likely to being three times more likely (SCRCSSP, 2007).

Indigenous children were four times more likely than non-indigenous children to be investigated for suspected abuse or neglect. Notifications are screened to determine if an investigation to obtain further information about a child's safety or welfare is warranted. During 2001–2002, finalised investigations involving 50,653 children aged under 16 years were recorded. These included 6,115 indigenous children, 12 per cent of the total. The rate of indigenous children in finalised investigations was 34 per 1,000, compared with 10 per 1,000 non-indigenous children, making indigenous children three times more likely to be subject to finalised investigations than non-indigenous children in 2001–2002 (Table 2). During 2005–2006, finalised investigations involving 74,184 children aged under 16 years were recorded. These included 11,787 indigenous children, 16 per cent of the total (Table 1). As indicated in Table 2, the rate of indigenous children in finalised investigations rose to 55 per 1,000, compared with 14 per 1,000 non-indigenous children. Thus, by 2006 an indigenous child was four times more likely to be subject to a finalised investigation than a non-indigenous child.

Indigenous children were four times more likely than non-indigenous children to be substantiated for abuse or neglect. Between 2001–2002 and 2005–2006, the number of children aged under 16 years subject to substantiated maltreatment increased from 25,313 to 34,336. In 2001–2002, indigenous children comprised 13 per cent of the total, and by 2005–2006 they comprised 18 per cent of all children subject to substantiation (Table 1). The disparity between indigenous and non-indigenous children has increased, as indicated in Table 2. The rate at which indigenous children were subject to substantiation increased from 18 per 1,000 indigenous children to 30 per 1,000 indigenous children over the period. Non-indigenous children were substantiated at a rate of five per 1,000 non-indigenous children in 2001–2002 and at seven per 1,000 in 2005–2006. Therefore, over that 5-year period, the rate for indigenous children increased from being three times more likely to be substantiated than non-indigenous children, to four times more likely (AIHW, 2007a).

The pattern of substantiated abuse and neglect for indigenous children differs from the pattern for other children. Indigenous children were more likely than

Table 1. Indigenous children as a percentage of total children at various points in the child welfare process, Australia, 2005–2006.

	Percentage of total children
Subject to notification	15
Subject to finalised investigation	16
Substantiated for abuse or neglect	18
Subject to child protection order	24
Placement in out-of-home care	26
Subject to juvenile justice supervision order	38

Sources: AIHW, 2007ab.

Table 2. Rates per 1,000 for indigenous and non-indigenous children at various points in the child welfare process, Australia, 2001–2002 and 2005–2006.

	Indigenous children		Non-indigenous children	
	2001–2002	2005–2006	2001–2002	2005–2006
Subject to notification	52	101	21	33
Subject to finalised investigation	34	55	10	14
Substantiated for abuse or neglect	18	30	5	7
Subject to child protection order	21	30	4	5
Placement in out-of-home care	20	30	3	4
Subject to juvenile justice supervision order	–	42	–	3

Sources: AIHW, 2003, 2007ab.

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other children to be subject to substantiation for neglect, with neglect substantiations comprising 36 per cent of all substantiations for indigenous children, compared with 27 per cent for non-indigenous children. A high proportion (37 per cent) of substantiations also involved emotional abuse (AIHW, 2007a). The high rates of neglect are significant, but should not be overstated. First, notification rates do not necessarily reflect incidence (e.g. substantiations involving sexual abuse are low compared with those involving non-indigenous children, but this may indicate family reluctance to notify or poor access to health and social services in some areas). Second, neglect is difficult to classify – it often co-occurs with other types of abuse and almost always has an emotional impact on the child. Third, these categories focus on parental behaviours rather than on harm to a child. Neglect is generally not less harmful and does not require less intervention, nor is it a straightforward equation of alleviating poverty and material disadvantage in order to tackle child neglect: interventions at multiple levels including the parents, the child, the extended family, the local community and broader social policy are indicated (Stevenson, 1998).

Children under orders

Indigenous children were six times more likely than non-indigenous children to be subject to a child protection guardianship or custody order. Court orders may be short-term or long-term and are the main signifier of state involvement in the care of children. Children may be subject to guardianship orders and remain at home. At 30 June 2002, some 20,557 children were under orders and 21 per cent of these children were indigenous. By 30 June 2006, some 27,188 children were under orders, an increase of 32 per cent over the 5-year period, with indigenous children comprising 24 per cent of all children under orders (Table 1). As indicated in Table 2, the rate of indigenous children under orders at 30 June 2006 (30 per 1,000) was more than six times higher than for other children (five per 1,000), although the rate varied across states and territories. There were differences in the types of orders obtained. A higher percentage of indigenous children were subject to guardianship or custody arrangements, and a smaller percentage subject to less intrusive supervisory orders, which do not interfere with parents' legal rights, compared with non-indigenous children. This pattern persisted over the 5-year period.

Children in out-of-home care

Indigenous children were seven times more likely to be in out-of-home care than non-indigenous children. At 30 June 2002, some 4,199 (22 per cent) of the 18,880 children in out-of-home care were indigenous. The rate of indigenous children in out-of-home care at that date was 20 per 1,000 children aged under 17 years. There was a wide range across jurisdictions, but indigenous children were, overall, six times more likely to be in out-of-home care than non-indigenous children. However, at 30 June 2006, 26 per cent (n = 6,497) of the 25,454 children in out-of-home care were indigenous (Table 1). The rate of indigenous children in out-of-home care again increased markedly over the 5-year period to 30 per 1,000 indigenous children aged under 17 years, compared with the rate for non-indigenous children of four per 1,000 (Table 2).

The rates of out-of-home care placement are very high for indigenous children. During 2001–2002, 6,261 indigenous children had at least one placement in out-of-home care. This represented 22 per cent of the total number of children with at least one placement and a rate of 33 per 1,000 indigenous children. During 2005–2006, 8,494 indigenous children had at least one placement in out-of-home care. This represented 25 per cent of the total number of children with at least one placement and a rate of 40 per 1,000 indigenous children (SCRCSSP, 2003, 2007: table 15A.11).

Research using administrative data shows a strong and persistent relationship between the age of the child and the likelihood of involvement in the child welfare system. In most countries, infants (less than 12 months old) are the most likely age group to enter care and, once in care, remain in out-of-home care longer (Thoburn, 2007; Wulczyn, Hislop & Harden, 2002). There is a similar trend in Australia, with the base incidence rate for entry to out-of-home care for all children in 2005–2006 being 2.6 per 1,000 compared with 6.4 per 1,000 for children up to age 12 months (AIHW, 2007a). Unfortunately, there are few Australian data available by age, indigenous status and duration in care, so this aspect of disproportionality cannot be explored.

While the majority of children are subject to a child protection order when placed in out-of-home care, all jurisdictions except for the Northern Territory have provision for placing a child in out-of-home care with parental consent (known as 'family support' or 'respite' placements in some jurisdictions). The different pattern of use of these types of placements is relatively small: at 30 June 2006, 14 per cent of indigenous children in out-of-home care were not subject to an order, compared with 11 per cent of non-indigenous children in out-of-home care not subject to an order. This pattern is a reflection of that in previous years.

The Aboriginal and Torres Strait Islander Child Placement Principle has been the policy guiding decision making and placements for indigenous children in most Australian child protection jurisdictions for over 20 years. The Principle is that Aboriginal and Torres Strait Islander children have a right to be brought up with

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knowledge of their indigenous culture. It aims to preserve and enhance indigenous children's sense of identity as Aboriginal or Torres Strait Islander through maintaining children within their own family, community and culture. It seeks to strengthen family life through maintaining the value of the extended family, kinship arrangements and culture in raising Aboriginal and Torres Strait Islander children. The principle is incorporated, to varying degrees, in child protection legislation in all states and territories. It requires indigenous community input to all child protection decision making involving indigenous children, and sets out a placement hierarchy to be followed when placing an indigenous child in out-of-home care. The first preference is for them to be placed with extended family or, if that is not possible, with an indigenous carer. Consequently, the placement of children with relatives or kin is consistently higher for indigenous children than for non-indigenous children. Over the last 5 years, just over 50 per cent of indigenous children have been placed with relatives or kin compared with around 35 per cent of non-indigenous children. Proportions vary across jurisdictions. Over the last 5 years, around 70 per cent of children in out-of-home care in New South Wales at 30 June have been placed with relatives. However, placements of indigenous children with relatives are less utilised in the smaller jurisdictions of Tasmania and the Australian Capital Territory (ACT). These data relate only to formal kin placements involving the payment of a State subsidy to a carer, not informal arrangements made between relatives for the care of a child.

Despite relatively high levels of kinship care, there are still many indigenous children, about one-quarter of those in out-of-home care, placed in 'stranger' foster care with non-indigenous carers. The cultural appropriateness of placements is an important indicator of placement quality; however, compliance with the Child Placement Principle has been steadily declining. Whereas in 2002, 79 per cent of indigenous children in out-of-home care were placed in accordance with the Principle, by 2006 this had declined to 74 per cent. At 30 June 2006, 44 per cent of the 4,896 indigenous children in out-of-home care were placed with relatives or kin, including 10 per cent with non-indigenous relatives. Approximately 22 per cent were placed with non-related indigenous carers or in indigenous residential care. The proportions of placements of indigenous children with unrelated, non-indigenous carers ranged from 12 per cent in Western Australia to 59 per cent in Tasmania with the Australian average at 22 per cent. At 30 June 2006, placements with unrelated, non-indigenous carers had increased over previous years in four jurisdictions (New South Wales, Queensland, Tasmania and the Northern Territory).

In addition, indigenous children tended to be in out-of-home care for longer periods. This may partly be explained by the greater use of kinship care, which tends to be associated with longer and more stable placements (Ainsworth & Maluccio, 1998). At 30 June 2002, 17,808 children were placed in out-of-home care. Approximately 22 per cent of these children were indigenous.

Overall, placements appear to be getting longer, especially for indigenous children. In 2005–2006, some 6,118 children exited out-of-home care, including 22 per cent of whom were indigenous children. Of the indigenous children exiting care, 40 per cent exited care after a placement of between 1 and 6 months, which is a 6 per cent decline over the 5-year period. Approximately 70 per cent exited after less than 2 years, a decrease of 4 per cent over the 5-year period. Approximately 15 per cent exited after 5 years or more. Although there was an increase in the percentage of non-indigenous children exiting out-of-home care after 5 or more years, the increase was smaller than for indigenous children.

Juvenile justice

Indigenous young people were 14 times more likely to be on youth justice supervision orders and 23 times more likely to be in a detention facility than non-indigenous young people. There has been a trek from protective measures to punishment for many indigenous children, who experience high levels of criminalisation and subsequent incarceration. During the period 2001–2002 to 2005–2006, there was a gradual increase from 29 per cent to 38 per cent in the proportion of young people under juvenile justice supervision who were identified as being Aboriginal or Torres Strait Islander. This may reflect an actual increase in the number of indigenous young people under supervision, as well as more reliable data on indigenous status. In 2005–2006, indigenous youth were 14 times more likely to be on youth justice supervision orders: a rate of 42 per 1,000 compared with 3 per 1,000 for non-indigenous young people aged 10–17 years (Table 2). Indigenous young people under juvenile justice supervision are also younger than non-indigenous young people: within this category, the median age for indigenous young people is 15 years and 16 years for non-indigenous young people (AIHW, 2007b).

The over-representation of young indigenous people intensifies at the most punitive end of the system: youth detention (Cunneen, 1997). Youth detention rates have been declining since 1994, with the indigenous rate down by 25 per cent and the non-indigenous rate down by 44 per cent. However, the over-representation of indigenous young people aged 10–17 years in detention remains high and has not decreased, with indigenous young people being 23 times more likely than non-indigenous young people to be in detention as of 30 June 2005 (Taylor, 2006).

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Discussion

The ineffectiveness of government responses to indigenous family violence, including child maltreatment, continues to be a major obstacle to achieving social justice for these communities. These data show that levels of indigenous over-representation in child welfare and juvenile justice systems remain alarmingly high, considerably higher than in some other jurisdictions. For example, in New Zealand approximately 24 per cent of the child population and 35 per cent of the in-care population is Maori, in the USA 2 per cent of the child population and 8 per cent of the in-care population is Native American, and in Alberta, Canada, 23 per cent of the child population and 54 per cent of the in-care population is aboriginal (Thoburn, 2007; US Department of Health and Human Services, 2005). In comparison, in Australia 5 per cent of the child population and 24 per cent of the in-care population is indigenous a disproportionality rate of 4.8. The extent of government intrusion in indigenous family life far exceeds that which occurs in non-indigenous families, and yet levels of child maltreatment remain high. It has been suggested that a legacy of concern about the 'stolen generations' is that authorities are reluctant to intervene to remove indigenous children from inadequate parental care, and that indigenous family violence has been accepted or excused on the grounds that it is part of Aboriginal culture (Crime and Misconduct Commission, 2004). Although this may happen in individual cases, child welfare administrative data in aggregate demonstrates that there is no reluctance to intervene. Indigenous children and families are receiving different, and more interventionist, treatment. Having come to the attention of statutory authorities, indigenous children are more likely to be substantiated for abuse or neglect, more likely to be placed on an order, more likely to be placed in out-of-home care, more likely to stay longer, and more likely to be on juvenile justice orders and in detention.

Clearly, government action is required to remedy this situation. It is not the fact of government intervention in indigenous family life that is problematic, but the nature of the intervention. The standard government strategies to develop more effective and culturally sensitive responses to improve the welfare of indigenous children in Australia in the main have not achieved desired outcomes. The Child Placement Principle is routinely not followed. The number of indigenous carers is seen as the source of this problem, rather than other factors such as the large numbers of children being removed from home, inadequate resources, and the ever-tightening regulatory framework for out-of-home care (Tilbury, 2007; Valentine & Gray, 2006). In a similar vein, workforce development initiatives such as employing indigenous staff and cultural awareness training for non-indigenous staff are no doubt essential, but they are tangential to addressing a problem of this scale. They represent a narrow conceptualisation of the problem of racial disproportionality, setting out narrow parameters for intervention and proposing that a practitioner can make adaptations within that framework, rather than challenging the entire way that the child welfare system addresses child abuse and neglect in indigenous communities. This latter path would involve adopting more preventative approaches, providing more intensive support to parents and extended families, community development initiatives and ceding more control and authority to indigenous communities (Libesman, 2004). Certainly, the evidence based on effective strategies to improve outcomes for indigenous children and families in Australia is limited. Few rigorous evaluations of interventions have been conducted. This suggests the need for carefully considering the results of research and evaluation on promising international and local approaches, in conjuction with 'bottom up' indigenous community engagement in the selection, implementation and evaluation of programmes.

Most state and territory governments in Australia provide funding to indigenous community agencies to carry out certain child welfare tasks. Aboriginal and Torres Strait Islander child and family welfare agencies were established in the early 1980s throughout Australia. These are community-controlled agencies, managed and staffed by indigenous people and funded by government. They generally provide preventative family support services, as well as assisting Aboriginal and Torres Strait Islander families who are subject to statutory intervention. The agencies recruit, train and support kinship and foster carers for Aboriginal and Torres Strait Islander children and aim to ensure that when indigenous children are removed from their family they maintain their identity and links to family, culture and community. Many agencies also work with young indigenous people who are involved in the juvenile justice system. Yet indigenous agencies remain a relatively minor part of the child welfare service response, certainly compared with the numbers of indigenous clients. They are few in number and receive low levels of funding (Valentine & Gray, 2006). Despite the policy rhetoric about consultation and partnerships, in practice indigenous agencies have very limited powers in relation to decision-making. The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families recommended the establishment of a national legislative framework to implement self-determination in relation to the well-being of indigenous children. It was recommended (subject to consultation) that the legislation include the transfer of legal jurisdiction in relation to children's welfare and/or juvenile justice to an indigenous community, region or representative organisation; the transfer of police, judicial and/or departmental functions; specification of the relationship between the community, region or representative organisation and the police and/or court

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system in matters relating to children and families; and/or funding of programmes and strategies developed or agreed to by the community (Human Rights and Equal Opportunity Commission, 1997). These recommendations were ignored by governments at all levels.

Recent public inquiries into abuse of indigenous children in Queensland, Western Australia and the Northern Territory have revealed the extent of family violence and child maltreatment (Crime and Misconduct Commission, 2004; Gordon, Hallahan & Henry, 2002; Wild & Anderson, 2007). They have also pointed to the limitations of socio-legal investigative responses, particularly in geographically remote townships where there are few social service agencies on the ground. In 2007, the Northern Territory inquiry found that there was widespread sexual abuse of children in some indigenous communities. This then provided the rationale for the commonwealth government to take unprecedented action, employing constitutional powers to impose 'emergency measures' in certain townships. These measures include:

- Withholding income security payments from parents who do not enforce school attendance and comply with other behavioural requirements.
- Medical teams to conduct health assessments for indigenous children.
- Increasing policing and deploying the armed services to 'make communities safe'.
- Making the supply and purchase of alcohol illegal.
- Banning the possession of pornography.
- Taking control of governance in some areas.

(Australian Government, 2008)

. . . Although introduced by the previous conservative government, these measures have been continued by the New Labor government, pending a review after twelve months of implementation.

These responses are indicative of an emphasis on individual pathology or criminality as the causes of child maltreatment. They are consistent with, albeit more extreme than, the existing government responses to child abuse and neglect in indigenous communities that concentrate on individual factors, with interventions aimed at removing the child from the sphere of control of the 'dangerous' adult (often a parent). The limitations of this 'child saving' approach are evident, especially when considering the position of indigenous people living in rural and remote communities characterised by poverty, high unemployment, poor housing, limited social infrastructure and high levels of violence, alcohol and drug use. Research has established the link between higher levels of socioeconomic disadvantage and related problems, and the over-representation of minority racial groups in the child welfare system (Trocme, Knoke & Blackstock, 2004). These systemic problems need to be addressed, alongside parental factors, if child abuse and neglect is to be reduced. Governments need to look beyond the child protection and criminal justice systems for solutions – to health, housing, employment, mental health, education and domestic violence services – in order to develop more comprehensive responses for children and their families.

The commonwealth government measures can also be characterised as 'more of the same' on another level: they are a continuation of centralised, imposed programmes. They were apparently devised and announced without any indigenous contribution. Yet increasing the level of indigenous input and control should be considered feasible, based on the examples of the USA and Canada. The history and treatment of indigenous peoples in these countries has been similar to Australia's, but they have very different approaches to child welfare legislation and policy. They have been much more willing to consider models involving indigenous participation and authority in decision making. Examples of this include the US Indian Child Welfare Act, which grants jurisdiction to tribal courts in child welfare proceedings about Indian children who live on a reservation, and the expansion of authority for First Nations child and family service agencies in Manitoba, Canada (Hudson & McKenzie, 2003; Human Rights and Equal Opportunity Commission, 1997; Libesman, 2004).

Conclusion

Developing effective responses to indigenous children's over-representation in the child welfare system needs to be informed by a thorough understanding of the scale and nature of the problem. As a starting point, it is important for all jurisdictions to collect reliable administrative data in order to better plan and provide the child welfare services that best fit the needs of their populations and contexts (Thoburn, 2007). While it is recognised that local solutions are required and indigenous peoples in different countries are unique, there is considerable interest in what can be learned from international developments and approaches (Libesman, 2004). In Australia, a substantial change in direction is required, but not a return to the paternalism of the past, which presages yet more, not less, coercive government intervention into indigenous family life. Data presented in this article show that government action of this type has not been effective in protecting children and strengthening family functioning. Alternative policies and programmes would focus on children's quality of life and family living conditions, community development and genuine collaboration with indigenous communities and agencies.

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ATTACHMENT 4

A "stock and flow" analysis of Australian child protection data

Clare Tilbury

ABSTRACT

While the number and rate of children in out-of-home care in Australia has increased significantly in recent years, the number of children entering care each year has decreased in many jurisdictions. This highlights the need to consider both prevalence and incidence (also known as "stock and flow") data in understanding trends in the care system. Such analyses provide a more accurate and dynamic picture of the current system drivers. The main reason for the trend of rising prevalence alongside stable incidence rates at entry to care is the increasing length of time children stay in care.

KEY WORDS

Out-of-home care, incidence, prevalence.

INTRODUCTION

It is well publicised that in Australia the number of children in out-of-home care has been increasing rapidly in recent years. For example, at 30 June 2001 there were 18,241 children in care and by 30 June 2008 there were 31,166 in care (Australian Institute of Health and Welfare, 2009, p.57). What is less well understood is that the rate of children entering care each year has remained fairly steady over the period. For example, during 2000-01, 12,030 children entered out-of-home care (Australian Institute of Health and Welfare, 2002, p.39) and during 2007-08, the number increased slightly to 12,891 (Australian Institute of Health and Welfare, 2009, p.55). These trends need to be understood in order to respond effectively to child protection system dynamics.

The number of children in care at a point in time (the stock) represents previous flows on to and off the total "caseload". It counts events (such as a child entering care) that occurred 16 years ago, as well as events that occurred the day before the count being taken. The statistical term for this is prevalence — the number of people with a condition or characteristic (such as being in care) at a point in time. On the other hand, the flows of children in and out of care during the year concern only the events that occurred during that year. The statistical term for this is incidence — the number of people who experience the event of interest or condition over a certain period. Incidence data provides a more contemporaneous view of what is happening

in a system. In epidemiological research, both prevalence and incidence are important. But relying upon point-in-time prevalence data to investigate trends in out-of-home care is misleading. An analysis of the out-of-home care system in Australia from a "stock and flow" perspective provides a more accurate picture of current system drivers and what strategies could be used to better match supply and demand for placements, than analyses relying upon cross-sectional prevalence data.

BACKGROUND

Utilising cross-sectional or point-in-time samples to assess how the out-of-home care system is performing can contaminate the sense of change over time that occurs. Children who enter care at the same time share "...a common historical background in terms of the status of the system, ecological factors such as poverty levels, and other environmental variables" (Wulczyn, 1996, p.328). Drawing conclusions about the experiences and characteristics of the population from cross-sectional analyses masks the fact that individual children may have been part of the population for five days, five months or five years. Thus, prevalence is a function of incidence plus duration, and the duration bias embedded in cross-sectional data affects the utility of the data to generalise to larger populations:

> Prevalence-based measures undermine the interpretation of change processes because the analyst cannot, without independent measures, distinguish between changes attributable to the incidence and changes due to rising or falling placement duration (Wulczyn, 1996, p.328).

Therefore (for example), program planners should not interpret increasing lengths of stay as rising demand that warrants a greater supply of foster carers or placements.

Careful analysis of data sets and the reasons for variations over time, and between jurisdictions, are required to avoid erroneous conclusions and unwise policy decisions. In comparing Australia with other countries, Tilbury and Thoburn (2008) found that, when compared internationally, the rates of entry to care for Australian children are in the middle range. Differences in policy directions and practice across jurisdictions are identified as affecting the number and needs of children entering out-of-home care. It is argued that, while there is no right or wrong rate of children in care, "the obligation is to ensure that only children who need to be removed from parental care, or who can otherwise benefit from placement, are in out-of-home care" (Tilbury & Thoburn, p.11). Where children are placed in out-of-home care, attention must be focused on quality issues and minimising negative aspects of the care experience. These include addressing the regulation of care, carer support, family contact, education supports and stability, permanency planning, maintaining cultural identity and placement choice.

Rowlands and Statham (2009) examined the patterns and determinants in the numbers of looked after children in England over a 40-year period from 1976 to see what could be learned about the numbers and characteristics of the future care population. They identified that, while fewer children had entered care in the decade after 1994, the number of children in care at any one time (the "stock") had increased, which meant that those who entered care are staying longer. Rowlands and Statham argue that prevailing legislation, policy and practice over the period had affected — upwards and downwards — the numbers of looked after children. "These include the mechanisms by which local authorities could remove parental rights, the grounds for care proceedings, changing policies towards young offenders, the impact of child protection inquiries and improvements in assessment procedures" (Rowlands & Statham, 2009, p.82). In recognition of the fact that the zero to 18 years population fluctuated over the period, they analysed long-term trends in the rates of children in care. Finding that the main underlying determinants of the recent in-care population are fewer children entering care and children staying longer in care, they concluded that proper planning for the in-care population is a crucial determinant of the numbers of children in care. Prioritising the extension and development of family support services for those already in care, as opposed to children in immediate need of protection, was identified as critical to managing the future care population in England.

In a report commissioned by the National Child Protection and Support Services Data Group on the comparability of child protection data across Australian jurisdictions, Holzer and Bromfield (2008) assert a link between the increasing incidence of families facing multiple and complex problems and increases in total notifications, investigations, substantiations and children on orders and in out-of-home care, particularly the rate of children on orders and in out-of-home care. The authors attribute the increase in the rates of children on orders and in out-of-home care to children spending longer in care, children entering care at a younger age and more children being admitted to care than are discharged each year. These trends, it is argued, reflect the complexity of families' problems (Holzer & Bromfield, 2008, pp.20-21).

Hansen and Ainsworth (2008) propose that a range of factors — family, system, legal and political — are driving admissions to care in Australia. Presenting an analysis based on prevalence data rather than admission rates year on year, they argue that the child protection system is overwhelmed by the rising numbers of children in contact with it and that there are insufficient foster carers available to care for the "ever rising numbers of children admitted to care" (Hansen & Ainsworth, 2008, p.17). They conclude that the focus should be on preventative measures and better ways of working with parents and carers to protect children while they remain at home.

METHOD

This paper examines child protection administrative data provided by state and territory governments to the Australian Institute of Health and Welfare (AIHW) for release in two annual reports — Child Protection Australia, published by the AIHW, and the Report on Government Services, published by the Steering Committee for the Review of Government Service Provision (SCRGSP, previously Steering Committee for the Review of Commonwealth/State Service Provision SCRCSSP). Both "stock" and "flow" data

TABLE 1 Children in out-of-home care (OOHC), Australia 2000-01 to 2007-08

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Stock in OOHC								
Number of children 0-17 in population (a)	4781800	4798100	4794600	4802300	4807600	4817600	4918500	4969200
Number of children in OOHC at 30 June - prevalence (b)	18241	18880	20297	21795	23695	25454	28379	31166
Rate/1000 children in OOHC at 30 June - prevalence rate (c)	3.9	3.9	4.2	4.5	4.9	5.3	5.8	6.3
Flow - entry and exit								
Number of children entering OOHC per annum - incidence (d)	12030	12840	12819	9214	12531	12546	10009	12891
Rate/1000 entry to OOHC per annum - incidence rate (e)	2.5	2.7	2.7	1.9	2.6	2.6	2.0	2.6
Number of children discharged OOHC per annum - incidence (f)	8799	9885	9077	5804	8708	8294	7321	8323
Rate/1000 discharged OOHC per annum - incidence rate (g)	1.8	2.1	1.9	1.2	1.8	1.7	1.5	1.7

(a) Data are from Table 15A.25 in SCRCSSP, 2005 and Table 15A.30 in SCRGSP, 2009
(b) Data are from Table 4.3 in AIHW 2009
(c) Data are from Table 4.7 in AIHW
(d) Data are from Table 4.1 in AIHW
(e) Data are calculated using Table 4.1 in AIHW and Table 15A.25 in SCRCSSP, 2005 and 15A.30 in SCRGSP, 2009
(f) Data are from Table 4.2 in AIHW
(g) Data are calculated using Table 4.2 in AIHW and Table 15A.25 in SCRCSSP, 2005and 15A.30 in SCRGSP, 2009

are presented. Rates per unit of population, as well as distinct numbers, are presented in order to take account of changes in the base population over time. That is, we might expect the numbers of children entering care each year to increase in line with annual population increases. Rates can be calculated for both prevalence and incidence: for example, rate per 1,000 of the general population who are in care at a point in time; and rate per 1,000 of the population entering care during the year.

Data from 2000-01 to 2007-08 (eight years) are examined for the number and rates of children in out-of-home care at 30 June and for admissions to and discharges from out-of-home care in each year. This period was chosen because data on these indicators were available for most jurisdictions whereas the data were incomplete before 2000-01. In some years, the Northern Territory or Tasmania were unable to provide data, but these small jurisdictions have little impact on the overall Australian picture. Data for Australia as a whole are shown in Table 1. It is not possible (given the article's word length) to outline trends in every jurisdiction, but differences across Victoria, Queensland, New South Wales and South Australia will be highlighted. Data on these four states are shown in Table 2. Data on length of time spent in out-of-home care are shown in Table 3.

Data are based on standard counting rules, but there are limits to the comparability of jurisdictional data, and each jurisdiction's capacity to collect data and to report has changed over time. For example, while data on admissions were published in 1999-2000 by the Australian Institute of Health and Welfare, data from Victoria and the Northern Territory were not available. Data on discharges from out-of-home care were not published until 2002— that is, for 2000-01. Policy and legislative changes arising from public enquiries and other jurisdictional initiatives have affected the number of children counted or placed in out-of-home care — for example, whether children can be placed in out-of-home care without a court order.

FINDINGS

Base population 0-17 years

Over the period 2000-01 to 2007-08, the estimated number of children aged 0 to 17 years in Australia increased by 3.9% from 4,781,800 to 4,969,200 (Table 1). The percentage change in the number of Aboriginal and Torres Strait Islander children during the period was 6.8%, with Aboriginal and Torres Strait Islander children comprising 4.4% of the total number of Australian children at 30 June 2008 (SCRCSSP, 2005 and SCRGSP, 2009). The increase in the number of children in the base population therefore could account for only a small part of the increase in the number of children in out-of-home care.

"Stock" of children in out-of-home care at 30 June

At 30 June 2001, there were 18,241 children in out-of-home care across Australia. By 30 June 2008, this had risen by 73.6% to 31,166 children (Table 1; selected jurisdictions' data are shown in Table 2). Numbers increased steadily over the period. Between 2001 and 2008, the following percentage increase applied for the five largest jurisdictions: NSW 74.2%; Victoria 30.2%; Queensland 121.5%; Western Australia 92.0% and South Australia 62.8% (Table 2). The increase for Queensland was far higher than for other jurisdictions over that period. There was an increase of 28.2% between 2004 and 2005 when the number of children in out-of-home care at 30 June jumped from 4,413 to 5,657. Correspondingly, the percentage of children in out-of-home care continuously for less than one year in Queensland at 30 June 2005 was 56.0%, compared with 33.1% across all jurisdictions (AIHW, 2006, p. 49).

As the number of children in care increased dramatically compared to the smaller increase in the base population of people aged 0-17 years, the prevalence rate of children in care has also increased, from 3.9 per 1000 in 2001 to 6.3 per 1000 in 2008 (Table 1).

"Flow" of children into and out of care

Admissions to out-of-home care (numbers and rates)

While the number of children in out-of-home care in Australia at 30 June has increased every year since 2001 (and earlier), there has been little change in the number per year of children entering out-of-home care across Australia over the last eight years.

A total of 12,030 children were admitted to out-of-home care across Australia in 2000-01 compared with 12,891 in 2007-08, an increase of 7.2%. The rate per 1000 of admissions to out-of-home care across Australia since 2001 increased very slightly, from 2.5 to 2.6 per 1000 children (Table 1). That is, while total "stock" has increased, the inflow each year has remained fairly steady. In fact, in some states, the rate of admissions to out-of-home care each year has declined. Table 2 sets out incidence data for selected state jurisdictions. In Victoria, the number of admissions increased over the period by just 1.0%, from 2,997 to 3,027. However there was a peak of 4,036 children admitted in 2001-02, a rate of 3.5 per 1,000. Since this peak, the rate of children admitted per 1000 dropped each year, reaching 2.5 for 2006-

TABLE 2 Children in out-of-home care (OOHC), selected Australian States, 2000-01 to 2007-08

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Number of children 0-17 years in population (a)								
NSW	1607500	1611600	1605000	1602000	1596800	1592800	1612600	1615400
Vic	1151900	1155400	1155700	1157000	1159700	1161000	1186600	1198200
Qld	923400	935100	946400	956300	966300	978600	1012100	1034000
SA	354900	352900	350500	348300	345600	344400	350200	355000
Number of children in OOHC at 30 June 2001 to 2008 - prevalence (b)								
NSW	7786	8084	8636	9145	9230	9896	11843	13566
Vic	3882	3918	4046	4309	4408	4794	5052	5056
Qld	3011	3257	3787	4413	5657	5876	5972	6670
SA	1175	1196	1245	1204	1329	1497	1678	1841
Number of children entering OOHC per annum - incidence (c)								
NSW	4542	4018	3988	na	3105	3309	4334	4467
Vic	2997	4036	3708	3680	3301	3166	2994	3027
Qld	1322	1602	2109	2567	3198	3129	na	3146
SA	1599	1479	1426	1334	1257	1271	728	652
Rate/1000 entry to OOHC per annum - incidence rate (d)								
NSW	2.8	2.5	2.5	na	1.9	2.1	2.7	2.8
Vic	2.6	3.5	3.2	3.2	2.8	2.7	2.5	2.5
Qld	1.4	1.7	2.2	2.7	3.3	3.2	na	3.0
SA	4.5	4.2	4.1	3.8	3.6	3.7	2.1	1.8
Number of children discharged from OOHC per annum - incidence (e)								
NSW	1889	1875	1630	na	2604	2442	2419	2694
Vic	2991	4316	3645	3632	3412	3076	3206	2814
Qld	1263	971	1119	925	1208	1446	na	1544
SA	1636	1544	1509	346	261	271	365	319

(a) Data are from Table 15A.30 in Table 15A.25 in SCRCSSP, 2005 and SCRGSP, 2009
(b) Data are from Table 4.3 in AIHW (2009)
(c) Data are from Table 4.1 in AIHW(d) Data are calculated using Table 4.1 in AIHW and 15A.30 in Table 15A.25 in SCRCSSP, 2005 and SCRGSP, 2009
(e) Data are from Table 4.2 in AIHW

07 and 2007-08. In New South Wales, the number of admissions actually decreased by 1.7%, from 4,542 to 4,467, over the 8-year period. The rate of children entering out-of-home care remained stable overall, at 2.8 per 1,000 children, but from a low of 1.9 per 1,000 children in 2004-05, the rate of admissions has started to increase again. In South Australia, the number of admissions per year between 2000-01 and 2007-08 decreased steadily, from 1,599 children to 652 children— a huge reduction of 59.2%. Similarly, the rate of children admitted to out-of-home care decreased from 4.5 per 1,000 in 2000-01 to 1.8 in 2007-08.

Table 2 indicates that, markedly against the trend in other states, in Queensland both stock and in-flow have increased. The number of admissions increased by 141.9% from 1,322 in 2000-01 to a peak of 3,198 in 2004-05, dropping to 3,146 admissions in 2007-08. The increase over the 8-year period was a huge 138.0%. The rate per 1,000 children more than doubled, from 1.4 in 2000-01 to 3.0 in 2007-08. The rate peaked at 3.3 per 1,000 children in 2004-05, the year the recommendations of the Crime and Misconduct Commission Inquiry into the abuse of children in foster care commenced implementation. It is ironic that an inquiry finding widespread abuse of children in foster care should be followed by a spike in admissions of children to out-of-home care. The Queensland data are largely responsible for a "status quo" rate of children entering care each year for Australia. If Queensland was out of the picture, or showed the same pattern as other jurisdictions, the entry rate to care each year would have declined Australia-wide. This highlights the importance of fully examining jurisdictional differences.

TABLE 3 Children exiting out-of-home care by length of time in care, Australia 2000-01 and 2007-08

	2000-01 (a)	2007-08 (b)
1 month to < 6 months	2113	2059
6 months to < 1 year	862	961
1 year to < 2 years	875	1010
2 years to < 5 years	820	955
5 years or more	551	919
Total number of children exiting	5221	5904
Percentage of total		
1 month to less than 2 years	73.7	51.2
2 to less than 5 years	15.7	33.3
5 years or more	10.6	15.5

(a) Data are from Table 15A.15 in SCRCSSP 2002 and exclude Tasmania
(b) Data are from Table 15A.20 in SCRGSP 2009 and exclude the Northern Territory

Discharges from out-of-home care (numbers and rates)

The number of children entering out-of-home care generally exceeds the number of children being discharged, and, whereas the rate of inflow is steady or trending slightly upwards for Australia as a whole, the rate of flow outwards is slowing down. Table 1 shows that in 2000-01, 8,799 children were discharged from out-of-home care across Australia, declining to 8,323 discharges in 2007-08, a decrease of 5.4%. The rate per of children discharged from care per 1,000 during the year also decreased slightly, from 1.8 in 2000-01 to 1.7 in 2007-08.

Looking to discharges over time in specific jurisdictions (Table 2), the number of children discharged each year actually increased in New South Wales and Queensland. From 2000-01 to 2007-08, in New South Wales the number of children discharged increased by 42.6%, from 1,889 to 2,694. In Queensland, the number rose by 22.2%, from 1,263 to 1,544 (AIHW, 2002, p. 40; AIHW, 2009, p. 56). In contrast, in Victoria and South Australia, the number of children discharged from out-of-home care decreased over time. In Victoria, the percentage change was 5.9%, with 2,991 discharges in 2000-01 and 2,814 discharges in 2007-08. In South Australia, the number of children discharged from care decreased by 80.5%, from 1,636 in 2000-01 to 319 in 2007-08. There was a dramatic decline in the number of discharges between 2002-03 (1,509 discharges) and 2003-04 (46 discharges). The Layton Child Protection Review was released in March 2003 but it is unclear whether, or how, this may have affected the number of children leaving out-of-home care in South Australia.

As stated, across Australia the number of children exiting out-of-home care has been consistently fewer

than the number of children entering it. Within jurisdictions however, the picture is mixed, with exits exceeding admissions in some years (Table 2). The most recent example occurred in Victoria in 2006-07 when 2994 children were admitted and 3206 children were discharged from out-of-home care. In South Australia, more children were discharged than admitted in 2000-01, 2001-02 and 2002-03. This situation was reversed in 2003-04, 2004-05 and 2005-06, when admissions exceeded discharges by approximately 1,000 each year. Again, this massive change in one state affected the Australia-wide prevalence data. In Queensland, the difference between the numbers of children admitted to and discharged from out-of-home care rose from 59 children in 2000-01 to 1,602 children in 2007-08 — that is, with the gap between admissions and discharges widening each year.

DISCUSSION

Data presented in this article demonstrate that, while the number and rate of children per 1,000 in out-of-home care across Australia increased each year from (at least) 2000-01 to 2007-08, the rate of children admitted to out-of-home care each year declined in some jurisdictions and remained steady Australia-wide. The number of children leaving out-of-home care each year has also declined slightly over time. Therefore, "stock" has increased notably, but "flow" (both in and out) has changed little. What factors might account for these trends?

Increasing prevalence in care cannot be attributed to population increases, given the 3.9% increase in the youth population versus the 73.6% increase in the out-of-home care population over the period. The prevalence of children in care is also unrelated to increased activity, such as more children being subject to notifications and substantiations at the "front end" of the child protection system. If it were, then increased substantiations would have translated into increased entries to out-of-home care. Yet, when the annual flow into the "front end" through substantiations increased in most jurisdictions (AIHW, 2009, table 2.6), the flow into out-of-home care decreased or was steady (Australia-wide, 2.5 per 1000 in 2000-01 and 2.6 in 2007-08, as shown in Table 1). The fact that these two trends occurred at the same time does not mean they are linked. As stated earlier, the number and rate of children currently in out-of-home care reflects 16 or 17 years of history, whereas incidence rates reflect activity for the year.

The underlying reason for this dynamic (of rising prevalence but stable or declining incidence in care in all jurisdictions except Queensland) is the increasing length of time children stay in care. A "blocked pipeline" effect is occurring. Data in Table 3 illustrate this. Between 30 June 2001 and 30 June 2008, the percentage of children who were in care for less than 2 years before leaving decreased from 73.7% to 51.2%. The percentage of children who were in out-of-home care for 2 years or more before leaving increased from 26.3% to 48.8%. Whereas most children used to have short-term placements, now most have long placements out of home.

What are the possible reasons for increased length of time in care? More empirical research on this topic is needed in Australia. The development of unit record data for placements in most jurisdictions will make a major improvement to our capacity to understand trends (AIHW, 2009). One hypothesis is that the scale and complexity of family problems (for example, related to substance abuse, family violence or mental ill-health) have increased. While such issues have not affected rates of children entering out-of-home care (because entry rates have not increased), they may contribute to children being less likely to be reunified with their families. Another possible explanation is that reunification efforts have waned as permanency planning has captured policy attention. Research on brain development in infancy, a resurgence of interest in attachment theory, and adversarial stances with parents have contributed to concentrating the permanency debate on adoption and permanent care orders, rather than alternative options for stability and a sense of belonging for children (Cashmore, 2001). Unfortunately there are no reliable data available on reunification rates to test whether, or how, reunification practices and outcomes have changed over time.

Whatever the reasons for longer stays, since duration in care is the main driver of recent out-of-home care population dynamics, policy and practice effort needs to be put into improving the quality of the care

provided and into good casework with children and families. This requires a greater focus on intensive work with parents as soon as children enter care, to ensure that short-term or voluntary out-of-home care does not unnecessarily become long-term out-of-home care. Multiple re-entries to out-of-home care are particularly concerning. Family preservation and reunification work is demanding, time-consuming and resource intensive. But as Farmer (1996) argues, if children are to have the chance of a permanent future with their own families, child protection agencies must recognise the inequitable situation whereby the balance of resources tends to be heavily weighted towards out-of-home care, rather than supporting parents to look after children safely at home. In addition to resources for reunification services, attention to permanency planning to address drift in care is indicated, to ensure children who are staying long-term are settled and secure in their placements. If children are to have lengthy placements, then the quality of care they receive is vitally important. Support should be provided to carers to stabilise placements and reduce placement breakdown (Gilbertson & Barber, 2003). With the increasing use of kinship foster care, which tends to be more durable than stranger foster care, special attention is required to ensure high quality care, as research shows that kinship foster carers are less likely to receive support (Spence, 2004). Services should also be tailored to the characteristics of children entering care, in order to address their specific needs. This would include strategies to address the disproportionately high rate at which Indigenous children are entering care, through more funding to Indigenous agencies to assist families. Also indicated are services with a developmental focus to help families with infants (who enter care at faster rates than older children), and services for parents and carers of children with disabilities. Meaningful family contact (with parents, siblings and extended family) is essential to both family reunification and permanency planning. While attention to preventative strategies is no doubt warranted to manage the size of the care population (Hansen & Ainsworth, 2008), relying on cross-sectional data under-emphasises the significance of admission and discharge rates (the "flow"). Therefore the policy and practice implications related to addressing the needs of children already in care, who are in out-of-home placements for increasingly long periods, may be overlooked.

CONCLUSION

Examining child protection administrative data confirms that, not only is it misleading to rely on point-in-time data to plan for current and future needs, but also that trends within each jurisdiction must be carefully examined. The differences between prevalence and incidence, or stock and flow, matter considerably in planning for out-of-home care service provision. This analysis highlights the two-part mechanism of relatively fewer entries, but longer stays, that accounts for the increased number of children in out-of-home care in most Australian states. Different strategies are needed to tackle, firstly, factors currently driving length of stay and, secondly, the historical factors behind the increases.

ACKNOWLEDGMENT

The author thanks Pat Hansen for comments on an earlier version of this paper.

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ATTACHMENT 5

PUBLICATION FORTHCOMING in R Sheehan and A Borowski (Eds), *Australia's Children's Courts Today and Tomorrow*, Springer Publishing Company, New York. NOT FOR CIRCULATION OR CITATION WITHOUT PERMISSION FROM THE AUTHORS

Chapter 5: The Childrens Court in Queensland: where to from here?

Clare Tilbury and Paul Mazerolle

5.1 Introduction

The Childrens[1] Court in Queensland has been shaped by a range of legislative changes and policy shifts since its inception in 1907. Significant modernisation occurred in the 1990s, with major changes to youth justice legislation in 1992, followed by new child protection laws in 1999. Public inquiries into aspects of the child welfare system in 1999 and 2003-2004 led to further changes in legislation and services, with implications for the court. This chapter outlines the study findings from Queensland, which is particularly challenged by its large size, high levels of Indigenous over-representation, insufficient legal representation and a limited degree of specialisation in the court. It is timely to consider future directions and possibilities for the court, to maximise its capacity to have a positive impact upon the children, young people and families whose lives are touched by its decisions.

5. 1.1 Historical background

During the 19th century, the Queensland child welfare system consisted primarily of orphanages for children under 12 years, industrial schools aiming to provide education and care for neglected children; and reform schools for young offenders under 16 years. The *Childrens Court Act 1907* established a separate Childrens Court, which formalised procedures for treating children separately to adults in court. The role of the court was to assess and classify the reasons for the child's offending behaviour, "to assess the offender, rather than the offence", and the Magistrate had discretion to admonish the offender rather than enter a conviction (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999, p.44). Alongside the court, the *State Children's Act 1911* established a government department with responsibility for the administration of matters dealing with youth offenders, neglected, and

[1] In Queensland legislation, the name of the court is 'Childrens', not 'Children's'.

orphaned children. These developments in Queensland were consistent with changes in other countries and jurisdictions whereby the state assumed responsibility for the care and protection of 'troublesome' children under the assumptions that their offending behavior and deprived circumstances were a reflection of institutional (primarily family) breakdown, and that the community's long-term interest required the state to intervene to achieve order and stability, as well as a reformed future for the individual (Platt, 1969).

Following an inquiry and the *Report on the Committee on Child Welfare Legislation* (the Dewar Report) in 1963, the *Children's Services Act 1965* established a new government department. The Department of Children's Services had statutory responsibility for children in need of care and protection, those in need of care and control (status offenders) and youth offenders. The new Act in section 18(1) provided a legislative base for dealing with children charged with criminal offences, a sentencing code, and provisions for the supervision and detention of young people (O'Connor, 1992). The Act reflected the ethos of the time that children who were guilty of criminal offences should be dealt with primarily on the basis of their welfare needs. Less emphasis was placed on the offences committed, or even whether offences were committed, as children could be held in detention for 'their own good' under care and control orders. Care and protection orders were available for neglected or maltreated children. The effect of both orders was the same: to transfer guardianship from the child's parents or guardian to the Director of Children's Services until the child was 18 years of age. At this time, Indigenous children were subject to the *Aborigines' and Torres Strait Islanders' Affairs Act 1965* whereby without recourse to a court, the Director of Native Affairs could become the legal guardian of Indigenous children aged under 21 years, if, in his opinion, the parents or relatives of the child were not acting in the interests of the child (Crime and Misconduct Commission, 2004). This continued until the 1970s, at which time responsibility was transferred to the Department of Children's Services and both Indigenous and non-Indigenous children became subject to the same child welfare laws and processes.

The development of children's rights and other social changes in the late 20th century led to the separation of 'protection' and 'justice' (or 'needs' and 'deeds') in children's law and administration. Separate legislation for dealing with youth offending and child protection was

enacted. The philosophy of the justice model is to hold children who break the law individually responsible for their behaviour and to deter offending through appropriate punishment. This is reflected in the 'Charter of Juvenile Justice Principles' in Schedule 1 of the *Juvenile Justice Act 1992* (title amended in 2010 to *Youth Justice Act 1992)* which states "the community should be protected from offences' and 'a child who commits an offence should be held accountable ...". While it was no longer seen as acceptable for children to appear before a court and be placed in detention without being charged with an offence, there was also less attention to welfare needs and the social disadvantage that causes youth crime. Thus, with these legislative changes, there was a rebalancing of the needs for justice and accountability with needs of care, protection and rehabilitation. The rise of the justice model in western democracies came from frustration with the effectiveness of offender rehabilitation and an emerging view that "nothing works" (Martinson, 1974; Cullen and Gilbert, 1984), converging with an increasing emphasis on just deserts and individual accountability. These international developments around the re-balancing of care and control in youth justice responses permeated the Queensland context (O'Connor and Sweetapple, 1988). Legislative reforms to child protection came later with the *Child Protection Act 1999*, which provided significantly more court oversight of decisions about children's welfare than had existed under the old Acts. Previously, protection orders granting guardianship to the state automatically had effect until the child turned 18 years but could be administratively discharged. The new legislation, based on the principle that the best way to ensure a child's wellbeing is to support the child's family, provides for time-limited protection orders and judicial oversight of case plans at the time an application for an order is made to the court. These reforms also had international parallels, with many jurisdictions aiming to prevent family breakdown and limit state intervention by supporting parents to provide better care for children. These 'family support' approaches were strengthened by findings from research about the deleterious effects of out-of-home care and the importance of attachment, stability and family connections to children's development (Stevenson, 1992; Waldfogel, 2000).

Youth justice and child protection legislative reform was followed by two significant, high-profile public inquiries into the child welfare system. The Commission of Inquiry into Abuse of Children in Queensland Institutions (1999) inquired into the care and treatment of children

in residential care and youth detention centres in Queensland throughout the 20th century. The Commission recommended redress for past abuse and neglect in institutions, more active statutory involvement in standard-setting and monitoring of current out-of-home placements, and improvements to the quality of care in detention centres. Then in 2004, the Crime and Misconduct Commission Inquiry into Abuse of Children in Foster Care found there had been serious, systemic failures in the child protection system over many years, and recommended a major overhaul to create a new department exclusively focused on child protection, as well as legislative, policy and funding changes. This included a recommendation to amend the law to require that case plans for children should be submitted to the Childrens Court before an order is made.

5. 1.2 The Childrens Court today

The *Childrens Court Act 1992* created the two-tiered system of Childrens Courts which exists today. The first tier of the Childrens Court is presided over by a Magistrate and is a closed court. The vast majority of Childrens Court matters are heard at this level. The superior tier, the Childrens Court of Queensland, is presided over by Judges appointed from the District Court. The Childrens Court of Queensland deals with serious cases involving defendants under 17 years of age and appeals from the Childrens Court. It is an open court.

The Childrens Court exercises criminal jurisdiction under the *Youth Justice Act 1992* in regard to offenders who have not yet turned 17 years. The court also has jurisdiction to deal with any matters conferred on it by any other Act, including the *Criminal Code Act 1899*, the *Bail Act 1980*, the *Penalties and Sentencing Act 1992*, and the *Police Powers and Responsibilities Act 2000*. The court has civil jurisdiction under the *Child Protection Act 1999* and the *Adoption Act 2009*. The new child protection and adoption laws provided for significantly more court oversight of decisions about children than existed under the superseded Acts. Previously, guardianship orders automatically had effect until the child reached 18 years, but could be administratively discharged, and adoption orders were made administratively. Current legislation allows for time-limited protection orders and judicial oversight of case plans.

The President of the Childrens Court of Queensland is responsible to ensure 'the orderly and expeditious exercise' of the jurisdiction of the court (s.10 *Childrens Court Act 1992*) and to

provide an annual report to the Attorney-General on the operation of the court (s.24). The President may issue directions of general application with respect to the procedure of the court (s. 8). The Chief Magistrate is responsible to ensure the orderly and expeditious exercise of the jurisdiction and powers of Magistrates Courts, to appoint magistrates to particular places or functions, and may issue directions regarding practice and procedure (s.12 *Magistrates Act 1991*). Therefore, both the President and the Chief Magistrate have responsibilities for the effective operation of the Childrens Courts.

There are 87 Magistrates appointed to 32 centres, circuiting to another 86 locations across Queensland (Magistrates Court of Queensland 2010). There are 24 Judges appointed to the Childrens Court of Queensland, presiding in the capital city Brisbane and other larger regional areas in Queensland: Ipswich, Southport, Beenleigh, Maroochydore, Townsville and Cairns; and, travelling to hear matters as required in rural and remote areas. In making judicial appointments to the Childrens Court of Queensland, the Attorney-General 'must have regard to the appointee's particular interest and expertise in jurisdiction over matters relating to children' (s.11(2) *Childrens Court Act 1992*). Magistrates are not required to have a particular interest or expertise to preside over a Childrens Court.

There is one purpose-built, specialist Childrens Court located in Brisbane (Queensland's capital city), which hears matters originating in inner-Brisbane suburbs. This is the only Childrens Court with a specialist Magistrate who exclusively deals with children's matters. Most Childrens Court proceedings are heard across the State at suburban and regional centres when the local Magistrates Court is convened as a Childrens Court. This means that most Childrens Court matters are heard in ordinary suburban courts, in imposing buildings designed to convey the authority of the law. In such locations, at a designated time, the courtroom will be closed and persons not entitled to be present must leave. But the courtroom itself remains the same as that dealing with adults, and parties to child protection proceedings may be seated in the waiting room along with any others having general court business.

The Childrens Court is a busy court, dealing with matters involving thousands of children and young people. In 2009-10, the Childrens Court heard 18,080 charges against youth defend-

ants, the Childrens Court of Queensland heard 1,983 charges, and the District and Supreme Courts heard 120 charges (Childrens Court of Queensland 2010). There were 3,532 applications for child protection orders heard by the Childrens Court in 2009-10 (Magistrates Court of Queensland, 2010). Unfortunately, data were not available regarding the number of child protection matters heard in the Childrens Court of Queensland.

5.1.3 Previous research

Previous research about the Childrens Court in Queensland has concentrated on youth justice rather than the child protection powers of the court. A brief history of the court was outlined in the Forde Inquiry (Commission of Inquiry into Abuse of Children in Queensland Institutions, 1999). O'Connor (for example, 1992; 1994) examined the operations and impact of the youth justice system including the Childrens Court during the 1980s and 1990s, the period when it moved from'from child saving to child blaming'. O'Connor and Sweetapple (1988) also investigated perspectives on the court from young people who had appeared in court on criminal charges, finding that children routinely misunderstood and misconstrued much of what happened in court, and perceived it as a place of punishment, rather than inquiry. They concluded that the lack of procedural justice in the court, and its failure to acknowledge the social and family circumstances of defendants, undermined its capacity to engender respect for the law amongst the children who appeared before it, and that more restorative justice approaches were required in order to appropriately respond to youth crime.

5.2 Approach and methods

For the present study, interviews were conducted with a purposive sample of judicial officers and other stakeholders to ascertain their views about the operations of the Childrens Court, current and future challenges, and opportunities for reform. The youth justice and child protection jurisdictions were included. Interviews were conducted with 22 people, and seven focus groups were conducted with a further 25 participants. Included were six judges, six magistrates and representatives from police, community services, justice, children's advocacy and legal aid agencies. Interviewees were based in Brisbane, and regional centres of Sunshine Coast, Cleveland, Cairns and Rockhampton. A standard list of questions was asked in accordance with the agreed to methodology for the national study. The key domains for ques-

tioning included probing the aims and philosophy of the court, its operations and effectiveness, challenges and opportunities for change.

5.3 Findings

5.3.1 Purpose of the Childrens Court

All stakeholders referred to relevant legislative principles in stating the purpose and philosophy of the Childrens Court. It was generally agreed that a special court is appropriate to recognise the particular needs and rights of children in court proceedings. In relation to child protection, stakeholders indicated the court was part of a broader child protection system in which the main goal was protecting children from harm. Judicial officers defined their role as a decision-maker in accordance with legislation. Overwhelmingly, in both child protection and youth justice divisions, the children, young people and parents involved with the Childrens Court were seen to have complex needs related to poverty, lack of education, unemployment, alcohol and substance misuse, intellectual disability, family violence and mental illness. Aboriginal and Torres Strait Islander children and families are significantly overrepresented in the Childrens Court.

Many participants acknowledged the limited capacity of the court to resolve the problems that lead people to appear in court. While some expressed frustration about this, others argued that the court's purpose is to resolve the consequences, rather than address the causes, of social problems that bring citizens before the courts. They did not regard the courts as being involved in problem-solving, but to arbitrate or make a decision when attempts to solve underlying problems were not successful. While recognising the complexity of underlying family problems that led to matters coming before the Childrens Court, judicial officers mostly defined their role in the traditional legal manner, as a decision-maker in accordance with legislation.

In relation to child protection, they sought to make balanced decisions about the best interests of the child by considering the evidence put before them, and ensure fairness and transparency when the state intervenes in family life. Some saw the court as having a responsibility to ensure that the statutory child protection agency fulfilled its obligations to both children and

parents, but this was not a proactive role in linking children or families to intervention services. Many reflected a concern that becoming too informal, too 'involved' can undermine the judicial role of neutral arbiter. In relation to youth justice, most referred to the court's rehabilitative, preventive and diversionary roles. Reference was made to the welfare needs of young people, restorative justice, and deterring young people from further offending. It was acknowledged that children do not share the same level of responsibility for their criminal actions as adults, although the capacity of the court to 'hold young people accountable' through sentencing was considered important.

5.3.2 Case processing

As Queensland magistrates and judges are generalists involved with both adult and children's courts, several interviewees emphasised their dependence on the information provided - expert advice, quality evidence and details of available services or programs - to reach decisions. In youth justice matters, evidence is presented by police prosecutors, and young people all have a legal representative. The young person may give direct evidence, but not always. Pre-sentence reports which are provided by youth justice officers to the court were mainly well-regarded. Judges and magistrates advised they read the reports, and generally found them to be thorough, providing the court and legal representatives with essential information. Some reports were considered "too generic" and not sufficiently addressing the antecedents of the particular young person's criminal behaviour or providing information on how the young person is likely to perform on various types of orders. Advocacy services advised they may present an additional report to the court if not satisfied with the standard of a pre-sentence report, to give the court a deeper insight into the young person.

In child protection, advice to the court is received from the statutory department (generally in the form of affidavits from officers involved in the case), family assessment reports (requested by a magistrate or submitted by one of the parties), and reports from other professionals (for example, medical evidence). Indigenous child protection agencies - recognised entities for Aboriginal and Torres Strait Islander children - may also make submissions. There is no Childrens Court clinic, as there is in some other states, to provide psychological or psychiatric assessments of children and families upon request from the judge or magistrate. Instead,

reports are submitted by parties to proceedings. Direct evidence is given by departmental officers, sometimes police, and parents. Rarely do children or young people, even those who are older, give direct evidence. The current Childrens Court Rules were considered minimal for child protection matters and requiring more detail pertaining to witnesses, subpoenas, evidentiary issues, discovery, directions hearings, conferencing and methods of preventing unnecessary adjournments. It was asserted the child protection service often did not fulfil its obligation to act as the 'model litigant' in child protection matters. The model litigant principles direct that the power of the State is to be used for the public good and in the public interest. Therefore, the state should not take advantage of parties who lack the resources to litigate, it should deal with cases promptly and without unnecessary delay, and act consistently in handling matters so that cases are properly prepared, with due regard to issues of procedural fairness (Department of Justice and Attorney-General, 2010). Some magistrates advised they had addressed issues locally by providing seminars on advocacy and admissible evidence for child protection officers, resulting in significant improvements in the court process and the quality of applications. However, many participants said that withholding information and late filing of documents by the child protection service was common, which disadvantaged parents in particular, as they may not be fully prepared to defend the state's application. Many parents do not have representation throughout the child protection process, furthering the imbalance of power between parents and the State. Parents may therefore be more likely to consent to an order. Limited legal aid also contributes to court delays as with self-represented parties, matters take longer to hear.

5.3.3 Alternative dispute resolution

There are alternative dispute resolution mechanisms available in both youth justice and child protection divisions of the court. Youth justice conferences were introduced in Queensland in 1997 and became available statewide in 2002. A conference brings the young person and their family together with the victim (if they wish to attend) as well as a police officer. The aim of a youth justice conference is for the victim, the young person and their family to come up with an agreement about how the young person can begin to repair the harm caused by the offence. Referrals to conferencing may be made by the police when a young person admits to an offence as an alternative to court, a court can decide to refer a matter to a conference as an

alternative to sentencing, or the court may use the young person's participation in a conference to assist them in determining an appropriate sentence. Consistent with the benefits of conferencing noted in several Queensland evaluations and reviews, overall the study participants were positive about youth justice conferencing. Judicial officers and other participants said that young offenders interacting with their victims often had a positive impact as it helped them to understand the consequences of their actions. It was not seen by most as a "soft option", but nor was it always regarded as the most effective way of dealing with all young people. The success of the conference was seen to be reliant on the skills of the convenor and the amount of preparation for the conference. Particular concerns with youth justice conferences included: (a) the use of conferencing depends on the magistrate, and because there are some magistrates who have never referred a young person to a conference, this sentencing option may not be available equitably; (b) concerns about the delays that sometimes occurred before conferencing takes place, creating a long gap between offence and consequence for young people; (c) concerns that some young people may not be clear about what is going on in the conference; and (d) ensuring that the conferencing outcome does not impose a harsher punishment than the young person would have received if sentenced by a court.

There are two forms of alternative dispute resolution in child protection proceedings. Under s. 59 of the *Act*, a child protection order cannot be made unless the court is satisfied that the child's case plan has been developed or revised in a 'family group meeting', a copy of the child's case plan must be filed with the court, and the plan is assessed by the court as appropriate for meeting the child's assessed care and protection needs. Dissatisfaction was expressed about the quality of child protection case plans submitted by statutory departmental officers to the court. This was related to perceptions about inexperienced child protection service departmental officers not being adequately supervised; case plans containing actions "they have no intention of complying with"; including services that are unavailable; or suggesting interventions that are not evidence-based. Some magistrates pointed out they had a legislated requirement to consider the appropriateness of case plans, but not to monitor their implementation.

A court ordered conference is required when an application for a protection order is contested. These give parents, legal representatives and the child's advocates the opportunity to agree on a settlement that would make a trial unnecessary. Court-ordered conferences are convened by specially-appointed officers from the Department of Justice and Attorney-General. All parties, except the child, must attend and can be legally represented. A representative from the recognised entity for an Aboriginal or Torres Strait Islander child may also attend. Following the conference, the chairperson files a report of the conference outcomes for the court, after which proceedings are resumed. Overall, participants were positive about pre-court conferences. However, there were some particular concerns. For example, participants argued it is critical to ensure parental understanding of agreements reached in pre-court conferences, as they felt some parents consented to agreements without fully understanding their implications. The lack of legislative definition of court-ordered conferences means much practice is at the convenor's discretion and there was concern that both family group meetings and conferences may not conform to best practice in alternative dispute resolution. They suggested the introduction of practice standards and accreditation for convenors of family group meetings and pre-court conferences, similar to those operating in the Family Court of Australia.

5.3.4 Aboriginal and Torres Strait Islander children and young people

There is significant Indigenous over-representation in both the youth justice and child protection systems in Queensland, with Indigenous children comprising 46% of children on community-based youth justice supervised orders, 61% of children in youth detention, and 37% of children subject to child protection orders (Australian Institute of Health & Welfare 2011a; 2011b). The provision of targeted, community-based support services for these children, young people and their families was not considered by participants as sufficient to address the social disadvantages that cause over-representation.

Youth Murri Courts operate in some areas for Indigenous children charged with offences. Interviewees were generally positive about the benefits of the Youth Murri Court. Several commented on benefits arising from the involvement of Indigenous Elders, and the pre-sentence, bail-type programs attached to the court in some locations. These are typically run

by dedicated Indigenous staff and tailored to the cultural needs of offenders. One concern raised was the lack of continuity with Indigenous representation, and the variations in practice in the Youth Murri Court in different locations. There is no Indigenous elder or community justice group representation in the Childrens Court of Queensland.

5.3.5 Voice of children and young people

The principle of children being able to have a say in decisions that affect their lives is becoming more recognised in Australian policy and practice, following Article 12 in the United Nations Convention on the Rights of the Child, that children have a right to express their views in all matters concerning them, and that weight should be given to those views according to their age and maturity (United Nations, 1989). Adequate funding was seen to be required for legal representation in both youth justice and child protection cases. This work, it was argued, is more complex and requires more time to complete, without adequate compensation for the additional work (compared with other legal aid work).

In respect to youth justice court processes and procedures, interviewees generally maintained that most young people did not fully understand court processes or decisions, even when legally represented. Using formal, legal language was identified as a contributing factor, along with time-limited contact between the lawyer and the young person. However, several stakeholders thought that older and repeat offenders were likely to be aware of their rights. Despite judicial officers explaining decisions and their implications, it was thought that many still did not fully understand the full implications of court orders, particularly what can happen if breaches of orders occur. The concern here is threefold: that young people need to understand the sentence they receive in order to comply with its conditions; they need to comprehend the justice process in order for it to have its intended positive impact upon their future behaviour; and they need to perceive the process and procedures as fair, as then they are more likely to accept the decisions and authority of the court.

The Charter of Juvenile Justice Principles in the Act includes right of access to advocacy services. While most young people charged with offences are legally represented, the quality of legal representation was described as variable. Expertise was particularly lacking in defence

lawyers, especially in regional and rural areas of Queensland. Legal practitioners require accreditation to work in the Brisbane Childrens Court, although not elsewhere in the State. Some interviewees supported specialist training and accreditation in children's law and developing a career path for lawyers specialising in representing children and young people. Concern was raised about capacity to provide enough accredited lawyers, particularly to adequately service regional areas. Lack of specialised prosecutors was also thought to undermine consistency in outcomes for children. In the Brisbane Childrens Court, where the same police prosecutors appear, the prosecution was considered to be more informed and having a better understanding of the issues. Prosecutors outside Brisbane more often deal with adult matters, so have less understanding of youth justice matters, such as appropriate penalties and bail programs. Many participants said that public advocacy was also needed to counteract media reports about perceived leniency in youth justice sentencing, and to raise community awareness about the social causes of youth offending.

Interviewees identified the importance of legal representation for children in child protection cases, enabling older children to give direct instructions to a lawyer, in addition to separate or 'best interests' representation. The Charter of Rights for a Child in Care in the *Child Protection Act* expressly provides a right for children to be consulted about, and take part in, making decisions affecting them. However, many participants were concerned that in reality children's voices are often not heard in court and decisions are generally made for them, without their input, giving rise to anger, frustration and confusion on the part of children and young people in care. Direct representation is uncommon, and separate representatives do not always communicate directly with the child they represent. It seems anomalous that whereas young people in criminal proceedings are considered capable of giving instructions to lawyers, most children and young people involved in child protection proceedings do not have similar access to a legal advocate.

5.3.6 Structure and leadership

The appointment of a District Court Judge as the President of the Childrens Court of Queensland represented a significant upgrading in the status of the court. It was designed to improve the status and credibility of the court and to indicate the importance of decisions being made

about children (Hansard, 18 June 1992, p.5928). However, the two-tier structure for the courts was seen by many participants as a barrier to reform in the court, because its effect is to disperse leadership. That is, the responsibility to strive for ongoing improvement is currently shared by the Chief Magistrate and the President. Unlike other areas of law where matters may be routinely referred to the higher courts, in child protection especially, very few matters reach the Childrens Court of Queensland. In practice, different Presidents and Chief Magistrates have taken different approaches to their roles, with greater or lesser degrees of communication between the two levels of the court. Some judicial officers expressed the view that there should be a greater level of information sharing. If the two levels of the court have little knowledge about the operations of the other level, there is no comprehensive understanding about the nature of justice dispensed to children, young people and families, and little communication about problems and opportunities for change. This is seen to impede the development of best practice, also because there are no established mechanisms to facilitate the President of the Childrens Court of Queensland leading improved practice (there is only one practice direction for the Childrens Court, issued in 2006, which relates to digitally recorded proceedings). It was suggested that the combination of these factors means the status of the court remains problematic.

5.3.7 Development of child protection case law

A related issue is that in the child protection jurisdiction, there is virtually no jurisprudence or case law. The vast majority of child protection matters are heard at the Magistrates Court level, are not reported, and appeals are rare. This means there is little analysis or review of decisions, or opportunities for judicial officers and others to examine reasons for decisions in cases other than those they are directly involved with. There is concern that a single Magistrate with limited experience in child protection matters can make decisions with significant consequences for parents and children, that can result in parents losing custody of their children for long periods of time. Also, in practical terms because of legal aid constraints, rights of appeal are minimal. The comparison was made to relatively minor criminal offences for which legal representation is almost certain and where an application could be made for a hearing in a higher court before a jury.

5.3.8 Challenges

Opinions about the effectiveness of the Childrens Court were varied. Many interviewees expressed overall positive views about the court and the constructive role it plays in dealing with complex issues, while acknowledging there is room for improvement; whereas others saw the court as having to deal with the failures of other social service systems and were pessimistic about the court's capacity to effect positive change for children and young people. Regardless of the level of optimism about the effectiveness of the court, the need for more intervention and treatment programs and preventative services for children and at-risk families was raised by most interviewees. The main factors identified as not working well with the court overall were:

- Limited specialisation and skills in the magistracy and judiciary in relation to children's matters, leading to inconsistent decision-making across the State;
- Children and parents with complex or multiple needs (mental health, intellectual disabilities and substance abuse) who were falling through gaps in the system; and
- Limited access to services and support, particularly outside south-east Queensland.

Most stakeholders commented that the child protection workload of the Childrens Court had increased significantly in the last decade with legislative changes such as the introduction of a wider range of orders in 2000, requirements on Magistrates to review child protection case plans in 2004, and adoption orders including step-parent applications coming before the court in 2009. Specifically in respect to child protection, the following issues were raised:

- Limited funding for parents' legal representation, parents who are not aware of their rights, and who are intimidated and powerless in court proceedings;
- Inadequate case planning and poor quality evidentiary material presented by departmental officers;
- Lack of child participation and understanding of court processes, even though children generally know that decisions about their future, including placement away from family, will be made by the court;
- Unsatisfactory court processes and delays, including late filing of affidavits and documents, last-minute adjournments because one party is not ready to proceed, no ca-

pacity to pay witness expenses, and the state contravening its responsibility to act as the model litigant.

- Lack of positive working relationships between stakeholders in the court and lack of understanding of roles of different players. This was attributed to under-resourcing of the statutory department, lack of established processes for working with at-risk families and little understanding of the implications of 'systems abuse' in out-of-home care, leading to a failure to recognise the importance of ongoing relationships between children and their parents.

In the youth justice jurisdiction, stakeholders pointed to positive working relationships between stakeholders and respect for different roles, the success of the Youth Murri Court, access to good youth advocacy services in Brisbane, and the intensive supervision and support provided to young people through the conditional bail program. However, some concerns were raised, as follows:

- There have been instances of inappropriate use of custodial remand due to lack of accommodation options and bail programs. Typically a greater percentage of the incarcerated youth population is on custodial remand, rather than sentenced. The limited availability of appropriate accommodation and lack of bail programs to support young people remaining in the community significantly contributes to high custodial remand rates;
- Some Magistrates do not adhere to sentencing principles in the *Youth Justice Act* to use detention as a last resort and for the shortest appropriate period;
- There is a lack of resources across the State, including resources to implement diversionary options for dealing with young people;
- Some stakeholders were concerned that children could avoid taking responsibility for their actions, if punishments were insufficient; and
- On the other hand, most judicial officers argued strongly that concerns about lenient sentences were most often made by people who were not fully aware of all the facts and circumstances of the case.

Cutting across both divisions of the court, concerns were raised about the impact on young people of the separation of 'child protection' and 'youth justice' in legislation and organisational arrangements. There were three areas of concern indicating greater collaboration between child protection and youth justice systems may be needed: (1) criminalising the behaviour of children with welfare needs (for example, children who are homeless or suspended or excluded from school frequently come to the attention of police); (2) child protection officers who fail to attend court when a child in care on their caseload is appearing in a youth justice matter; and (3) child protection officers who recommend a young person be held in custody due to a lack of placement options, without due regard to the likely detrimental effects of detention on children. This was linked to arguments for more independent advocacy for the rights of children and young people. Some interviewees suggested the Children's Commissioner could play a greater role in advocating for the interests of children and young people in both the child protection and youth justice systems.

5.4 Directions for reform

Based on the findings from the research, three aspects of Childrens Court operations have emerged as the main directions for reform. These relate to legislative change, adopting a more specialist or therapeutic approach, and increased access to integrated services for children, young people and families.

5.4.1 Legislation

Generally participants did not think major reform of substantive laws in child protection and youth justice was necessary. In fact, many participants commented on the amount of legislation, and ongoing amendments, as being challenging for stakeholders, making the job more complex. Most participants regarded effective implementation of the law as the source of many problems in the childrens court. For example, legislative provisions regarding family support, family group meetings, and children's participation in decision-making were regarded as adequate, but not properly implemented or resourced, inhibiting access to justice. Thus, the availability and quality of services was identified as the major barrier to reform. Organisational cultures within government and non-government agencies, which were regarded as inward-looking and defensive, were seen as contrary to the openness,

transparency and accountability required for the justice system. The singular concern about current youth justice legislation is that in Queensland, 17-year-olds are treated as adults. Many stakeholders have previously made submissions to government seeking to have this raised to 18 years. Concern was also raised that the current age of criminal responsibility, at 10 years, brings children into the criminal justice system at too young an age.

5.4.2 Specialisation and therapeutic approaches

The Childrens Court is specialised to the extent that children are seen as having special needs and rights of their own requiring a separate court forum, but not specialised in terms of drawing upon a specialised knowledge base in children's law, children's development, child maltreatment or youth offending. Therapeutic jurisprudence has been developing in many areas of the law involving complex social and personal problems, where it is considered that underlying social and psychological needs are part of the reason that people are appearing in court (Wexler & Winick, 1996). The therapeutic approach proposes that for some individuals, responding to the needs that are the cause of their problems is more appropriate and effective than traditional adversarial methods or actions aimed at deterrence, adjudication or punishment (Freiberg, 2002). The principles and processes of such courts involve less adversarial and formal court proceedings, considering corrective or preventative solutions rather than legal solutions, integrating treatment with sentencing, ongoing judicial monitoring of clients, multidisciplinary involvement, and collaboration with social welfare providers. It would seem that many aspects of the therapeutic approach would serve to address many of the concerns raised about the Childrens Court, and increase its level of specialisation.

The lack of specialisation in Queensland Childrens Courts was a strong theme in interviews, especially compared with other states. It was argued that Childrens Court work requires a different set of skills from adult jurisprudence. Interviewees suggested that police, prosecutors, legal practitioners, child protection officers, youth justice officers, magistrates and judges all require expertise in their own fields and an appreciation of the disciplinary knowledge of other stakeholders. Increasing the expertise, skills and knowledge of judicial decision-makers and lawyers in understanding the causes and remedies of underlying problems is an essential part of therapeutic jurisprudence. Professional education for magistrates and judges was sug-

gested around consistent interpretation of the *Youth Justice Act 1992* and *Bail Act 1980* regarding 'detention as a last resort', child development and the impact of poor environments on children, and communication skills. According to the Chief Magistrate, 'The quality of decision making in the Magistrates Court is dependent on the knowledge and expertise of its magistrates. Ongoing professional development is crucial to the maintenance of the Court's high standards' (Magistrates Court of Queensland 2010). Not all participants agreed that judicial officers with specialised knowledge of children's issues are necessary, because they believed the role of the court was to make decisions based upon evidence from departmental officers and other experts with relevant qualifications about children's development and welfare. Other interviewees maintained that increased specialisation is both possible and necessary for both magistrates and lawyers, in the interests of children. The level of specialisation of the court is related to its perceived low status. Many stakeholders had the view that amongst lawyers and judicial officers, children's law is not a pathway for career advancement and many practitioners seek to avoid the area. This could be remedied through both judicial leadership and professional development activities.

In practical terms, the size of the state and its decentralised population were seen as barriers to increased specialisation, as resources dictate that local courts must be generalist. Given that the Brisbane Childrens Court is currently the only specialist children's court, it is a challenge to ensure that all children have equal access to justice and services, regardless of their location in Queensland. While some regional courts deal regularly with children's matters (weekly), most courts have less than ten children's matters each year, so their capacity to build up expertise is limited. Mechanisms to encourage consistent judicial practices across the state may be needed, for example, in relation to variations in youth justice sentencing and child protection case plan reviews by magistrates. Standardised practice would foster more consistent responses for dealing with children and therefore reduce variability in outcomes for children in similar situations. A child with an interested judicial officer, competent legal representative and effective departmental officer was thought to be more likely to have a positive outcome. This was particularly the case for children and young people involved with the Brisbane Childrens Court and some regional courts where a magistrate assumes responsibility for meeting with other key stakeholders (such as police, child protection departmental offic-

ers, youth justice departmental officers, legal representatives, and Indigenous recognised entities) to establish effective processes for dealing with children and address any difficulties if they arise. Whether this occurs at present is solely at the discretion of individual magistrates.

5.4.3 Integrated responses to children and families

A key element of therapeutic jurisprudence is providing access to social services to address underlying problems. Most interviewees noted the need for integrated responses to deal with child and family issues, in the belief that courts cannot remedy situations that are caused by social disadvantage and a social services system that cannot adequately respond to need. Many of the court's clients are from socially disadvantaged, vulnerable families. Compared to other specialist courts, the children's courts were regarded as poorly resourced in terms of the services they can offer children. Integrated responses to multiple needs recognise the impossibility of separating broader child and family social welfare needs from a child's criminal behaviour or child protection needs. There were particular concerns about homeless children, children excluded from school, children with cognitive impairments or mental health problems, and children in unsatisfactory out-of-home placements or family situations.

The need for an integrated, multi-disciplinary team consisting of trained professionals with expertise in child development working together to assist the child was identified. Many interviewees supported the court undertaking an oversight or case management role, so that the same judicial officer follows a child's matter through from first mention to disposition. This model would be more challenging in regional areas where services are often more limited or non-existent. Other interviewees suggested some magistrates would be concerned about taking on a case management role as they would see this as contrary to their core role of dispensing justice as the neutral decision-maker. This points to the tension between hands-off, diversionary approaches and hands-on court-ordered interventions that are monitored by the court.

There was considerable support for interdisciplinary approaches, bringing together welfare and justice. Providing better prevention services or intervening earlier with children, young people and their families was believed more effective than tertiary level interventions by the courts. For example, in addition to a Youth Murri Court, more intervention programs de-

signed and run by Indigenous community groups were suggested. Services for Aboriginal and Torres Strait Islander families were needed, along with provisions to ensure Indigenous recognised entities were involved in a meaningful way in decision-making and interventions. A more therapeutic approach would also mean addressing the disproportionate representation of Aboriginal and Torres Strait Islander children and families appearing. This might take the form of special alternative dispute resolution arrangements for Indigenous children, and the development of judicial tools, policies and strategies to monitor effectiveness and impact. Custodial remand is likely to remain an ongoing challenge, requiring integrated responses across family support, child protection, youth homelessness and youth justice systems to assist young people to either stay living with their parents or find suitable out-of-home care.

5.5 Conclusion

This study examined the contemporary status of, and challenges faced by, Queensland Childrens Courts from the perspectives of judicial officers and other key stakeholders. As outlined, the challenges facing the court in relation to both child protection and youth justice are considerable. They are related to important issues of effectiveness and quality: achieving the right balance of legal and welfare responses, ensuring the interests and voices of children and families are represented in court, ensuring consistent decision-making and resources across the state, and recognising the gravity and serious impact of court decisions on the lives of children and families.

Ultimately, future directions for reform in the Childrens Court in Queensland will reflect a confluence of issues and considerations. These are related to community expectations for responding to youth offending and child abuse and neglect, and concomitant political interest and will. Community education and public advocacy would promote efforts to ensure that children, young people and their families are dealt with respectfully, with understanding and empathy for the circumstances that lead them into court. In order to chart a more therapeutic way forward, there are important matters to consider, including access to the emerging evidence about effective and fair responses to youthful offending and child maltreatment, the structure and operation of the court, and adequate financial resources. Opportunities to deliver justice and foster meaningful change in the future life pathways and individual wellbeing

of children and young people is a worthy priority for a Childrens Court, which has a special role to play in encouraging a more civil society and just community.

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Children and Youth Services Review 33 (2011) 1720–1729

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

The career aspirations and action behaviours of Australian adolescents in out-of-home-care

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ARTICLE INFO

Article history:
Received 8 February 2011
Received in revised form 18 April 2011
Accepted 19 April 2011
Available online 27 April 2011

Keywords:
Out-of-home care
Career development
Career aspirations
Educational aspirations
Career exploration
Career planning

ABSTRACT

We surveyed 202 adolescents who were in out-of-home care, and compared them with 202 adolescents not in care (matched for age, gender and school achievement) on career-related aspirations (occupational aspirations, educational aspirations, life barriers) and career action behaviours (career exploration, career planning). The out-of-home care adolescents reported lower occupational aspirations, less career planning, more career barriers, lower educational aspirations for themselves, lower parental aspirations, and more school engagement. Further, career exploration was lower for out-of-home care children who had higher aspirations, lower self-efficacy, parents who communicated higher aspirations, and low aspiring friends. Results are discussed in the context of providing career development and supports for out-of-home care adolescents so that their career aspirations and behaviours can mirror more normative levels.

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1. Introduction

Children in "out-of-home" care are those who have been placed under the legal custody or guardianship of the State for their care and protection (Australian Institute of Health and Welfare 2009). These children come from struggling families where parenting skills and resources are limited (Barber, Delfabbro, & Cooper 2000). They are no longer able to live with their family of origin, for example, because of child abuse or neglect, and come to the attention of State agencies via concerned community members, health and welfare professionals, teachers, and the police, some of whom are mandated to report such incidents. Typically, the children are placed with foster carers or extended family members, although in some cases they may be placed in residential care. This use of out-of-home care is considered a last option; thus, only children in serious need are placed in out-of-home care in this way (Bromfield & Osborn 2007).

The number of children in out-of-home care in Australia has grown dramatically over the past decade, more than doubling from 14,078 in 1997 to 31,166 in 2008. The rate of children in care also has grown, from 3.3 to 6.0 per 1000 over the same time period. About half of these children are cared for in foster homes, 44% are in care with relatives or kin, and 4% are in residential situations (AIHW, 2008). Some other Western countries are seeing a decline in the number of children in out-of-home care. For example, in the US, while there was an increase in children in care during the 1990s (6.2 to per 1000 in 1990 to 8.1 per 1000 in 1999), this has declined to 5.7 per 1000 in 2009 (Child Trends Data Bank 2009). Similarly, in the UK, the number of children in out-of-home care in 2007 was a 2% decrease from 2003 (Department for Children, Schools and Families 2007). One of the main reasons for the increased numbers of children in care in Australia is that the length of time in care has increased (AIHW).

Children in out-of-home care are clearly disadvantaged relative to their not in care peers. First, and by definition, they have a history of disadvantage and/or abuse prior to being placed in care (Fernandez 1996). Second, they have to manage the losses and disruptions that go along with being placed in care (Cashmore, Paxman, & Townsend 2007), at the same time as coping with the effects of past neglect and/or abuse (O'Neill 2004). Contact with siblings, friends and extended family are typically disrupted, and they may have to deal with a series of case workers and placement instability (Barber & Delfabbro 2003). On top of this, they may receive inadequate or inappropriate services from the agencies charged with helping them (Bromfield & Osborn 2007; Pinkerton & Stein, 1995).

The outcomes and life achievements for children in out-of-home care, once they leave care, are also poorer than children who were not in care (Farruggia, Greenberger, Chen, & Heckhausen 2006). When young people leave care they have higher rates of homelessness (Maunders, Liddell, Liddell, & Green 1999), offending (Courtney et al. 2005), substance abuse, relationship difficulties (Buehler, Orme, Post, & Patterson 2000), mental health problems (Cook-Fong 2000), income support needs (Dworsky 2005), and unemployment, under-employment and under-achievement in the workforce (Blome 1997;

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0190-7409/$ – see front matter © 2011 Elsevier Ltd. All rights reserved.
doi:10.1016/j.childyouth.2011.04.033

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Cashmore & Paxman 1996; Stein 1994). The long-term outcomes for out-of-home care Australian children has been summarised by Osborn and Bromfield (2007). These authors reported findings consistent with international results, and concluded that "young people leaving care are one of the most vulnerable and disadvantaged social groups" (p.2).

While some children in out-of-home care manage the transition from school to work satisfactorily, many are poorly prepared for independent living. Children in out-of-home care in Australia receive legal protection and formal assistance from the State only until they are 18 years of age. This means that, at the age of 16, 17 or 18 years, when their not in care peers are either leaving school and entering the labour market or enrolling in further education with the help of their parents, children in out-of-home care may be managing these transitions on their own. Some will receive ongoing support from a foster carer, but many will not (Courtney & Dworsky 2006; Mendes & Moslehuddin 2004). Young people transitioning from out-of-home care experience high rates of mobility (e.g., they are much more likely to experience transitional housing than not in care peers), are more likely to terminate their education early (e.g., only 42% of care leavers, compared to 80% of those in the general population, complete Year 12), are more likely to become early parents (e.g., about one third of young women leaving care become pregnant or give birth before the age of 20, compared with 2% in the general population), have higher rates of unemployment and income support, struggle financially, and do not have the financial (or social or emotional) support to fall back on that young people not in care do (Allen 2003; Bromfield & Osborn 2007; Paxman 2007).

Crucial also to a successful transition are those early decisions that determine the educational and occupational pathways that are to be followed. Most adolescents make these decisions with the support of parents and family, whereas young people in out-of-home care are deciding on their future while experiencing and managing uncertainty and instability (Bromfield & Osborn 2007). Many of these decisions are driven by the needs of the school system, which require students to make career-related choices, such as selecting school subjects or educational streams, at regular intervals during the high school years. This occurs whether students are developmentally ready for the decision or not, and these decisions often lock young people into a particular career or occupational pathway from which it is difficult to deviate (Creed, Prideaux, & Patton 2005). In Australia, for example, Year 10 students can choose school subjects that have a specific occupational focus (these can be offered in the high school or in a technical college separate from the high school). Choosing vocationally-orientated subjects can orientate students towards early work entry, rather than have them focus on university-level training, and, for some students, may mean that they do not complete pre-requisites for later university programmes (Alloway, Dalley, Patterson, Walker, & Lenoy 2004).

Despite the large volume of research that has examined the experiences of young people in out-of-home care (e.g., Landsverk, Burns, Stambaugh, & Rolls Reutz 2009; Naccarato & DeLorenzo 2008), there has been virtually no research investigating their career development and decision-making. Further, most intervention programmes established to assist labour market entry for this population have focused on former in care young people (Henig 2009), and primarily deliver training on job-seeking and developing workplace skills (e.g., Sherman 2004), although some programmes also offer career guidance services (Allen 2003).

The current study sought to contribute to the understanding of the experiences of this population by examining the career development of a group of out-of-home care adolescents. We utilised the social cognitive career theory (Lent, Brown, & Hackett 1996), which is based on Bandura's (1986) personal agency theory, as the basis for this investigation. Social cognitive career theory proposes that there are three key variables that underpin agency in the career development domain, and which act as mechanisms for driving career-related actions (such as career exploration and planning). These are self-efficacy ("people's judgements of their capabilities to organise and execute courses of action"; Bandura, p. 391), outcome expectations (people's judgements of the likely consequence of attempting a task; i.e., the contingency relationship between effort and outcome) and career goals or aspirations (people's intention to engage in a certain activity or to effect a particular outcome; Bandura), all of which have been described as the "building blocks" of career development (Lent et al., 1996).

Salient to the current study, social cognitive career theory also acknowledges that contextual influences play an important role in the development of occupational interests and career decision-making, and may directly influence the development of self-efficacy, expectations of the future, and career aspirations. Contextual influences include gender, ethnic background, socio-economic status, personal resources, perceived life barriers, and educational supports and encouragements. The theory especially highlights connections between educational supports and encouragements and career aspirations (Lent et al., 1996). The suggestion here is that encouragement for academic achievement and tangible supports lead to more and better educational opportunities, which, in turn, lead to interest in more prestigious occupations, and help shape final career selection. Considerable support exists in the literature for the main proposals of the social cognitive career theory, as well as for the role of contextual influences (Lent 2005; Sheu et al. 2010).

We were interested in career aspirations, career exploration and career planning as outcome variables for the study. Career aspirations, which are "an individual's expressed career-related goals or choices" (Rojewski 2005, p. 132), represent career goals in social cognitive career theory. They are important as they are useful predictors of occupational choices, and are associated with future occupational achievement (Mau & Bikos 2000; Schoon & Parsons 2002). Career exploration and planning represent action behaviours: career planning refers to activities such as setting sub-goals, deciding on strategies, prioritising tasks and identifying timelines, whereas career exploration refers to the information gathering needed for planning, such as identifying one's interests and values, and finding out information about education, training courses and occupations (Zikic & Klehe 2006). Both activities are important as they are actions that are taken to achieve the aspirations or goals of the individual (Lent et al. 1996). We were interested also in contextual influences, as adolescents in out-of-home care are subject to extraordinary experiences not confronted by their not in care peers. These were operationalised as career barriers, which can be considered as events or conditions within the environment that make career progress difficult. Real and/or perceived barriers are important determinants in the career choice process (Lent 2005). Consistent with social cognitive career theory, we also assessed career-related self-efficacy and outcome expectations.

A major weakness with many studies of children in out-of-home care is the failure to include a comparison group (Farruggia et al. 2006). Utilising a comparison group allows stronger statements to be made about similarities and differences between those in out-of-home care and those not in care. Without a comparison group, it is difficult to know whether identified difficulties and strengths are specific to the out-of-home care group, or are typical of adolescents from similar socio-economic backgrounds, but not in care. We assessed similarities and differences between a group of out-of-home care adolescents and a matched sample of adolescents not in care, constructed by controlling for gender, age and educational achievement, all variables influential to career development (Patton & Creed 2001).

While the study was somewhat exploratory, as no previous study has examined the career development of young people in out-of-home care, we were guided by the general out-of-home care literature, and

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expected (a) that those in out-of-home care would have lower career aspirations than those not in care. Guided by social cognitive career theory, we expected (b) that, as a consequence of the lower aspirations, the in out-of-home care adolescents would engage in fewer career action behaviours (i.e., less career exploration and planning), and (c) report more career-related barriers than those not in care. We were also interested in the correlates of aspirations and career exploration and planning, and again, based on social cognitive career theory, expected (d), that career goals and action behaviours would be differentially associated with the social cognitive career theory antecedents and contextual influences for the two groups. Finally, (e), as career trajectories differ for boys and girls (Patton & Creed 2001), we examined the effect of gender on these relationships.

2. Method

2.1. Participants

We collected data on two samples of young people. The first was of young people who were in out-of-home care in the State of Queensland, Australia. At the time of the study, there were approximately 1850 children aged between 10 and 18 years in care in Queensland (AIHW, 2009). Our target sample was the 1267 children in out-of-home care aged between 13 and 18 years. We distributed surveys to the children by post using addresses provided by the agency responsible for them. Two hundred and sixty-five children returned a survey. This reflected a response rate of approximately 21%; however, given the residential instability for many children in out-of-home care, and the lag between a change in address and updating the agency's data base, the real response rate for the study was likely to be higher than this. We omitted 63 surveys from this study as the children had either left school and were in the labour market, were parenting, or had extensive missing data. The remaining 202 comprised 117 girls (58%) and 85 boys, whose average age was 15.2 years ($SD = 1.3$ years; Range = 12.9 to 18.2 years). All but nine children said they were born in Australia or New Zealand, with 161 (80%) being Caucasian, 32 (16%) indicating an Indigenous Australian heritage, and seven (4%) being of Maori/Pacific Islander, Asian or African background (two children did not answer this question).

We also surveyed 378 children from three schools (two urban and one rural), who were not in the care of the State. These children completed the same survey as the out-of-home care group and were used to form a matched cohort comparison group, which allowed for stronger statements to be made about the out-of-home care group (Van de Vijver & Leung 1997). The procedure for constructing the comparison group was to take an individual child from the out-of-home care group and match that child with one who was not in care, using the characteristics of gender, age and self-reported school achievement ("Overall, what school grades do you typically get?"; response range from 1 = *pretty low – bottom 10%*, to 5 = *pretty high – top 10%*). This procedure resulted in 202 not in care children being included in the study. This group comprised the same number of girls (117; 58%) and boys (85) as in the out-of-home care group. Their average age was 15.3 years ($SD = 1.3$ years; Range = 12.9 to 18.3 years), and all but 13 reported being born in Australia or New Zealand, with 171 (85%) being Caucasian, 11 (5%) indicating an Indigenous Australian heritage, 11 (5%) being of Maori/Pacific Islander background, and eight (5%) with an Asian or African background. As a group, the not in care children did not differ statistically from the out-of-home care children on gender composition, age, or school achievement.

While we matched the two groups on these three variables, the children in out-of-home care were still likely to differ from the not in care children on a range of socio-demographic variables, such as the age and socio-economic level of their adult carers (Barber & Delfabbro 2003). It was also possible that some of the children not in out-of-home care were subject to neglect and/or abuse. We had no way of determining whether this was the case or not, although we doubt there were many children experiencing neglect to the same level as the children in out-of-home care, as these children should have been identified by community agencies. Still, confounds remained that might influence outcomes of any comparison between the two groups. With this in mind, the comparisons can be considered to be between one group of children currently in out-of-home care and with a confirmed history of neglect and/or abuse, and a comparison group, which contained children not in care.

2.2. Materials

We assessed (a) career-related aspirations, career action behaviours (planning and exploration), self-efficacy, outcome expectations and barriers; and (b) education-related aspirations of self, parents and friends, school stability, and school engagement. Unless otherwise indicated, students responded using a 5-point Likert-like scale, with endpoints of *strongly disagree* (1) and *strongly agree* (5). Unless otherwise indicated, higher scores represented higher levels of a construct.

2.2.1. Career aspirations

We used four items from the Aspiring to Leadership and Promotions subscale of the Career Aspirations Scale (O'Brien 1996), which tapped aspirations to being promoted and becoming a leader in your chosen occupation. We selected four items based on factor analyses reported by Gray and O'Brien (2007). A sample item was, "When I am established in my working life, I would like to manage other workers". A factor analysis identified a single factor, which accounted for 62% of the variance, and contained factor loadings that ranged from .59 to .79; alpha = .80.

2.2.2. Occupational aspirations (type and complexity)

We used a single open-ended question, devised by Looft (1971) and used widely in the literature (e.g., Watson, Quatman, & Edler 2002), which asked: "If you were completely free to choose any job you like, what job would you MOST LIKE to have?". We then (a) classified written responses according to type using Holland's (1997) RIASEC coding system, and (b) rated the job aspired to on the level of job complexity using the Dictionary of Holland Occupational Codes (Gottfredson & Holland 1996). The RIASEC coding system allows occupations to be grouped into job families (e.g., "S" or "Social" occupations attract/require people with an interest in helping or teaching others, and include jobs such as nurse, teacher's aide and dental hygienist; "I" or "Investigative" occupations suit people who enjoy analysing, solving problems and doing research). The job complexity rating provides an estimate of the skills and training required to meet the mental demands of the job (e.g., medical practitioner is rated as high complexity, whereas farmer is rated as low). The range of scores for job complexity was 43 to 77 for both groups, with higher scores indicating more complex occupations. Complexity ratings of 65 or higher reflect occupations that require tertiary level education and substantial on-the-job experience, whereas ratings of 40 and below reflect occupations that require little formal training.

2.2.3. Career action behaviours of exploration and planning

We used two subscales of the short form of the Career Development Inventory (Creed & Patton 2004; Lokan 1984), which was devised for use with students in Grades 8 to 12. Exploring potential career options and planning for the future reflect actions one might take to make progress towards life and career goals. The Career Exploration subscale (8 items) measures the range and usefulness of career exploration undertaken (e.g., "Would you ask any of these people for information or help to make plans for work or further

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education...?", with options such as "teachers and guidance officers"), while the Career Planning subscale (10 items) measures the type and degree of career planning undertaken (e.g., "How much have you thought and planned about choosing a career in general?", with endpoints of *Not much at all* and *A great deal*). Internal reliability coefficients for the two subscales have been reported as .73 (Exploration) and .87 (Planning), and validity has been demonstrated using factor analysis, testing associations with other variables, and by testing age and gender differences (Creed & Patton). Alphas for the two scales were .73 (Exploration) and .87 (Planning).

2.2.4. Career decision self-efficacy

We used nine items based on a scale devised by Fouad, Smith, and Enochs (1997) to measure how confident the students were in carrying out the tasks related to choosing a career. A sample item was, "How confident are you that you could decide what job would be best for you?". A factor analysis indicated one factor accounting for 55% of the variance, with factor loadings ranging from .45 to .82; alpha = .89.

2.2.5. Career outcome expectations

As we considered the few existing outcome expectations scales did not adequately assess career contingency relationships, we constructed nine questions based on the Career Decision Making Outcome Expectancy Scale, devised by Fouad et al. (1997). A sample item was, "The time I spend deciding upon the right job will be worth it". A factor analysis indicated one factor accounting for 60% of the variance. Factor loadings ranged from .73 to .83; alpha = .91.

2.2.6. Career barriers

We assessed these using a modified Perceived Barriers Scale (Howell, Frese, & Sollie 1977), which asked students to indicate, "How much will these keep you from getting the job you want?", for 10 possible career barriers. A factor analysis identified two factors, which we labelled Perceived External Barriers (6-items: e.g., "shortage of 'good' jobs", "lack of information about job opportunities"), and Perceived Person Barriers (4-items: e.g., "your family background", "your cultural background"). Factor loadings ranged from .43 to .71 (external) and .75 to .85 (person). The scales were correlated at .48; alphas = .80 (external) and .89 (person).

2.2.7. Educational aspirations

We were interested in assessing educational aspirations, as these are related to career aspirations (Rojewski 2005), and interested in the influences of others, namely parents and peers, on career aspirations, as these have been shown to be associated with both career and educational aspirations (Buchmann & Dalton 2002). We created three single items to assess self ("What is the highest level of education you expect to complete?"; with seven options ranging from *Year 10* to *University*), parental ("What is the highest level of education your parents would like you to complete?"; with seven options ranging from *Year 10* to *University*) and peer educational aspirations ("How many of your school friends intend to complete year 12?"; four options ranging from *Not many* to *All*).

2.2.8. School stability

We asked students, "How many times have you moved school since starting in Year 8?", and used a 3-point response format that ranged from *Hardly at all (0-1 times)* to *Many times (more than 5 times)*.

2.2.9. School engagement

We used a 10-item scale devised by the National Center for School Engagement (Finlay & National Center for School Engagement 2006). A sample item was, "I enjoy the work I do in class". A factor analysis identified a single factor, which accounted for 63% of the variance, and contained factor loadings that ranged from .65 to .83; alpha = .93.

2.3. Procedure

The study was cross-sectional, survey based, and conducted under the auspices of the authors' university ethics committee. The data form part of a larger mixed-methods study, in which we obtained information from young people in out-of-home care, caseworkers, foster carers and school personnel. The surveys were posted to the out-of-home care students, and distributed by the schools to the not in care students. Students' names were placed in a draw to win prizes as an encouragement to participate in the study.

3. Results

3.1. Differences between out-of-home care and not in care groups

We conducted one MANOVA (with the career variables as dependent measures, and group [in out-of-home care vs. not in care] and gender as fixed factors), to test for differences between the two groups on the career variables and to test if differences were moderated by gender. There was a significant multivariate main effect for group, $F(7, 394) = 4.12$, $p < .001$, but no gender, ($p = .46$), or gender x group effect, ($p = .77$). Using a correction for multiple groups of $p < .007$, the out-of-home care group reported less career planning, $F(1, 400) = 8.51$, $p = .004$, than the not in care group. One other variable approached significance: the out-of-home care group reported higher levels of person barriers ($p = .03$). We conducted a second MANOVA (with the education variables as dependent measures, and group and gender as fixed factors), to test for differences between the two groups on the education variables. There was a significant multivariate main effect for group, $F(5, 396) = 12.07$, $p < .001$, and gender, $F(5, 396) = 2.67$, $p = .02$, but no significant gender x group interaction effect, ($p = .34$). The out-of-home care group had lower educational aspirations for themselves, $F(1, 400) = 31.96$, $p < .001$, perceived their parents to have lower levels of educational aspirations for them, $F(1, 400) = 18.58$, $p < .001$, and experienced more school instability, $F(1, 400) = 24.71$, $p < .001$. One other variable approached significance (corrected level: $p < .01$); the out-of-home care group reported more school engagement, ($p = .04$).

As the sample size was slightly smaller for RIASEC occupational types and RIASEC job complexity scores ($N = 187$, instead of 202 for the out-of-home care group; 15 students did not indicate their most desired job, or indicated jobs that could not be coded), we conducted separate ANOVA and chi-square analyses to test for differences on these two variables. The out-of-home care group aspired to lower complexity occupations than the not in care group, $F(1, 385) = 12.04$, $p = .001$. There was no effect for gender, ($p = .79$), and no gender x complexity interaction effect, ($p = .49$). See Table 1 for summary data. The out-of-home care group was also more likely to aspire to social type occupations, and less likely to aspire to investigative and artistic occupations, $\chi^2(6) = 28.29$, $p < .001$.

3.2. Correlates of career aspirations, job complexity and the career action behaviours of planning and exploration

Using the full sample, we conducted four separate hierarchical multiple regression analyses to test if the correlates of career aspirations, job complexity, career planning and career exploration were different for the out-of-home and not in care groups. In these analyses, we included, in turn, career aspirations, job complexity, career planning and career exploration as the outcome variables. We included demographic variables at Step 1 if they were bivariately correlated with the outcome variable. We included all career and educational variables and a group variable (1 = in out-of-home care; 0 = not in care) at Step 2. Then, to test if the relationship between the predictor variables and outcome variables was moderated by group membership, we included a series of interaction terms (e.g., career

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Table 1
Summary data for analyses testing differences between the out-of-home care (N = 202) and not in care (N = 202) groups.

	In out-of-home care		Not in care	
Variables	*M*	*SD*	*M*	*SD*
Career variables				
Career aspirations	15.62	3.06	15.82	2.91
Job complexity[a]	57.59	8.13	60.71	8.21***
Career exploration	25.88	6.51	26.36	7.12
Career planning	33.31	8.18	35.50	7.95**
Career self-efficacy	34.58	7.69	34.00	6.72
Career outcome expectations	37.69	5.88	37.62	5.64
Perceived external barriers	14.47	5.70	14.52	5.72
Perceived person barriers	6.69	4.16	5.84	3.14*
Educational variables				
Educational aspirations (Self)	5.20	1.90	6.08	1.17***
Educational aspirations (Parents)	5.37	1.65	6.01	1.66***
Educational aspirations (Friends)	2.74	.86	2.88	.80
School stability	1.34	.60	1.09	.33***
School engagement	37.59	8.77	35.78	8.21*

[a] Sample size for out-of-home care group for this variable only = 187.
* $p<.05$.
** $p<.01$.
*** $p<.001$.

outcome expectations x group) at Step 3. The interaction terms were created by finding the product of the predictor and group variable (Aiken & West 1991). See Table 2 for bivariate correlations and Table 3 for summary data for the regression analyses.

In these hierarchical multiple regression analyses, we found significant, additional variance explained when the interaction terms were included at Step 3 for the outcome variable of career exploration, but not for career aspirations, job complexity or career planning. There were significant, individual interaction terms identified for career aspirations (career planning x group), job complexity (school stability x group) and career planning (career aspirations x group), but these were not interpreted as the interaction terms as a group did not add to the model (Aiken & West 1991).

Four interaction terms were significant at Step 3 for career exploration (career aspirations x group, career decision self-efficacy x group, educational aspirations of parents x group, educational aspirations of friends x group). We explored these interactions using the computation tool provided by Preacher, Curran, and Bauer (2006), which generated simple regression equations that facilitated interpretation. See Fig. 1. For career aspirations x group, as the students' aspirations increased, so too did the career exploration of both groups, although career exploration increased at a faster rate for the not in care group, suggesting that aspirations play a more positive role in exploration for the not in care group. For career decision self-efficacy x group, as self-efficacy increased, so too did the career exploration of both groups, but it increased at a faster rate for the out-of-home care group, suggesting that efficacy plays a more positive role in career exploration for the out-of-home care group. For educational aspirations of parents x group, as parental aspirations increased, the career exploration of both groups increased, but career exploration by the out-of-home care group increased at a lower rate than that for the not in care group; that is, parents' aspirations in the out-of-home group played less of a role in career exploration than parents' aspirations in the not in care group. For educational aspirations of friends x group, as friends' aspirations increased, so too did the career exploration of both groups, although the career exploration of the out-of-home care group increased at a higher rate than for the not in care group, suggesting that friends' aspirations were more important in the out-of-home care group.

4. Discussion

There were a number of strengths to this study. First, we tested for a comprehensive range of career development variables in a sample of adolescents in out-of-home care, which has not been undertaken previously. Second, we compared the out-of-home care group to a sample of not in care adolescents, matched for age, gender and self-reported school achievement, which is unusual because of the difficulty of obtaining a meaningful comparison group, but recommended methodology when examining out-of-home care experiences (Farruggia et al. 2006). Third, the study was informed by the widely utilised social cognitive career theory (Lent et al. 1996), which includes an assessment of contextual influences on career development.

We predicted that adolescents in out-of-home care would exhibit significant differences from adolescents not in care on wide range of career development variables. Our results suggested that the two groups did not differ on many of the variables of interest, although we did identify differences in some important areas. We found support for our expectations that there would be differences between those in out-of-home care and those not in care on career aspirations. While there were no differences between the two groups when asked about their career aspirations in relation to becoming a leader (based on the Aspiring to Leadership and Promotions scale; O'Brien 1996), the out-of-home care group, when asked to indicate the job they would *most like* to have, were more likely to aspire to less complex occupations (i.e., occupations that required fewer skills and less training). Additional to this, the out-of-home care group was more likely to aspire to social type occupations and less likely to aspire to investigative and artistic occupations.

It is encouraging that both groups aspired to doing well and advancing within their careers. However, choosing less complex jobs reflects aspiring to occupations that are less prestigious, pay less, involve simpler tasks, require less training, less ability, and which are ultimately less satisfying (Gottfredson 1996). While career aspirations are strongly associated with future occupational achievements (Rojewski 2005), they also reflect past life and employment experiences and societal expectations (Gottfredson & Becker 1981). Although this study cannot confirm that out-of-home care experiences "caused" these lowered aspirations, it is plausible to suggest that they are related to past social and psychological disadvantage. Indeed, Rojewski and Hill (1998) argued that lower aspirations reflect self and/or systemic limitations that lead young people to limit themselves when considering future life and career opportunities.

As aspirations are "somewhat" malleable (Rojewski), out-of-home care adolescents may benefit from interventions that explore aspirations and allow them the opportunity to set comparable life and occupational goals. Such interventions need to be offered early as previous research has consistently found that aspirations tend to become more stable after age 14–15 years (Furlong & Biggart 1999; Rojewski & Yang 1997). Simply focussing on the out-of-home care children and elevating their life aspirations is, of course, insufficient, and may engender disappointment and distress in children whose opportunities and resources do not match children not in care. State agencies need to play their part and ensure that children in their care are provided with real opportunities and supports to allow them to realise enhanced life and career goals. The literature on children in out-of-home care is replete with calls for State agencies to fully engage with and adequately support these children (e.g., see AIHW, 2008, 2009).

The out-of-home care group also was more likely to aspire to social type occupations, and less likely to aspire to investigative and artistic occupations. The preference for social occupations may reflect out-of-home care adolescents' disproportionate exposure to helping professionals, such as police, welfare workers, counsellors and case-workers, who would have worked with the children in the process of them being removed from their family of origin and placed in care.

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Table 2
Bivariate correlations amongst all variables (N=404).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Career aspirations	–	.10	.44***	.52***	.52***	.56***	.05	−.02	.20***	.19***	.13**	.02	.17**	.05	.04	.21***	−.01	−.03
2. Job complexity [a]		–	.11*	.15**	.11*	.09	−.07	−.07	.39***	.36***	.15**	−.09	.12*	−.00	−.01	.29***	.05	−.18***
3. Career exploration			–	.55***	.45***	.48***	.06	.06	.19***	.15**	.16**	.04	.27***	.17**	−.06	.17**	−.06	−.04
4. Career planning				–	.66***	.63***	.01	.00	.27***	.23***	.20***	−.04	.32***	.08	−.01	.34***	.04	−.13**
5. Career self-efficacy					–	.69***	−.05	−.07	.20***	.19***	.13**	.04	.31***	.08	.00	.32***	.03	.04
6. Career outcome expectations						–	−.03	−.04	.20***	.21***	.16**	−.02	.41***	−.04	−.05	.34***	−.02	.01
7. Perceived external barriers							–	.46***	−.08	−.04	−.04	.14**	−.03	−.01	−.03	−.05	−.09	−.01
8. Perceived person barriers								–	−.15**	−.10	−.03	.17**	−.01	.02	.00	−.08	−.11*	.12*
9. Educational aspirations (Self)									–	.54***	.29***	−.27***	.10*	.02	−.13**	.30***	.04	−.27***
10. Educational aspirations (Parents)										–	.28***	−.12*	.11*	.09	−.01	.25***	.07	−.22***
11. Educational aspirations (Friends)											–	−.16**	.27***	.10	−.08	.23***	.05	−.08
12. School stability												–	−.07	.22***	−.04	.01	−.05	.25***
13. School engagement													–	−.08	.00	.25***	−.05	.11*
14. Age														–	−.09	.04	.03	−.01
15. Gender [b]															–	−.06	.11*	.00
16. School achievement																–	.01	−.09
17. Ethnic background [c]																	–	−.08
18. Group [d]																		–

[a] Sample size for this variable only = 389.
[b] Boys coded 1, girls coded 0.
[c] Caucasian children coded 1, non-Caucasian children coded 0.
[d] Out-of-home care group coded 1, not in care group coded 0.
* $p<.05$.
** $p<.01$.
*** $p<.001$.

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Table 3
Hierarchical multiple regression analyses predicting career aspirations, job complexity, career exploration and career planning.

	Career aspirations		Job complexity		Career exploration		Career planning	
Variables	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.04***		.09***		.06***		.12***	
Control variables [a]								
Step 2	.35***		.14***		.33***		.47***	
Job complexity		.01		–		.02		−.00
Career aspirations		–		.02		.14**		.11**
Career planning		.17**		−.01		.31***		–
Career exploration		.14**		.02		–		.21***
Career self-efficacy		.13*		.01		.04		.35***
Career outcome expectations		.32***		−.10		.16*		.17**
Barriers (Person)		−.03		.02		.06		.04
Barriers (External)		.06		−.05		.02		.02
Educational aspirations (Self)		.01		.22***		.07		.06
Educational aspirations (Parents)		.03		.20**		−.02		−.02
Educational aspirations (Friends)		.04		−.02		.03		.03
School stability		.02		.01		.03		−.03
School engagement		−.10*		.08		.09		.06
Group		.02		−.08		.01		−.13**
Step 3	.03		.02		.04*		.02	
Job complexity x group		.03		–		.03		−.01
Career aspirations x group		–		.01		−.15*		.17**
Career planning x group		.28**		−.04		−.05		–
Career exploration x group		−.11		.03		–		−.01
Career self-efficacy x group		−.08		.07		.26**		−.13
Outcome expectations x group		−.07		−.07		−.11		−.03
Barriers (Person) x group		.04		.03		.02		−.03
Barriers (External) x group		.08		.07		−.13		.09
Educational aspirations (Self) x group		.17		−.21		.08		−.02
Educational aspirations (Parents) x group		−.11		.06		−.18*		.10
Educational aspirations (Friends) x group		-.03		.00		.13*		.02
School stability x group		.05		−.20*		.02		−.10
School engagement x group		−.05		−.01		.04		−.06
Total R^2	.42***		.25***		.43***		.61***	
N	404		404		389		404	

[a] Educational achievement included as control variable in all analyses; age also included for career exploration; "–" indicates variable omitted for that analysis.
* $=p<.05$.
** $=p<.01$.
*** $=<.001$.

Munson and Strauss (1993) indicated that young people are more likely to engage in social modelling of occupations they come across in their immediate environment. If this is the case, these young people could benefit from exploring a more diverse range of occupations. Investigative occupations, by-and-large, are also more prestigious and require more training (Holland, Fritzsche, & Powell 1997).

The out-of-home care group's relative disinclination to investigative occupations is likely to parallel their preference for less complex and challenging occupations reflected in their scores on the job complexity variable. Artistic occupations are associated with temperaments that prefer ambiguity, unsystematised activities and risk-taking, which may be inconsistent with in care experiences, which have been shown to foster the need for stability and order in children (Osborn & Delfabbro 2006). Whether these aspiration differences reflect a disproportionate exposure to a narrow range of occupations or reflect in care experiences, they need to be addressed so that out-of-home care adolescents do not focus on a restricted range of occupations that might limit their life achievements and satisfaction.

There were no significant differences between the two groups on career exploration, although the mean differences on this measure were in the expected direction, but the out-of-home care group reported less career planning. Career exploration and career planning can be characterised as actions or behaviours that are set in train to meet set career goals (Lent et al. 1996). Less planning implies that the out-of-home care group was giving less time and thought to their occupational future, including less time and thought to choosing educational pathways, and not having "clear plans" about how and when they might enter the labour market. Young people in out-of-home care may not plan because they may think they have little control over, or input into, decisions about their life, since important decisions, such as where they live, what school they attend and who they can have contact with, are frequently decided by others, such as caseworkers and foster parents, whose primary aim is the child's current safety, rather than their future occupational well-being. One of the most consistent findings in relation to children in out-of-home care is that they are educationally disadvantaged (CREATE Foundation 2006; Pecora et al. 2006). The current findings add to this knowledge by suggesting that young people in out-of-home care are not only not engaged with their education, but they also are not engaged with thinking about and planning for their future lives and careers, both of which are linked to educational engagement and attainment.

There was also a trend for the out-of-home care group to report higher perceptions of "person" barriers to their careers. These represent barriers related to their family background and where they lived, and plausibly reflect that the out-of-home care group is alert to their situation and construe it as a potential barrier to later occupational achievement.

Finally, the young people in out-of-home care were lower on almost all of the variables in the educational cluster: they had lower educational aspirations for themselves, believed their parents had lower educational aspirations for them, and reported less school stability. These results are consistent with previous research, which has shown that children in out-of-home care experience more disruptions to their schooling (resulting from placement changes, but also from school suspensions and expulsions) and finish school earlier (CREATE Foundation 2006). School achievement and completion are crucial factors in determining life outcomes as adults (Parliamentary Committee on Children and Young People 2002). The present study provides additional insight into these

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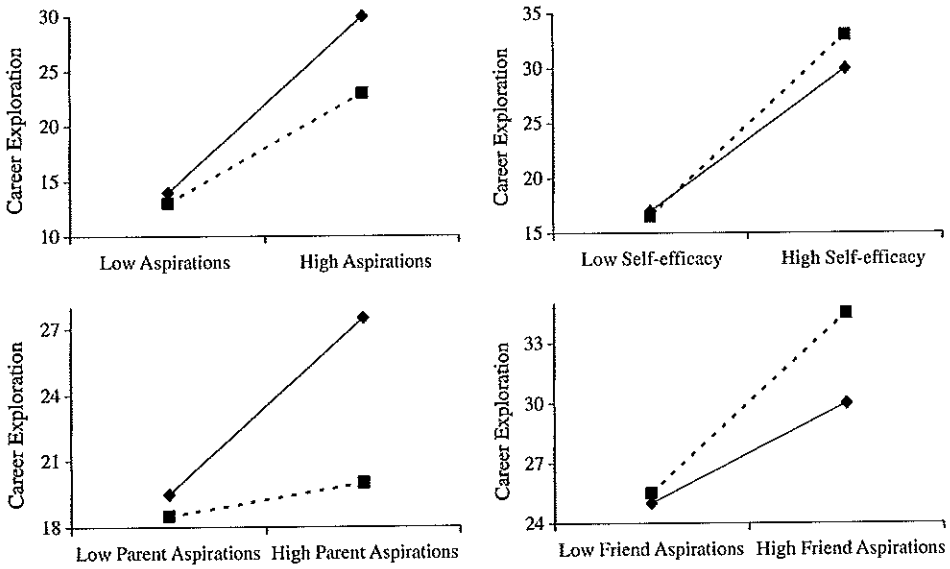

Fig. 1. Interaction effects: career aspirations x group, career decision self-efficacy x group, educational aspirations of parents x group, educational aspirations of friends x group. Full line = not in care group; broken line = in out-of-home care group.

processes by demonstrating that educational aspirations for out-of-home care children as a group are not normative. There was a trend for the out-of-home care students to report higher school engagement, but given their lower educational aspirations, it would be useful to know if this result reflected an attachment to the social supports offered within the school or reflected an engagement with the educational process. As educational and occupational aspirations and achievements are intertwined (Rumberger 1995), improved outcomes for out-of-home care leavers need to involve raising levels of career awareness as well as fostering better educational outcomes. As the children's perceptions of parent expectations were low, it is important that significant adults in the child's life such as foster carers, caseworkers and school personnel play a role in raising expectations for this group.

When we tested for the correlates of career aspirations (leadership aspirations, job complexity) and career action behaviours (exploration, planning), we found no group effects for either career aspiration variable or for career planning. However, there were significant interaction effects for career exploration. As perceptions of parental aspirations and self aspirations increased, these were associated with disproportionately higher rates of career exploration for the not in care group, compared to the out-of-home care group. Conversely, as friends' aspirations increased, the career exploration of the out-of-home care group increased disproportionately moreso than the not in care group. Together, these results suggest a less positive role in career exploration for parent and self aspirations, and more of a role for friends' aspirations in the out-of-home care group.

These results may reflect further disadvantage for the out-of-home care students who were less influenced by their own and perceptions of their parents' aspirations, and more influenced by the aspirations of friends. Career exploration involves seeking and integrating information about the self and the world of work, and includes engaging in future oriented speculation and reflecting on past activities (Zikic & Klehe 2006). Well-informed sources who can provide information and role models are likely to benefit most young people, and our results suggest that there could be particular benefits for improving this in young people in out-of-home care. Parents, and to a lesser extent, friends, are considered important influences on the educational and career development of young people in general (Otto 2000; Whiston & Keller 2004). Where it is possible and safe to do, it is desirable, for many reasons associated with the child's development, that children in out-of-home care maintain contact with their parents, and this is wanted by out-of-home care children themselves (Scott, O'Neill, & Minge 2005). Our results, that parental influences may be less salient, and friends' influences may be more salient to career exploration may be because children in out-of-home care have reduced contact with parents and rely more on peers. We also found a significant effect for the career decision self-efficacy x group interaction. As self-efficacy increased, the out-of-home care group engaged in disproportionately more career exploration than the not in care group, indicating that the out-of-home care group responded more positively as they become more confident, suggesting a role here for developing career self-efficacy in out-of-home care children.

Several limitations need to be noted when considering the outcomes of the study. Although we obtained a large sample of adolescents in out-of-home care, it was a small proportion of the total children in out-of-home care in this age group, and not representative. It was likely to have contained a disproportionately greater proportion of out-of-home care children in stable situations, and children without reading difficulties, because of the survey-based design. Thus, it is possible that our sample contained fewer of the more disadvantaged children in out-of-home care than is representative of the population. We were able to match the adolescents in out-of-home care with adolescents not in the care of the State based on gender, age and school achievements, but it should be acknowledged that, despite this, the two groups would still have differed based on other socio-demographic background variables. The study relied on self-reports, and would have benefitted by being augmented by reports from a second source, for example, carers or case workers. We also used several single item measures. Our aim here was to keep the survey as short as possible for this group, but it should be acknowledged that multi-item measures are more desirable. Finally, we used cross-sectional methodology, meaning that the associations found cannot be considered causal. Despite these limitations, the study identified many important differences between the adolescents in out-of-home care and their matched not in care counterparts and

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provided useful insights into how agencies who work with young people in out-of-home care youth might progress their policies and interventions related to the career development of this population.

Acknowledgements

The authors wish to acknowledge the assistance of the Australian Research Council and the Queensland Department of Communities (Child Safety Services) and the Queensland Department of Education and Training with this research.

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ATTACHMENT 7

CHILD & FAMILY SOCIAL WORK

doi:10.1111/j.1365-2206.2010.00749.x

The school to work transition for young people in state care: perspectives from young people, carers and professionals

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Keywords: care, career development, employment, leaving care, outcomes, transition

Accepted for publication: November 2010

ABSTRACT

Workforce participation has many positive effects on quality of life. However, as young people in care have generally below-average levels of educational participation and attainment, they may be ill-equipped for the transition to further education and work. A mixed-method study conducted in Australia about career development for young people in care investigated how this population develops ideas about future work: the social and cognitive variables that influence career decision-making; practices for preparing young people in care for the transition to work or further education; and factors that support or impede the transition. Findings from the qualitative study are reported in this paper. Interview data were obtained from the multiple perspectives of young people in care, foster carers, caseworkers and school personnel. The overall picture was one of young people in care lacking the encouragement, resources and capacity to realistically plan for the job they want. Specific interventions are required to enhance career development and employment outcomes for this population.

INTRODUCTION

Participation in the workforce yields both individual and societal benefits, including financial independence, social networks, self-esteem and community involvement. For young people to be adequately prepared for work, intervention is required during the compulsory school years to develop occupational knowledge, life skills, career maturity and career planning skills (Creed *et al.* 2003). Most children have access to such intervention through a consistent home and school environment. Parents, family, friendship networks and educational personnel provide social, emotional, practical and financial assistance. The school system requires students to make some career-related decisions, such as choosing subjects or educational streams, at regular intervals during the secondary school years. Schooling also helps students to cultivate ideas about their skills, talents and capacities. However, the development of further education and work aspirations for young people in state care is more complex.

In Australia, there are over 34 000 young people in out-of-home care (predominantly foster and kinship care) at any one time, and approximately 2400 young people aged 15 to 17 years exit the care system each year (Australian Institute of Health and Welfare 2010). While some care leavers cope well, many in this population are ill-equipped to participate in the workforce. They are often early school leavers who have low levels of educational achievement, which has ramifications for future employment and its associated benefits (Cashmore *et al.* 2007; Courtney 2008). This has been linked to proximal and distal factors including the structural influences of social class (Berridge 2007), ethnicity and gender, maltreatment and trauma, high rates of school suspensions and exclusions, frequent placement moves with consequent

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school disruptions, lack of coordination between educational and child protection personnel, lack of attention to educational needs by professionals, and low expectations held by foster carers, caseworkers and teachers (Stein 1994; Francis 2000; Goddard 2000; Jackson & Ajayi 2007; Wise *et al.* 2010).

The career focus and development of young people in care may be influenced by pre-care factors such as poverty, family disadvantage and low parental support (Berridge 2007) combined with in-care and post-care experiences. Dixon (2007) found that in-care events and experiences, including engaging in risky behaviours such as substance use and offending, placement changes, school disruptions and age at leaving care, all influenced engagement in education, training and employment. Post-care, inadequate access to housing and support networks also mitigated against sustaining participation in work or further education. Young people themselves, as a consequence of their experiences, may have low aspirations to achieve academically and occupationally (Farruggia *et al.* 2006; Iwaniec *et al.* 2006). Further, there is evidence of negative long-term outcomes, such as higher rates of unemployment, homelessness, persistent mental illness or substance use, and poorer social adjustment, for care leavers (Mendes & Moslehuddin 2004; Courtney & Dworsky 2006; Lenz-Rashid 2006; Wade & Dixon 2006).

Every step taken towards better education and employment outcomes can lead to improvements in almost every aspect of adult life: income, housing, mental and physical health, family and parenting, resilience and self-efficacy (Schuller *et al.* 2001). While there is research relating to educational participation and attainment for children in care, and employment pathways and outcomes for care leavers, there has been little research investigating the process of career development and decision-making for children in care. Most children receive encouragement to explore career ideas from a young age, and start to make decisions about education and work directions in their early teenage years. The current study sought to contribute to understandings about the school to work transition for the in-care population by examining aspects of career development.

The study was guided by social cognitive career theory (Lent *et al.* 1996), which is based on Bandura's (1986) personal agency theory. Social cognitive career theory proposes that there are three central variables driving personal career-related actions: (a) self-efficacy (Can I do this task or activity?); (b) career goals or aspirations (determination to undertake a course of action); and (c) outcome expectations (the expected consequences of attempting a task or activity), all of which have been described as the 'building blocks' of career development (Lent *et al.* 1996). Relevant to the current study, the theory recognizes that contextual or environmental influences, such as gender, ethnicity and culture, health status, personal resources, relationships, and social and economic conditions can facilitate or constrain the development of career interests and decisions. Considerable support exists in the literature for the main proposals of social cognitive career theory, as well as for the importance of environmental influences (Lent 2005). The theory is widely used, well-developed and tested in the adolescent career development field. It is also multifaceted, which facilitates consideration of both the personal and environmental influences that potentially impact upon the career development of young people in care.

METHOD

The findings reported in this paper are drawn from a larger, mixed-method (survey and interview), longitudinal research project, which was designed to comprehensively investigate the career development of young people in care. The quantitative data from this project, which compared a group of 202 children in care with a matched sample of 202 not-in-care on a range of career-related variables, have already been reported (Creed *et al.*, in press). This study found no significant differences between young people in care and not-in-care on career variables of career goals and outcome expectations, career exploration and career self-efficacy. There were significant differences between the young people in-care and not-in-care on a number of other variables: the in-care group had lower occupational and educational aspirations, believed their parents to have lower aspirations for them, engaged in less career planning, perceived more career barriers, and had a less stable and less positive relationship with their schools. The current paper reports on the interview data from this project. These data contribute to a broader understanding of the career development of children in care, one that is informed from the perspective of multiple stakeholders, including the young people themselves, their carers, caseworkers and school personnel. The study adds to the understandings gained from the quantitative data by going beyond what young people think about their work futures, to understanding how their experiences have influenced their career ideas, and the roles of key

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adults in their career development. The analysis of the qualitative data involved identifying major themes about how career ideas were formed, who influenced career thinking, what experiences were influential, and what helped and hindered their career development. The data obtained from adult participants provided insights into how these individuals saw their role, how they assisted with the school to work transition, and how they understood the career development needs of young people in care.

Participants

We conducted interviews with 65 young people in care (age range 14 to 19 years; 66% female), 27 carers (age range 30 to 50+ years; 74% female), 14 caseworkers (six aged less than 30 years, five aged 30–50 years, and three aged over 50 years; 93% female), and 21 school guidance officers (age range 30 to 50+ years; 71% female).

In-care children

At the beginning of the project, surveys were sent to 1456 children, which constituted all young people aged over 13 years who were subject to child protection orders in Queensland, Australia. Surveys were mailed directly to the children using addresses provided by the government agency responsible for them, and distributed to social services agencies that were known to have contact with them. Courtesy letters were sent to the children's carers informing them of the study. Two hundred sixty-five children returned a survey (approximate response rate = 18.2%), and all of these children were invited to participate in an interview. This resulted in 65 children agreeing to be interviewed (approximate response rate = 24.5%).

Adult participants

Letters about the study were sent to foster and kinship carers of children within the age range. It was also publicized through foster care networks. Carers were then telephoned and invited to participate in an interview, resulting in a sample of 27 carers. Information about the study was sent for the attention of caseworkers at the child protection statutory agency, presentations were made at staff meetings at local offices, and advice regarding the project was distributed statewide via the agency intranet. This procedure resulted in 14 child protection caseworkers volunteering to be interviewed. Caseworkers are professional staff holding qualifications in social work, psychology or other human services. Information also was distributed to guidance officers inviting participation in the study. This resulted in 21 guidance officers being interviewed. Guidance officers have teaching or psychology qualifications and provide guidance and counselling to students, and may service multiple schools within a district.

Procedure

The conduct of the research was approved by the university human research ethics committee and by the relevant government agencies. All participants provided written, informed consent. Young people in care who were interviewed received a small financial sum for their participation.

The interviews were conducted in order to obtain a depth of understanding about the processes and factors considered relevant to young people in care developing ideas and expectations about their futures. In social cognitive career theory, exploring potential career options and planning for the future reflect actions taken to progress life and career goals (Lent *et al.* 1996). We were also interested in contextual influences, considered to be the supports and barriers within the environment that can make career progress easy or difficult, given differences in the life experiences of young people in care compared with their not-in-care peers. Real or perceived supports and barriers are considered to be important determinants in the career choice process (Lent 2005).

RESULTS

Most of the young people who were interviewed aspired getting a 'good job' and had several ideas about their ideal job. There were occupational goals related to the ambition to help people (nurse, child care worker, teacher, youth worker), the desire for authority and respect (police officer) and mateship (defence force). Fifty-six were interested in a trade or profession, seven nominated unskilled jobs and two were uncertain about what job they wanted. There were various influences on job choices, including from carers, workers, teachers and the media. They saw getting a job as crucial not only to financial security but also to their life goals such as being in a stable relationship, having a family and owning their own things. Some participants (n = 15) expressed strongly that they did not want to be involved with the welfare system, and wanted to avoid mistakes they saw family members making: 'I don't ever want to be a dole

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bludger' (young person #20045T1). They were concerned that being in care was a barrier to employment, 'because a lot of people think that kids are in foster care because they can't be handled and they cause a lot of trouble' (young person #20150T1). Many (n = 29) articulated the desire for stability and recognized that not being settled at home or school was an impediment to planning ahead. Although they had job goals, they tended to be much less clear about what was required to enter a particular job field. Lack of life and career planning was very evident, with 20 young people expressing a lot of uncertainty about the steps they needed to take to achieve their goals and live independently. They worried that they lacked the grades or the personal motivation to get into jobs they wanted. Others had concerns about where they would live and how they could support themselves, whereas some had a more general anxiety about the future: 'Anything could happen. I don't know' (young person #20044T3).

Neither young people, nor caseworkers themselves, saw caseworkers as a source of advice about further education and work futures. For 48 young people there was either no discussion about school and future job plans, or nil or irregular contact with their caseworker. According to young people, caseworkers were too busy: 'You never get to know them' (young person #20141T1), or they would only be involved if there was problem: 'They'd only come down if there was a problem with the carer or something like that otherwise they just didn't really get involved with us' (young person #30054T3). Likewise, caseworkers generally felt that career development was not within their remit (only two said it was part of their work with young people). Ensuring stable placements, responding to problems that arise and facilitating access to needed services were the priorities for their role. Most agreed that education and work were vitally important: 'But in terms of the deliverable stuff, it always gets trumped by other things' (caseworker #19). Moreover, caseworkers said they lacked the expertise and information about career development. Schools were seen as the major source of assistance for young people in developing work pathways. There was also considerable pessimism about the realistic prospects in adulthood for many young people raised in care: 'In terms of the wider community the expectation is for you to leave school and get a job or go to further education. You know that's the expectation, but for most of the kids in care, particularly the kids with disabilities, it's just to get through day to day you know . . . and to have some level of . . . quality of life and role in the community but not, you know, to hold down a full time job' (caseworker #3). Seven caseworkers said that young people could succeed if more support was available, or if a young person was extraordinarily motivated to overcome barriers.

Caseworkers regarded the barriers to success as personal issues, such as unresolved trauma, management of anger and emotions, attachment disorders, intellectual and behavioural deficits, mental health problems and drug use. Several emphasized the need for young people to be self-motivated and responsible. Contextual factors were also identified, including lack of positive role models and lack of post-care supports, including accommodation, social support and money. They considered their role was primarily to secure a stable placement, and also to negotiate approvals for expenditure for educational support and the transition from care. In the main, they did not conceptualize their role as providing personal support and guidance to children in care (this was seen as the carer's role). Their role was indirect: locating a stable placement with a good carer to optimize chances for a good future. But one young person said that caseworkers should have a broader brief, talk to them more about jobs, and encourage them more: 'Give them an open mind that they can get into anything that they want if they really tried and, you know, stuff like that' (young person #20186T2).

If personal support was provided, it was most likely from a carer. Young people who had a positive relationship with a carer (n = 18) valued the practical and emotional support and career role modelling they provided. Emotional support included messages of encouragement, such as 'do everything to the best of your ability, finish what you start' (young person #20015T3), 'never give up' (young person #20045T3), 'if you put your mind to it you can do whatever you want to' (young person #20061T3), 'keep going to school and apply for casual jobs' (young person #20001T3). Young people could identify the practical supports they obtained from carers in the process of developing career interests, such as monitoring school progress, assistance with homework, attendance at parent–teacher meetings and subject selection. Carers facilitated work experience or casual jobs for some young people. For one young woman who was still in care and parenting her newborn, the most valuable practical support was the carer providing childcare while she undertook a vocational course. Carers themselves concentrated on practical matters. They identified administrative and bureaucratic processes that were inhibiting young people's transitions.

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This included failure of the agency to provide written consents for school and extra curricular activities, birth certificates, tax file numbers, incomplete education plans, lack of funding for training or higher education, and referrals to adult supports, such as income and accommodation services, which had a significant effect on the capacity of young people to move forward and plan for a future career. They also regarded placement instability, infrequent and 'mechanical' contact with caseworkers, and inexperienced caseworkers, as having a negative effect on young people's ability to achieve educational and career goals. Young people suggested the statutory agency could assist more by reducing the workload for caseworkers and providing financial support for in-care and post-care with educational expenses, such as for tutoring, books, laptop computers and transport.

But many young people did not have a relationship with a carer or other adult whom they could rely upon. Twelve participants saw themselves as very much on their own in making their way in the world: 'I don't need these people's help. I'll do it by myself, because no one's ever helping me, and I can never find help, so I'm like, stuff it, I'll just do it by myself' (young person #30051T3). Related to this was the desire to succeed, to go beyond the expectations of others, and to gain the praise and respect of others: 'I think the general perception of everyone that's been in foster care is low, like low achievers, not going to get anywhere. Yet I never felt like that. I felt that I could get anywhere I wanted to and I have so far . . . I think I've been very independent as a result of being in foster care as well, and the independence has grown and grown, and I haven't had to rely on others' (young person #20048T1).

All participant groups recognized that unstable schooling was a barrier to career development. Schools were depicted as stressful places, in which children were bullied, not able to concentrate on their studies, or not able to manage rules and regulations. Many young people had learning impairments or disabilities or behavioural problems of aggression and not socializing. Education Support Plans (ESPs) aim to address education-related needs for children in care. There were participants in each group who were positive about the ESP because it was a mechanism to secure resources such as tutoring, counselling or computer aids. However, many young people were not aware they had an ESP, and some participants were critical of the focus of ESPs on behaviour management rather than on educational goals. The role of guidance officers is to assist students with educational, career, welfare and personal development needs. In schools, they are expected to be the linchpin in the education planning process for children in care. Most guidance officers were positive about young people as individuals, but pessimistic about potential outcomes. Guidance officers said the pre-care and in-care experiences of children created difficulty at school. One spoke of a vicious cycle, whereby young people become angry at the lack of stability and trust in their lives, and acted out, which led to difficulty in placing, and in turn, more anger and acting out. They recognized the importance of guidance from adults, but felt the lack of stability meant a lack of positive, long-term, trusting relationships and a sense of belonging: 'They're just surviving, they're existing, they don't know what's ahead of them, they feel very insecure' (Guidance officer #10). They felt that factors such as the children's history of abuse or neglect, their family of origin, in-care status and experiences, adversarial relationships, reduced opportunities, and feelings of powerlessness led to lowered expectations and aspirations. The practical barriers guidance officers identified included lack of finances, transport, physical resources, and lengthy administrative processes to obtain required approvals and finances. But they felt the main difficulty for the young people was not having someone to care about them. All guidance officers expressed concern about the transition from care process and what would happen to these young people when they left care. They felt some foster carers did not care enough, and had low expectations, and they wanted child protection caseworkers to have more time to engage with the young people.

DISCUSSION

The outcomes of the interviews are consistent with the social cognitive career theory propositions (Lent *et al.* 1996), that contextual influences, whether personal (e.g. lack of positive role models) or social (e.g. limited opportunities for skill development, cost of attending university), can constrain both the formulation and pursuit of career goals. The young people in care perceived that they faced barriers related to their in-care status and the lack of stability in their upbringing, indicating that they construed their circumstances as a potential barrier to later occupational and life achievement. They also perceived barriers such as a lack of interest by adults in their life, few supportive relationships and doubts about their ability, despite acknowledgement by some of the valued support from

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their carers. These barriers were reported in the interviews irrespective of the young person's academic achievement, which is consistent with what we found in the larger study (Creed *et al.*). The concepts of self-reliance and independence were evident in many interviews with young people who felt the care system had toughened them up. They said this had given them positive characteristics of self-reliance, determination and motivation to achieve beyond the expectations of others. These self-perceptions are valuable and can be a source of strength and resilience. But it is self-reliance by default, emanating from feelings that there is no one else to rely upon. The impetus to self-reliance can also be negative if young people strive to do well, yet feel if they do not succeed, then they only have themselves to blame because they were not motivated enough or smart enough.

Career aspirations reflect the question, 'What do you want to be when you grow up?'. They are useful predictors of educational and occupational choices, and are associated with future occupational achievement (Mau & Bikos 2000; Rojewski 2005). In our project, many young people expressed a desire to have a satisfying career, but had limited ideas about the range of jobs that might suit them or what was required to get those jobs. Many aspired to social type occupations, those which attract people with an interest in helping or teaching others. The preference for social occupations may be linked with the contact that children in care have with helping professionals; however, exposure to a more diverse range of occupations would facilitate more normative occupational aspirations. Occupational aspirations tend to reflect one's life and employment experiences and societal expectations (Gottfredson & Becker 1981), and while this study cannot confirm that pre-care or in-care experiences have led to aspirations for certain types of jobs, it is plausible to suggest that the two are related. It was concerning that many young people in the study, even if they had clear work goals, had limited knowledge about what was required to enter their chosen occupation or what steps to take to find out. Career planning involves actions or behaviours that are set in train to meet set goals. Less planning implies giving less time and thought to future work possibilities, including less time and thought to choosing educational pathways, and not having clear plans about how and when to enter the labour market.

Results from the interviews are consistent with previous research regarding low expectations held for children in care by professionals involved in their lives (Aldgate, 1994; Jackson & Ajayi 2007). This is conceptualized as a contextual factor in social cognitive career theory. Both caseworkers and guidance officers were pessimistic about prospects for a successful school to work transition for young people in care. Their attention was on behavioural and psychological issues, rather than future planning. This may reflect the fact that their work is dominated by the children who are not settled in placements or at school. Unfortunately, this may mean that many children in care, those who have needs that are 'under the radar' or not acute, are missing out on resources that can help them to achieve their goals. All participant groups in this study commented on how practice with young people in care is preoccupied with the here and now – problems, placement and finding appropriate services. On the other hand, the process of career development and preparing for the school to work transition is inherently future-oriented. It is about getting from where you are, to where you want to be: about future goals, opportunities, resources, life plans and outcomes.

Young people need help at all stages of the career development process: they need to be exposed to diverse experiences and people (for example, through hobbies, part-time jobs, sports) so they can begin to form interests and get ideas (*aspirations*); they need help with naming their skills and talents and matching these to possible work choices, setting goals and making sound choices (*expectations*); and they need to be encouraged so they develop the confidence to achieve goals (*self-efficacy*). This includes having access to resources, as some goals require financial assistance to pay for hobbies, tutors, materials or fees, or transport to and fro. These career development activities need to start in the pre-teen years and cannot wait until transition from care planning (typically from age 15 or 16 years in Australia). For older children and care leavers, attention to employment pathways in transition from care planning is vital. This would include more targeted vocational and employment support services (Mendes 2009), such as careers counselling, education scholarships, work experience placements, preparing job applications, developing interview skills, understanding workplace values, and support to find jobs and traineeships.

Applying social cognitive career theory to young people in care enhances understanding about the factors effecting career development for this group, and contributes ideas about possible interventions. These may be at the personal level (raising aspirations and helping to plan) and addressing care system

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barriers, such as bureaucratic delays and lack of resources. As the adverse effects of maltreatment and the care experience have both psychological and social dimensions, a mix of therapeutic, practical and educational responses are likely to be required. Strategies are needed at both casework and system levels: practices and programmes to help individual children to think about and achieve their goals and policies and strategies to improve the chances of work success for all children in care. It must be acknowledged that young people in care face particular difficulties in becoming responsible and self-motivated, a task of adolescence that is surely more challenging for them than it is for their peers, given their care experiences. There appeared to be confusion among professionals in the study about whose responsibility it was to facilitate a positive career focus for young people in care. Caseworkers – the delegated guardians – have overall case management responsibility for children; yet, they acknowledge they lack the expertise in the area of career development. Two remedies are possible here: resources and training for caseworkers, or bringing into the care system professionals who do have expertise in this field, such as educators and career advisors. Both strategies could be adopted. For example, agencies could develop career resources aimed at young people in care (there are many examples of career activities, workbooks and websites for specific target groups); ensure the caseworker role encompasses a focus on future goals and outcomes; and provide for the expertise of career development professionals to be readily available to caseworkers on a consultancy basis. At a policy level, targeting school stability, measuring educational attainment, and raising expectations about further education and work outcomes would be a positive step. While there were young people in this study who did receive appropriate career development opportunities, it was not consistent, and there was no evidence of any concerted attention to this aspect of development.

Placement instability while in care has been identified as a factor that is significantly related to psychosocial well-being for children (e.g. Barber & Delfabbro 2003; Pecora *et al.* 2006). All interviewees reinforced the difficulties caused by instability. Supportive carers clearly were a positive influence for some participants. However, it does not follow from this that the focus should only be upon achieving a settled placement, as if this is the sole key to improving outcomes. The concentration on where the child lives as the basic need to be resolved first is not a rationale to de-prioritize education, work and the child's post-care future. Many of the young people interviewed in this study were not in stable placements, but they still had future work-related goals and needed assistance to plan towards those goals. All of the domains of development are important, and while some needs may take precedence at a particular time, this is no justification for permanently creating a hierarchy of needs in which placement trumps everything else every time. Orientation to education and future work is an extremely important part of nurturing the development of young people; it should not be relegated to second order for children in care.

The outcomes and insights gained from interviewing these young people and their important adult supports need to be considered in the light of the limitations of the study. The children and adults who volunteered for the interviews may not be representative of all children in care or all support adults. The young people in care who did not respond to our invitation for interview are likely to be less engaged with school and have less stable placements. Similarly, the carers and professionals who agreed to be interviewed may not be representative of the population of adults who support in-care children. We aimed for a diverse sample, but carers who were more articulate and felt more confident to be interviewed may be overrepresented, and certainly, professionals who were interested in the school to work transition and who felt they had something to contribute may have been more likely to volunteer to be interviewed. Despite these limitations, the interview study gives a fuller understanding of the experiences of children in care, and clarifies the perspectives of carers and professional supports regarding their roles in assisting them to plan and prepare for their occupational life. Increased knowledge about the processes by which young people in care are prepared for the school to work transition, how they think about their work pathways, and the roles of various stakeholders can inform policy and practice development in child welfare and education agencies to better meet the career development needs of this population.

CONCLUSION

The implications of the research fall into four categories: (1) raising the aspirations of young people in care to achieve a fulfilling career; (2) improving their capacity to plan a career pathway and to overcome barriers; (3) taking a longer-term and multidimensional approach to casework that is oriented to successful adult functioning; and (4) responding more

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comprehensively to both the social and psychological effects of the care experience. Enhancing the capacity for career and life planning must start in the early secondary school years, followed up with consideration of specific employment and training options in transition from care planning. More attention to adult outcomes in general, and career development in particular, will promote the capacity of young people in care to choose positive pathways, to be supported in those choices, and to experience the personal and social rewards of workforce participation.

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