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Trends and issues in the out-of-home care of children in Australia [1]

Summary

The recent publication of out-of-home care data by the Australian Institute of Health and Welfare has enabled an analysis of placement trends for the three year period 1993-1996. Significant findings include a marked increase in overall numbers of children placed into care, a decline in the use of residential/group care, and a continuing high rate of placement for indigenous children. The findings are considered in the context of longer term placement trends and comparative data from Europe and the USA.

Introduction

The Australian Institute of Health and Welfare (AIHW) has recently compiled data on Australian children in out-of-home placement (AIHW, 1997). This is the first time that data specific to this population group have been collected by a national statutory organisation and results from standardised counting rules agreed to by the various State and Territory child welfare agencies.

The data have enabled the examination of some recent trends in the provision of out-of-home care. In a 1994 article (Bath, 1994), data from each of the eight State and Territory child welfare departments were collected and adapted to compile a picture of children in care as of June 30, 1993. The counting rules followed by the AIHW are similar to those used for the 1993 data and allow for a reasonably accurate analysis of placement trends in the three years to June 30, 1996. To set the current data in a longer-term context, some estimates from a 1983 study of out-of-home care provision are also presented while data from the USA and Europe are used to draw some international comparisons.

Scope and counting rules

The data tables presented here pertain to *numbers in care* in all eight jurisdictions, and break-downs by *types of care* and *Aboriginality* (as indigenous children have long been over-represented in Australian out-of-home care populations). The data focus on children and young people up to the age of 17 who are in care for *welfare-related* reasons. They may or may not be under a legal care order, as there is a great deal of variance in the usage of such orders among the States. As noted in the earlier paper: '… unless there is a clear, continuing involvement by a statutory agency, (this approach) excludes most children in hospitals, correctional facilities and boarding schools, and also some who may be in hostels for physically and intellectually impaired children' (Bath, 1994, p. 5).

The data do not include most young people currently accommodated in refuges or facilities funded under the Supported Accommodation Assistance Program (SAAP) as most such placements are of a voluntary nature and do not involve statutory Agency involvement. Some reference is made to this voluntary refuge population in the discussion. Further details on the counting rules can be obtained from the two focal papers from which these data are derived.

The AIHW data for both Queensland (QLD) and the Northern Territory (NT) are incomplete and therefore not directly comparable with those for the other jurisdictions. For the sake of comparability it has been necessary to estimate some numbers from these jurisdictions based on average trends from the other six. Details on these calculations are contained in the notes associated with the various tables.

The data tables

Table 1 (page 105) contains the numbers in care in each State and Territory and the placement rates per 1,000 children, for both 1993 and 1996.

It can be seen that there has been an *increase* in the overall number of children in care of 2,404, or close to 20% in the three years. Three jurisdictions (the Australian Capital Territory [ACT], New South Wales [NSW] and Victoria [VIC]) had moderate increases in their placement rates.

Table 2 (page 106) contains the numbers and percentages of children and young people in *residential/group care settings,* [2] for the period 1993-1996. The estimates for Queensland and the Northern Territory assume that any variation between supplied numbers and the projections for these jurisdictions is likely to be in the foster care count. This is because there are fewer residential/group care settings, they are more expensive than the foster care alternatives, and they are usually fully funded by the State. It is therefore assumed that the data collected by statutory funding bodies on this form of care are more accurate than those pertaining to foster care.

Table 1. *Numbers and placement rates (per 1,000) of children and young people in out-of-home care 1993-1996 in Australia*

	1993[a]		1996[b]	
	number	Rate/1,000	number	Rate/1,000
ACT[c]	135	1.6	181	2.3
NSW	4,694	3.0	5,437	3.5
NT	123	2.3	[171][d]	[3.1][d]
QLD	2,112	2.6	[2,725][d]	[3.1][d]
SA	1,195	3.3	1,064	3.0
TAS	498	3.9	508	4.0
VIC	2,504	2.2	3,385	3.0
WA	1,012	2.4	1,206	2.6
Total Aust.	12,273	2.7	[14,677]	[3.1]

a. Based on data tabled in Bath (1994), Out-of-home care in Australia: A state-by-state comparison, *Children Australia*, 19(4), 4-10.

b. Adapted from data tables in *Children in out-of-home placement, 1995-96*, Australian Institute of Health and Welfare, February 1997.

c. ACT = Australian Capital Territory; NSW = New South Wales; NT = Northern Territory; QLD = Queensland; SA = South Australia; TAS = Tasmania; VIC = Victoria; WA = West Australia.

d. NT and Qld do not collect data on all children in out-of-home care. These are estimates based on the average placement rate for the other six jurisdictions (3.1/1,000).

A very consistent trend is evident in these data. In the three-year period there has been a continuing decline in residential/group care provision. This decline is most evident in the Australian Capital Territory, New South Wales, Queensland and Victoria. In South Australia (SA) and Queensland there are remarkably small percentages of young people in this form of service provision.

Data from 1983 help to place recent trends in a longer-term context. An Australian Bureau of Statistics study (ABS, 1985) found that there were approximately 17,000 children in out-of-home care. Of these, 7,140 or 42% were in some form of residential or group care, although it is probable that some of these children were in institutions that had combined juvenile justice and welfare functions.

In summary, the ten-year period between 1983 and 1993 saw a *decrease* by around 28% in the overall number of children in care. Numbers in foster care remained essentially *unchanged* while there was a significant 65% *decrease* in the use of residential/group care.

Table 2. *Numbers and percentages of children and young people in residential/group care - 1993-1996 in Australia*

	1993[a]		1996[b]		% Change
	number	%	number	%	%
ACT	26	19	14	8	-11
NSW	762	16	475	9	-7
NT	11	9	19[c]	11	+2
QLD	245	12	168[c]	6	-6
SA	52	4	53	5	+1
TAS	103	21	86	17	-4
VIC	924	37	794	23	-14
WA	293	29	209	17	-12
TOTAL	2,416	20	1,818	12	-8

a. Based on data in Bath (1994), Out-of-home care in Australia: A state-by-state comparison, *Children Australia*, 19(4), 4-10.

b. Adapted from data in *Children in out-of-home placement, 1995-96*, Australian Institute of Health and Welfare, Feb. 1997.

c. NT and QLD do not collect data on all children in out-of-home care. These estimates are based on the average placement rate from the other six jurisdictions (3.1/1,000), and assume all under-reported placements are in foster/community care.

As noted, there has been an *increase* of close to 20% in overall numbers in care over the past three years. In the same period foster care numbers have *increased* by 30% while residential/group care numbers have *decreased* by 26%. In the thirteen-year period 1983-1996, numbers in residential/group care have *decreased* by close to 75%. These trends are presented graphically in Figure 1 (page 107).

Trends in the out-of-home placement of Aboriginal/Torres Strait Islander (TSI) children can be determined from the data presented in Table 3 (page 108).

There has been some reported increase in the numbers and percentages of Aboriginal/TSI children placed in the Australian Capital Territory (ACT) and New South Wales (NSW), with decreases reported in South Australia (SA) and Tasmania (TAS). However, the overall placement picture for this population group has changed very little in the three-year period. The placement rate for Aboriginal/TSI children stands at 20/1,000 or 7.8 times the rate for non-Aboriginal children.

Figure 1. *Trends in out-of-home care service provision, 1983-1996*
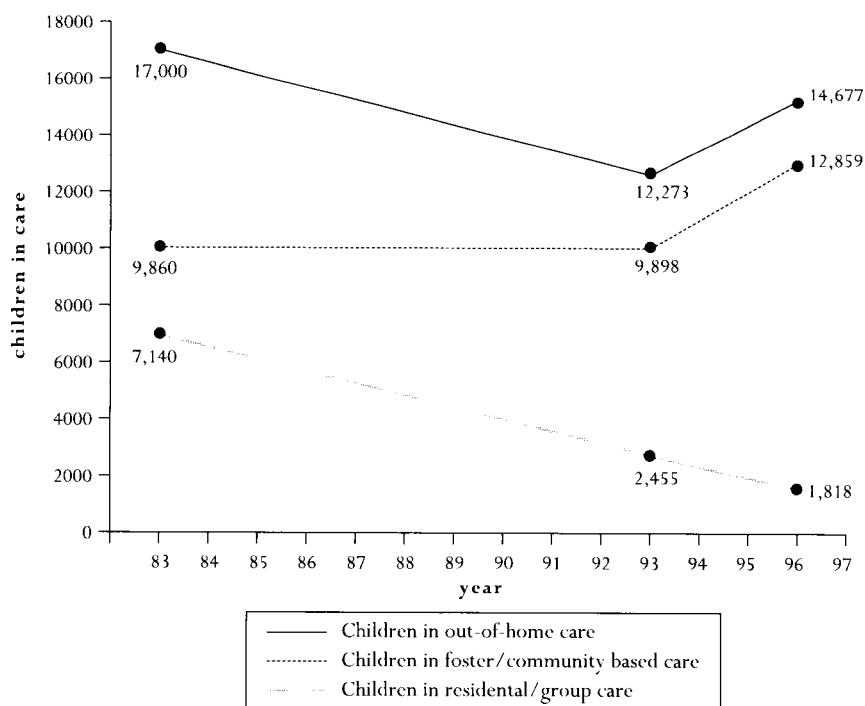
- 1983 data adapted from *Children in Care, Australia*, Australian Bureau of Statistics (ABS, 1985).
- Figures for 1993 supplied by state child welfare agencies, tabled in Bath (1994), Out of home Care in Australia: A state by state comparison, *Children Australia*, 19(4), 4-1.
- 1996 data adapted from *Children in out-of-home placement, 1995-96*, Australian Institute of Health and Welfare, February 1997. NT and QLD do not collect data on all children in out-of-home care so overall numbers are determined from projections for these states based on the average placement rate for the other six states (3.1/1,000).

Discussion

With the involvement of the Australian Institute of Health and Welfare and the establishment of national counting rules, there is good reason to believe that Australian data on children in out-of-home care are becoming more reliable. However, apart from the estimates that have been necessary for Queensland and the Northern Territory, some variation in the reliability of data from multiple sites can be expected. The Australian data for 1983 (ABS, 1985) and the international figures below have been presented for comparative purposes only - some of these are based on projections and there would be a degree of variation in the counting rules which have been used.

Table 3. *Aboriginal/TSI children in out-of-home care, 1993-1996, showing numbers, percentages of the in-care population and placement rates*

	Number of Aboriginal/TSI children in out-of-home care		% of the in-care population which is Aboriginal/TSI		Placement rates per 1,000 Aboriginal/TSI children up to 17	
	1993[a]	1996[b]	1993[a]	1996[b]	1993[a]	1996[b]
ACT	12	25	8.9	14	15	27.3
NSW	829	1,233	17.7	23	26	33.2
NT[c]	52	91	33.7	53	3	4.3
QLD[c]	615	654	29.1	24	19	17.3
SA	203	162	17.0	15	28	16.2
TAS	55	44	11.0	9	13	9.1
VIC	300	318	12.0	9	40	35.7
WA	353	379	34.9	31	18	16.2
TOTAL	2,419	2,906	19.7	19.8	20	20

a. Based on data tabled in Bath (1994), Out-of-home care in Australia: A state-by-state comparison, *Children Australia*, 19(4), 4-10.

b. Adapted from data tabled in *Children in out-of-home placement, 1995-96,* Australian Institute of Health and Welfare, February 1997.

c. NT and Qld do not collect data on all children in out-of-home care. The 1996 data presented here are estimates based on the average placement rates of the other six jurisdictions (3.1/1,000). Percentages of the in-care population and Aboriginal placement rates for the NT and Qld are derived from the limited data provided to the AIHW. These percentages/rates have then been applied to the new population projections.

The key points to emerge from the more recent Australian data are the rapidly increasing numbers of children in out-of-home care, the continuing decline in the use of residential/group care options, and the continuing high rate of placement for Aboriginal/TSI children.

After a decade which saw overall numbers in care decrease by 29%, the last three years have seen a marked increase. It is possible that part of this increase is due to changes in data collection procedures. The statutory child welfare department in New South Wales, the most populous State, used new data recording procedures, while the 1993 data for Queensland were noted as being underestimates (Bath, 1994). To further complicate the findings, there is some evidence that care numbers in NSW have actually declined slightly from a peak (of 5,856) in 1995 (Clark, 1997, pp. 21, 74). However, the consistent upward trend in most of the jurisdictions suggests that there has actually been an increase in numbers.

Reasons for trends

There has been no dramatic deterioration in socio-economic conditions which might have helped explain an increase in care numbers (cf. Pelton, 1989) nor have there been any obvious policy or practice changes by statutory agencies which might have led to the same result. Clark (1997, pp 21-27) recently examined what she termed the 'demand data' behind the placement of young people into the NSW care system. Her findings concurred with those of a number of previous researchers who failed to find any clear demographic, diagnostic or system processing factors, apart from a history of previous placement, which differentiated between placed and unplaced children under statutory supervision. In the absence of more detailed data (pertaining to issues such as *why children and young people have been placed* and *ages at placement*), we can only speculate on reasons for the recent increase in out-of-home care placements.

Whatever the reasons for the increase in numbers, it is clear that all the increase and more has been taken up with the expanding usage of foster care options. Apart from a general capacity increase in foster care services, there has been a clear nationwide trend toward the development of specialised foster care services that cater for adolescents and other children/young people with special needs. Such services tend to provide higher levels of remuneration to carers, to have lower caseworker-carer ratios and to provide more intensive case management (for example, the 'One-to-One' programme described in VDHS, 1997, pp. 31-40). Unfortunately, the available data do not allow us to determine how much of the increase in foster care is due to programmes focusing on children and young people with special needs.

It is mothers outside of the work force who have traditionally been the primary foster carers (see, for example, Smith, 1989 cited in Mason, 1996), and in the decade from 1983-1993 demand for their services remained static. The recent increase in foster care demand has occurred at a time in which the participation rate of women in the work force is almost 10% greater than in 1983 (see ABS, 1996a, 1996b). The recent trend toward specialised foster care programmes which offer higher rates of remuneration may therefore be driven as much by economic necessity as by theoretical or clinical warrants - there is a shrinking population of potential carers and an increasing demand for their services.

Another possible contributor to the growth in foster care has been an apparent increase in the use of relative or kinship care. The AIHW data indicate that at least 3,382 (26%) of the 12,859 children in foster family care were in relative/kinship placements (AIHW, 1997, p. 8). Although these data are incomplete and do not suggest trends, Clark (1997, p. 21) maintains that there has been a doubling in the use of relative/kinship care in New South Wales over the past five years. Anecdotal reports suggest that there have been parallel developments in other States.

The increasing focus on foster care also results from a widespread rejection of residential/group care approaches. There are now 75% fewer children in residential/group care than in 1983. The current low level of residential provision has prompted one child welfare academic to bemoan the 'precarious state' of Australian residential services (Ainsworth, in press), as it appears that authorities in all States are rushing to abandon this form of service provision. Apart from the obvious cost disadvantages of residential care, Ainsworth has drawn attention to the jaundiced perceptions of group care held by administrators and practitioners, which is

fuelled both by the post-war research findings on institutionalisation and maternal deprivation and by continued reports of abuse emanating from the few institutions that remain.

The range of the remaining residential/group care options is particularly limited in Australia. There are no 'residential treatment' facilities as are common in Europe, Canada and the USA, nor is there a boarding school tradition for young people with special needs as in the UK (Kahan, 1994). The vast majority of young people in residential/group care are accommodated in small units of six or fewer residents with youth work staff, or in 'family group' homes with the primary carers being married couples (AIHW, 1997). Responding to continued reports of abuse in care, the NSW Minister for Community Services recently announced the closure of the last two institutions accommodating State wards. He was quoted as saying 'Children who have done nothing wrong but are in need of State care should not be locked away in institutions .... They should be in smaller community-based accommodation with the size of a normal family grouping' (Bernoth, 1997). This is a strongly-held sentiment all around the country.

Agencies still providing residential/group care are faced with a generally older and increasingly troubled client group than in the past (see, for example, Clark, 1997), a trend evident also in other developed countries (e.g. Bullock, Little & Millham, 1993; Bates, English & Kouidou-Giles, 1997). Media reports on problems related to young people in care and the care system itself have appeared throughout the country, and suggest that the contemporary provision of residential/group care presents agencies with particular challenges. There are now very few children under the age of ten in residential/group care and most are referred to these rather than other options because of behavioural, intellectual or psychiatric problems, rather than simply a need for care. Whereas foster care is catering for many children that might previously have been cared for in residential settings, a large proportion of children currently in residential/group care would no doubt have previously been accommodated in secure settings or other specialist justice, welfare or psychiatric institutions.

In Australia, as in most of Europe, we have typically referred to our services as *residential care* rather than *residential treatment,* which is the most common descriptor in the USA. Most service providers would not want to abandon the focus on care rather than treatment, but clearly, the residential task has moved beyond the simple provision of care to one which requires skilled, purposeful and well-resourced interventions if the pressing needs of troubled and troubling clients are to be met. The Australian child welfare service spectrum is particularly lacking in specialist service options to meet the mental health, substance abuse and educational needs of young people in care.

To fill out the child placement picture it must be pointed out that since the early 1980s, the phenomenon of youth homelessness has been gaining attention and a parallel system of care has arisen with the federal funding of youth refuges around the country. Placement within youth refuges is of a voluntary nature, although the resident populations sometimes include young people under statutory supervision orders. For the most part, young people in refuges are 15 years of age or older. Prior to the 1980s, and in some States for most of that decade, young people refusing to comply with care givers were subject to a set of legal statutes known as *status offences*, which could result in them being coercively placed into a child welfare insti-

tution. It is therefore likely that a number of homeless young people currently accommodated within the refuge system would previously have been counted in child welfare out-of-home care statistics. Data published in the *Home for a night* series (e.g. SAAP, 1995) show that the number of young people under the age of 18 accommodated in refuges on any particular night, remained in the 1,100-1,400 range from 1989-1995.

Placement rates compared

Australia still appears to have a very low placement rate of children into out-of-home care when compared with Western European countries and the USA. Data presented by Knorth (1998), sourced in part from Colton and Hellinckx (1993), suggest that our overall placement rate of 3.1 / 1,000 is still well below that of most Western European countries, which average out at 5.6 / 1,000. There is no central data clearing house in the USA, so the in-care population figures are necessarily projections. Estimates range from 500,000 in care in 1996 (US Department of Health and Human Services, cited in Wilson & Chipungu, 1996) up to 840,000 (projection for 1995 by the National Commission on Foster Family Care, 1991 cited in Dubowitz, 1994, p. 553). Based on population figures published by the US Bureau of the Census (1996, p. 16) these figures translate to a placement rate of between 7.3 and 12.2 / 1,000, which is two to four times our own.

With respect to the relative usage of the major care options, our increasing reliance on foster care stands in contrast with any Western European country for which data is available. The reported average service usage for Western European countries in 1993 was foster care 44% and residential/group care 56% (Knorth, 1998). Australian percentages were 88% and 12% respectively.

Aboriginal/TSI placements

There has been very little change in the overall picture of Aboriginal/TSI out-of-home care placements in the three years between 1993 and 1996, but the placement rate remains at 20/1,000 or 6.5 times that for all Australian children (3.1 / 1,000) and 7.7 times that for non-Aboriginal children (2.6 / 1,000). A full two per cent of Aboriginal children are in out-of-home care at any given time. A survey of non-government care providers in 1984 (Szwarc, 1985) found that 8.7% of children in care were Aboriginal. This suggests that throughout the 1980s there was a marked rise in Aboriginal/TSI placements which may now be beginning to plateau. The Aboriginal/TSI population is the most economically disadvantaged ethnic group in Australia and demonstrates high rates of poverty, unemployment, and homelessness - commonly accepted drivers of out-of-home care placement (Pelton, 1989; Butler, 1993). Apart from the pervasive socio-economic concerns, there has recently been a great deal of publicity over the negative effects of past child welfare policy and practice, which resulted in the forced removal of many Aboriginal children from their families. A national inquiry was commissioned in 1995 and conducted by the Human Rights and Equal Opportunities Commission. It brought down its widely-publicised findings in April 1997 in the report entitled *Bringing Them Home* (Human

Rights and Equal Opportunity Commission, 1997a), resulting in a widely supported call in the community for governments (both State and federal) to formally apologise for past forced removal policies and to provide compensation for those directly affected.

The report details the devastating personal and social effects that the removal practices have had on a generation of Aboriginal people, and which in some cases have been interpreted as cultural genocide (Human Rights and Equal Opportunity Commission, 1997b, p. 27). Apart from the emotional stresses inherent in the forced removal from primary care givers, there were many reported instances of physical and sexual abuse and educational neglect. With respect to the high rate of placement of Aboriginal children it has been pointed out that the destruction of normal family ties and the emotional and psychological effects of separation have led to serious parenting problems with the subsequent generation. Durrant (1993), writing about the effects of child removal policies in Victoria, observes that 'Ninety per cent of the children who were removed ended up in institutions. Today there is a crisis of parenting as the majority of these removed children did not receive adequate, consistent parenting, especially during their earliest and most formative years. Apart from the thousands of children directly affected at the time, there was a more serious effect on the capacity of the removed children to parent children themselves. Removal of children thereby became a generational cycle' (p. 10).

The apparent slowing of Aboriginal/TSI out-of-home care placements is likely to be the result of more enlightened and effective placement prevention policies, as there has been little appreciable change in the socio-economic status of the indigenous population as a whole.

Closing remarks

The collection and publication of data by the Australian Institute of Health and Welfare is a most welcome development. The present discussion has concentrated on numbers in care, types of care provision and Aboriginality. The AIHW paper also presents data on the *legal status of children in care*, the *numbers of children with at least one placement*, the *lengths of time in continuous placement to June 30, 1996*, and the *number of placements experienced by children in care in the two years prior to June 30, 1996*. The data picture would be greatly enhanced, and the interpretation of the data made easier, by the inclusion of the *ages of children on entry into care*, the *classification of placements in terms of their projected duration* (e.g. emergency, temporary, short-term, medium-term or long-term) and *the reasons children are placed into care*.

Notes

1. Adapted from the paper: Bath, H. (1994). Recent trends in the out-of-home care of children in Australia, *Children Australia*, *22* (2), 4-8.
2. There are some minor differences in the definitions used to define the two major types of care. In Bath (1994, p. 18) these were categorised as *Family Based Care* ('includes all foster care and any other care arrangement that involves families or individuals as carers') and *Group/Residential Care* ('includes group homes, institutions, hostels, residential shelters and other settings that provide care for groups of children'). The Australian Institute of Health

and Welfare (1997, p. 2) uses the category *Home Based Care*, ...where placement is in the home of a carer who is reimbursed for expenses: (i) foster care/community care - general authorised caregiver who is reimbursed by the State/Territory and supported by an approved agency; (ii) relative/kinship care - specific authorised caregiver/ 'particular person' who is reimbursed by the State/Territory; (iii) other - including private board.' *Facility Based Care* is in a 'residential building for the purpose of providing placements and involving paid staff: (i) where staff are rostered; (ii) where there is a live-in caregiver (including family group homes); and (iii) where staff are off-site (lead tenant, supported residence).' In the present paper I have used the terms *Foster Care* and *Residential/Group Care* as these are the most commonly used terms in Australia and the most readily understood.

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