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Improving the mental health of Indigenous children and young people in child protection



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Australian Institute of Health and Welfare

Board Chair

Mrs Louise Markus

Chief Executive Officer

Mr Rob Heferen

Any enquiries relating to copyright or comments on this publication should be directed to:

Australian Institute of Health and Welfare

GPO Box 570, Canberra ACT 2601

Tel: (02) 6244 1000 Email: info@aihw.gov.au

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About the cover artwork:

Artist: Linda Huddleston

Title: *The journey towards healing*

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.



Summary

Improving the mental health of Indigenous children and young people in child protection

What we know

- Aboriginal and Torres Strait Islander (Indigenous) children and young people are over-represented in the child protection system.
- Mental health conditions and events (including self-harm) are more common among children and young people who make contact with the child protection system.
- Experiences of trauma (including abuse and neglect) also negatively influence mental health and suicide outcomes for Indigenous children and are common drivers of contact with child protection services.
- At 30 June 2019, about 2 in 3 Indigenous children placed in out-of-home care were placed in a way that meets the Placement Element of the Aboriginal and Torres Strait Islander Child Placement Principle.
- The transition to out-of-home care can involve substantial adjustment for young people. It can exacerbate mental health issues and self-harming behaviour. Attention to mental health needs for Indigenous care-leavers is critical.
- Mental health and suicide outcomes for Indigenous children and young people are negatively influenced by:
 - loss of connections to family, culture and community
 - feelings of instability.

What works

- Indigenous-led design and delivery of programs and care planning—this involves effective collaboration between Indigenous communities, Indigenous agencies and child protection authorities.
- Primary and secondary approaches to protecting children can reduce abuse and neglect, which contribute to poor mental health and are common drivers of child protection notifications.
- Flexible care planning and service delivery, including:
 - cultural support plans that stay relevant by ongoing revision and monitoring
 - leaving care plans that ensure that young people are not made to exit care too early
 - alternative methods of service delivery to improve accessibility (such as home visiting).
- Provision of trauma-informed therapeutic care.



What doesn't work

- Lack of transparency of statutory child protection processes by authorities and poor access to information for Indigenous families.
- Decisions to place children in care that don't involve consultation with families or Indigenous agencies.
- Mental health therapeutic responses that are not tailored to meet the needs of individuals.
- Unnecessary disconnection from family, culture and community.
- Approaches to permanency planning that do not consider Indigenous definitions of stability, but rely exclusively on developing particular bonds with a single set of parents or carers, or on living in the same house—for many Indigenous children, stability is grounded in the permanence of a child's identity in connection with family, kin, culture, and Country.

What we don't know

- The mental health and suicide outcomes for Indigenous and non-Indigenous Australians who have had contact with the child protection system—this is due to a lack of data, including program evaluation evidence.
- The extent and effect of racism and discrimination in the child protection system on mental health and suicide outcomes for Indigenous children and young people.
- The long-term effects of child protection reform following the Royal Commission into Institutional Responses to Child Sexual Abuse.
- The extent to which negative outcomes are the result of maltreatment before child protection contact or contact with the child protection system, and as a result, and how best to deliver child protection services that promote wellbeing for Indigenous children and young people.



1



Introduction



1 Introduction

There is a high prevalence of mental health conditions and events (including self-harm) in children and young people who make contact with the child protection system in Australia (Green et al. 2019; Maclean et al. 2019).

A child's mental health can be affected by adverse experiences before entry into care, such as:

- abuse and neglect (AIHW 2020a)
- poverty (Husain 2012)
- drug and alcohol use (AIHW 2021a)
- lack of access to health services, safe housing environments, education, housing and employment (Community Affairs References Committee 2015; Tilbury 2012).

Once children make contact with child protection services, outcomes may be poorer still (Maclean et al. 2019), even after adjusting for pre-existing adversity (such as parental mental health issues and trauma associated with experiences of abuse or neglect). This could be because the child protection system itself exposes children to mental health risk factors, such as abuse and neglect, feelings of instability, and poorly supported transitions out of care (AIFS 2013; Kelly et al. 2003; Marmor & Harley 2018; Mendes et al. 2016; Rahamim & Mendes 2016; SNAICC 2016).

Currently, there are no nationally collected data for mental health and suicide outcomes for Australians who have contact with the child protection system. Available evidence from Australian state and territory-linked data suggests that Aboriginal and Torres Strait Islander (hereafter Indigenous) children with substantiated allegations of maltreatment are more likely to report a mental health-related event than non-Indigenous children (46% compared with 37%) (Maclean et al. 2019). There is also evidence that the rate of mental health conditions in children increases with the level of contact with child protection services (Green et al. 2019). Indigenous children and young people placed in care often experience a disconnection from culture, family and community as a result of placement (Chandler & Lalonde 2008; McLung 2007).

For many Indigenous Australians, child protection interventions exacerbate or present painful echoes of enduring trauma resulting from colonial practices and action that took place during the time of the Stolen Generations. Experiences of racism can increase psychological distress (Ferdinand et al. 2012). It also increases the incidence of mental health conditions among Indigenous Australians (Larson et al. 2007; Paradies & Cunningham 2012).

The approaches reported in this paper are targeted at improving both mental health and suicide outcomes for children in child protection. Although poor mental health is a significant risk factor for suicide, not all people who die by suicide will have known psychosocial risk factors (ABS 2019a).



This report examines:

- the evidence from programs and initiatives that aim to promote mental health for children and young people who have contact with the child protection system—the focus is on children who are placed in out-of-home care because poor mental health is especially pronounced for those who enter out-of-home care (Green et al. 2019)
- the evidence for programs and initiatives that promote key protective factors for mental health and suicide prevention for Indigenous children and young people in contact with the child protection system
- government policies, programs and initiatives across all areas of the child protection system, including primary, secondary and tertiary approaches to child protection, legislation and policy as well as transition planning and support services
- principles for care that are shown to be effective
- characteristics of policies, programs and initiatives that are unlikely to be effective.



2



Background



2 Background

Children and young people most commonly come into contact with the child protection system due to exposure to traumatic experiences, including abuse and neglect. Although child protection services aim to attend to safety needs of children, some children experience abuse and neglect while they are in the system.

Child protection system and statutory processes

The responsibility for administering, funding and delivering child protection services rests with state and territory governments and non-government organisations. Statutory objectives and processes are broadly similar across Australia (AIHW 2020a; RCIRCSA 2017):


- Government departments are responsible for assisting vulnerable children who have been, or are at risk of being, abused, neglected, or otherwise harmed, or whose parents are unable to provide adequate care or protection, through child protection investigations, processing, and oversight of child protection cases and management.
- Non-government organisations provide advice, education and support through family support services. These services aim to prevent imminent separation of children from their primary caregivers because of child protection concerns, and to reunify families that have been separated (AIHW 2020a).

A child generally enters the child protection system in 3 steps:

1. An initial notification of child maltreatment is made to a child protection agency.
2. The suspected maltreatment is investigated (if required), which concludes with a substantiation decision. Substantiations occur if there is reasonable cause (after an investigation) to believe the child has been, is being, or is likely to be, abused, neglected, or otherwise harmed.
3. From here, child protection authorities can refer the case to support services or take legal intervention to place a child into care (by a care and protection order). The pathway depends on the child's circumstances. For example, if the child's parents are prepared to change, or have made changes, to ensure the child's safety and wellbeing at home, then the department could decide a care and protection order is unnecessary, refer the family to support services, put a safety plan in place, or determine that no further action is needed (AIHW 2020a).

Care and protection orders are legal orders or arrangements that give child protection authorities partial responsibility for a child's welfare. There are 3 main categories of legal responsibility that are enacted by a care and protection order:

1. parents retain legal responsibility
2. the department has legal responsibility
3. a nominated carer is given legal responsibility.



Children on care and protection orders can be placed in a variety of living arrangements. At 30 June 2019, the most common living arrangements for children on care and protection orders were for children to:

- be placed with relatives or kinship carers (39% or 23,076 children)
- be placed in foster care (29% or 17,290 children)
- be placed in third-party parental care arrangements (11% or 6,453 children)
- remain with their parents (7% or 4,113 children)
- be placed in residential care (5% or 2,783 children) (AIHW 2020a).

Alternative overnight care arrangements can be made for a child under 18 years of age who is unable to live with their parents due to safety concerns. These arrangements could be legal (court-ordered), voluntary placements, or placements made to provide respite for parents or carers. At 30 June 2019, most (92%) of the 44,906 children in out-of-home care were placed in home-based care (relative, kinship care and foster care). Of those:

- 95% (42,531) were also on care and protection orders
- 5% (2,374) were not on an order (AIHW 2020a).

Indigenous children and young people


Between 2014–15 and 2018–19, there was a slight increase in the rate of children aged 0 to 17 who came into contact with the child protection system, from 29 per 1,000 children (151,980) to 30 per 1,000 children (170,151) (AIHW 2020a). Children experienced different rates of contact with child protection services, depending on the type of contact.

During the same period, the rate of Indigenous children receiving child protection services rose from 134 to 156 per 1,000 Indigenous children (42,913 and 51,470 children respectively) (AIHW 2020a). Rates for non-Indigenous children remained relatively steady (21 per 1,000 non-Indigenous children; 103,052 children in 2014–15 and 107,772 children in 2018–19).

These increases may relate to changes in the underlying rate of child abuse and neglect, increases in notifications and access to services, or a combination of these factors. Legislative changes, increased public awareness, and inquiries into child protection processes, along with real rises in abuse and neglect, could also influence increases in the number of notifications and the number of children who were the subject of them.

Indigenous children and young people are over-represented at all stages of the child protection system (AIHW 2020a):

- In 2018–19, the rate of Indigenous children who were subjects of substantiation was 6 times the rate of non-Indigenous children (38 per 1,000 children (12,580) and 6 per 1,000 children (31,960), respectively)
- At 30 June 2019, the rate of Indigenous children on care and protection orders was 66 per 1,000 Indigenous children (21,931), which is more than 9 times the rate for non-Indigenous children (7 per 1,000 or 37,060 children)

- 
- At 30 June 2019, the rate of Indigenous children and young people in out-of-home care was nearly 11 times the rate for non-Indigenous children (54 per 1,000 children (17,979) and 5.1 per 1,000 children (26,864), respectively) (AIHW 2020a).

The estimated resident population shows that, in 2016, only 6% of children aged 0 to 17 years were Indigenous, but in 2019, 40% of children (or 17,979 out of 44,906) in out-of-home care were Indigenous (ABS 2019b; AIHW 2020a).

Permanency for children in care can be measured using a variety of indicators, including:

- the length of time in out-of-home care
- the length of time between substantiation and placement into care
- particular living arrangements
- rates of reunification
- timeliness of decisions about permanency.

Reunification (also known as restoration) means a return to the parent/guardian and environment from which the child was removed through the child protection process (AIHW 2020a). Research into the impact or reunification for Indigenous children is scarce. It is also difficult to measure rates of reunification in Australia because there is currently no nationally agreed definition of reunification.

As outlined in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023, Indigenous Australians embrace a holistic understanding of health that views mental and physical health within a broader concept of social and emotional wellbeing (PM&C 2017).


Gee and others (2014:6) define social and emotional wellbeing as:

... the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. It is a holistic concept which results from a network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual.

For Indigenous Australians, understanding of social and emotional wellbeing varies between different cultural groups and individuals (Gee et al. 2014).

Social and emotional wellbeing is widely used and understood in Indigenous health contexts. Even so, there is only limited evaluation evidence that draws on Indigenous understandings of mental health and social and emotional wellbeing for those who had contact with child protection services. Instead, available evaluation evidence presented in this report mainly relates to diagnosed mental health conditions, self-harm, suicidality and key protective factors for mental health and suicide prevention.

Currently, there are no nationally collected data for mental health and suicide outcomes for Australians who have contact with the child protection system. Two state-level population-based record-linkage studies have investigated the relationship between children who have had contact with the child protection system and their mental health outcomes in later life (Green et al. 2019; Maclean et al. 2019). These studies focus on the general population rather than Indigenous Australians specifically.



Maclean and others (2019) found that children in Western Australia with substantiated maltreatment (11,560 children) had a higher prevalence of mental health events, including hospital contacts or discharges for self-harm or counselling (37% compared to 5.9%) and diagnoses (20% compared to 3.6%) relative to those with no child protection contact (512,974 children).

Of the 11,560 children who had substantiated maltreatment, 3,799 (32.7%) were Indigenous. Aboriginal children with substantiated maltreatment had a higher proportion of mental health-related events than non-Indigenous children with substantiated maltreatment (46% or 1,754 out of 3,799 compared with 37% or 4,322 out of 11,560). Indigenous young people had a higher risk only for mental health events, but not for diagnoses, within the multivariate models. Maclean and others (2019) suggest that possible explanations for the latter finding could include Indigenous young people not reaching the threshold of diagnoses, cultural appropriateness of diagnoses, or lack of psychiatric services in rural and remote areas.

Similar findings were identified in a retrospective analysis of linked New South Wales (NSW) administrative data from 2001 to 2016 on all children in the longitudinal NSW Child Development Study (74,462 children). After adjusting for background risks, the adjusted odds of being diagnosed with a mental disorder during middle childhood were almost 3 times as high for children known to protection services during early childhood than for children without reports. For those placed in out-of-home care, the odds were more than 5 times as high (Green et al. 2019). Maclean and others (2019) found that children with experiences of maltreatment (neglect, physical, sexual and emotional abuse) were almost 3 times more likely to experience a mental health event. Among children with substantiated maltreatment, 38% reported any mental health event, and 20% reported a mental health diagnosis. The likelihood of mental health event and diagnosis were similar for children with substantiated maltreatment who were placed into out-of-home care (Maclean et al. 2019).

There is limited evidence on the availability of mental health support for children in care in Australia. Some research from the United States suggests that contact with child welfare may function as a gateway into mental health services for children in child welfare (Horwitz et al. 2012; Leslie et al. 2005).

To improve mental health outcomes and reduce the risk of suicide, there is a need for a focus on primary and secondary approaches that address drivers of out-of-home care trends (such as abuse and neglect) (Green et al. 2019; Maclean et al. 2019). However, there is, and will continue to be, a need for statutory (tertiary) approaches to child protection. As a result, efforts to improve and support the social and emotional wellbeing of Indigenous children who come into contact with the child protection system should extend to all stages of the child welfare continuum. Each of these stages is described in Box 1.

Box 1. The child protection continuum

Preventative approaches to child protection (the Public Health approach)

- **Primary intervention:** Priority is placed on universal support for all families and provision of universal prevention services. Strategies include maternal child health services or positive parenting media campaigns (Productivity Commission 2019).
- **Secondary intervention:** Targets families who exhibit risk indicators for child maltreatment. Strategies include parenting programs that develop parenting skills and address mental health problems. Intervention is delivered by secondary support services (Productivity Commission 2019).
- **Statutory (tertiary) intervention:** Targets families in which child maltreatment has already occurred or is believed to have occurred. Primarily, this involves statutory intervention enforced by state and territory child protection authorities and commonly results in care and protection orders or placement into out-of-home care (AIFS 2016).

Transition out of (or leaving) care


- Leaving care is defined as the cessation of legal responsibility by the state for young people living in out-of-home care at 18 years or younger (Mendes 2009). Leaving care involves transitioning from dependence on state-funded accommodation to another permanent arrangement, reunification with a parent or guardian, or becoming self-sufficient.

The preventative approach to protecting children is also known as the public health approach. It involves prioritising primary and secondary intervention strategies and reducing the need for tertiary intervention by building public resources and attending to social factors that contribute to child maltreatment (AIFS 2016). The Public Health approach is included in the recommendations of the National Framework for Protecting Australia's Children 2009–2020 (COAG 2009a). All Australian governments have endorsed this framework and are committed to implementing the initial actions it contains (COAG 2009b).

Primary and secondary intervention

Mental health outcomes are potentially improved if children receive the right services early and are not required to go into care (Green et al. 2019; Maclean et al. 2019). Exposure to traumatic experiences, including abuse and neglect, is a common driver of substantiation and subsequent entry into the child protection system. In 2018–19, emotional abuse (54%) was the most common type of abuse or neglect that was substantiated through investigations for both Indigenous and non-Indigenous children. Other types were neglect (21% of substantiated cases), physical abuse (15%), and sexual abuse (10%) (AIHW 2020a).

Neglect and child abuse have a detrimental effect on the developing brain and mental health outcomes in adulthood (AIFS 2014; National Scientific Council on the Developing Child 2012). Negative outcomes can include anxiety, depression, post-traumatic stress, attachment problems, sexual behaviour problems, hyperactivity, anger and aggression, suicidal behaviour and other serious mental health issues (Briere et al. 2001; Felitti et al. 1998; Nadew 2012; Tilbury et al. 2007).



Culturally appropriate primary and secondary approaches that reduce exposure to abuse and neglect for Indigenous children and young people can reduce entry into the child protection system and improve mental health and suicide outcomes. For example, programs that support family functioning and the formation of secure attachments can provide a protective effect against child maltreatment. This is because these approaches raise a parent's motivation and capability to prioritise the needs of their child and keep them safe (AIFS 2013; Kelly et al. 2003).

Statutory (tertiary) intervention


Statutory interventions are viewed as a more reactive model of protection and are seen as the least desirable option for families and governments (Productivity Commission 2019). Statutory child protection intervention often occurs after experiences of trauma and disrupted parental attachments have already occurred (Briere et al. 2001; Tilbury et al. 2007). The loss of and separation from family, culture, kinship, community and peers that can be associated with placement into care is an additional barrier to the formation of meaningful relationships. This may reduce a child's ability to make sense of traumatic experiences and is needed to help overcome trauma (McLung 2007). The challenge for child protection authorities is to strike the right balance between maintaining connections and looking after the safety of the child.

Although statutory intervention is a last resort, there is, and will continue to be, a need for tertiary approaches to child protection. Chandler & Lalonde (2008) suggest connection to family, culture, community and Country and placement stability are important factors for ensuring mental health and wellbeing needs are met when placing Indigenous children and young people in out-of-home care or on permanent care orders.

For Indigenous children and young people, key elements of individual wellbeing include family and community wellbeing, as well as a connection to ancestry, culture, spirituality and Country (Marmor & Harley 2018). Child removal through statutory intervention often results in disconnection from family and from culture and community. Research on British Columbia's First National people by Chandler & Lalonde (2008) shows a link between cultural continuity and lower indigenous youth suicide rates. Another study by Lewis & Burton (2012) found that children in out-of-home care who become isolated from culture and community are more vulnerable to being abused and less able to seek help.

Kinship care arrangements give Indigenous children and young people more of a chance to maintain connections with family, community and culture while in care. This arrangement is used when a child is unable to live at home, but a relative, close family friend or member of the child's community is willing to care for them (AIHW 2020a).

At 30 June 2019, a third (33%) of Indigenous children in an out-of-home care living arrangement were living with Indigenous relatives or kin, 12% were living with another Indigenous caregiver and 20% with other relatives or kin (AIHW 2020a). There is a lack of sufficient evaluation data to be able to determine the relative mental health outcomes for Indigenous children and young people in kinship care compared to other out-of-home care arrangements. However, research indicates that Indigenous children and young people placed in kinship care arrangements—especially those placed with Indigenous carers—are more likely to report having a better understanding of their culture (Kiraly et al. 2015). A survey on the views of children in out-of-home care in 2018 found that children living in relative or kinship care were most likely to report 'at least some perceived support to follow culture' (86%, or 463 children), followed by children in foster care (84%, or 479 children) (AIHW 2019).



Connection to culture could be a protective factor against youth suicide (Chandler & Lalonde 2008). Despite this importance of culture, Kiraly and others (2015) found that:

- around half of all carers reported that they received inadequate support for the children's contact with their family and culture
- only a third reported that they were aware of or had a part in implementing cultural support plans (see 'Cultural support plans' below for more information) for children in their care.

In 2018, of surveyed children in care aged 8–17 (2,400 children), those living in foster care and relative or kinship care were more likely to report feeling 'safe and settled' than those living in residential care and 'other care arrangements' (AIHW 2019). Cashmore & Paxman (2006) examined the links between stability, perceived or 'felt' security, and later outcomes for young people for 4–5 years after leaving care. The study found that the main predictors of positive outcomes for young people (such as more and wider social support after leaving care) were the level of felt security in care and the continuity and social support following care. While stability in care was important, Cashmore & Paxman (2006) suggest that stability may contribute to building a sense of security, belonging, and a network of social support.

This is especially important for Indigenous children and young people in care because Indigenous concepts of permanence differ from definitions used in the child protection sector. The Secretariat for Aboriginal and Islander Child Care (SNAICC) asserts that stability for Indigenous children does not rely exclusively on developing particular bonds with a single set of parents or carers, or on living in the same house. Rather, stability is grounded in the permanence of a child's identity in connection with family, kin, culture, and Country (SNAICC 2016). It is these connections that increase resilience in times of adversity (PM&C 2017) and are a key determinant for felt security and mental health for Indigenous children and young people in care (Marmor & Harley 2018).


In 2018, among surveyed Indigenous children in care aged 8–17:

- 91% (847 out of 931 children) reported feeling 'safe and settled'
- 48% (439 out of 911 children) reported high levels of knowledge of their family background
- 88% (491 out of 557 children) reported receiving at least some perceived support to follow their culture (this information includes data for all states and territories except Western Australia) (AIHW 2019).

While the aim of child protection services is to attend to safety needs of children, for some children, experiences of abuse and neglect continue while in the system (AIHW 2017). While all children are vulnerable, the over-representation of Indigenous children and young people in out-of-home care may expose them to environments with greater risk of institutionalised sexual or other abuse (RCIRCSA 2017).

Consultations during the Royal Commission into Institutional Responses to Child Sexual Abuse found that:

- 31% (80 out of 257) of survivors of sexual abuse in contemporary out-of-home care were Indigenous
- Indigenous children were more likely to encounter circumstances that reduced their ability to disclose or report abuse. If they did disclose or report abuse, they were less likely to receive a response that adequately met their needs (RCIRCSA 2017).



The impacts of child sexual abuse are complex and affect many facets of a person's life (NMHC 2020). Trauma, including sexual and other abuse in institutional settings, can perpetuate harm and increase risk of mental ill-health and suicidality (RANZCP 2016).

To strengthen out-of-home care services, and reduce rates of institutionalised child sexual abuse, Commonwealth, state and territory governments have released reports in response to the recommendations outlined in the Royal Commission's final report (ACT Government 2018; Australian Government 2018; Government of South Australia 2018; NSW Government 2018; Northern Territory Government 2018; Queensland Government 2018; Tasmanian Government 2018; Victorian Government 2018; Western Australian Government). Since then, most jurisdictions have undertaken considerable reform in line with the recommendations (RCIRCSA 2017).

Transition out of care

Leaving care is the transition of exiting care into independent living. It can exacerbate mental health issues and self-harming behaviour if not properly managed (Commission for Children and Young People 2016; Rahamim & Mendes 2016). Care-leavers may have feelings of loneliness and isolation during this time of transition as well as the stress of shifting abruptly to independent living (Mendes et al. 2011).

Muir and others (2019) surveyed 126 out-of-home care-leavers in Victoria between 2016 and 2018. Among the care-leavers who responded to each survey question:

- 39% (44) of participants reported high levels of psychological distress
- 33% (39) reported that they had thought about self-harm in the previous 12 months
- 21% (25) had hurt themselves on purpose
- 25% (30) of participants reported that they had seriously considered suicide.

A separate longitudinal study found that, of 45 NSW care-leavers, 20% (9) had thought about suicide, and 35.6% (16) had attempted suicide within the first 12 months of leaving care (Cashmore & Paxman 2007).

The limited sample sizes of these 2 studies (Cashmore & Paxman 2007; Muir et al. 2019) limits confidence in the extent to which the findings can be generalised across the system.

Attention to mental health needs for Indigenous care-leavers is critical; however, current approaches to transitional support focus largely on issues such as housing, education and income (DSS 2018).

Leaving care plans are mandated across the country and provide an opportunity for more structured mental health support and coordination of a range of services following care (FaHCSIA 2011a).



3



Key issues

3 Key issues

Past policies, such as forced removals, continue to have substantial impacts for Indigenous Australians. For example, members of the Stolen Generations and their descendants experience higher levels of incarceration, unemployment and poor health compared to Indigenous Australians in the same age cohort who were not removed (AIHW 2018, 2021b). Similarly, the legacy of colonisation and continued dispossession of land and culture has resulted in trauma and unresolved loss and grief and the need for individual, family and community healing (Wright 2014).


The intent of current policies and services in the child welfare sector is to sustain family, community and the cultural identity of Indigenous children and young people, while attending to their need for safety (Richardson et al. 2007). Trauma and irreversible damage to Indigenous families, communities and culture casts a long shadow over contemporary child protection services as well as government welfare systems. The Stolen Generations had many immediate and ongoing consequences, not only for the removed children and their families, but also for the communities and subsequent generations of Indigenous people (AIHW 2018, 2021b). Forced child removal, poverty, assimilation policies, intergenerational trauma and discrimination has also been shown to contribute to the over-representation of Indigenous children in care (HREOC 1997; SNAICC 2016; Titterton 2017).

There are many systemic issues associated with the delivery of child protection services to Indigenous families. Methods to address these issues warrant further investigation. Service delivery challenges include but are not limited to:

- poor identification of Indigenous children by child protection and child welfare services (Mendes et al. 2016)
- cultural confusion, uncertainty or denial: some young people, carers (including both Indigenous and non-Indigenous carers) and families do not want to acknowledge their Indigenous heritage, preferring to keep it private (Mendes et al. 2016)
- under-resourcing of ACCHOs, which influences their capacity to generate plans and provide consultation services to successfully implement plans (SNAICC 2018)
- a lack of enough Indigenous caregivers (AIFS 2020).

Further, there are several issues that contribute to the under-reporting of child abuse and neglect to child welfare services in Indigenous communities. These include:

- fear, mistrust and loss of confidence in the police, justice system, government agencies and the media (Anderson & Wild 2007; Bailey et al. 2017; Prentice et al. 2017; Willis 2011)
- fear of racism (Higgins 2010)
- fear that the child may be removed from the community (Anderson & Wild 2007; Funston 2013; Taylor et al. 2007; Titterton 2017)
- social and cultural pressure from other members of the family or community to not report abuse or violence (Funston 2013; Prentice et al. 2017)

- 
- lack of understanding about what constitutes family violence, child abuse and neglect (Anderson & Wild 2007; Prentice et al. 2017)
 - lack of culturally appropriate services (Prentice et al. 2017)
 - language and communication barriers, lack of knowledge about legal rights and the services available, and a lack of services for victims of child sexual abuse (Anderson & Wild 2007)
 - geographic isolation (Stanley et al. 2003).



4



Policy context



4 Policy context

Indigenous children need protection. They experience high rates of suspected abuse and neglect, and their families have very complex and chronic needs (Tilbury 2012). In addition, Indigenous infants enter care at a faster rate; Indigenous children stay longer in care and are over-represented in the child protection system (Tilbury 2009).


The Aboriginal and Torres Strait Islander Child Placement Principle (the Child Placement Principle) is the most significant policy response underpinning the protection of Indigenous children. According to the Human Rights and Equal Opportunity Commission (1997), 'it meets both the child's best interests and the needs of the Indigenous community'. The Child Placement Principle is central to addressing these negative outcomes. Indigenous communities, organisations and leaders have advocated for the Child Placement Principle since the 1970s. This consistent advocacy over many years resulted in the establishment of an Aboriginal and Islander Child Care association, which incorporated as SNAICC in 2016. SNAICC represents the interests of Indigenous Australian children and families. The 5 elements of the Child Placement Principle are as follows (SNAICC 2018):

- Prevention
- Partnership
- Placement
- Participation
- Connection.

The Child Placement Principle recognises the importance of Indigenous children remaining connected to family, culture, community and Country (Tilbury et al. 2013). As such, it is entirely consistent with an Indigenous understanding of social and emotional wellbeing (Gee et al. 2014; PM&C 2017). The core elements of the Child Protection Principle are recognised by their inclusion in the United Nations Convention on the Rights of the Child 1990 and the United Nations Declaration on the Rights of Indigenous Peoples 2008 (Tilbury et al. 2013).

The Child Placement Principle's purpose is to:

- recognise and protect the rights of Indigenous children, family members and communities in child welfare matters
- increase the level of self-determination of Indigenous people in child welfare matters
- reduce the over-representation of Indigenous children in child protection and out-of-home care systems (SNAICC 2018).



Section 60B (2) (e) of the *Family Law Act 1975* (Cth) enshrines the Child Protection Principle by stating, ‘children have a right to enjoy their culture (including the right to enjoy that culture with other people who share that culture)’. Specifically, s 60B (3) of the Act states that:

an Aboriginal child’s or Torres Strait Islander child’s right to enjoy his or her Aboriginal or Torres Strait Islander culture includes the right:

- a) to maintain a connection with that culture; and
- b) to have the support, opportunity and encouragement necessary:
 - (i) to explore the full extent of that culture, consistent with the child’s age and developmental level and the child’s views; and
 - (ii) to develop a positive appreciation of that culture.

The Child Placement Principle also establishes the basis for keeping children with their families and communities.

The preferred order of placement for Indigenous children, according to the principle, in out-of-home care is:

1. with the child’s extended family
2. within the child’s Indigenous community
3. with other Indigenous people.

Where these options are not available or are considered inappropriate, other families may then adopt Indigenous children (Tilbury et al. 2013).

States and territories adopted varying forms of the Child Placement Principle in legislation and policy (SNAICC 2017). Then in 1997, the *Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (the Bringing Them Home Report) was published. It recommended national standards for Indigenous children based on the presumption that the best interest of the child is to remain within his or her Indigenous family, community and culture (HREOC 1997). It also recommended developing national standards for Indigenous children.

In 2008, the Council of Australian Governments signed the National Indigenous Reform Agreement (Closing the Gap). While it set targets associated with improving life expectancy, education and employment, it was not until the Statement on Closing the Gap Refresh that reducing over-representation of Indigenous children in out-of-home care became a target (COAG 2018a). Then in 2020, the National Agreement on Closing the Gap set a target for reducing the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent (Coalition of Aboriginal and Torres Strait Islander Peak Organisations & Australian Governments 2020).



The National Framework for Protecting Australia's Children 2009–2020 emphasised the importance of Indigenous children being supported and safe in their communities (COAG 2009a). A clear governance structure and rolling action plans support the Framework. Australia now monitors the following indicators:

- National Framework for Protecting Australia's Children (AIHW 2020b)
- National standards for Out-of-Home Care (AIHW 2020b)
- Permanency Outcomes Performance Framework (AIHW 2020c).

Barriers to implementing the National Framework for Protecting Australia's Children include the over-representation of Indigenous children in the child protection system, a shortage of Indigenous carers, poor identification and assessment of carers, and the inconsistent involvement of Indigenous people and organisations in decision-making (AIFS: Arney et al. 2015).


Children and young people in out-of-home care do not always receive the level of health care they need. This can happen when placements are unstable and there is poor coordination and information sharing between service providers. The National Clinical Assessment Framework—Children and Young People in Out-of-Home Care (Department of Health and Ageing 2011) was developed to encourage continuity of care for these patients through general practitioner (GP) participation (COAG 2015). Continuity of care prevents children from 'falling through the cracks' of the health care system as they move between different health professionals. This is critical because children and young people in out-of-home care are more likely to have poor physical health, developmental delays and mental ill-health (Australia Government 2011). The framework describes best practice and provides a guide to the appropriate use of existing item numbers to support it, but it has not been updated since 2011 (Department of Health and Ageing 2011).

The successor plan to the National Framework for Protecting Australia's Children 2009–2020 is under development. The agreed priorities include:

- addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems
- a national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage
- improved information sharing, data development and analysis
- strengthening child and family sector workforce capability (Ruston 2021).

In 2017, the Royal Commission into Institutional Responses to Child Sexual Abuse recommended that each state and territory government should:

- provide financial support and training to kinship or relative carers equivalent to that provided to foster carers (Recommendation 12.17a)
- fully implement the Child Placement Principle (Recommendation 12.20a)

- 
- develop outcome measures that allow quantification and reporting on the extent of the full application of the principle, and evaluation of its impact on child safety and the reunification of Indigenous children with their families (12.20b)
 - invest in community capacity building as a recognised part of kinship care (12.20d).

It also recommended that children in care are provided with support plans to ensure that they are culturally safe (Recommendation 12.8). These plans are known as cultural plans, cultural care plans or cultural support plans. They are developed, resourced, implemented, monitored and reviewed for every Indigenous child who is subject to ongoing intervention. They are a planning tool to ensure that Indigenous children are connected to culture and community while subject to child protection intervention. The plans provide children with an opportunity to build a nurturing network and develop their identity and sense of belonging. SNAICC (2018: 69) stated that:

Cultural plans are living documents because cultural identity is informed through ongoing experiences.

In closing, the Royal Commission into Institutional Responses to Child Sexual Abuse (2017: 100) stated:

further necessary and lasting change must come from a resolve by governments, institutions and the entire community to acknowledge the failures of the past and ensure they are not repeated.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 was launched in 2017. It recognises the need for mental health and social and emotional wellbeing support for Indigenous families and children. It directs child welfare services to promote wellness through the provision of culturally safe parenting support for families and communities, including men, Elders and single parents. There is also an emphasis on reuniting children in out-of-home care with their families (PM&C 2017). A summary of all these policies can be found in **Appendix A**.



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Relevant programs and initiatives

5 Relevant programs and initiatives

There are only a few child protection programs and initiatives that aim to improve mental health for children and young people in care. Programs that have an Indigenous or suicide prevention focus are even fewer, and evaluation evidence is generally not well documented. As a result, this section includes programs that assess mental health outcomes and programs that focus on protective and risk factors associated with mental health and suicide for Indigenous children and young people (Table 1).

This section will present evaluation evidence across all stages of the child protection continuum, including primary and secondary interventions, tertiary (statutory) interventions, and support during the transition to independent living. The location, duration, number of participants and type of service will be presented for each program if this information is available in the public domain.

Table 1: Programs relating to child protection, mental health and suicide prevention for Indigenous children and young people

Program or intervention	Factors relating to mental health and suicide prevention	Indigenous specific
Primary and secondary intervention		
Australian Nurse–Family Partnership Program (ANFPP)	Supporting families to prevent abuse and neglect (AIFS 2013; Kelly et al. 2003)	Yes
Family-Led Decision Making (FLDM) Trial	Keeping Indigenous children and young people with family (Green et al. 2019; Maclean et al. 2019; McLung 2007)	Yes
Statutory (tertiary) intervention		
Evolve Therapeutic Services	Trauma-informed and flexibly delivered therapeutic care tailored for children and young people in out-of-home care who present with complex and extreme behavioural and mental health problems (Eadie 2017)	No
The Ripple Project	Improving coordination between mental health and out-of-home care services by increasing capacities of staff and carers in both sectors through the provision of additional support and training	No
MBS items available for children and young people in out-of-home care	Mental Health Treatment Plans (MHTP)	No
	Aboriginal and Torres Strait Islander Health Plans (MBS item 715)	Yes
Cultural support plans	Cultural continuity—maintaining connections with family, community and culture while in care (Chandler & Lalonde 2008)	No (Children and young people in care who are from Indigenous or multicultural backgrounds)
Kinship carer support (Government subsidies and the Care KaFÉ)	Cultural continuity—maintaining connections with family, community and culture while in care (Chandler & Lalonde 2008)	No

Program or intervention	Factors relating to mental health and suicide prevention	Indigenous specific
Transition out of care		
Transition to Independent Living Allowance (TILA)	Supporting Indigenous children and young people during the transition out of care through planned, flexible and gradual transition experiences (Mendes et al. 2016; Rahamim & Mendes 2016)	No
Leaving care plans	Supporting Indigenous children and young people during the transition out of care through planned, flexible and gradual transition experiences (Mendes et al. 2016; Rahamim & Mendes 2016).	No

Primary and secondary interventions

Promoting involvement of Indigenous families and improving access to primary and secondary prevention services may reduce the over-representation of Indigenous children and young people in the child protection system (Queensland Government: DCSYW 2020). Early parenting programs that have been tailored for vulnerable families to improve maternal and child health have been shown to reduce:

- parenting stress
- likelihood of child abuse
- child-behavioural problems (AIFS 2013).

Parenting skills, competence, confidence, and satisfaction improve and are shown to be sustainable post-program (Haynes & O'Brien 2003; Olds et al. 2007; Wade et al. 2012).


Although these programs do not specifically focus on improving mental health outcomes, they can help to prevent contact with child protection services. They can also reduce some drivers of out-of-home care placement, such as abuse and neglect. This can substantially reduce the likelihood of diagnosis or treatment related to mental health or self-harm (AIFS 2013; Green et al. 2019; Kelly et al. 2003; Maclean et al. 2019).

Nurse–Family Partnership Program

The Australian Nurse–Family Partnership Program (ANFPP) identifies need and improves accessibility through home visits to Indigenous mothers who need but do not seek assistance. The program is based on the United States Nurse–Family Partnership (NFP) model of home visiting. The program supports women to:

- engage in good preventative health practices
- improve their child's health and development
- develop a vision for their own future, including continuing education and finding work.

Home-visiting services are provided by the same Nurse Home Visitor for the duration of a client's involvement or until the child reaches 2 years of age (Department of Health 2019). The ANFPP is supported by the Australian Government Department of Health as a part of the Indigenous Australians' Health Programme funding model. The Department of Health has provided funding to support the implementation of this program in 13 sites across Australia. Each site has a home-visiting



team, which consists of a Nurse Home Visitor and a Family Partnership Worker (which is an identified Indigenous Australian position) (ANFPP National Support Service 2020). In December 2018, it released a targeted non-competitive opportunity to allow these organisations to apply for a further 3 years of program funding (through to 2021–22).

Evaluation

The ANFPP was evaluated by Segal and others in 2018. Findings are based on outcomes of program delivery in a remote Indigenous community in Alice Springs through analysis of qualitative interviews and reviews of administrative data performance reports and documentation. Outcomes for 291 pregnant Aboriginal women who participated in the ANFPP from 2009 to 2015 (exposed group) were compared with those for 563 pregnant Aboriginal women who did not participate (control group).

Findings from the evaluation showed that children of younger mothers (younger than 20 years) (115 mothers) and first-time mothers (124 mothers) who participated in the program had significantly lower rates of involvement with child protection (lower by 50% or more) compared to the control group (151 mothers). Both groups experienced a 90% or greater decrease in the average number of days their children spent in out-of-home care per year relative to the control group (Segal et al. 2018). While this program does not specifically aim to improve mental health or suicide outcomes for Indigenous children, it has been shown to successfully prevent abuse and neglect (a 48% reduction) in the United States (Eckenrode et al. 2017) and to reduce the need for child protection intervention (McLung 2007). This can reduce the likelihood of poor mental health and suicide outcomes (AIFS 2013; Green et al. 2019; Kelly et al. 2003; Maclean et al. 2019).

Family-Led Decision Making process

The Family-Led Decision Making (FLDM) process involved collaboration between the Indigenous FLDM service providers and staff, from the then Queensland Department of Communities, Child Safety and Disability Service, during investigation and assessment phases of child protection intervention.

The process was introduced in response to recommendations from the Queensland Child Protection Commission of Inquiry (recommendation 7.3 of the final report, released in July 2013) (Queensland Government: DCCSDS 2018). It aims to provide a culturally inclusive decision-making process by which the authority is given to families and children and young people to solve problems and identify and address safety concerns. The intent is to form alternative plans to ongoing intervention (Winangali & Ipsos 2017). The families need a referral to FLDM processes by Child Safety services (Queensland Government: DCCSDS 2018).

There is a focus on identifying strategies to minimise the degree and length of necessary ongoing intervention. This includes keeping the child connected with family, community and culture if the child cannot remain safely at home (Queensland Government: DCCSDS 2018). By successfully minimising child protection intervention and maintaining important connections, participation in this program could indirectly improve mental health and suicide outcomes for Indigenous children and young people.

Evaluation

The FLDM process was evaluated by Winangali & Ipsos (2017) in the 2016–17 Aboriginal and Torres Strait Islander FLDM Trial. Findings were drawn from qualitative interviews with families who participated in the FLDM Trial, the FLDM service providers, and departmental staff. Analysis of case files, administrative data performance reports and review of documents also informed findings.

Altogether, there were 88 families who participated in the FLDM Trial. Trials were delivered in 3 different stages (early intervention and family support, investigation and assessment process, and legislated Family Group Meetings process) across 4 sites (Ipswich, Mount Isa, Cairns, Torres Strait) between 18 April 2016 and 30 June 2017. Measures of success were based on whether or not the trial facilitated a culturally safe space for families to meet, and whether Indigenous convenors were given autonomy to lead the process their way.

Key objectives of the FLDM Trial were to:


- facilitate partnerships between Indigenous FLDM service providers and departmental staff
- give families opportunities to effectively engage with the service.

Perceived positive outcomes following participation in the FLDM Trial differed between interview groups (families, FLDM service providers and the department). Key outcomes for each group are outlined in Table 2.

Table 2: Perceived positive outcomes for each interview group following the successful implementation of and participation in the FLDM Trial

Interview group	No. participants	Key perceived outcomes
Indigenous Australian families	18	<ul style="list-style-type: none"> Diversion from future departmental intervention Kept children connected to family, community and culture Promoted rapid reunification Increased role of the family support service Identified alternatives to out-of-home care and culturally appropriate placement options, reduced entry into out-of-home care Improved quality of family plans, cultural support plans, and transition from care plans Increased their cultural connectedness
FLDM service providers	7	<ul style="list-style-type: none"> More appropriate referrals and longer-term approaches to improving outcomes Increased family choice in their referral pathway Improved quality of family plans (more actionable, more meaningful)
Departmental staff	11	<ul style="list-style-type: none"> Engagement of families who they had previously not been able to engage Increased job satisfaction and sense of achievement when working with families to implement safety plans An awakening about how important genuine cultural authority and knowledge is for families Realisation that they may not have been as culturally competent as they may have thought

Source: Adapted from Winangali & Ipsos (2017)



The evaluation of the FLDM Trial was limited by the absence of pre-implementation measures. Further, program outcomes were based on qualitative discussions that were subjective, wide ranging, and not always supported by administrative data (Winangali & Ipsos 2017).

The extent to which the strategies could be adapted to the wider Indigenous Australian context may be limited by factors linked to geography. For example, the approach that worked in Ipswich did not work in Mount Isa (Winangali & Ipsos 2017). This indicates that the recommended strategies should be used only where care and consideration is given to the specific context in which they are applied. Evaluation of the FLDM process indicates that there is a need for conveners who are external to the department to assist in creating 'safe spaces' and equalising the power to allow for better Indigenous family-led decision-making. More evaluation evidence is needed to solidify the degree to which Indigenous involvement in child protection decision-making better meets the mental health needs of their children.

Statutory (tertiary) interventions

Evaluation evidence on Indigenous-specific trauma-informed care programs and the impact on mental health for these children is limited. Some programs have shown promising results for the general child protection client population. Government initiatives such as cultural support planning requirements and financial assistance for non-parent carers focus on supporting children and young people in care. While these initiatives are not Indigenous-specific and do not specifically focus on improving mental health outcomes, they do promote key protective factors for mental health and suicide for those in care, such as cultural connectedness (Chandler & Lalonde 2008), and adequate income to support carers in managing the daily costs of caring for a child (Khanam et al. 2020).

Evolve Therapeutic Services

Evolve Therapeutic Services was established in 2006. It was funded by the then Queensland Department of Communities to implement recommendations from the 2004 Crime and Misconduct Commission Inquiry report, *Protecting Children: an inquiry into abuse of children in foster care*. It specifically aims to address the recommendation that more therapeutic treatment programs be made available for children with severe psychological and behavioural problems (Queensland Child Protection Commission of Inquiry 2012). The program employs a trauma-informed model of care and flexible intervention approach that is tailored for children and young people in out-of-home care who present with complex and extreme behavioural and mental health problems (Eadie 2017). The services provided include:

1. comprehensive assessments, treatment plans and specialist therapeutic interventions and supports based on the biopsychosocial and cultural needs of the child or young person and their support network
2. medium-to-long-term trauma-informed therapy to facilitate a child or young person's ability to form secure attachments following ongoing abuse and neglect
3. expertise in the understanding of complex trauma, abuse and neglect during childhood and its immediate and long-term effects
4. psycho-education delivered to the child or young person's support network (Queensland Government: Children's Health Queensland 2020).



Evaluation

Eadie (2017) conducted an interventional study of 768 participants in Queensland in 2015. It explored outcomes for children and young people in out-of-home care with complex behavioural and mental health problems who participated in Evolve Therapeutic Services. Although this study did not specifically explore outcomes for Indigenous clients, 36% of participants sampled identified as being of Aboriginal and/or Torres Strait Islander background.

The McNemar test was used to measure the proportion of participants that moved from 'clinical' (a score between 2 and 4, indicating poorer overall wellbeing) to 'non-clinical' (a score between 0 and 1, indicating good overall wellbeing) from pre- to post-treatment on Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) scale items.

Nine HoNOSCA items were identified as relevant to the overall wellbeing of the children and young people participating in the program. Participants showed statistically significant positive change from pre- to post-participation in 7 out of 9 HoNOSCA scale outcomes, including changes at the $p < .01$ level for:

- 'disruptive, antisocial or aggressive behaviour' (from 83.1% to 51.8%)
- 'problems with overactivity, attention or concentration' (from 77.3% to 49.3%)
- 'non-accidental self-injury' (from 12.5% to 7.2%).

The main limitation of the evaluation of Evolve Therapeutic Services is that the observed treatment outcomes cannot be attributed to the Evolve Therapeutic Services intervention alone because other confounding variables could have contributed to the observed effects (Eadie 2017).

The Ripple Project

The Ripple Project could give some insight into mental health outcomes for Indigenous children and young people in out-of-home care. Through a longitudinal study, the project aimed to investigate the implementation of mental health interventions in out-of-home care settings in Melbourne's North and West Metropolitan Health Region.

The program interventions aimed to improve access to state-funded mental health services by:

- promoting the services to young people (aged 12–17) in out-of-home care via flexible service delivery that is responsive to the needs and experiences of care for participants
- supporting carers and case managers through regular visits (2–4 visits a week)
- delivering training from senior mental health or alcohol and other drug practitioners.

The project also aimed to improve coordination between mental health and out-of-home care services by increasing capacities of staff and carers in both sectors by providing them with extra support and training.

Program implementation involved recruitment, training and establishment of supervision for specialist mental health practitioners and deployment of mental health practitioners to out-of-home care settings (Herrman et al. 2016).



Evaluation

Findings for wave 1 of this project were released in 2016. They presented a mental health needs assessment that was derived from qualitative interviews with the study population. From August 2014 to April 2015, the study collected data about the characteristics of 176 young people, their carers (104 people) and case managers (79 people) who were eligible in the study population. Herrman and others (2016) also evaluated the cost-effectiveness of the intervention, including the analysis of costs borne across several sectors (health, education and justice) (Herrman et al. 2016).

The evaluation suggested that the program's success depended on the strength of partnerships between organisations within and across service sectors. Implementing an affordable intervention service system appears to be feasible and potentially transferable to other places and countries. It found that the intervention could aid in reducing mental ill-health among these young people, including suicide attempts, self-harm and substance abuse, as well as reducing homelessness, social isolation and contact with the criminal justice system (Herrman et al. 2016).

Wave 2 of the project consists of a 3-year controlled trial to evaluate mental health, social and economic outcomes for participants. Wave 3 consists of a process evaluation of the intervention. Wave 2 and 3 findings are yet to be publicly released (Herrman et al. 2016).

Cultural support plans

Cultural support plans are individualised plans that aim to develop or maintain the cultural identity of children in care through connection to family, community and culture.

Cultural support plans are usually developed between the child and the agency in consultation with members of the cultural community (or relevant officer). Cultural support plans should include:

- relevant cultural information, including about the child, their family, the nation or Country, community, language, clan, ethnic, island or cultural group and personal history
- activities that maintain and support the child's cultural identity and connection with communities and culture
- supports that ensure that the child maintains his or her connections and is able to participate in activities documented in the Cultural Support Plan (AIHW 2020b).

Cultural background is an important consideration when placing children in care due to differences in social norms and values between cultural groups (Hamilton & Redmond 2010). Cultural continuity has been linked with lower suicide rates for indigenous children and young people in Canada (Chandler & Lalonde 2008). Other research suggests that children who become isolated from culture and community when in out-of-home care are more vulnerable to being abused, and less able to seek help (Lewis & Burton 2012). Ensuring permanence of identity in connection with family, kin, culture, and Country can also contribute to a sense of felt security for Indigenous children and young people (SNAICC 2016). In theory, Indigenous children and young people with a cultural support plan are more aware of their traditions, Country and culture; they feel more connected with their community than those without plans. However, there are shortcomings in the development and delivery of these plans that limit their potential for achieving desired outcomes.

The National Standards for out-of-home care require all Indigenous children and young people living in care to have a cultural support plan (FaHCSIA 2011a). See 'National Framework for Protecting Australia's Children 2009–2020' for more information (COAG 2009a).

Evaluation

A study by McDowall (2016) investigated the strength of connection to culture for Indigenous children and young people in out-of-home care and the level of cultural support planning and contact with family members. Findings from this study are in Table 3. The study used:

- survey data that had been collected in 2013 from Indigenous children and young people (aged 10–18 years) in out-of-home care
- audits of cultural support plans on file from all states and territories.


Table 3: Findings from McDowall's audit of cultural support plans and connection to culture in relation to Indigenous children and young people in out-of-home care in Australia

Audit subject	Count	Key findings
Indigenous children and young people in out-of-home care aged 10–18 years	296	31% (91) did not feel connected to culture Only 14% (40) reported being aware of a personal cultural support plan
Cultural support plans on file	451	51.8% (280) had information about 1 or more cultural groups relevant to the identity of the child and/or the child's parents and extended family 64.9% (351) had information about the geographical areas relevant to identity of the child or the child's parents and extended family 12.8% (69) had information about 1 or more language groups relevant to identity of the child or the child's parents and extended family 9.1% (49) had information across all 3 categories of information about the child's cultural identity (cultural group, geographical area and language group) 26.2% (142) did not have any information about the cultural group, geographical area or language group relevant to the identity of the child or the child's parents and extended family

Source: Adapted from McDowall (2016)

McDowall's analysis showed that a respondent's rating of connection to culture was more likely to depend on the level of involvement in cultural support planning. Simply having a cultural support plan in place was not enough in itself (McDowall 2016).

A cultural support plan and frequent contact with birth family members was thought to be an important predictor of strength of connection with culture, but McDowall's analysis found that those who knew the most about their background (as indicated by the item 'Knowledge of family story') were the most likely to have an interest in their cultural community (McDowall 2016). This was regardless of the frequency of contact with birth family members.



Findings from McDowall's audit suggest that, while child protection agencies were aware of the requirement for all Indigenous children to have a cultural support plan in place, their ability to plan and implement valuable, appropriate and accessible plans was limited. Subsequently, McDowall (2016) found that those with plans in place were not necessarily more aware of their traditions, Country and culture, nor did they feel more connected with their family or community.

Two other studies (Baidawi et al. 2017; Mendes et al. 2016) provide some insight into the limitations and complexities of cultural support planning experienced by child protection service providers. Baidawi and others (2017) found that cultural support planning was of value when it could be completed. This was when all the information required for the cultural support plan is included. Both studies found that barriers to the completion of cultural support plans include:

- limited resourcing of Aboriginal Community Controlled Organisations (ACCHOs) to generate plans and provide consultation services to successfully implement plans
- difficulty gathering information for plans
- a reluctance by some Indigenous young people, carers and families to acknowledge their Indigenous heritage, with some expressing disinterest in connecting to their culture and community. Participants acknowledged that fear of racism and cultural shame—the desire not to identify with one's culture—contributed towards these attitudes (Baidawi et al. 2017)
- confusion about who should, or could, initiate and complete the plan. Most non-Indigenous staff were under the impression that only an Indigenous agency could initiate a plan, but there is no legislative requirement for that. What is required is endorsement of these plans from an Indigenous body—this is mandated in some states and territories (Mendes et al. 2016).

Another limitation is that cultural support plans are often regarded as static documents. They create a perception that a child's cultural needs at the time of entry into care are to remain the same throughout their time in care. This is not the case: these plans should be dynamic documents that are continually revised and monitored so they stay relevant and can be used to keep children connected throughout their time in care (AIFS: Arney et al. 2015).

Study participants in Baidawi and others' (2017) study identified strategies to improve outcomes when implementing cultural support plans, such as:

- facilitating better relationships between agencies
- improving identification of Indigenous children and young people
- promoting opportunities for ongoing cultural training for staff in mainstream agencies
- improving the resourcing of ACCHOs to deliver planning and to support cultural connections.

Respondents in this study were drawn from a non-representative sample and were mainly from non-Indigenous child and family welfare services. As a result, these recommendations largely represent the views of non-Indigenous practitioners and key stakeholders—this is a major limitation of this research. Further research on the perspectives of Indigenous practitioners, children and young people is required. It might not be possible to generalise the findings to other states and territories due to jurisdictional differences in policy, practice and Indigenous cultures (Baidawi et al. 2017).

Government subsidies available to kinship carers

Indigenous children and young people placed in kinship care arrangements—especially those placed with Indigenous carers—are more likely to report better understanding of their culture (Kiraly et al. 2015). Lewis & Burton (2012) and Chandler & Lalonde (2008) suggest that enhancing a child's connection with culture can reduce the likelihood of child abuse and youth suicide.

Although Indigenous kinship caring arrangements have been shown to help children maintain their connections with family and culture (Kiraly et al. 2015), there are barriers that restrict the implementation of these arrangements and affect their ability to improve mental health outcomes for children in care. These include a general lack of Indigenous caregivers and a lack of systemic support for them. There are also barriers that affect the capacity of foster and kinship carers to promote the mental health and wellbeing of the children and young people in their care (Fergeus et al. 2019).

Fergeus and others (2019) have identified a need to:


- improve access to mental health services for children in care
- increase resourcing for foster and kinship carers
- increase the availability of flexible respite care
- provide more timely and accurate information to carers
- provide target training and advice to carers about promoting mental health in vulnerable children.

Kinship carers are eligible for financial assistance across all Australian states and territories. In Victoria, for example, kinship carers are eligible to receive a kinship care allowance when the Victorian Child protection service or a registered community service organisation places a child (aged 0–18 years) in their care. Care allowances are paid fortnightly and are intended to contribute towards the day-to-day expenses of providing care. Annual rates for these payments range from \$10,499 to \$27,782, and they vary depending on the age and needs of the child in care (State Government of Victoria: Department of Health and Human Services 2019).

NSW, the Northern Territory, South Australia, Western Australia, Tasmania and the Australian Capital Territory also have payments available to kinship carers (ACT Government Community Services 2020; NSW Government Communities & Justice 2019; State Government of Victoria: Department of Health and Human Services 2017). In Queensland, kinship and foster carers are eligible for a Carer Business Discount Card, which entitles holders to a wide range of discounts on goods and services from participating businesses across the state (Queensland Government: DCSYW 2020).

Services Australia provides government targeted subsidies to non-parent carers across all jurisdictions. These subsidies include the:

- Family Tax Benefit—a two-part payment that helps with the cost of raising children
- Parenting Payment— the main income support payment for those who are the main carer of a young child. This payment is also available for job seekers who are main carers of young children
- Foster Child Health Care Card—a concession card to get cheaper medicines and some discounts for foster children
- Child care subsidy—assistance to help with the cost of child care.



Eligibility and means of accessing these payments differ for each payment (Services Australia 2020). Evaluation evidence for the impact of financial assistance for non-parent carers on mental health and suicide outcomes is not currently available.

The Carer KaFÉ

The Carer KaFÉ is comprehensive online training resource for Victorian statutory kinship and foster carers. It includes a calendar for face-to-face training available in the area, online learning, cultural awareness training, accredited training opportunities and conference attendance sponsorship. There is no cost for carers to access and attend training opportunities (Carer KaFÉ 2020). Evaluation evidence for this program is not currently available.

Transition out of care

Leaving care can act as a trigger for mental health issues, suicide and self-harm if it is not properly managed (Commission for Children and Young People 2016; Rahamim & Mendes 2016). Australian governments recognise the need to support Australian care-leavers. Most of the support provided to care-leavers in Australia is under state jurisdiction, although there are some supports that are offered nationally.

Transition to Independent Living Allowance

The Transition to Independent Living Allowance (TILA) was introduced in 2003 by the Australian Government Department of Social Services. It is a payment of up to \$1,500 to people aged 15–25 years. It aims to help people cover some basic costs as they leave out-of-home care (DSS 2018).


The most common use of TILA is to set up a home—to buy furniture and home appliances—despite being available for a wide variety of goods and services, such as education, employment and health (DSS 2014).

Amendments to the TILA payment in 2005 broadened the eligibility criteria for the program to include young people exiting ‘informal’ care arrangements (until this change, TILA was available only to young people departing ‘formal’ care arrangements). This was an important change for Indigenous children and young people in care as many Indigenous kinship caring arrangements are considered ‘informal’ care, due to not being state-ordered by a child protection authority.

Evaluation

Evaluation evidence of mental health and suicide outcomes for TILA recipients is not currently available. Other evaluation evidence is available.

In 2011, the Australian Government Office for Youth commissioned an evaluation of the impact of TILA, including the 2009 increase in the allowance. Findings were based on interviews with 118 service providers conducted in April and May of 2011. Limitations were identified, including the mismatch between supply and demand of the program, and the flowon effects that this has on the eligibility criteria and accessibility.



Of the issues outlined in the evaluation, the 2 identified as the most detrimental were the imposition of the 24-month eligibility window (since leaving care), and the program being oversubscribed in 2010. Analysis of TILA recipients from 2004–05 to 2009–10 suggests there are many young people (around 90%) exiting the formal care system that are eligible for TILA but are not accessing it (Colemar Brunton 2011).

Leaving care plans

A leaving care plan (also called a transition from care plan) is developed in preparation for a young person's exit from formal care to independent living. Leaving care plans are developed in agreement with the young person and usually include goals, planned actions, needs assessments, income support and post-care support (such as counselling, mentoring and ongoing care management) (AIHW 2020b).

Standard 13 of the National Standards for out-of-home care (released in 2011) indicates that all young people in care should be engaged from age 15 by service providers to develop a leaving care plan (see 'National Framework for Protecting Australia's Children 2009–2020' for more information about the standards) (FaHCSIA 2011a).

At 30 June 2019, 74% (1,082 out of 1,456) of Indigenous careleavers aged 15 to 17 had a current and approved leaving care plan. Similar proportions were reported for non-Indigenous careleavers (73% or 1,765 out of 2,432) (AIHW 2020b).



6



Overarching approaches and best practice

6 Overarching approaches and best practice

This report identifies 5 approaches that form the basis of best practice for protecting the mental health of Indigenous children and young people who come into contact with child protection services:

- the Public Health approach to protecting children
- effective collaboration between Indigenous communities, Indigenous agencies and child protection authorities
- Indigenous-led service design, delivery and care planning
- flexible care planning and delivery
- gradual and supported transition out of care.

Public Health approach

The Public Health (preventative) approach to child protection aligns with the prevention element of the Child Placement Principle. It supports families to care safely for their children and protect children's rights to grow up with family, community and culture (Tilbury et al. 2013). Approaches that reduce experiences of trauma for Indigenous children are essential for improving mental health and suicide outcomes (RANZCP 2016). The ANFPP is an example of a promising program for preventing exposure to mental health risk factors such as abuse and neglect (Zarnowiecki et al. 2018).


Australian governments recognise the need to shift from statutory approaches that address abuse and neglect to approaches that focus on prevention and early intervention (COAG 2009a). However, government spending shows a greater proportion of funding is directed to intervention-focused services. The 2020 Report on Government Services indicates that state and territory government real recurrent expenditure on 'intensive family support services' and 'family support services' was just over \$1 billion, compared to \$5.5 billion spent on 'protective intervention services' and 'care services' (SCRGSP 2020). While spending on primary and secondary support did increase by 5.8% from 2017–18 to 2018–19, this increase was more pronounced for tertiary services (9.3%) (SCRGSP 2020).

Effective collaboration

Researchers have identified a need for better interagency collaboration and joint planning capacity, especially between the following groups of services:

- mental health services and out-of-home care services (Rahamim & Mendes 2016)
- Indigenous and non-Indigenous child welfare services (Mendes et al. 2016).

Winangali & Ipsos (2017) suggest that successful collaboration between FLDM service providers and departmental staff was integral to the FLDM Trial's success. Better collaboration and coordination could help the completion of cultural support plans. It could also alleviate confusion about who can and who should develop cultural support plans for Indigenous children in care (Baidawi et al. 2017; Mendes et al. 2016).



Indigenous voices will have safer spaces and be more able to participate in joint child protection decision-making by:

- building better working relationships between child welfare authorities and Indigenous service providers
- promoting Indigenous self-governance, specifically for FLDM service providers and Indigenous families and participants.

By placing a higher value on the role of FLDM service providers, departmental staff can show that they recognise and respect the cultural knowledge and contribution of Indigenous convenors. Increasing Indigenous' convenors' skillset and comprehension of the child safety system is also needed (Winangali & Ipsos 2017).


To protect the best interests of Indigenous children and young people with respect to permanency planning, approaches must be attuned to all aspects of a child's identity and must not unnecessarily risk the extinguishment of their links to family and culture (SNAICC 2016). One way to ensure appropriate permanency planning for Indigenous children is to consult with Indigenous agencies when making decisions about child protection orders. This can be achieved by ensuring mutual understandings of the principles underpinning practice, mutual respect and increased transparency of, and access to, information between the department and service providers (Winangali & Ipsos 2017). Promoting opportunities for parents to appeal reunification processes or revoke permanent care orders can also promote feelings of stability for Indigenous children and young people in care. Variations of these approaches are legislated or evident in policy across jurisdictions (SNAICC 2016). For more information on state and territory legislation on Indigenous participation in child protection decision-making see The Family Matters Report 2019 (SNAICC 2019).

Priority Reform One in the National Agreement on Closing the Gap focuses on the development of formal partnerships and shared decision-making (Coalition of Aboriginal and Torres Strait Islander Peak Organisations & Australian Governments 2020). Its recommendations focus on building and strengthening structures to empower Indigenous Australians to share decision-making with governments. They outline a commitment to stronger partnership elements through government action (PM&C 2020a). See the Priority Reforms on the Closing the Gap website for more information.

Indigenous-led design and delivery

Indigenous-led service design and delivery draws on knowledge of culture, family and community and applies these in contemporary contexts. These approaches are widely accepted by Indigenous communities (Dudgeon et al. 2014). Programs such as the FLDM Trial successfully incorporated Indigenous knowledge and delivered services in an 'Indigenous way'. This resulted in increased participation, control and self-determination for participating families who would otherwise have been at risk of child removal (Winangali & Ipsos 2017).

Incorporating Indigenous knowledge and understandings into Indigenous therapeutic care is essential to address the trauma associated with abuse, neglect and the loss of connection with family, community and culture associated with placing a child into care. For statutory mental health responses to be effective, services need to be trauma-informed, trauma-integrated and have access to required resources (such as a sufficient ratio of staff to children and young people).



Staff in these services must have appropriate trauma and attachment training. They should also be willing and able to provide a truly collaborative response with stakeholders (Eadie 2017).

Child protection authorities should also be aware of potential barriers to Indigenous-led service design, delivery and care planning such as under-resourcing of ACCHOs (including funding arrangements), racism and discrimination (Baidawi et al. 2017; Oates 2019b) and barriers to the delivery of services to Indigenous communities such as limited understanding of the child safety system (Winangali & Ipsos 2017).

Atkinson (2013) suggested that trauma-informed care is most powerful when it is led, designed, and developed according to Indigenous-specific approaches (Atkinson 2013). Through building and strengthening structures that empower Indigenous people to share decision-making that influences the design and delivery of statutory interventions, service responses are more likely to be culturally safe, trauma-informed and to reflect community and family needs (PM&C 2020a; Tilbury et al. 2014).


SNAICC (2016) released a position statement about achieving stability for Indigenous children in out-of-home care. This statement included the following recommendations and strategies to improve stability for Indigenous children:

1. Child protection legislation, policy and practice guidelines and decision-making should be reviewed and amended to ensure effective safeguards and differential recognition of the unique rights of Indigenous children to safe and stable connections to kin, culture and community.
2. All governments should increase investment to ensure access to community-controlled, holistic, best-practice, intensive family support, preservation and reunification services tailored to vulnerable Indigenous families to prevent abuse, neglect and removal of children to alternative care, and to promote family restoration where children have been removed.
3. Mechanisms should be established to enable Indigenous community-controlled agencies, families and children to participate in all decisions relating to the care of Indigenous children, particularly those relating to longer-term or permanent care (SNAICC 2016).

Although state and territory child protection authorities recognise stability as an important protective factor for children in care, there are concerns that their efforts to promote stability through longer-term care arrangements for children are not consistent with Indigenous concepts of permanence. These efforts could, instead, exacerbate the intergenerational harm to families and communities (SNAICC 2016). Permanency planning for Indigenous children will not achieve its objectives in providing stability for Indigenous children in care unless it accurately reflects Indigenous understandings of stability. Current approaches are not sufficiently flexible or attuned to the reality that, for Indigenous children and young people, feelings of stability are grounded in the permanence of their identity in connection with family, kin, culture and Country (SNAICC 2016).

Flexible care planning and delivery

A child's cultural needs and mental health requirements are likely to change over the duration of care and as they age. A lack of flexibility in support planning may exacerbate issues and result in poorer outcomes for Indigenous children. Leaving care plans should be flexible so children are not made to exit care before they are ready (Rahamim & Mendes 2016). Flexible service delivery—such as offering access to services away from formal, institutional settings—can improve care by:

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- reaching those who do not seek services
 - enhancing clients' comfort and ability to reveal their conditions
 - providing opportunities for providers to tailor their support and guidance to clients' real-life situations
 - improving provider–client relationships (Kitzman 2004).

An evaluation of the ANFPP (Zarnowiecki et al. 2018) emphasised that, to meet the needs of vulnerable populations, program design needs to be flexible. It needs to accommodate the client characteristics and challenges that could influence program delivery and success. To ensure client characteristics are well understood and adequately incorporated into program design, consideration must be given to how client experiences could affect service delivery.

According to Zarnowiecki and others (2018), some strategies to guide the successful implementation of programs targeted at Indigenous families include:

- monitoring resourcing and caseload allocations to ensure they meet the needs and vulnerabilities of the client population
- up-skilling Aboriginal community workers to be able to take on more of the casemanagement role
- ensuring other parts of the service system—such as housing, education and training and adult literacy—meet their obligations (Zarnowiecki et al. 2018).

The delivery of programs must also be flexible to allow for integrated action that is based on individually identified needs and learnings during service delivery (Jackson et al. 2009).

Home-visiting programs have emerged as a promising prevention strategy for vulnerable families, and this is the key service delivery method used in the ANFPP (Zarnowiecki et al. 2018). Most traditional primary health care and family services are delivered in individual offices or centre-based environments and require clients to take initiative to seek out services on their own. Bringing a service to the client and delivering it in a home environment has been shown to:

- reach those who do not usually seek services
- enhance clients' comfort and ability to reveal their conditions
- provide opportunities for providers to tailor their support and guidance to clients' real-life situations
- improve provider–client relationships (Kitzman 2004).

Other parts of the service system—such as housing, education and training, and adult literacy—could also influence the success of a program. These should be considered during program planning and implementation processes (Zarnowiecki et al. 2018).



Gradual and supported transitions

Many young people in care do not feel that they are receiving enough support for planning several aspects of their future (AIHW 2020b). There is limited evaluation evidence for leaving care programs and their effects on the mental health and suicide prevention outcomes for Indigenous care-leavers.

However, there are studies that assess the experiences of Indigenous care-leavers (who did not participate in any particular program), including those who report poor mental health. These can be used to inform the service delivery and program and policy development for people leaving care in future.

Bristow and others (2012) suggest that planning for leaving care should focus on 'continuing care' from the same agency (Bristow et al. 2012). For Indigenous people, an Indigenous agency is preferable and most likely to be equipped to meet cultural needs for care-leavers. There should be a focus on providing specialist mental health training to workers with whom young people have existing trusting relationships. These workers can then address mental health concerns rather than refer those young people to specific mental health services (Lamont et al. 2009). The transition out of care should be conceptualised as a process rather than a single event. It should give young people time to prepare for the transition out of care and the opportunity to seek out mental health support later on by long-term follow-up and integrated support (such as for housing and employment) (Rahamim & Mendes 2016; Shmerling et al. 2020).



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Gaps and limitations

7 Gaps and limitations

The lack of data limits the ability to develop a strong evidence base for preventative and intervention approaches to child protection. More information is needed to identify predictors of poor mental health and suicide outcomes for Indigenous children and young people in care.

Child protection data

Currently, there is a lack of outcomes data in the Child Protection National Minimum Data Set. As a result, national data on the following are unknown:

- mental health, suicide risk and overall wellbeing for children when they are in out-of-home care and when they leave care
- whether children and young people receive mental health or related support services when they are in out-of-home care and when they leave care
- hospitalisation rates for suicidality.

If Indigenous-specific outcomes are to be evaluated, clinical studies and data collection projects relating to the above topics for Indigenous children are needed.

Measurement of compliance with the Child Placement Principle is available for only 2 out of the 5 elements (Placement and Connection). Indicators relating to the remaining 3 elements (Prevention, Participation and Partnership) are planned for reporting in future through data development (AIHW 2020c).

There are many challenges in developing a strong evidence base for the effects of contact with the child protection system on mental health and suicide outcomes for Indigenous children and young people. Unit record child protection data have been collected since 2012–13, but they have not been consistently provided by all jurisdictions. Inconsistency in reporting from the jurisdictions and restricted collection timeframes limits the ability to explore longitudinal child protection contacts and long-term outcomes for children who come into contact with the system (AIHW 2020a). Some other challenges for data analysis include:

- accounting for pre-existing adversity for these children before they are involved in child protection services
- having an appropriate comparison group and large enough sample size in the cases to enable valid comparison (Maclean et al. 2019)
- identification of Indigenous children in care (SNAICC 2016).

As a result, national data collection and evaluation evidence for child protection intervention and its impact on mental health and suicide outcomes is not currently available.



National Minimum Data Set limitations

A key data source used for this report is the Child Protection National Minimum Data Set (CP NMDS). The responsibility for administering, funding and delivering child protection services and providing data on these services rests with state and territory governments. Data from the CP NMDS is acquired when children and young people come into contact with departments responsible for child protection. As a result, prevalence estimates of child abuse and neglect is most likely to be under-reported because not all cases are brought to the attention of child protection authorities (AIHW 2020a).

It is difficult to compare data across the states and territories because they have different policies and practices; for example, they use different practices to identify and record the Indigenous status of children and young people in the system. Where possible, children whose Indigenous status is recorded as 'unknown' are excluded from the calculations of rates and proportions. As a result, the counts for Indigenous children are likely to be an underestimate of the number of Indigenous children in the child protection system (AIHW 2020a).


For Indigenous children and young people, permanency and stability are grounded in the permanence of their identity in connection with family, kin, culture, and Country (SNAICC 2016), and it is these connections that are a key determinant of social and emotional wellbeing and mental health for Indigenous children in care (Marmor & Harley 2018). The AIHW is progressing work to expand reporting against the Permanency Outcome Performance Framework and implementation of the Child Placement Principle.

Programs, initiatives and further research

It is clear that Indigenous children and young people are over-represented across all areas of the child protection system (AIHW 2020a) and that poor mental health and suicidality are common issues experienced by those who come into contact with child protection services (Green et al. 2019; Maclean et al. 2019). However, there is a general lack of programs aimed at improving mental health outcomes for Indigenous children and young people in care. There is also limited evaluation evidence that demonstrates the effectiveness of these programs.

More research and evaluation of programs is needed to identify predictors of poor mental health and suicide outcomes for Indigenous children and young people in care. This could include program evaluation evidence and measurement of outcomes relating to:

- social and emotional wellbeing, poor mental health and suicidality
- racism and discrimination
- transitions out of care
- the provision of trauma-informed care
- views of Indigenous stakeholders (specifically when developing and implementing cultural support plans)
- cultural connectedness and the impact on suicide for Indigenous Australians
- Indigenous experiences of the child protection system, including their connection to culture and community while in care and post-care, as well as the factors that facilitate and influence this connection

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- children who are reunified compared to those who go into alternative permanent care
 - children who are placed in foster and kinship carer arrangements compared to those in other care arrangements
 - varying lengths of time spent in out-of-home care (SNAICC 2019)
 - placement permanency based on Indigenous understandings of stability
 - whether statutory intervention improves outcomes for children and families (AIFS: Bromfield & Arney 2008)
 - longitudinal studies of the mental health and suicide outcomes of Indigenous careleavers.



8



Conclusions

8 Conclusions

Indigenous children and young people are over-represented in the child protection system (AIHW 2020a). Indigenous children who have contact with the child protection system are likely to be exposed to risk factors that could contribute to poor mental health and suicide outcomes. These include:

- abuse and neglect
- disconnection from culture, community and family
- placement instability
- poor transition experiences when exiting care.

Diagnosis and treatment of mental health and self-harm are more common for children who have contact with child protection services than those who don't. Specifically, frequency of mental health disorders is highest for children who are placed in out-of-home care (Green et al. 2019; Maclean et al. 2019).

Historic practices and the removal of Indigenous children from their families during the Stolen Generations has enduring consequences for many Indigenous Australians (AIHW 2018; Wright 2014). For example, members of the Stolen Generations and their descendants experience higher levels of incarceration, unemployment and poor health. These factors also influence the delivery of child protection services to Indigenous families. Barriers to the successful delivery of child protection service (such as trauma, unresolved loss and grief) should be considered during the design and development of child welfare programs (AIFS 2020; Mendes et al. 2016).

Removing children and young people from their families, culture and communities is a last resort (Productivity Commission 2019). Approaches to minimise placing children into care and the subsequent exacerbation of mental ill-health and self-harming behaviour must be explored (Chandler & Lalonde 2008; Green et al. 2019; Maclean et al. 2019). Existing research and program evaluation evidence presented throughout this article show that key approaches to improving mental health and suicide outcomes for Indigenous children include:

- the Public Health approach (with a focus on reducing entry into the child protection system)
- effective collaboration between Indigenous communities and families, Indigenous agencies, and child protection authorities
- Indigenous-led service design, delivery and care planning
- flexible care planning
- supporting a gradual transition out of care.

Approaches and interventions that are not tailored to meet individual needs—that lack transparency and access to information for Indigenous families—are unlikely to be successful (Jackson et al. 2009; Winangali & Ipsos 2017).



Australian governments recognise the need to address the over-representation of Indigenous children and young people in care as well as the specific issues faced by these children. Although strategic documents and government policy such as the National Framework for Protecting Australia's Children and the Child Placement Principle outline action and guidance towards addressing these issues (COAG 2009a; Tilbury et al. 2013), rates of Indigenous children receiving child protections services between 2014–15 and 2018–19 have risen. The proportion of Indigenous children in care remains disproportionately high (AIHW 2020a).

Responsibility for administering, funding and delivering child protection services sits with state and territory governments, as does responsibility for the implementation of strategies to improve mental health and suicide outcomes for Indigenous children in care. This report presents overarching approaches and successful strategies for providing care to Indigenous children and young people. These should be considered with respect to the aspects of a particular geographic area or elements of jurisdictional child protection processes in order to meet the needs and circumstances of children and young people in that area.

Evaluation evidence on mental health outcomes for children and young people in care is limited. Evidence on the efficacy of programs targeted towards Indigenous families, and suicide outcomes are even scarcer. There is an urgent need for investment in data collection and research to address gaps and gather evaluation evidence of programs that improve mental health and suicide outcomes for Indigenous Australians. This information can be used to better inform the design and delivery of child protection services for Indigenous families and their children.



Appendixes

Appendix A: Policies and frameworks

Table A1: Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
Aboriginal and Torres Strait Islander Child Placement Principle	<p>The Child Placement Principle recognises the importance of Indigenous children remaining connected to family, culture, community and Country (Tilbury et al. 2013).</p> <p>The Child Placement Principle aims to:</p> <ul style="list-style-type: none"> • recognise and protect the rights of Indigenous children, family members and communities in child welfare matters • increase the level of self-determination of Indigenous people in child welfare matters • reduce the over-representation of Indigenous children in child protection and out-of-home care systems (SNAICC 2018). <p>Indigenous Child Care Agencies developed the Child Placement Principle in the late 1970s (Tilbury et al. 2013). Since then, states and territories have adopted varying forms of the Child Placement Principle in legislation and policy (SNAICC 2017).</p>	<p>Using the Child Placement Principle, the preferred order of placement for Indigenous children in out-of-home care is:</p> <ol style="list-style-type: none"> 1. with the child's extended family 2. within the child's Indigenous community 3. with other Indigenous people. <p>Indigenous children may be adopted by other families where these options are not available or are considered inappropriate (Tilbury et al. 2013).</p>	<p>A guide to support implementation was released in 2018 (AIFS: Arney et al. 2015).</p> <p>At 30 June 2019, 63% (or about 11,300 out of 18,000) Indigenous children were living with carers in accordance with the preferred placement of the placement hierarchy (AIHW 2020c). Nationally, at 30 June 2020:</p> <ul style="list-style-type: none"> • 38% of children aged 0–17 years who were on care and protection orders were Indigenous • more than 40% of children in out-of-home care were Indigenous • 28% of children in other supported placements were Indigenous (Productivity Commission 2021).

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
<p>National agreement on Closing the Gap</p>	<p>An Agreement between:</p> <ul style="list-style-type: none"> the Coalition of Aboriginal and Torres Strait Islander Peak Organisations all Australian Governments (Coalition of Aboriginal and Torres Strait Islander Peak Organisations & Australian Governments 2020). 	<p>Outcome 12</p> <p>Aboriginal and Torres Strait Islander children are not overrepresented in the child protection system</p> <p>Target 12: By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.</p>	<p>Between 30 June 2016 and 30 June 2019 the number of Indigenous children in out-of-home care rose from 16,846 to 17,979 (Department of the Prime Minister and Cabinet 2020b). Trend data may be affected by variation in reporting over time and between jurisdictions. Further, a national definition of out-of-home care was not adopted until 2018–19.</p>
<p>Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families</p>	<p>The Bringing Them Home report was published in 1997 (HREOC 1997)</p> <p>The inquiry was commissioned in 1995 to:</p> <ul style="list-style-type: none"> trace the past laws, practices and policies that resulted in the separation of Indigenous children from their families examine the adequacy of and the need for any changes in current laws, practices and policies relating to services and procedures currently available to those Indigenous peoples who were affected by the separation examine the principles relevant to determining the justification for compensation for persons or communities affected by such separations examine current laws, practices and policies with respect to the placement and care of Indigenous children and advise on any changes required taking into account the principle of self-determination by Indigenous peoples. 	<p>Recommendations 43a–43c proposed the negotiated transfer of responsibility for child welfare from government agencies to Indigenous organisations (HREOC 1997)</p>	<p>There has been some legislative reform. For example, current legislation in Queensland and South Australia mandates consultation with Aboriginal or Torres Strait organisations in all decisions made about Indigenous children (SNAICC 2019).</p> <p>In Victoria and Tasmania, there is an obligation to consult with an Aboriginal organisation about significant decisions including the placement of a child (SNAICC 2019).</p> <p>Most states and territories are engaging with Indigenous people, but not all: some jurisdictions still have no specific obligation to consult with Indigenous people about these matters (SNAICC 2019).</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
<p>National Framework for Protecting Australia's Children 2009–2020</p>	<p>The Framework introduces a broader understanding of the spirit and intent of the Child Placement Principle in national policy. It is a long-term collaboration between Commonwealth, state and territory governments aimed at ensuring a cohesive approach to protecting Australia's children (AIHW 2020b). The Council of Australian Governments (COAG) endorsed the framework in 2009, which is composed of a series of 2-year action plans.</p> <p>Protecting Indigenous children and promoting their wellbeing is a recurring priority in some of the action plans released under the framework.</p>	<p>Outcome: Australia's children and young people are safe and well.</p> <p>Target: A substantial and sustained reduction in child abuse and neglect in Australia over time.</p> <p>Supporting outcomes</p> <ul style="list-style-type: none"> • Children live in safe and supportive families and communities. • Children and families access adequate support to promote safety and intervene early. • Risk factors for child abuse and neglect are addressed. • Children who have been abused or neglected receive the support and care they need for their safety and wellbeing. • Indigenous children are supported and safe in their families and communities. • Child sexual abuse and exploitation is prevented and survivors receive adequate support. <p>Everyone has a role to play, including:</p> <ul style="list-style-type: none"> • parents and families • children and young people • communities • non-government organisations • business and corporate sector • local governments • state and territory governments • Australian Government. 	<p>Through the action plans, all Australian governments are committed to implementing the Child Placement Principle (COAG 2015, 2018b):</p> <ul style="list-style-type: none"> • First, three-year action plan 2009–2012. • Second Action Plan 2012–2015. • Third Action Plan 2009–2020: Driving Change: Intervening Early. • Fourth Action Plan 2018–2020: Supporting families, communities and organisations to keep children safe. <p>Strategy 4.4 'Support enhanced national consistency and continuous improvement in child protection services' resulted in the development of (COAG 2009b):</p> <ul style="list-style-type: none"> • National Standards for Out-of-home Care (FaHCSIA 2011a). • Transitioning from out-of-home care to independence (FaHCSIA 2011b).

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
National Standards for Out-of-Home Care	National Standards for Out-of-Home Care ensure consistent, best-practice care for children throughout Australia. The standards were released in 2011 as one of the priority projects under the National Framework.	<p>National Standards indicators</p> <ol style="list-style-type: none"> 1. Stability and security 2. Participate in decisions 3. Aboriginal and Torres Strait Islander communities 4. Individualised plan 5. Health needs 6. Education and early childhood 7. Education, training and/or employment 8. Social and/or recreational 9. Connection with family 10. Identify development 11. Significant others 12. Carers 13. Transition from care planning 	<ul style="list-style-type: none"> • As of 2019, all states and territories have adopted a nationally consistent definition of out-of-home care. • Data specific to Indigenous children is available for 16 of the 24 indicators (AIHW 2020b).
Royal Commission into Institutional Responses to Child Sexual Abuse	<p>Late in 2012, the Australian Government announced that a Royal Commission would be appointed to inquire into institutional responses to child abuse. The Royal Commission released its findings in 2017.</p> <p>The report suggested that more than 6,800 children had been sexually abused in institutions across Australia, including 985 people who identified as Indigenous.</p>	<p>To better protect children in care from sexual abuse and improve standards, transparency and public confidence in the quality of out-of-home care services, recommendations (Rec) included:</p> <ul style="list-style-type: none"> • the revision of mandatory accreditation schemes for out-of-home care service providers (Rec 12.4) • the introduction of independent statutory bodies to manage accreditation applications and to conduct audits of out-of-home care service providers (Rec 12.5) • comprehensive carer vetting (Rec 12.6) • support and training for relative and kinship or foster carers (Rec 12.8 & 12.17) • improving placement stability (Rec 12.16) • increasing consultation with appropriate Indigenous organisations and community representatives (Rec 12.20) (RCIRCSA 2017). 	<p>The state and territory governments 'Accepted' or 'Accepted in Principle' the majority of recommendations relating to child protection system reform.</p>

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
<p>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023</p>	<p>This framework is intended to guide and inform Indigenous mental health and wellbeing reform (PM&C 2017). It provides a framework for action in response to the high incidence of social and emotional wellbeing problems and mental ill-health.</p>	<p>Outcome 2.4: Indigenous children and young people get the services and support they need to thrive and grow into mentally healthy adults</p> <p>Key strategy 4. Develop strategic responses to support the social and emotional wellbeing of children in out-of-home care and establish appropriate connections between child protection services and a range of family and child-support services.</p> <p>Outcome 2.2: Indigenous families are strong and supported</p> <p>Key strategy 5. Support family reunification for members of the Stolen Generations, prisoners, children removed from their families into out-of-home care, and young people in juvenile detention.</p>	<p>Not available</p>
<p>Permanency Outcomes Performance Framework</p>	<p>In August 2017, Community Services ministers committed to providing children in out-of-home care with stable and permanent care. Ministers agreed to measure their progress through a national data and evaluation framework, now known as the Permanency Outcomes Performance Framework (Prentice, the Hon 2018).</p>	<p>Performance is measured across 4 domains (AIHW 2020e):</p> <ol style="list-style-type: none"> 1. Permanent, safe and stable care 2. Timely and informed decision-making on permanency 3. Lifelong relationships, belonging, identity and connection 4. Achieve better life outcomes and reach their full potential. 	<p>As at July 2020 (AIHW 2020a):</p> <ul style="list-style-type: none"> • 13% (4,400) of children in out-of-home care at any time during 2018-19 (35,000 children, excluding NSW) exited to a permanency outcome during 2018-19 • more than 3,700 children were reunified with family and a further 680 exited out-of-home care to third-party parental responsibility orders • 82% (nearly 25,000) of children in out-of-home care on 30 June 2019, who had been in care for at least 2 years (nearly 30,300 children), were on long-term guardianship orders • of the children in out-of-home care placements for 2 or more years at 30 June 2019, 83% (nearly 14,000) were in the main care arrangement for 2 years or more.

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
National Clinical Assessment Framework— children and young people in out-of-home care	The National Clinical Assessment Framework provides a blueprint for the early identification, referral and ongoing health care of children and young people in out-of-home care, highlighting GP participation as primary to establishing continuity of care for these patients (Department of Health and Ageing 2011).	<p>The framework proposes a tiered approach to age-appropriate assessments covering the key domains of physical health, developmental, psychosocial and mental health, including the following core elements:</p> <ul style="list-style-type: none"> • preliminary health check • comprehensive health and developmental assessment • development of a health management plan • ongoing assessment and monitoring (Department of Health and Ageing 2011). 	No longer applicable

(continued)

Appendix B: Programs

Table B1: Program descriptions, methods and evaluations

Program		Program details		Evaluation	Evaluation details		Evaluation outcomes
<i>Primary and secondary programs</i>							
The Australian Nurse-Family Partnership Program (ANFPP) Home-visiting program aimed at improving pregnancy outcomes for Indigenous mothers and their babies by supporting and empowering mothers to be the best parent possible.	Location(s)	National	Child protection outcomes of the Australian Nurse-Family Partnership Program for Aboriginal infants and their mothers in Central Australia (Segal et al. 2018)	Objective: to examine the effect of the Central Australian ANFPP on child protection outcomes among children in the program, specifically on the rates of child protection reports, investigations, substantiations and the annualised number of days in out-of-home care. Evaluation method: a retrospective and prospective comparative cohort design. Comparisons were made between a group who participated in the program and a control group of women who were eligible but not referred.	Location(s)	Alice Springs, Northern Territory	Children of younger mothers (aged <20 years) (n = 115) and first-time mothers (n = 124) who participated in the program had significantly lower rates of involvement with child protection (a decrease of 50% or more) compared to the control group (n = 151). Both groups experienced a 90% or greater decrease in the average number of days spent in out-of-home care per year, relative to the control group.
	Participants (including count)	Indigenous mothers and babies. Count not published	Participants included all pregnant women in the Central Australian Health Service midwifery program database who met the inclusion criteria of: <ul style="list-style-type: none"> location in the town of Alice Springs between 10–22 weeks gestation the expectant mother (or father) was Aboriginal the mother had not previously participated in the ANFPP. 		Participants (including count)	Exposed group (n = 291) Control group (n = 563)	
	Duration	2008–current			Duration	1 March 2009 (program commencement) to 31 December 2015	
	Indigenous specific	Yes			Indigenous specific	Yes	

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Family-Led Decision Making (FLDM) process The FLDM process enables collaborative, family-led childprotection decisionmaking and planning for Indigenous children in Queensland. Child Safety services will refer a family for FLDM processes, when it is practicable and in the best interest of the child when deciding the outcome of an investigation and assessment or when developing a case plan.	Queensland	Aboriginal and Torres Strait Islander Family-Led Decision Making (FLDM) Trial (Winangali & Ipsos 2017) Objectives: <ul style="list-style-type: none"> Identify implementation challenges and strengths for each trial and location Assess how well each location has achieved the objectives of each trial model Collect cost information to contribute to a cost analysis of the project. Evaluation method: the evaluation uses evidence from qualitative interviews, the analysis of case files, administrative data performance reports and review of documentation. The evaluation results are based on qualitative data from: <ul style="list-style-type: none"> 18 families 7 convenors 8 Recognised Entity staff 11 departmental staff 7 professionals and stakeholders 15 reference group members 12 case file audits. This evaluation should be considered an early outcome measurement and not an entirely conclusive evaluation of the intended mid-term outcomes.	Queensland, across 4 sites: <ul style="list-style-type: none"> Ipswich Mount Isa Cairns Torres Strait In total, 88 families participated in the trial: <ul style="list-style-type: none"> Ipswich: n = 20 Mount Isa: n = 20 Cairns: n = 32 Torres Strait: n = 16 About 1 year (18 April 2016 to 30 June 2017)	Diversion from future Departmental interventions and reduced entry into out-of-home care Kept children connected to family, community and culture Improved quality of family plans, cultural support plans, and transition from care plans More appropriate referrals and longer-term approaches to improving outcomes Increased family choice in their referral pathway Engagement of families who they had previously not been able to engage
	Location(s) Participants (including count) Duration Indigenous specific	Queensland Indigenous children and their families Count not published July 2013–current Yes	Location(s) Participants (including count) Duration Indigenous specific	Location(s) Participants (including count) Duration Indigenous specific

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details		Evaluation outcomes
<i>Tertiary programs</i>					
Evolve Therapeutic Services Therapeutic services available following formal referral. Measures of success based on reducing the proportion of participants indicating poor overall wellbeing (clinical range) on HoNOSCA scale items.	Location(s) Queensland	Evolve Therapeutic Services: Outcomes for children and young people in out-of-home care with complex behavioural and mental health problems (Eadie 2017). Objective: to evaluate the Evolve Therapeutic Services program across Queensland and its impact on functioning and wellbeing of children and young people in out-of-home care with severe and complex behavioural and mental health problems. Evaluation method: The McNemar test ¹ was used to measure the significant proportion of participants that moved from 'clinical' to 'non-clinical' from pre- to post-treatment on Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA ²) scale items. In most cases, the same clinician completed the HoNOSCA at pre- and post-participation. However, all Evolve Therapeutic Services, clinicians received formal and regular training in administration and interpretation of HoNOSCA items in order to maintain inter-rater reliability. Baseline data were included if they had been collected within the first 4 months of allocation to Evolve Therapeutic Services. Completion data were included only if they had been collected within the 4 months before the official closure of the child's or young person's service episode.	Location (s) Participants (including count)	Queensland Children less than 18 years of age, with severe or complex psychological or behavioural problems and in out-of-home care on interim or finalised Child Protection Orders (n = 768)	Participants showed statistically significant positive change from pre- to post-participation in 7 out of 9 HoNOSCA scale outcomes. The outcomes for which the most important change was observed were: <ul style="list-style-type: none"> • 'disruptive, antisocial or aggressive behaviour' (from 83.1% to 51.8%) • 'problems with overactivity, attention or concentration' (from 77.3% to 49.3%) • 'non-accidental self-injury' (from 12.5% to 7.2%).
	Location(s) Participants (including count)	Queensland Children and young people (aged 0-17) who present with complex and extreme behavioural and mental health problems and who are subject to statutory intervention. Count not published	Duration Early 2006-current	Duration 1 year (2015)	

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes	
<p>The Ripple Project A 5-year action research study promoting access to state-funded mental health services for young people in out-of-home care and emphasising support for carers and case managers. The project aims to improve coordination between mental health and out-of-home care services by increasing capacities of staff and carers in both sectors.</p>	<p>Location (s) Melbourne's North and West Metropolitan Health Region</p>	<p>The Ripple Project Wave 1 (Herrman et al. 2016) Objective: Wave 1 aims to provide a needs assessment and implementation of a complex mental health intervention for young people in out-of-home care arrangements in Melbourne's North and West Metropolitan Health Region. Evaluation method: Young people, carers and case managers in Melbourne's North and West Metropolitan Health Region participated in focus groups interviews to assess mental health needs and service delivery experiences.</p>	<p>Location (s) Melbourne's North and West Metropolitan Health Region</p>	<p>Initial findings indicate that implementing an affordable intervention service system appears feasible and is likely to be transferable to other places and countries. Results from Wave 1 provide information about the characteristics of the study population. Wave 2 of the project will consist of a 3-year controlled trial (using an intervention group and comparison group) to evaluate mental health, social and economic outcomes for participants.</p>	
	<p>Participants (including count) Young people (12–17 years) in out-of-home care (identified in the census) and their carers and case managers. Participant count provided for Wave 1. Participants for Waves 2 and 3 are yet to be publicly released.</p>	<p>Participants (including count) Young people (12–17 years) in out-of-home care (identified in the census) and their carers and case managers Total children and young people in out-of-home care (n = 176) • intervention region: n = 101 • comparison region: n = 75 • Carers: n = 104 • Case managers: n = 79</p>	<p>Duration August 2014 to April 2015</p>	<p>Participants (including count) Young people (12–17 years) in out-of-home care (identified in the census) and their carers and case managers Total children and young people in out-of-home care (n = 176) • intervention region: n = 101 • comparison region: n = 75 • Carers: n = 104 • Case managers: n = 79</p>	<p>Wave 3 will consist of a process evaluation of the intervention. Findings for Waves 2 and 3 are yet to be publicly released.</p>
	<p>Duration 2013–2017</p>	<p>Duration August 2014 to April 2015</p>	<p>Duration August 2014 to April 2015</p>	<p>Duration August 2014 to April 2015</p>	<p>Wave 3 will consist of a process evaluation of the intervention. Findings for Waves 2 and 3 are yet to be publicly released.</p>
	<p>Indigenous specific No, mainstream</p>	<p>Indigenous specific No, mainstream</p>	<p>Indigenous specific No, mainstream</p>	<p>Indigenous specific No, mainstream</p>	
	<p>Focus Needs assessment and implementation of a complex mental health intervention for young people in out-of-home care</p>	<p>Focus Needs assessment and implementation of a complex mental health intervention for young people in out-of-home care</p>	<p>Focus Needs assessment and implementation of a complex mental health intervention for young people in out-of-home care</p>	<p>Focus Needs assessment and implementation of a complex mental health intervention for young people in out-of-home care</p>	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Cultural Support Plans Individualised plans that aim to develop or maintain children's cultural identity through connection to family, community and culture, while the children are in care.	Location (s) National Children and young people in care who are from Indigenous or multicultural backgrounds. In 2018, 72.5% (n=6,090) of Indigenous children in care had a current documented and approved Cultural Support Plan.	Connection to Culture by Indigenous Children and Young People in Out-of-Home Care in Australia (McDowall 2016) Objective: To investigate the strength of connection to culture for Indigenous children and young people in out-of-home care and the level of cultural support planning and contact with family members. Evaluation method: Participants in the study were primarily (75.3%, n = 223) Indigenous respondents from a larger survey that had been completed in 2013. More participants were drawn from Western Australia (4.4%, n = 13) and the Northern Territory (20.3%, n = 60) where the department chose not to participate in the 2013 survey.	Location (s) National Participants (including count) 296 Indigenous children and young people in out-of-home care (aged 10-18) 541 cultural support plans on file	Of the 296 Indigenous children and young people surveyed: • 31% (91) did not feel connected to culture • 14% (40) reported being aware of a personal cultural support plan. Of the 541 cultural support plans on file: • 26.2% (142) did not have any information about the cultural group, geographical area or language group relevant to the identity of the child or the child's parents and extended family • 51.8% (280) had information about 1 or more cultural groups relevant to the identity of the child or the child's parents and extended family.
	Duration 2011-current	Based on eligibility information provided by the departments, participants were randomly selected from the larger survey's database and were invited to participate in the study. Relevant data were extracted from the larger survey for the 30 questions that focused on demographic information about the participants, aspects of their out-of-home care experience, their knowledge of family, and the extent to which contact was maintained with family members. The study assessed the quality of information included in existing cultural support plans and compared those with a cultural support plan to those without, as well as the level of involvement from the child and their family in cultural support planning.	Duration Indigenous specific	Data collected in 2013 Study released in 2016 Yes

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Government subsidies available to kinship carers Kinship carers are eligible for financial assistance across all Australian states and territories.	Location (s)	National (jurisdictional variation)	Location (s)	n.p. ⁴
	Participants (including count)	Available to individuals who care for children known by them prior to the arrangement (for example a relative or friend) Count not published.	Participants (including count)	n.p. ⁴
	Duration	Current	Duration	n.p. ⁴
	Indigenous specific	No	Indigenous specific	n.p. ⁴
The Carer KafÉ A free, one-stop shop for training for Victorian statutory kinship and foster carers.	Focus	General wellbeing and child protection services	Focus	n.p. ⁴
	Location (s)	Victoria	Location (s)	n.p. ⁴
	Participants (including count)	Victorian statutory kinship and foster carers Count not published	Participants (including count)	n.p. ⁴
	Duration	April 2017–current	Duration	n.p. ⁴
	Indigenous specific	No	Indigenous specific	n.p. ⁴
	Location (s)	Victoria	Location (s)	n.p. ⁴

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
<i>Transition out-of-care programs</i>				
Transition to Independent Living Allowance (TILA) A payment of up to \$1,500 to provide financial assistance to people aged 15–25 years who have departed formal care within the previous 24 months.	Location (s)	National	No evaluation available ³	n.p. ⁴
	Participants (including count)	Individuals aged 15–25 years who have departed out-of-home care within the past 24 months Count not published		n.p. ⁴
	Duration	2003–current		
	Indigenous specific	No		
	Focus	Assists young people leaving formal care to achieve independence and stability		
Leaving Care Plans To support care-leavers, leaving care plans are developed in agreement with the young person. Usually, the plans include information on goals, planned actions, needs assessments, income support and post-care support.	Location (s)	National	No evaluation available ³	n.p. ⁴
	Participants (including count)	All young people in care should be engaged from age 15 by service providers to develop a leaving care plan. 1,829 children had a current leaving care plan in 2018 (641 were Indigenous)		n.p. ⁴
	Duration	2011–current		
	Indigenous specific	No		

1 The McNemar test is used to determine whether there are differences on a dichotomous dependent variable between 2 related groups (Leard Statistics 2018)

2 The HoNOSCA is a 15-item clinician-rated measure that is designed specifically for assessment of child and adolescent outcomes in mental health services. It includes 13 clinical and psychosocial items and 2 items relating to knowledge about the child or young person's difficulties, management and services available (Gowers et al. 1999).

3 No evaluation evidence identified in the public domain on outcomes specific to mental health, suicide or key protective factors.

4 n.p.—evaluation evidence not published



Appendix C: Methods

Search strategy

The database Google Scholar and search engine Google were used to find programs and evaluations that aimed to improve the mental health and suicide outcomes of Indigenous Australians who have contact with the child protection system. Programs were also sourced through references of sources describing policy or research on the topic. The key terms used are below.

Key terms

- Indigenous, Aboriginal, Torres Strait, First Nations
- Australians
- Mental health, suicide, suicidal, psychological, psychiatry, social and emotional wellbeing
- Child protection, child protection system, child protection authority, child welfare, intervention, primary/secondary/tertiary/ statutory intervention, child placement principle
- Care, formal care, informal care, foster care, flexible care, trauma-informed care, transition, reunification, restoration, supported transition, out-of-home care, exiting care, leaving care, care-leavers, carers, kinship
- Care plans, care planning, care deliver, cultural plans, cultural connectedness, connection to culture, disconnection from culture, care arrangements, family-led, Indigenous-led, family led decision making

Inclusion criteria

Programs that met the criteria below were included:

1. The program targeted Indigenous Australians.
2. The program explicitly included people who were at risk of/ were in contact with/ had been in contact with the child protection system.
3. The program aimed to address mental health, suicide or social and emotional wellbeing outcomes.
4. Evaluation evidence of the program was published and available.
5. The program was currently running or had run recently (as of 2020).

Programs that did not fit all criteria were included if:

- program participants were all Australians who had contact with the child protection system but Indigenous Australians made up a proportion of these participants
- the program only addressed reducing contact with the child protection system as an outcome (rather than mental health or suicide) but used psychological approaches and is widespread
- evaluation evidence was not available but the program aimed to address mental health or suicide outcomes
- evaluation evidence was not available but the program targeted Indigenous Australians in contact with the child protection system, and knowledge of the program was widespread.



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Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Organisations
ACE	Adverse Childhood Experiences
AIHW	Australian Institute of Health and Welfare
ANFPP	Australian Nurse–Family Partnership Program
COAG	Council of Australian Governments
CP NMDS	Child Protection National Minimum Data Set
DCCSDS	Department of Communities, Child Safety and Disability Services
DCSYW	Department of Child Safety, Youth and Women
DSS	Department of Social Services
FLDM	Family-Led Decision Making
GP	General practitioner
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
MBS	Medicare Benefits Scheme
NFP	Nurse–Family Partnership
NSW	New South Wales
SNAICC	Secretariat of National Aboriginal and Islander Child Care
TILA	Transition to Independent Living Allowance

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Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection system. Mental health conditions and self-harm are also more common among them. The subsequent transition to out-of-home care may involve substantial adjustment for children and young people. This publication explores approaches targeted at improving both mental health and suicide outcomes for children and young people who have contact with the child protection system.



Stronger evidence,
better decisions,
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