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Parliamentary Secretariat
Economic and Finance Committee
Parliament House
North Terrace Adelaide SA 5000
Email: EFC.Assembly@parliament.sa.gov.au

Child and Young People in Out of Home Care Issues Paper Contribution

Thanks for the opportunity for the Australian Catholic University's Institute of Child Protection Studies to contribute to an issues paper to inform the inquiry into South Australian children and young people in out of home care (OOHC).

The Institute is committed to improving the lives of children, young people, and their families. We conduct quality research, evaluation, training, consultation and knowledge translation for policy makers and practitioners. Nationally recognised for our expertise in child protection, we aim to make a real impact on critical social issues, child-centred practice, service systems and public policy.

Informed by ICPS research, the Institute offers key messages related to three themes:

- ***Poor outcomes for children and young people***
  - Due to their trauma histories, the typical profile of children and young people in OOHC includes a range of emotional and behavioural challenges
  - Children and young people placed into OOHC are at a high risk of suicidal behaviour
  - Outcomes for young people post-care are often poor, including low levels of employment, mental health issues and difficulties forming supportive social relationships
- ***Support needs of carers***
  - Carers require child safeguarding capabilities
  - Carers need support to deal with common difficulties experienced as part of contact visits
  - Carers require knowledge, skills, and confidence to take action to intervene and support a young people at risk of suicide
  - Carers need to learn strategies and tips for having conversations about sexual health and relationships
  - Foster carers need support to get involved in young people transitioning out of care
- ***Public health approaches to preventing child abuse and neglect***
  - A public health approach to the prevention of child maltreatment would address the significant limitations and unintended consequences for children, young people, their families, and communities of contemporary approaches to child protection
  - Early intervention to prevent further disadvantage is required

A more detailed explanation of these messages is presented in the attached paper.

The Institute of Child Protection Studies consents to its submission becoming a public document.

Yours sincerely

Professor Daryl Higgins, PhD, MAPS
Director, Institute of Child Protection Studies
Australian Catholic University

THE SUBMISSION

This submission is based on relevant research, evaluations, consultancies, and training initiatives conducted by the Institute. Our responses are relevant to selected Terms of Reference, particularly outcomes for children and young people in OOHC and models for supporting carers.

Outcomes for children and young people in out of home care

Children and young people in OOHC typically experience complex trauma from chronic exposure to abuse and neglect (van der Kolk, 2000). Due to their trauma histories, the typical profile of children and young people in OOHC includes a range of emotional and behavioural challenges, such as depression, anxiety, poor self-esteem, and attachment difficulties. Common behavioural concerns, include delinquency, drug and alcohol use, and high-risk sexual behaviours (see: AIFS et al., 2015).

Studies across a variety of countries (including Australia) revealed that children and young people placed into OOHC are at a high risk of suicidal behaviour. Psychiatric and depressive disorders associated with suicidal behaviour in young people closely match the trauma needs and mental health outcomes of children and young people in care. Substance misuse, school and academic performance failure, poor peer relationships, and low self-esteem are known risk factors for suicide, and all common features of children and young people in care. Further, experiences of child maltreatment are commonly identified as a risk factor for suicide, and a key feature of the OOHC population (Russell, Trew & Higgins, 2021).

Multiple child deaths by suicide reviews across Australian jurisdictions have shown that children with prior child protection or OOHC involvement were at an increased risk of suicide. These children and young people were up to four times more likely to die by suicide than those with no child welfare involvement. Aboriginal and Torres Strait Islander children were significantly more likely to be living away from the family home prior to their death by suicide when compared to non-Indigenous children (Russell, Trew & Higgins, 2021).

Outcomes for young people post-care deserve attention. Young people with care experiences are more likely to have children earlier than their peers and to encounter challenges that can lead to poorer outcomes for themselves and their children. The Beyond 18: The Longitudinal Study on Leaving Care (Australian Institute of Family Studies, 2019) increased understanding of young people's experiences of leaving out-of-home care (OOHC). Muir et al., (2019) reported on the findings from Wave 3 of the Survey of Young People - completed by 126 care leavers - and from 54 qualitative interviews with care leavers. It showed that a significant proportion of care leavers were struggling with post-care life. These young people had lower than average levels of school attainment, low levels of employment and educational engagement, low incomes, and high levels of financial stress. There was a high prevalence of responses indicating mental health issues and reported rates of self-harm and suicidality were two to three times higher than those reported in other studies of Australian youth. Care leavers in the qualitative interviews commonly reported difficulties building or maintaining positive and supportive social relationships. Overall, this group of young people had slightly higher levels of psychological distress, a lower sense of life mastery and lower levels of life satisfaction than the rest of the young people in the study (Moore, 2022). Parental OOHC in childhood is a risk factor for removal of their own children (Russell, Trew & Higgins, 2021).

Support for foster and kinship carers

Safeguarding

Victimisation experiences among children and young people in OOHC make this cohort vulnerable to further victimisation. Even so, these children and young people often feel uncomfortable talking with adults about their safety (ICPS 2021; Moore et al., 2016). It is incumbent on adults to create spaces/opportunities to hear (and act on) children and young people's worries or concerns. To ensure that children and young people know what adults can and would do to make them feel safer (Russell, Stewart, & Higgins, 2022).

Carers need child safeguarding knowledge and skills. Initially, they need the capability to build trusting relationships. Trust gets built over time with children and young people (Russell, Stewart & Higgins, 2022). They need the skills to identify early warning signs of abuse. Carers need support to appropriately respond when children and young people are at risk of or have experienced further harm (Moore et al, 2016).

Contact visits

When child protective services remove children from their parents, 'contact' or 'access' visits between them and their parents are usually established. Supporting good quality contact with children in OOHC and their birth parents is important for enhancing child outcomes and development, identity formation, and a coherent sense of self (Taplin & Suomi, 2020).

Foster and kinship carers play a crucial role in facilitating parental contact for children in their care. While they may not be present during contact visits, carers play a pivotal role in supporting children before and after contact, which can influence the quality of contact. Even so, the official role for foster and kinship carers in contact with birth parents is not always clearly defined (Taplin & Suomi, 2020).

Carers often do not receive the necessary support to deal with some of the difficulties experienced as part of contact visits. Challenges can include the child exhibiting difficult behaviours before and after contact visits, carers being excluded from decision-making about the child, or difficulties around their relationship with birth parents (Bullen, Taplin & Barry, 2015).

The carers in the kContact study[1] highlighted specific ways they were hoping to be supported in relation to supervised contact for children who were on long-term placements in their care. To better facilitate contact, carers were hoping to have more support in relation to the child, and to have access to tools that would help them manage their own relationship with the birth parent (Bullen, Taplin & Barry, 2015).

Suicide prevention interventions for carers to reduce or prevent suicidal thoughts and behaviours

Working with carers to increase their knowledge and skills to identify risks and increase their confidence or readiness to take action to intervene and support a young people at risk of suicide appears warranted (given children and young people in out-of-home care are at a higher risk of suicide than young people not involved with child protection systems). There is limited evidence to reveal what interventions will prove most effective. Few studies have investigated outcomes related to gatekeeper training for professionals and carers working with children and young people in OOHC. However, such skills training has been found effective approach in health care. Research found that training primary health practitioners to better recognise and treat depression led to a decrease in suicide rates among children and young people (Russell, Trew & Higgins, 2021).

Trauma responsive sexual health and relationship education

Children and young people are seeking trauma responsive sexual health and relationship education. In recent Australian research for the Tasmanian Commission of Inquiry, young survivors of maltreatment argued that their access to sexual health and relationship education was limited and believed that existing programs did not appreciate nor were responsive to their trauma histories (Moore & McArthur, in press).

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[1] The kContact study tested the effectiveness of a contact intervention (the kContact Practice Model) in the out-of-home care context.

They reported insecurities about sex and sexual relationships. Young people advocated for sexual health and relationship education that recognised their unique sexual health needs and equipped them with an appreciation of how to safely engage in sexual relationships (Moore et al., in press).

Carers need to learn strategies and tips for having conversations about sexual health and relationships. Having these conversations won't always be easy. Carers need to feel confident answering questions and dealing with potentially distressing disclosures.

Transitioning from care

Foster carers get involved in young people transitioning out of care. Research suggests that strong social relationships and ongoing and consistent post-care support provided by former carers and/or key workers might help young people fair better and to restabilise when faced with challenging situations and circumstances in life. Ongoing and consistent support to young people when in care and when transitioning out of care has helped young people to have trusting relationships with others. Research reveals they were more likely to access other supports or services. Reduced or irregular support or lack of a constant contact (like a key worker or carer) are suggested to act as barriers to young people's levels of trust in relationships and reduced engagement with or access to services (Moore, 2022).

Public health approach to preventing child abuse and neglect

Current child protection approaches have significant limitations and unintended consequences for children, young people, their families, and communities. Statutory services struggle to engage with families experiencing vulnerabilities, to address the broader safety needs of children across the community, and to drive a culture of prevention of all forms of child maltreatment. The gap between prevalence, and cases of child maltreatment that come to the attention of statutory child protection authorities is significant. There is growing evidence of the need for a new prevention-focused approach that draws on the learnings from public health (Higgins et al., 2022).

We know that a public health approach to complex health issues works. A public health strategy was applied to tobacco-related cancers, road accidents/fatalities, dental carries and STDs/HIV and helped minimise their harm at a population level. Protecting children is perhaps even more complex. But it demands engagement from different government portfolios, service providers and the community.

A public health approach to the prevention of child maltreatment would draw on the trust—and reach—of services where children and families are already engaging. These services include early childhood education, schools, GPs, and other medical/health services, such as maternal and child health. These agencies have the capacity to provide evidence-based parenting and family support.

For children to thrive, their parents and carers need help to navigate the tricky waters of parenting and care. But to get that support, they shouldn't have to be seen as bad, or failing. Neither should this support be mandated through a statutory child service. Such an approach can be implemented through a prevention model that combines universal and targeted positive parenting interventions to protect children.

Early intervention is possible at many points in the child protection and OOHC system to prevent a child from progressing further. It can occur across a spectrum encompassing:
- Intensive family preservation programs to prevent entry into OOHC
- Improving outcomes for children in OOHC
- Supporting young people leaving OOHC.

Parenting support for young people who have exited care represent a good example of a desirable early intervention. This cohorts' experiences of abuse and neglect may affect their parenting. Parents with a trauma history often miss or misinterpret their child's emotions, meaning a child's feelings may be falsified or negated. Such a response can affect a child's ability to regulate themselves emotionally (Crittenden, 2009; Gottman et al., 1996). Trauma-informed parenting interventions can help parents who have transitioned out of care to identify and appropriately respond to any parenting challenges they may face.

Research with parents who experience the child protection system during pregnancy and post-birth reveal a desire for early intervention and prevention. These parents had experienced multiple traumas and adversities, thereby necessitating long-term, targeted support across multiple agencies and professionals to improve outcomes for them and their children. They advocated for the establishment of respectful, trauma-informed, and supportive relationships between agencies and parents. Improvements recommended by the parents included increased parental supports both pre- and post-removal of a child, and greater communication and preparation for the possible removal of a child (Trew et al, 2022).

Numerous evidence-based programs have emerged with a focus on supporting families, preserving and reunifying families, and preventing the progression of children to care over the last decade. For more information see chapter three of the economic case for early intervention in child protection and out-of-home care (SVA, 2019).

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