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# Accounting for the increase of children in care in western Australia: What can a client information system tell us?



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#### ABSTRACT

This paper analyses a fourteen-year period of Western Australian data from the client information system of the Department for Child Protection and Family Support. Western Australia saw a large increase in the number of children in state care similar to trends across Australia as a whole. The study shows the following trends: changes in response to 'referrals' with particular increases in the number of findings of neglect and increasing proportions of these followed swiftly by entry to care; changes in patterns of entry to care with more children under one-year-old entering; increased length of stay of children in care; and, the high incidence of Aboriginal children entering and remaining in care. The data demonstrate unequivocally that increased 'referrals' are not associated with increased substantiations of harm or 'acts of commission with dangerous intent', but that neglect assessed early in the lives of children was the major precipitant for entry to care and particularly so for Aboriginal infants.

#### 1. Introduction

The number of children in care in Western Australia has more than trebled since 1996. Since placement in care is a very serious and costly intervention in the lives of children it is important to understand what lies behind such a significant change. This paper analyses data from a client information system to provide insights into factors that underpin this rise. It covers the fourteen year period 1996–2009. The major feature of the analysis is concerned with how this increase links to trends in notification types and demographics of children entering care.

#### 2. Context

The increase in children in out-of-home care is an Australia-wide trend. The number of children in out-of-home care in Australia trebled between 1997 and 2015 (AIHW, 1998, 2015). Within this increase the number of Aboriginal and Torres Strait Islander (hereafter Aboriginal) children in care increased 10-fold (AIHW, 2016). Industrialised countries globally have also experienced an increase in children in out-of-home care in recent years (Gilbert, 2012). It is important to understand what underlies this trend for a number of reasons including the ongoing troubled history of the care system in Australia (Cashmore, 2014) concerns about poor outcomes for children in care; and the considerable financial costs involved in statutory child protection systems.

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In Australia the increase has not been a result of higher numbers of admissions to care — which have fallen slightly — rather it is a consequence of children staying for longer periods of time in care (Holzer & Bromfield, 2008; Tilbury, 2009). A factor contributing to increased length of stay of children in care in Australia is them entering care at a younger age and staying longer (AIHW, 2016; Zhou & Chilvers, 2010). The need to understand the patterns underpinning the increases and any links to reasons for entering care is self-evidently important particularly in the light of the reported poor outcomes for children in out-of-home care.

Research in Australia into children who have spent long periods of time in care reveals a range of problems faced by many children in care. These problems include:

- poor performance at school, many changes of schools and limited educational attainment (Cashmore, Paxman, & Townsend, 2007; Creed, Tilbury, Buys, & Crawford, 2011; Mendes, Michell, & Wilson, 2014);
- mental health problems (Alexandris, Hammond, & McKay, 2013; Tarren-Sweeney & Hazell, 2006; Teggart & Menary, 2005);
- a high rate of placement movement, possibly associated with attachment problems for some children (Barber, Delfabbro, & Cooper, 2001; Osborn, Delfabbro, & Barber, 2008); and
- maltreatment within the out-of-home care system (Osborn et al., 2008; Stephens & Oates, 2015).

The research on outcomes for older children who have left care demonstrate problems of unemployment (Creed et al., 2011; Mendes, 2009a); homelessness (Johnson et al., 2010; McDowall, 2010; Maunders et al., 1999; Mendes & Goddard, 2000; Owen et al., 2000); offending and imprisonment (Maunders et al., 1999; Mendes & Goddard, 2000); drug dependence (Johnson et al., 2010); teenage pregnancies; and their own children entering care (Maunders et al., 1999; Mendes, 2009b).

#### 2.1. Child protection and legislation in western Australia

The Department for Child Protection and Family Support (DCPFS) is the Western Australian statutory agency charged with responding to concerns about the wellbeing of children. The different services provided by DCPFS have been the subject of a number of research studies over a lengthy period (Bilson, Cant, Harries, & Thorpe, 2015; Cant & Downie, 1994; Gilbert et al., 2012; Harries, Cant, Bilson, & Thorpe, 2015; O'Donnell et al. 2009a, 2009b, 2010a, 2010b; Parton & Mathews, 2001; Thorpe, 1994). These studies have shown that one in twelve children born in the state in 1990 or 1991 were investigated before reaching the age of eighteen (Bilson et al., 2015). Aboriginal children were over-represented in these statistics and it was estimated that 28.0% of Aboriginal children born in 1990 or 1991 were investigated; and 15.4% of Aboriginal children had 'maltreatment substantiated' before reaching the age of eighteen. This high level of involvement of Aboriginal children steadily increased to a point where 28.4% of Aboriginal children born in 2008 came to attention before their first birthday compared to 5.4% born in 1990 and 1991.

The current study covers two major policy and legislative arrangements in Western Australia occurring between 1996 and 2009 and analyses relevant data from the client information system for this period. In 1996 the policy 'New Directions in Child Protection and Family Support' (hereafter New Directions) was implemented across the state. This policy aimed at differentiating concerns about the welfare of children and families from allegations of child maltreatment. Before 1995 all concerns about children were treated as allegations of maltreatment, although not all were investigated. Under New Directions those referrals where there was an indication that a child may have been harmed or was at risk of harm through maltreatment were classified as child maltreatment allegations (CMA) and investigated. Concerns for a child's welfare where there was no indication of maltreatment and the exact nature of the issue or problem was unclear were assigned the temporary classification of a child concern report (CCR) and voluntarily assessed to determine an appropriate response. The outcome of a CCR assessment could be no further action, the provision of family support services or reclassification as a CMA.

In March 2006 the Children and Community Services Act 2004 came into operation and New Directions ceased as a framework for assessing referrals. Under this Act if the CEO receives information that raises concerns about a child's wellbeing, the CEO may initiate inquiries to determine whether action should be taken to safeguard or promote the child's wellbeing. Such actions may include an investigation to ascertain whether the child is in need of protection and possible interventions including an application for a warrant (provisional protection and care), taking the child into provisional protection and care, or making a protection application.

#### 3. The current study

The study considers changes that occurred in cohorts of children starting episodes of care each year and children leaving care between 1996 and 2009. The long time-scale of the available data allows the study to explore how patterns of entry and exit have changed over time. In addition, the data enable examination of the relationship between entry to and staying in care and the changing patterns of recorded child abuse and neglect.

#### 3.1. Method

De-identified data from the DCPFS client information system were examined. These encompass notifications received about children between 1990 and 2009 and details of episodes of care including placements from 1996 to 2009. Data were analysed using SPSS version 22. The study was approved by The Human Research Ethics Committee of The University of Western Australia.

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