



A Step Up for Our Kids: One Step Can Make a Lifetime of Difference

ACT Out Of Home Care Strategy 2015-2020

Final Report for the mid-Strategy evaluation

28 May 2019



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Glossary

Glossary

Term	Definition
ACT	Australian Capital Territory
Application Review Committee	The Application Review Committee (ARC) is required to review all Child and Youth Protection Services (CYPS) court applications, including adoption order applications. ARC is the body within CYPS that decides whether a matter should proceed to court. If ARC endorses the adoption, CYPS will work with families to progress the adoption.
Carer Advocacy Service	The Carer Advocacy Service is independent of Care and Protection Services and is required to assist carers as they seek to negotiate and resolve issues with their agency in the first instance. It employs a panel of fee for service advocates.
Child	A young person aged 0–11 years.
Continuum of Care Strategy Domain	Creating a continuum of care brings together all of the service elements in <i>the A Step Up for Our Kids Out of Home Care Strategy</i> designed to support children and young people who cannot live with their birth families. It is largely focused on managing risks relating to child safety and wellbeing in care placements, including assessing the suitability of carers and the availability of a home and support services matched to child need within a continuum of care. Providers are tasked with finding permanent alternative families and achieving better outcomes for children and young people who remain in care long-term.
Continuum of Care Panel	The Continuum of Care Panel is a governance mechanism that supports a range of activities in care services to ensure that children and young people are receiving a continuum of care.
Child and Youth Protection Services (CYPS)	CYPS is the statutory child protection agency which services the ACT region. CYPS has legislative responsibility under the <i>Children and Young People Act 2008</i> for facilitating and coordinating services across government for the care and protection of children and young people believed to be at risk of harm.

Sources: *A Step Up for Our Kids OOH Strategy 2015-2020*, *Australian Institute of Health and Welfare Child protection glossary*, *Report on Government Services 2019*.

Glossary (cont'd)

Term	Definition
Family Advocacy Service	The Family Advocacy Service is outside the Out of Home Care (OOHC) sector and ensures that birth parents or other family members have the opportunity to discuss any concerns with a knowledgeable person and to explore their options in relation to decisions of the Community Services Directorate (CSD) or the non-government OOHC provider. The service might also support parents when their child has been removed and they want some assistance to access appropriate support services.
Foster care	A form of OOHC where the caregiver is authorised and reimbursed (or was offered but declined reimbursement) by the state/territory for the care of the child. (This category excludes relatives/kin who are reimbursed.) There are varying degrees of reimbursement made to foster carers.
Independent living	Accommodation including private board and lead tenant households.
Interim and temporary orders	Orders covering the provision of a limited period of supervision and/or placement of a child. Parental responsibility under these orders may reside with the parents or with the department responsible for child protection. 'Unfinalised orders' (such as applications to the court for care and protection orders) are also included in this category, unless another finalised order is in place.
Investigation	Investigations are the process whereby the relevant department obtains more detailed information about a child who is the subject of a notification received between 1 July and 30 June of the relevant financial year. Departmental staff make an assessment about the harm or degree of harm to the child and their protective needs. An investigation includes sighting or interviewing the child where it is practical to do so.
Non-government organisation (NGO)	Any non-government organisation that provides services to the community on a non-profit-making basis, not classified under any other 'source of notification' category.
Notifications	Notifications are reports lodged by members of the community with the appropriate statutory child protection department to signify that they have reason to believe that a child is in need of protection.

Sources: A Step Up for Our Kids OOHC Strategy 2015-2020, Australian Institute of Health and Welfare Child protection glossary, Report on Government Services 2019.

Glossary (cont'd)

Term	Definition
Out of home care (OOHC)	Overnight care for children and young people aged 0–17 years, where the state makes a financial payment or where a financial payment has been offered but has been declined by the carer. See also Residential care , Family group homes , Foster care , Relative/kinship care , Independent living , Other OOHC
Out of Home Care Performance Management Framework	The Out of Home Care Performance Management Framework currently under development will monitor services, and agencies will report regularly on performance against key indicators.
Parent-child interaction program	Parent-child interaction programs assist parents to bond with their child and to develop appropriate behavioural management skills.
Performance based-contracting	Agencies may be positively financially incentivised for achievement of performance targets and will be eligible to receive financial incentives for best practice performance. Agencies must spend their achievement payments on innovation and capacity building for OOHC services.
Placement prevention services	Placement prevention services are for children and young people in high-risk situations to stay at home. The placement prevention service includes an intensive family support program and a mother and baby unit.
Rate	A rate is one number (the numerator) divided by another number (the denominator). The numerator is commonly the number of events in a specified time. The denominator is the population who are 'at risk' of the event. Rates are generally multiplied by a number such as 1,000 to create whole numbers.
Relative kinship care	<p>A form of OOHC where the caregiver is:</p> <ul style="list-style-type: none"> • a relative (other than parents); or • considered to be family or a close friend; or • a member of the child or young person's community (in accordance with their culture); and • who is reimbursed by the state/territory for the care of the child (or who has been offered but declined reimbursement). <p>For Aboriginal and Torres Strait Islander children and young people, a kinship carer may be another Aboriginal and/or Torres Strait Islander person who is a member of their community, a compatible community or from the same language group.</p>

Sources: *A Step Up for Our Kids OOHC Strategy 2015-2020*, Australian Institute of Health and Welfare *Child protection glossary*, *Report on Government Services 2019*.

Glossary (cont'd)

Term	Definition
Residential care	Where the placement is in a residential building whose purpose is to provide placements for children and young people and where there are paid staff.
Reunification service	A reunification service provides dedicated support to birth families so children and young people can return home as quickly and safely as possible.
Strengthening high-risk families Strategy Domain	Strengthening high-risk families increases investment at the front end of the care system in order to divert children and young people from entering long-term care. In risk terms, it is largely focused on managing risks associated with family of origin and it seeks to avoid drift into care and drift in care. The interventions focus on providing practical support and 'hands on' parenting training on an intensive basis over an extended period of time to maximise the chances of success.
Strengths and Difficulties Questionnaire (SDQ)	<p>The Strengths and Difficulties Questionnaire (SDQ) (R Goodman) is a brief behavioural screening tool that is used to assess problematic or concerning behaviour related to emotional distress, behavioural difficulties, hyperactivity and concentration, social problems, pro-social behaviours as well as assessing the impact the behaviour is having in a particular situation/environment. There are three versions of the SDQ – for parents/caregivers, for teachers and a self-assessment for the child/young person. The SDQ:</p> <ul style="list-style-type: none"> • contains 25 questions organised around five major components of children's wellbeing; • has parents answer questions by rating on a three-point scale how often the behaviours described occurred during the previous six months; • takes between 5-10 minutes to complete; and • is freely available.

Sources: A Step Up for Our Kids OOHHC Strategy 2015-2020, Australian Institute of Health and Welfare Child protection glossary, Report on Government Services 2019.

Glossary (cont'd)

Term	Definition
Substantiations	Substantiations refer to child protection notifications made to relevant authorities between 1 July and 30 June of the relevant financial year, which were investigated and the investigation was finalised by 31 August, and where it was concluded there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. Substantiations do not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management was provided. Substantiations may also include cases where there is no suitable caregiver, such as children and young people who have been abandoned or whose parents are deceased.
Therapeutic assessment	Comprehensive developmental and therapeutic assessments for all children and young people entering placement prevention services or care will help to ensure that eligible children and young people are identified.
Training in trauma-informed care	Training will be tailored to the needs of carers and the child or young person they care for and to facilitate translation into practice.
Type of abuse or neglect	Substantiations are classified into four categories: physical abuse, sexual abuse, emotional abuse and neglect. Each category includes findings of actual harm or significant risk of harm. Where more than one type of abuse or neglect has occurred, the substantiation should be classified to the type likely to be the most severe in the short-term or to place the child at risk in the short-term – or, if such an assessment is not possible, classified to the most obvious form of abuse or neglect. See also physical abuse , sexual abuse , emotional abuse and neglect .
Young person	A person aged between 12-17 years.

Sources: A Step Up for Our Kids OOH Strategy 2015-2020, Australian Institute of Health and Welfare Child protection glossary, Report on Government Services 2019.



Executive summary

Executive summary

Overview of evaluation and structure of this report

Overview of the Strategy

A Step Up for Our Kids Out of Home Care Strategy 2015-2020 (the Strategy, or *A Step Up for Our Kids*) is an evidence-based approach to Out of Home Care (OOHC) in the Australian Capital Territory (ACT). It is designed to strengthen high-risk families and prevent escalation and entry into the OOHC system.

The Strategy was developed over a period of three years (2012-2014), in consultation with the sector, and the young people, families, and carers who had been involved in it.

The Strategy is focused on three key domains of reform, all underpinned by the establishment of a therapeutic, trauma-informed system of care:

- **Strengthening high-risk families:** focused on increasing investment at the front end of the care system to prevent children and young people entering long-term care;
- **Continuum of care:** focused on bringing together all the service elements in the Strategy to support children and young people who cannot live with their birth families; and
- **Strengthening accountability and ensuring a high-functioning care system:** focused on responding to previously identified system deficiencies, ensuring the care system operates at a high level of quality and sustainability, and building the capacity and capability of the non-government sector.

The Strategy proposed a major departure from previous practice within the ACT OOHC system. It emphasises strategies that include:

- preventing children and young people from entering care;
- reunifying children and young people in care with their birth parents as quickly as possible, where it is safe to do so; and

- moving children and young people into permanent alternative family settings as quickly as possible (where safe return home is not feasible).

It is also aimed at reducing demand in order to avoid long-term costs to government and the community.

Implementation of the Strategy

The Strategy was endorsed in October 2014, and formally launched in January 2015 following an extensive service design and modelling process undertaken in 2012-2013. Funding for the implementation of the Strategy was provided for in the 2015-16 Budget. From January 2015 to December 2015, a comprehensive strategic procurement process took place and from there, transition to the new service delivery model including the newly procured providers began in January 2016. This was fully implemented from October 2016. This transition period took longer than originally planned. The changed timeline in implementation primarily related to delays in strategic commissioning of services, and the need for increased physical infrastructure to support the expansion of some services through the Strategy.

These issues were addressed, with all key reforms across the Strategy's domains implemented and operational. The longer than planned initial rollout of the Strategy is likely to result in an overall delay in the impact of the Strategy.

Evaluating the Strategy

Governance and accountability is one of the three domains the Strategy focuses on to ensure a high functioning care system. This high functioning care system is characterised by a stronger, safer and more sustainable OOHC system which is also more cost-effective and equitable in the application of available resources. Ongoing monitoring and evaluation forms part of improved accountability of the system within this Strategy domain.

Executive summary (cont'd)

Overview of evaluation and structure of this report (cont'd)

The high level research questions articulated in the Baseline Report (2018), which have guided the overall evaluation of the Strategy, are:

1. Is the rollout of the Strategy on track in terms of timeframes and volume of clients or are there indications that adjustments should be made?
2. Is there a more coordinated, integrated and efficient response for children, families, communities and agencies? Has a responsive, child-focused, accountable system been developed?
3. Is implementation being achieved within the funding envelope and are agencies delivering services within their funding allocations?
4. Is the Strategy achieving the desired aims and outcomes, and to what extent are the intended outcomes of the Strategy being realised?
5. What are the outcomes for children and young people in the OOHC system, and for those who have left care? Have there been any unintended outcomes?

An evaluation framework was developed to review progress towards outcomes at two points, being: mid-way through the Strategy (this Report) and the fifth year of the Strategy (2020). This evaluation framework assesses the Strategy against each of the three domains of reform, as well as how well the Strategy is underpinned by a therapeutic, trauma-informed system of care. Hence, the evaluation framework and this Report contain four evaluation domains:

- Domain 1: Establishing a therapeutic, trauma-informed system of care
- Domain 2: Strengthening high-risk families
- Domain 3: Creating a continuum of care
- Domain 4: Establishing an accountable and high functioning care system.

This mid-Strategy Evaluation Report

The Strategy has now reached its midpoint, and this Report evaluates the success of the Strategy based on the outcome indicators developed during implementation of the Strategy, as compared to the baseline established in the Baseline Report (2018). For clarity, the baseline was drawn at Financial Year (FY) 2015/16 for measures taken at the end of the financial year, and Calendar Year (CY) 2016 for those measures taken at the end of the calendar year.

The data for comparison with the baseline was available from FY2016/17 to FY2017/18, and from CY2017 to the first six months of CY2018. In some places where data is too small to report for years since the baseline, data from FY2011/12 onwards is also included for analysis.

The data collection has been coordinated by CSD within the ACT Government, and data provided to KPMG includes the ACT Government's own data as well as data provided by some Non-Government Organisation (NGO) partner agencies – Barnardos Australia (Barnardos), Uniting Children and Families ACT (Uniting), Karinya, CREATE, Carers ACT and the Australian Red Cross (Red Cross). The Report also makes reference to FY2017/18 data contained in the Productivity Commission's Report on Government Services (ROGS report) 2019.

Structure of this Report

The Executive Summary begins with an overview of findings from the four evaluation domains. The Report and the Executive Summary have been structured around the four evaluation domains, and key indicators for each domain are discussed within the relevant section. The outcomes for Aboriginal and Torres Strait Islander children and young people are also specifically discussed.

Executive summary (cont'd)

Overview of findings

The reform agenda

The Strategy outlined a wide range of reforms for the ACT Government and associated agencies delivering services for children and young people in OOHC in the ACT. The reform agenda has involved substantial structural changes in the way these services are delivered, including contracting, service delivery and governance arrangements.

Any reform agenda is challenging and implementation of the Strategy has taken longer than planned, but now has all the key elements in place. Some of the fundamental shifts in approach have been the establishment of new services to support families and prevent children and young people coming into OOHC; wide-spread training to provide trauma-informed care; a shift to increased permanency planning, especially for very young children; and the movement of children and young people out of residential care.

Part of the reforms are designed to move the system to a child focused approach. Hence, a number of processes have been designed and implemented to improve the wellbeing of children and young people in the system (including development of a therapeutic plan, a cultural plan, and a health passport).

Mid-Strategy evaluation

This report monitors the reforms at the midpoint of the Strategy, considering successes and challenges that have been experienced to date. The data now available have allowed transparent oversight of the reforms, and analysis has revealed mixed results since Strategy implementation in a number of areas.

Although the reforms may be positive for individual families and children and young people within the system, the reforms have not yet led to an overall reduction in the number of children and young people in OOHC.

For Domain 1 – the establishment of a therapeutic, trauma-informed system of care – a fundamental change in the OOHC system has taken place and new structures and contracting arrangements have been put in place.

Evaluation of this domain at the Strategy midpoint shows that although initial implementation of some key areas was promising, initial improvements and baseline results have not been maintained and results in key indicator areas have decreased. This includes the levels of completion of health passports and therapeutic plans. Although participation in the Viewpoint survey has improved, survey participation rates remain low as the number of children and young people offered the survey each year is substantially lower than the number eligible. In addition, NAPLAN participant rates have improved, however, NAPLAN results for children and young people in care continue to be much lower than the broader population.

Domain 2 is designed to strengthen high-risk families. Under the Strategy, new prevention and reunification services have been established in the ACT and there have been positive results for some individual families within the programs. It was anticipated that success rates would be low while the service was established. Since the baseline, engagement of families in the service, and the sustainability of success of these services has been a challenge.

The Strategy aims to create a continuum of care, which is the focus of Domain 3. The Strategy has successfully moved children and young people out of residential care, and for some children and young people in care, there is a greater level of stability being provided since the implementation of the Strategy. In addition, an increasing number of children and young people have permanent decisions regarding their future. More work remains to be done regarding the timing of the finalisation of permanent orders making this an area for ongoing work.

Under Domain 4, a number of governance structures have been designed to establish an accountable and high functioning care system and oversight of the system has improved. Strengthening oversight and continuing the focus of these groups on the reform process will assist in achieving the outcomes of the reforms.

Executive summary (cont'd)

Overview of findings (cont'd)

Aboriginal and Torres Strait Islander children and young people

This report specifically considers the outcomes for Aboriginal and Torres Strait Islander children and young people under the Strategy.

Although advances have been made in some areas, and individual children and young people may have benefited under the Strategy, the overall situation of Aboriginal and Torres Strait Islander children and young people since the baseline has not markedly improved.

The number of Aboriginal and Torres Strait Islander children and young people in OOHC has continued to increase following the implementation of the Strategy, and the disproportionate ratio for both OOHC and Care and Protection Orders has increased.

It is positive that the majority of placements for Aboriginal and Torres Strait Islander children and young people are in line with the child placement principles and this finding has been stable.

Although the majority of Aboriginal and Torres Strait Islander children and young people received a cultural plan within 12 months of entering care at the implementation of the Strategy, this has declined since that point, and work is required to substantially improve this rate.

Similar to all children and young people, prevention and reunification services were anticipated to have lower success rates while they were established and consolidated in the first three years. The total number of referrals to prevention and reunification services for Aboriginal and Torres Strait Islander families has decreased since Strategy implementation but remains stable as a proportion of all children and young people referred, which is due to both a larger number being referred when the service was first implemented. In addition, a Family Group Conferencing Pilot specifically for Aboriginal and Torres Strait Islander families was introduced, which may have also impacted on referral numbers to Uniting services.

However, these families in the most recent year have a higher level of engagement with prevention and reunification services than the wider population of children and young people and their families in the child protection system.

Recommendations

The report notes that the ACT is at the midpoint for the Strategy, which means that the impact of individual reforms is still developing. The evaluation of the Strategy midpoint allows the ACT to consider how implementation of the reforms can be strengthened going forward.

Based on midpoint evaluation findings, recommendations have been made that will build on the work that has already been undertaken. In some areas, considerable challenges remain. Fundamental change and sustained change over time is not easy to achieve. The recommendations are designed to provide practical steps to move the system towards improved outcomes for children and young people in OOHC.

The following sections outline in detail each of the Strategy domains, findings since the Strategy was implemented, and recommendations arising from the analysis.

Executive summary (cont'd)

Domain 1 – Establishing a therapeutic system of care

In response to the escalating numbers of children and young people in OOHC, *A Step Up for Our Kids* was designed to develop a trauma-informed system of care, strengthen oversight of children and young people in care, and provide services for high-risk families to prevent escalation of issues with entry of children and young people into the OOHC system. In addition to reporting on implementation, Domain 1 reports on child outcomes. The domain gives an overview of different areas in the lives of children and young people in care, including aspects of their health, their education, whether they participate in decisions that affect their lives and their connection to culture.

General trends for children and young people in OOHC

As noted above, monitoring of *A Step Up for Our Kids* indicates that all of the intended reforms have been implemented. However, over time, some improvements in outcome areas have not been maintained and other measures indicate declining outcomes. These are discussed below.

1.1 Psychological and social strengths

Children and young people in care are expected to experience progress in their psychological and social strengths. This is measured through the percentage of children and young people meeting development milestones on an accredited scale. While this indicator is noted as important, data is not currently collected to measure it, as there are challenges in collecting the required data through the Strengths and Difficulties questionnaire.

1.2 Health

Children and young people in OOHC are expected to have their health needs met. There are a number of measures used to determine the extent to which this occurs. The majority of indicators have remained stable since the implementation of the Strategy, however the number of children and young people receiving health passports needs to be improved.

Almost all children and young people who enter care have an initial health check completed (where required) within six weeks of entering care (94% in FY2017/18). While this percentage has only seen a small decrease of three percentage points since the implementation of the Strategy, these checks should be universally provided to all children and young people who require them.

The number of children and young people aged 0-14 years who enter care for the first time, and have a health passport completed, has dropped substantially each year since Strategy implementation. At the beginning of the Strategy, in FY2015/16, 68% of these children and young people had passports completed, and by FY2017/18, this had dropped to 47%.

While the proportion of children and young people responding to the Viewpoint survey question in relation to their health concerns has decreased from 83% at Strategy implementation to 67% in FY2017/18, the proportion of children and young people responding who report they are generally in good health has improved slightly from 78% in FY2015/16 to 82% in FY2017/18.

1.3 Safety

Children and young people in care should grow up safe. However, the proportion of children and young people who self-report they feel safe where they live now has decreased. At Strategy implementation in FY2015/16, 83% of children and young people who responded to the question indicated they felt safe. This improved in FY2016/17 to 89%, however only 73% of children and young people reported feeling safe where they live now in FY2017/18.

The number of children and young people with substantiated notifications where the person believed responsible was living in the OOHC household has remained low, at 1.37% in FY2015/16 and 0.43% in FY2016/17 since the introduction of the Strategy. Data was not available for FY2017/18.

Executive summary (cont'd)

Domain 1 – Establishing a therapeutic system of care (cont'd)

1.4 Participation

Children and young people should participate in decisions that impact on their life. In the first year of the Strategy, the number of children and young people who indicated they have a say in decision making and feel listened to improved by 17 percentage points from 66% in FY2015/16 to 83% in FY2016/17. However, by the end of FY2017/18, this proportion had returned to pre-Strategy levels (66% of children and young people). The same trend can be seen for Aboriginal and Torres Strait Islander children and young people.

The Viewpoint survey is a national survey instrument that captures the views of children and young people aged 5-17 years in OOH. Participation of 5-17 year olds in the Viewpoint survey has fluctuated over the last three years, but still remains low considering the number of children and young people in OOH. At the implementation of the Strategy in FY2015/16, the number of children and young people aged 5-17 years offered the survey was 176 (or 32% of eligible children and young people). This decreased to 111 (or 20%) children and young people in FY2016/17, and has since improved to 213 (or 37% of eligible children and young people) in FY2017/18 (measure 1.5.1).

Participation in the survey is one avenue for the views of young people to be heard, so continued invitation to complete the survey, engagement in the survey and improvement in the response rates are needed.

1.5 Cultural connection

Children and young people in care should be supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources, and communities and have their life history recorded as they grow up. The number of children and young people who reported having 'a lot', 'some things' or 'quite a bit' of connection to culture and family was quite high at Strategy implementation (90%), and has increased slightly to 93% in FY2017/18. For Aboriginal and Torres Strait

Islander children and young people, this proportion increased from 94% at implementation to 100% in FY2016/17, before returning to 94% in FY2017/18. The high number of children and young people reporting a connection is a positive outcome.

1.6 Education

It is expected that children and young people in care are able to access and participate in education and are supported to engage in training and/or employment. There have been mixed results for this outcome since the implementation of the Strategy. The proportion of children in the care of the Director General who are pre-school age, and enrolled in pre-school, dropped in the first calendar year of the Strategy (from 83% in CY2016 to 76% in CY2017). No further data was available for the first six months of CY2018 to determine if this is a continuing trend.

In addition, the number of children and young people achieving national minimum standards for reading and numeracy was in decline prior to the implementation of the Strategy, and has continued to decline since. In CY2017, 80% of children and young people were reaching national minimum standards for reading, and 87% were reaching national minimum standards for numeracy. These results are much lower than the general population of children and young people in the ACT, with 93.9% to 96.2% of all children and young people meeting national minimum standards for reading, and 96.3% to 96.9% meeting national minimum standards for numeracy. However, the number of children and young people who have sat NAPLAN testing in both reading and numeracy has improved – by four percentage points for reading and by 18 percentage points for numeracy since Strategy implementation.

The number of young people in care over the age of 15 years, who are in full time or part time education and training or work, has also remained stable at between 95-96% each year.

Executive summary (cont'd)

Domain 1 – Establishing a therapeutic system of care (cont'd)

1.7 Involvement in Youth justice

It is an outcome measure of the evaluation whether children and young people in care have reduced involvement with the youth justice system. The number of children and young people aged 10 years and over, who were in OOHC for three or more months during the year with youth justice orders, has remained low, at around 1-2% each year since Strategy implementation.

1.8 Therapeutic plan

Children and young people in care are expected to be safe and have developmental delay minimised. However, the number of children and young people entering care who have their therapeutic assessment and corresponding therapeutic plan developed within their first six weeks in care has dropped substantially. At the implementation of the Strategy, 64% of children and young people received both within six weeks, however this dropped to just 22% of children and young people in FY2017/18. CSD is aware of the backlog in preparation of therapeutic plans and has put remediation plans in place to complete these assessments.

There are also an increasing number of children and young people with an open case at the Melaleuca Place Trauma Recovery Centre, up from 43 at Strategy implementation to 61 in FY2017/18 (measure 1.8.2).

1.9 Therapeutic care

ACT Together implemented its Foster Care Training program in March 2017, well into the Strategy implementation period. It is a trauma-informed and therapeutic program based on training delivered in NSW, and tailored to the ACT context. The proportion of staff across the ACT Together consortium completing the training was not available, however, one member organisation (Premier Youthworks) indicated 77% of their staff have completed basic trauma training, typically as part of induction.

For other organisations, information provided in September 2018 for FY2017/18 indicated that:

- 100% of Uniting staff have been trained in trauma-informed practices (including administrative staff)
- Only 14% of Karinya's 21 staff have completed trauma-informed training within the last two financial years
- One of two CREATE staff members have completed trauma training
- All Carers ACT and Red Cross staff (five in total) have completed trauma training in the past two financial years.

Recommendations

1. Continue to work with the Aboriginal and Torres Strait Islander Elected Body to consider how the Strategy supports Aboriginal and Torres Strait Islander families, and Aboriginal and Torres Strait Islander children and young people in care.
2. Further investigate options to collect data in relation to the number and per cent of children and young people in care who meet developmental milestones using an accredited scale of child development.
3. Increase the proportion of eligible children and young people who are offered the Viewpoint survey each year; or develop another robust alternative to capture children's views.
4. Improve the number of children and young people who enter OOHC with an initial health check completed within six weeks to 100% of children.

Executive summary (cont'd)

Domain 1 – Establishing a therapeutic system of care (cont'd)

Recommendations (cont'd)

5. Monitor and implement changes to ensure that 100% of children and young people aged 0-14 years, for whom it is compulsory, receive a health passport. Health passports should still be offered to children aged 15-17 years as an option.
6. Monitor the number of children and young people who feel safe where they live now to determine if children and young people continue to report that they feel less safe and investigate reasons for the decrease.
7. Monitor the number of children and young people who self-report they have opportunities to have a say in relation to decisions that have an impact on their lives and they feel listened to, to determine if initial improvements following implementation of the Strategy are regained, and implement changes to improve this if they are not.
8. Continue to support children and young people in OOHC to achieve better education outcomes.
9. Further develop evaluation measures in relation to youth justice involvement for children and young people in OOHC, to also measure the types of orders received by children and young people in OOHC, and the length of time orders are made to give a more holistic picture of their involvement with the youth justice system.
10. Continue to implement remedial action to improve the number of children and young people who receive both a therapeutic assessment and a therapeutic plan within six weeks of entering care should be improved. The proportion of children and young people with completed assessments and plans should be universal.
11. Further develop and refine evaluation measures across all domains to improve measurement of outcomes for children and young people at the end-of-strategy evaluation.
12. The Workforce Capability Sub-Committee under the Joint Governance Group (JGG) for the Strategy should continue to closely monitor what trauma-informed training is provided, what is available, and how many staff members working with children and young people in these services are completing required training.

Executive summary (cont'd)

Domain 2 – Strengthening high-risk families

Providing effective support and intervention to high-risk families can reduce the number of children and young people in the OOHC system and, if effective in the long-term, can result in long-term savings to government. For the children and young people involved, these services can mean the difference between growing up within their family or growing up in care.

Under *A Step Up for Our Kids*, significant investment was made in establishing new prevention and reunification services, which are operated by Uniting. Prior to their implementation, there were no specialised prevention and reunification services present in the ACT. These voluntary services were established in January 2016, and since that point in time, they have supported hundreds of families. As part of the Strategy, the Karinya Mothers and Babies program was expanded in 2015.

In addition, CSD has invested in additional programs, including a pilot for Family Group Conferencing (FGC), and for Functional Family Therapy (FFT), specifically for Aboriginal and Torres Strait Islander children and young people and their families. The FGC trial aimed to improve outcomes for families and reduce the number of Aboriginal and Torres Strait Islander children and young people in care. It ran from November 2017 to December 2018, and has supported 21 families with 48 children and young people.

The FFT pilot commenced in June 2018, with the aim of reducing the number of Aboriginal and Torres Strait Islander children and young people entering or remaining in OOHC through culturally specific interventions that strengthen families and communities. The pilot will work with 40 families over the 12 month trial period ending in 2019.

In this mid-Strategy report, information is presented on referrals, client engagement, participation and exits. For prevention services, the data has measured if children and young people remain with their families rather than entering OOHC; for reunification services, the indicators measure if children and young people return to their families. Success over time is also measured

to gauge if children and young people return to, or enter, OOHC at three, six or 12 months after program completion.

2.1 – 2.2 Strengthening high-risk families (Prevention services, including Karinya)

The Strategy seeks to strengthen high-risk families so that children and young people remain at home. There have been mixed results in achieving this.

There has been improvement in the number of children and young people remaining at home three months after completing prevention services, since the implementation of the Strategy (from 68% in CY2016 to 88% in CY2017). However, at six months in CY2017 and CY2018, the number of children and young people remaining at home has not improved, decreasing to 62% in CY2017 and 50% in CY2018 (6 months).

The number of at-risk children and young people referred to prevention services has decreased from implementation of the Strategy (254 in CY2016 to 143 in CY2017 and 74 in the first six months of 2018). The percentage of those who are referred and actually engage in the service has also decreased from 76% in CY2016 to 62% in CY2017. There was also a small increase of six percentage points in the number of children and young people whose families are exiting prevention services.

The most common reason for exit of families participating in the service continues to be a lack of engagement, which has increased by 9 percentage points between the first and second year of the service in CY2016 (35% of families) and CY2017 (44% of families).

It is unclear whether the percentage of families who achieve their goals within prevention services actually correlate to the families whose children and young people do not enter care. In addition, data for prevention services is taken at a point in time each year with a different cohort of children and young people, rather than a single cohort of children and young people being studied over time.

Executive summary (cont'd)

Domain 2 – Strengthening high-risk families (cont'd)

Karinya provide a highly specialised service to support the strengthening of high risk families, specifically for mothers and babies. The number of mothers and babies referred to Karinya in CY2016 and CY2017 has remained stable. However, there has been a decrease in the number of mothers who engaged with Karinya's services as part of prevention services, down from 97% (or 29 mothers) referred in CY2016 to 84% (or 21 mothers) in CY2017. The majority of mothers and babies exiting Karinya still do so because the intervention is complete.

2.3 Reunification services

The Strategy also aimed to permanently reunite children and young people with their families, where it is safe to do so.

The number of children and young people remaining at home after three months and six months has declined from the implementation of the Strategy in CY2016 to CY2017. After three months, only 32% of children and young people remained at home (compared to 45% at Strategy implementation), and after six months, only 22% of children and young people remained at home (compared to 45% at Strategy implementation). No children and young people remained at home after 12 months in CY2017.

The number of referrals in the first six months of CY2018 has substantially dropped compared to the baseline CY2016 and CY2017 (from 101 children and young people to 20 children and young people in the first six months of CY2018). However, six months of CY2018 data may not be indicative of a full year due to seasonality, and this drop was expected by Uniting, as the inception year of the program would typically have more referrals than subsequent years where the program already has an active group of families.

The level of engagement with reunification services has also decreased, from 79% at Strategy implementation to 65% in CY2017. This trend has continued

to 55% in the first six months of CY2018, however this data may not be indicative of a full year due to seasonality considerations.

The number of children and young people exiting reunification services increased substantially between the baseline year CY2016 and CY2017, which is anticipated given the program runs for a period of 18 months. However, the increase in reasons for exiting the service did not relate to goals achieved, but rather families no longer engaging with the service (up from 23% in CY2016 to 47% in CY2017).

The number of children and young people reunified with their families over particular time periods is too small to discern any trends from the introduction of the Strategy in CY2016, to CY2017 and CY2018.

There were a greater number of children and young people reunified with their families in CY2017 compared to other years, however this is likely to be because there were a high number who entered care between 12 months and two years prior to reunification, and the reunification program is 18 months long.

Recommendations

13. Improve ability to be able to measure and monitor the impact of prevention and reunification services on the number of children and young people remaining at home, and going home and staying home. This should include conducting further investigation through cohort studies on the reasons children and young people return to care, so that these factors can be targeted in future service delivery. These cohort studies should also consider why families stop engaging with or withdraw from prevention and reunification services, and why they no longer meet the criteria for the services, and any links this has with children and young people who return to care.

Executive summary (cont'd)

Domain 2 – Strengthening high-risk families (cont'd)

Recommendations (cont'd)

14. Improve measures for the reasons for exit from prevention and reunification services to understand whether the number of families exiting due to their goals being complete is impacted by families who meet all secondary goals, but fail to meet a core goal for the service.
15. Investigate the potential need to also evaluate additional parts of the service system that may support the Strategy, but that are formed and operate alongside it.

Executive summary (cont'd)

Domain 3 – Establishing a continuum of care

Issues evident in the OOHC system when the Strategy was designed were the 'revolving door' of placements, with many children and young people experiencing multiple placements in OOHC. There were also poor life outcomes for many children and young people in care, care leavers experiencing worse life outcomes than the general population, and difficulty attracting and maintaining carers.

The data being captured at the time of Strategy design showed that:

- the ACT Government were facing a greater number of children and young people coming into care, particularly Aboriginal and Torres Strait Islander children and young people;
- the current care arrangements were confusing and overly bureaucratic;
- children and young people experienced multiple placements and instability;
- the time taken to achieve permanency outcomes was too long;
- the voices of children and young people, birth families and carers were not being heard;
- the experiences across the world of children and young people in care were not positive, particularly as they moved into adulthood; and
- there was difficulty in attracting suitable carers.

In response to these issues, the OOHC system was redesigned to be a child focused system enabling children and young people in OOHC to grow up 'strong, safe and connected', and to address the trauma children and young people had experienced, and in some cases, continued to experience. For children and young people who cannot live with their birth families, the care system is to be focused on children and young people's needs and provide services along a continuum of care.

In addition, *A Step Up for Our Kids* was designed to improve permanency outcomes for children and young people who remain in OOHC via placements with kin and permanent placements. Legislative amendments in the

Children and Young People Act 2008 Amendment Act 2015 (No 3) were made to reduce the period of time a child or young person must be in care before an Enduring Parental Responsibility (EPR) or adoption order can be made by the Court. The amendments changed this time period from two years to one year.

Against this backdrop, this report has monitored a number of key outcome measures, the results for which are outlined below.

3.1 Stability

The Strategy aims to ensure children and young people in care experience stability in their lives. Overall, the level of stability provided for children and young people in care has either remained the same or improved since the implementation of the Strategy.

The number of children and young people who self-report feeling 'completely' or 'just about' settled where they live now at first increased with the implementation of the Strategy (from 73% in FY15/16 to 85% in FY16/17). However, this then decreased to 70% in FY2017/18, back to pre-Strategy levels.

In the first year of the Strategy, the number of children and young people exiting care within one year with only one to two OOHC placements has increased substantially, from 77% at Strategy implementation to 92% in FY2016/17, indicating great stability for children and young people in care. There was no data available for FY2017/18.

The number of children aged 0-11 years not immediately placed in home-based care has improved from 22% at Strategy implementation in FY15/16 to 0% in FY2017/18.

The number of children and young people who are placed in an 'emergency' placement has decreased since implementation of the Strategy (130 children and young people in FY2015/16 to 72 in FY2017/18), despite an increasing number of children and young people coming into care. The majority of these

Executive summary (cont'd)

Domain 3 – Establishing a continuum of care (cont'd)

children and young people spend less than six months in these emergency placements, and the proportion placed in home-based care within six months has also improved with the Strategy.

Emergency Placements occur in the event of a placement breakdown or where a placement occurs following emergency action being taken. Whilst the reason may be considered to be an emergency, and the placement may only be a short-term arrangement, there are also individual circumstances where they can become a long-term placement, where the placement is suitable and a child or young person is safe and stable.

3.2 Kinship and culture

As this outcome measure relates specifically to Aboriginal and Torres Strait Islander children and young people, this has been reported in the Aboriginal and Torres Strait Islander section (see page 32).

3.3 Carers

There needs to be a suitable number of carers to look after children and young people in care. The number of both foster and kinship carer households has increased since the implementation of the Strategy. There are particular challenges in recruiting carers in the ACT, with the high rates of workforce participation by both women and men and population ageing presenting a limitation to carer supply. In addition, once a carer has a child permanently placed through an EPR or adoption, there is a tendency to let their suitable entity status lapse, as it is not required for children and young people with permanent orders made. Inadequate supply of carers reduces opportunities for matching children and young people to a home that meets their needs, which may contribute to placement instability and breakdown and cultural mismatch.

Reflective of the increase in the number of children and young people entering care, there has been an increase in the number of households with active placements each year since the Strategy was implemented (up from

491 in FY2015/16 to 551 in FY2017/18). There are more active kinship care households (335) than foster care households (216) in FY2017/18. This is consistent with the intentions of *A Step Up For Our Kids*.

The number of new carers approved in the previous 12 months has remained stable each year since Strategy implementation, with a small increase in FY2017/18 (from 104 new carers in FY2016/17 to 115).

3.4 Sibling Groups

It is an aim of the Strategy that children and young people in care are placed with their sibling group where it is appropriate and safe to do so. However, the number of children and young people placed with their sibling group is unable to be reported as data was unavailable.

3.5 Permanency

For children and young people who cannot live safely with their birth family, it is expected that they be placed in permanent care and have a permanency decision made as early as possible.

The number of children and young people with EPR or adoption finalised each year has decreased each year since the implementation of the Strategy (from 22 children and young people in FY2015/16, to 11 children and young people in FY2017/18). However, this number of placements is too small to determine any trends in the time taken to each order.

The number of children and young people the subject of permanency decisions at first decreased following the implementation of the Strategy (from 96 children and young people in FY2015/16, to 45 in FY2016/17). However, this has since recovered to 91 children and young people in FY2017/18. There are no discernable trends in the time taken to a permanency decision, and it is unclear if the time taken to reach permanency has been improved by the reduction in the waiting time from two to one year before a decision can be made, as the available data considers all children and young people in OOHC, not just those who entered following implementation of the Strategy.

Executive summary (cont'd)

Domain 3 – Establishing a continuum of care (cont'd)

3.6 Finalisation

It is an aim of the Strategy that finalisation of permanency orders happens earlier in children and young people's lives. As outlined, the number of children and young people with an EPR or adoption finalised has decreased from 22 orders in FY2015/16 to 11 orders in FY2017/18. In addition, almost half (five) of the EPR and adoption orders in FY2017/18 were finalised within nine to ten years of the child or young person entering care. The domestic adoptions review has identified specific actions to improve the timely and appropriate completion of the adoption process. On 21 March 2017, the ACT Government agreed in full, or in principle, to all six recommendations made by the review and tasked relevant directorates to undertake work to implement them. While this review also applied to children and young people who are not in OOHC, the recommendations will also be critical for improving the speed of permanency decisions for children and young people in care.

3.7 Advocacy

Part of the Strategy was ensuring that families, carers, children and young people know where to go to share their experiences. There are two dedicated advocacy services provided under the Strategy. Carers ACT provides advocacy support to carers who are caring for a child or young person in OOHC. The Red Cross provides support services to birth parents who have children and young people in the OOHC system.

The proportion of families with children and young people in OOHC accessing advocacy services was not available for this evaluation, however information in relation to the number of people supported was available. Between the commencement of the carer service in August 2016 and September 2018, Carers ACT has provided advocacy support to 137 carers, including 83 kinship carers and 54 foster carers. Between the commencement of the birth parent service in December 2015 and June 2018, Red Cross has provided advocacy support to 295 individuals and 165 families.

Recommendations

16. Investigate the reasons why the number of children and young people reporting they feel safe and settled where they live now has decreased, and make changes to improve the feelings of safety and stability in the lives of children and young people in care.
17. Investigate the reasons for the drop in Aboriginal and Torres Strait Islander children and young people receiving a cultural plan, increase the number of Aboriginal and Torres Strait Islander children and young people who have a cultural plan developed, and improve support for Aboriginal and Torres Strait Islander children and young people to follow their cultural plan.
18. Investigate the reasons for the reduction in children and young people self-reporting that they are helped to follow their religion, beliefs and customs where they live now and determine linkages with the drop in cultural plans so that action can be taken to improve how Aboriginal and Torres Strait Islander children and young people are supported to engage with their religion and customs.
19. Improve data collection methods to begin measuring the number of children and young people who are placed with their sibling groups.
20. Closely monitor the key outcomes of permanency, EPR and adoption over time to determine if there is a reduction in waiting times as a result of the Strategy.

Executive summary (cont'd)

Domain 4 – Accountable and high functioning care system

A Step Up for Our Kids was designed to strengthen accountability mechanisms. The end goal was an OOHC system that was 'safer, more effective, efficient, equitable and accountable and to improve its financial sustainability over the long-term'¹. Initiatives under the Strategy to strengthen high-risk families and provide a continuum of care rely heavily on the non-government sector, which has been facilitated by the transfer of additional responsibility to that sector and associated funding. Given the change involved in terms of responsibility and relationships, the level of risk transfer, and the vulnerable cohort involved, strong accountability and monitoring mechanisms are needed to ensure that outcomes will be achieved as intended.

The following were seen as the key elements of the Strategy to strengthen accountability:

- accreditation, compliance and monitoring such as the Children and Youth Services Council and Human Services Registrar (HSR);
- contract management;
- performance based contracting;
- adoption of national OOHC standards;
- renewal of carer approvals;
- governance;
- information management;
- carer advocacy and support; and
- birth family advocacy and support.

Implementation of the Strategy has been overseen by the JGG with membership from CSD, Uniting, and the ACT Together Consortium (Barnardos; Australian Childhood Foundation (ACF); Relationships Australia; OzChild; Premier Youthworks). Relationships Australia have since withdrawn from the consortium, effective 30 June 2018. Currently, the following working groups operate under the JGG and provide operational oversight of the Strategy:

- Accountability, Performance and Evaluation;
- Policy and Operations;
- Workforce Capability; and
- Carer Wellbeing.

There are two key outcomes that are used to measure accountability: performance against budget and establishing governance processes.

4.1 Performance against budget

Child and Youth Protection Services (CYPS) have experienced a sustained level of demand for child protection services since the implementation of the Strategy. This is reflected in the high number of child concern reports made by ACT community members and by ACT mandated reporters to CYPS. This demand flows through the child protection system including into OOHC services. The primary drivers of demand into the statutory child protection system includes family and domestic violence, mental health, and drug and alcohol misuse. There has also been an increase in demand on the system nationally with heightened community awareness of child protection issues.

However, there was no additional information available for this report that allows the level of service provision to be compared to budget numbers of children and young people, or duration of support.

Footnotes

¹ *A Step Up for Our Kids OOHC Strategy 2015-2020*, page 16

Executive summary (cont'd)

Domain 4 – Accountable and high functioning care system (cont'd)

4.2 Governance

Governance and procedural arrangements between government and service providers must be well established.

There is some evidence that governance bodies are making progress towards their work plans. Four sub-committees report to the JGG in order to monitor the standard and effectiveness of services provided under the Strategy, monitor risks, audit results and performance indicators. The sub-committees are outlined on the previous page. The JGG reports that all sub-committees have a work plan in place, which are reviewed at each meeting to ensure that action items are progressed and/or completed. In addition, the JGG reviewed the risk register for the Strategy in September 2018. (See Appendix B for the Strategy's Governance Structure.) More detailed information to evaluate the efficiency and effectiveness of the JGG was not available to the evaluation, based on data provided and collected.

In addition, the HSR conducts compliance checks to ensure that organisations can continue to hold their suitable entity status and may look into matters that come to the HSR's attention as a result of complaints, adverse events, performance indicators, or any other information received. The HSR has advised that the six agencies funded under *A Step Up for Our Kids* have completed a mid-cycle Compliance Review and Barnardos, as the lead Agency for ACT Together, has completed a full Compliance Review. All agencies have maintained compliance under the requirements of registration as a suitable entity.

Recommendations

21. Continue to monitor the operations of the Strategy's governance structures, to understand how well they are working, and any potential areas for improvement.
22. Assess if the new contracting structures have changed from a provider model to a partnership model with a continuous feedback loop to support ongoing improvements to create an effective, efficient and child-focused system.

Executive summary (cont'd)

Headline indicators

The following table provides an overview of the high level results for the headline indicators for each main outcome area. These are further discussed within this report.

Table 1: Headline indicators for all children and young people

Outcome	Measure	Measure description	Finding
Participation	1.4.1	Number and per cent of children and young people in care who self-report they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.	The number of eligible children and young people 'offered' the Viewpoint survey has fluctuated over the last four years; in FY2017/18 possible participation was the highest since the Strategy was implemented in FY2015/16, as 213 children and young people (or 37% of those eligible) were offered the survey (measure 1.5.1). This compared to 20% of eligible children and young people in FY2016/17 and 32% of eligible children and young people in FY2015/16. In relation to children and young people self-reporting they have a say and feel listened to, 66% of children and young people indicated this was true in FY2015/16. This improved substantially in FY2016/17 to 83%, but has decreased to 66% again in FY2017/18.
Prevention	2.1.1	Number and per cent of children and young people at-risk who within three, six and 12 months of completing placement prevention services do not enter care.	After Uniting prevention services, there is a reasonable proportion of children and young people not entering care three months after program completion (91% in the first six months of CY2018; 87% in CY2017 compared to 68% in CY2016). At six months after the program however, the number of children and young people remaining at home decreases (64% in first six months of CY2018; 60% in 2017, which has not improved on the first year of the service).
Reunification	2.3.1	Number and per cent of children and young people in care in reunification services who 'go home' (reunified with their families) and 'stay home' within three, six and 12 months of reunification.	Following reunification services, in CY2016 45% of children and young people remained at home for both three and six months after returning. By CY2017, the number of children and young people remaining at home following reunification with their families had decreased to 32% at three months and 22% at six months post-reunification.
Stability	3.1.3 and 3.1.4	Number and per cent of children in care aged 0-11 years who were not immediately placed in home-based care; Time to placing children in care aged 0-11 years in home-based care who were not immediately placed in home-based care.	At Strategy implementation in FY2015/16, 22% of children aged 0-11 years were placed in residential care. This proportion decreased to just 3% in FY2016/17 and no children were placed in residential care in FY2017/18. With the small number of children not immediately placed in home-based care, the time taken to place them in home-based care cannot be commented on.

Executive summary (cont'd)

Headline indicators (cont'd)

The following table provides an overview of the high level results for the headline indicators for each main outcome area. These are further discussed within the report.

Outcome	Measure	Measure description	Finding
Permanency	3.5.2	Time taken to be placed in permanent placement.	<p>In FY2017/18, 91 children and young people had a permanency decision made in the period. This compared to 45 children and young people in FY2016/17, and 96 in FY2015/16. The majority (83%) of children and young people who were the subject of a permanency decision, had this decision made in less than two years following their entry to care. The remaining 17% had their decision made between two and over 10 years after entering care.</p> <p>There were 11 children and young people with EPR or adoption orders finalised in FY2017/18 and these finalisations took between three years and 10 years (measure 3.6.1).</p>

Executive summary (cont'd)

Aboriginal and Torres Strait Islander children and young people in OOHC

As has been documented by the Report on Government Services (ROGS) for a number of years, Aboriginal and Torres Strait Islander children and young people are over-represented at every stage of the child protection system in the ACT, and all Australian States and Territories.

At 30 June 2012, there were 134 Aboriginal and Torres Strait Islander children and young people in OOHC. This number has risen every year and at 30 June 2018, there were 261 Aboriginal and Torres Strait Islander children and young people in OOHC. These numbers have continued to grow even with the implementation of the Strategy, and some of the largest growth has been during the two years since the Strategy baseline at 30 June 2016, when 197 Aboriginal and Torres Strait Islander children and young people were in care.

As reported in ROGS (2019), in FY2017/18 there were 345.4 child abuse notifications per 1,000 Aboriginal and Torres Strait Islander children and young people and 22.4 substantiations per 1,000 Aboriginal and Torres Strait Islander children and young people; this compares with 46.1 and 2.4 per 1,000 non-Aboriginal and Torres Strait Islander children and young people respectively.

Analysis of headline indicators for Aboriginal and Torres Strait Islander children and young people

There are five 'headline indicators' relating to outcomes for all children and young people in OOHC: participation, prevention, reunification, stability and permanency.

Examining these headline indicators specifically for Aboriginal and Torres Strait Islander children and young people in OOHC reveals the following:

Participation (Measure 1.4.1)

The Viewpoint survey is a national survey instrument to capture the views of children and young people aged 5-17 years in OOHC. As at the baseline for the Strategy, 30 June 2016, there were 144 Aboriginal and Torres Strait

Islander children and young people in OOHC eligible to complete the survey. In that year (FY2015/16), 51 (or 35%) of these children and young people were offered the survey. In FY2016/17, the percentage of eligible children and young people offered the survey dropped to 8%. This outcome has since improved in FY2017/18, with 35% of eligible Aboriginal and Torres Strait Islander children and young people offered the survey (measure 1.4.1 and measure 3.2.1). However, these rates are still low which is similar for all children and young people.

For children and young people answering the survey, at the Strategy baseline in FY2015/16, 58% answered the question and indicated that they usually have a say and feel listened to. This increased to 83% of children and young people in FY2016/17, but decreased to 56% again in FY2017/18, indicating that the short-term improvements made through Strategy implementation have not been sustained. Again, this is similar for all children and young people.

Prevention (Measure 2.2.1 – 2.2.5)

Although Aboriginal and Torres Strait Islander children and young people have been engaged in prevention services in the first year, there was a decrease in the number of families engaged in the second year. In the first six months of 2018, this rate improved, and further monitoring is required to determine ongoing engagement rates over time. Consistent with other children and young people, the success rates for Aboriginal and Torres Strait Islander families has been low.

The number of Aboriginal and Torres Strait Islander children and young people referred to prevention programs as a proportion of total referrals remained consistent from CY2016 to CY2017, at 35%. This dropped to 19% in CY2018 (six months), however this may not be indicative of a full year due to seasonality.

It should be noted that other additional services have also been implemented to support the Strategy. A pilot for FGC specifically for Aboriginal and Torres

Executive summary (cont'd)

Aboriginal and Torres Strait Islander children and young people in OOHC (cont'd)

Strait Islander families was introduced in November 2017. This is likely to have impacted on the number of referrals for Aboriginal and Torres Strait Islander families to prevention services, as they have the option to elect their preferred service. An additional pilot for FFT specifically for Aboriginal and Torres Strait Islander families has also been implemented from June 2018, and this will likely also have an impact on referrals for any end-of-Strategy evaluation.

The proportion of children and young people engaged in prevention services after referral dropped from 76% in baseline CY2016, to 44% in CY2017 (measure 2.2.3), before increasing to 93% for CY2018 (6 months) while the same proportion for all children and young people decreased to 57%. Again, this should be interpreted with caution as it may not be indicative of a full year.

Regarding prevention services, at the baseline in CY2016, 66% of children and young people remained at home three months after prevention services and 56% remained at home after six months. In CY2017, the number of children and young people remaining at home after three months increased to 84%, however the number remaining at home after six months had dropped to 44% (measure 2.2.1).

Reunification (Measure 2.4.1)

Over time, there have been increases in the proportion of children and young people engaging in reunification services between the baseline CY2016 (64%) and CY2017 (71%). Less than 5 children and young people had engaged with the service during the first six months of 2018, however this represented 80% of those referred, and this may not be indicative of a full year due to seasonality. These results are in contrast to declining rates of engagement for all children and young people. Sustainability of reunification has not been maintained. At the baseline in CY2016, only 30% of children and young people remained at home at each of three, six and 12 months post-reunification.

This increased slightly in CY2017, when 33% of children and young people remained at home three months after reunification, however the increase was not sustained, with 22% of children and young people at home at six months. Given the timing of this mid-Strategy evaluation, data for reunified children and young people remaining at home at 12 months in CY2017 was not available (measure 2.4.1).

Stability (Measures 3.1.3 and 3.1.4)

In FY2017/18, there were no residential placements for any children aged 0-11 years entering care (measure 3.1.3). This improves on 3% of first placements for this age group being residential in FY2016/17, and 22% at the baseline in FY2015/16.

Regarding 'emergency' placements, there was a small decrease in the number of placements for Aboriginal and Torres Strait Islander children aged 0-11 years in FY2016/17 (31) compared to FY2017/18 (27). An increasing proportion of these children are remaining in these emergency placements; in FY2017/18, 41% of the children still had this as their current placement, compared to 26% in FY2016/17 and 8% in FY2015/16 (measures 3.1.3 and 3.1.5). Emergency placements occur in the event of a placement breakdown or where a placement occurs following emergency action being taken. Whilst the reason may be considered to be an emergency and the placement may be intended to be a short-term option, depending on the individual circumstances, the placement can become a long-term placement, where the placement is suitable and the child or young person is safe and stable.

Permanency (Measure 3.6.1)

A Step Up for Our Kids was designed to improve permanency outcomes for children and young people who remain in OOHC. For Aboriginal and Torres Strait Islander children and young people, permanency can be achieved via an Enduring Parental Responsibility (EPR) order. The *Children and Young People Act 2008* was amended to reduce the period of time a child or young person

Executive summary (cont'd)

Aboriginal and Torres Strait Islander children and young people in OOHC (cont'd)

must be in care from two years to one year before an EPR order can be made by the Court.

Over the past seven years, 29 Aboriginal and Torres Strait Islander children and young people have had a permanent placement order (EPR) finalised (measure 3.6.1). In addition, for these children and young people, the analysis showed that over the last seven years, 31% of these children and young people were placed in a permanent placement within the first six months of placement in care and 65% within two years (measure 3.5.1). The number of children and young people with permanent placement orders made over time is too small to determine any trends in time in care before the permanent placement is made. Specific to the Strategy, 6 children and young people had a permanent placement in the baseline year of FY2015/16. The numbers each year are very small, and 5 children had an EPR order finalised in FY2016/17 and less than 5 in FY2017/18. There are no discernable trends in the time taken to a permanency decision, and it is unclear if the time taken to reach permanency has been improved by the reduction in the waiting time from two to one year before a decision can be made, as the available data considers all children in OOHC, not just those who entered following implementation of the Strategy.

Other key indicators for Aboriginal and Torres Strait Islander children and young people

Under the child placement principle, it is a priority to place Aboriginal and Torres Strait Islander children and young people in Aboriginal and Torres Strait Islander placements. The proportion of Aboriginal and Torres Strait Islander children and young people in care who are placed with extended family, their Aboriginal and Torres Strait Islander community, or with other Aboriginal and Torres Strait Islander people has remained stable since the introduction of the Strategy (at between 60% and 62%). The overall scope for improvement in this measure has some constraints, notably the cohort of children and young people who are living in long-term stable placements and where positive

long-standing attachments have been formed, and who have expressed they would not want to be moved. In these cases, delivering this highly desirable outcome needs to be carefully weighed against listening to children's wishes and maintaining stability and permanency outcomes.

Although the majority of Aboriginal and Torres Strait Islander children and young people had completed cultural plans within 12 months of entering care at the baseline year of FY2015/16 (74%), in FY2017/18 there were only 46% of Aboriginal and Torres Strait Islander children and young people with cultural plans (measure 3.2.2).

The number of Aboriginal and Torres Strait Islander children and young people in care who self-report they are helped to follow their religion, beliefs, and customs where they live now has also decreased since the implementation of the Strategy (from 64% in FY2015/16 to 47% in FY2017/18).

The number of Aboriginal and Torres Strait Islander children and young people who self-report wanting to do more to keep in touch with their family's culture and religion has remained static, at 48%, since the implementation of the Strategy.



Introduction

Introduction to the Report

Introduction

A Step Up for Our Kids Out of Home Care Strategy 2015-2020 (the Strategy, or *A Step Up for Our Kids*) is an evidence-based approach to OOHC in the ACT. It is designed to strengthen high-risk families and prevent escalation and entry into the OOHC system, and to provide stability for children and young people who are unable to live at home safely.

This section provides an overview of the purpose and structure of this mid-Strategy evaluation report. It provides an overall summary of the Strategy, its implementation, and the monitoring and evaluation designed to review the Strategy.

Structure of this Report

This Report has been structured around the four key evaluation domains developed in the evaluation framework for the Strategy, and key indicators for each domain are discussed within the relevant section. The outcomes for Aboriginal and Torres Strait Islander children and young people are also specifically discussed.

The table opposite provides an overview of the overall structure of this Report.

Table 2: Structure of this report

Section	Description
Introduction	Provides an overview of the evaluation, the scope of this report, data sources, approaches to analysis, and limitations.
Outcomes for all children and young people	Discusses relevant data findings for outcome indicators and measures for each of the four evaluation domains, for all children and young people in OOHC.
Outcomes for Aboriginal and Torres Strait Islander children and young people	Discusses relevant data findings for outcome indicators and measures specific to Aboriginal and Torres Strait Islander children and young people.
Appendix	Contains key appendices to the report, including the Strategy Governance Structure and ACT Charter of Rights for Children and Young People in OOHC.

A Step Up For Our Kids - ACT Out Of Home Care Strategy 2015-2020

A Step Up for Our Kids

The Strategy was developed over a period of three years (2012-2014), in consultation with the sector, and the children and young people, families, and carers who had been involved in it. Development of the Strategy involved over 30 consultations with stakeholders including children and young people who had been in OOHC, birth families, foster carers and kinship carers, OOHC agencies, peak bodies and advocacy organisations, CSD staff and other ACT Government staff. The Strategy is designed around an approach to services that offers a graduated continuum of care for children and young people who cannot live with their birth families. It was designed to reform the system over the five-year period commencing 1 July 2015.

The Strategy is focused on three key domains of reform, all underpinned by the establishment of a therapeutic, trauma-informed system of care:

- **Strengthening high-risk families:** focused on increasing investment at the front end of the care system to prevent children and young people entering long-term care;
- **Creating a continuum of care:** focused on bringing together all the service elements in the Strategy to support children and young people who cannot live with their birth families; and
- **Strengthening accountability and ensuring a high-functioning care system:** focused on responding to previously identified system deficiencies, ensuring the care system operates at a high level of quality and sustainability, and building the capacity and capability of the non-government sector.

The Strategy proposed a major departure from previous practice within the ACT OOHC system. The Strategy aims to improve outcomes for children and

young people in care, or at risk of entering care, through the provision of more flexible, child-focused services. It emphasises strategies that include:

- preventing children and young people from entering care;
- reunifying children and young people in care with their birth parents as quickly as possible, where it is safe to do so; and
- moving children and young people into permanent alternative family settings as quickly as possible (where safe return home is not feasible).

It is also aimed at reducing demand in order to avoid long-term costs to government and the community.

Changes in contracting services have enabled residential, foster and kinship care to be contracted out to a consortium (ACT Together, led by Barnardos), and investment has been made in prevention and reunification services provided by Uniting and Karinya. In addition, there has been investment in advocacy and engagement services. The organisations and services funded under the Strategy include:

- ACT Together (Barnardos-led consortium) - delivers OOHC services
- Uniting - delivers the Children and Families ACT Program, which includes Intensive Family Response, prevention and reunification services and integration with Karralika services
- Karinya – provides the specific live-in Mother and Baby Unit
- Red Cross – provides Birth Family Advocacy Support
- CREATE – offers the Children and Young People Engagement Service
- Carers ACT – provides the Kinship and Foster Care Advocacy Service.

A Step Up For Our Kids - ACT Out Of Home Care Strategy 2015-2020 (cont'd)

Key challenges for the OOHC system

The Strategy was developed in the context of an OOHC system that was under pressure across a number of fronts, with entry numbers in the system continuing to increase, over-representation of Aboriginal and Torres Strait Islander children and young people in care and a lack of available carers in the system.

The Strategy was developed to address the following five key challenges facing the system. These challenges were identified in the early development of the Strategy when research and modelling exercises were undertaken. The key challenges were:

- **Continuing growth in numbers of children and young people entering care** - The number of children and young people in care has grown on average by around 5% per annum over the last decade. Measures to disrupt the pattern of repeated entry into (and exits from) care include long-term orders which increase the demand for care places, as well as reunification within two years (*Children and Young People Act 2008*).
- **Over-representation of Aboriginal and Torres Strait Islander children and young people in care** - Around one-quarter of children and young people in care in the ACT identify as Aboriginal and Torres Strait Islander people. In FY2015/16, this equated to approximately 197 children and young people in care, with a disproportionality ratio of 9.4.
- **Poor life outcome for many care leavers** - The experience of being in care negatively impacts many children and young people long after they have left care. Care leavers experience worse life outcomes than the general population. Many children and young people experience challenges in being able to participate in education, succeed in employment, build meaningful relationships, satisfactorily parent their own children and connect with their community.

- **Challenges in recruiting and maintaining carers** - There are challenges in being able to attract, recruit and retain adequate numbers of suitable carers, partly due to demographic and lifestyle factors. Recruiting carers in the ACT is particularly difficult because of the high rates of workforce participation by both women and men. Ageing also presents a likely limitation to carer supply, and over the next decade, a significant number of kinship carers and some foster carers will exit the system as a result of their age. Inadequate supply of carers reduces opportunities for matching children and young people to a home that meets their needs, contributing to placement instability and breakdown.
- **Burgeoning unsustainable costs** - The growth in demand for care places in all Australian jurisdictions has been accompanied by a disproportionate growth in the costs of providing OOHC. Child welfare services have had to meet the increasingly complex needs of children and young people in care and have had to respond to the adverse findings of 18 inquiries into OOHC that have taken place in Australia over the past decade. The use of residential care in instances of placement breakdown is also seen to be financially unsustainable; in the ACT, 32% of the OOHC budget was expended on just 7% of children and young people who resided in residential care².

Footnotes:

2 Evaluation of A Step Up for Our Kids 2015-2020: Baseline report, February 2018

A Step Up For Our Kids - ACT Out Of Home Care Strategy 2015-2020 (cont'd)

Implementation of the Strategy

The Strategy was endorsed in October 2014, and formally launched in January 2015 following an extensive service design and modelling process undertaken in 2012-2013. Funding for the implementation of Strategy was provided for in the 2015-16 Budget. From January 2015 to December 2015, a comprehensive strategic procurement process took place and from there, transition to the new service delivery model, including the newly procured providers, began in January 2016. This was fully implemented from October 2016. This transition period took longer than originally planned.

The changed timeline in implementation primarily related to:

- **Contracting:** there were some delays in the strategic commissioning process, affecting the selection of providers and their ability to start providing services; and
- **Infrastructure:** the Strategy resulted in the establishment or expansion of a number of existing services, such as Karinya House. This has required the building of physical infrastructure, such as the establishment of premises for Newpin (built 16 September 2017), which has at times delayed service delivery.

These issues have now been addressed, with all key initiatives across the Strategy's domains implemented and operational. The longer than planned initial rollout of the Strategy is expected to result in an overall delay in the impact of the Strategy.

Governance of the Strategy

Implementation of the Strategy was overseen by the JGG with membership from CSD, Uniting, and the ACT Together Consortium (Barnardos; ACF; Relationships Australia; OzChild; Premier Youthworks). Relationships Australia have since withdrawn from the consortium, effective 30 June 2018.

In early 2017, the governance arrangements were refreshed so that this group, as a decision making body, guides the actions of the following working groups which were established:

- Accountability, Performance and Evaluation;
- Policy and Operations;
- Workforce Capability; and
- Carer Wellbeing.

These sub-committees provide operational oversight of the Strategy, providing this input to the JGG. In addition, relationship management occurs through execution and management of contracts between government and providers. More broadly, the purpose of this governance structure is to ensure the effective delivery of the Strategy through appropriate management mechanisms, supporting the Strategy's overall goals of creating a high functioning and accountable system. Refer to Appendix B for an overview of the Strategy's governance structure.

Evaluating the Strategy

Governance and accountability is one of the three domains the Strategy focuses on to ensure a high functioning care system. This high functioning care system should be characterised by a stronger, safer and more sustainable OOHc system which is more cost-effective and equitable in the application of available resources. Ongoing monitoring and evaluation forms part of improved accountability of the system within this Strategy domain.

The high level research questions articulated in the Baseline Report (2018) that guide the overall evaluation of the Strategy are:

1. Is the rollout of the Strategy on track in terms of timeframes and volume of clients and are there indications that adjustments should be made?

Evaluating the Strategy

2. Is there a more coordinated, integrated and efficient response for children, families, communities and agencies? Has a responsive, child-focused, accountable system been developed?
3. Is implementation being achieved within the funding envelope and are agencies delivering services within their funding allocations?
4. Is the Strategy achieving the desired aims and outcomes, and to what extent are the intended outcomes of the Strategy being realised?
5. What are the outcomes for children and young people in the OOHC system, and for those who have left care? Have there been any unintended outcomes?

The ability to answer these questions will increase over time as the Strategy is further embedded and data is captured in accordance with the evaluation framework designed to guide the evaluation.

Evaluation framework

An evaluation framework was developed through an extensive consultation process in 2016. To reflect the new way of working, indicators are child-focused and concentrate on the outcomes achieved for children and young people in the OOHC system. In addition, the indicators provide CSD with a framework to monitor key changes in the system, understand the timing of implementation and assess the extent to which the Strategy has been successful.

The evaluation framework was developed after considering work that had already been undertaken in the ACT, including the development of program logic models. Other standards and indicators were also considered including the National Standards for OOHC, which the ACT had previously adopted, and indicators used in other places such as Victoria and the USA. The development process was collaborative and was undertaken in close

consultation with partner agencies (Uniting and Barnardos), the JGG and ACT Government through CSD.

The draft evaluation framework included an ideal set of indicators which align with the reforms and are designed to monitor the outcomes of children and young people in OOHC in the ACT. These indicators would be used in the evaluation and would allow the system to be monitored by CSD and agencies. From the indicator list, a data dictionary was developed which defined the indicators. These indicators were then tested for feasibility of development and categorised into work batches.

After consideration, some indicators were removed from the final data dictionary. This included indicators which were considered to be:

1. Obsolete in the context of other indicators (for example the number of meetings of governance groups); and
2. Challenging to develop due to complexity, involvement of other external systems beyond the immediate control of CSD, or were costly to implement. Measures that were removed and considered out of scope included the measurement of child developmental targets, measurement of the child's height and weight, establishment of carers for children and young people with challenging behaviours and delegation of parental responsibility to providers.

To date, there has been a large amount of work undertaken by all the stakeholders to develop and capture the new data required for monitoring and evaluating the Strategy. While some work remains to develop some indicators, significant progress has been made.

The final evaluation framework included four evaluation domains for exploration, which are based on the three Strategy domains with the addition of a fourth domain regarding how well the Strategy is underpinned

Evaluating the Strategy (cont'd)

by a therapeutic, trauma-informed system of care. The evaluation domains are as follows:

- Domain 1: Establishing a therapeutic, trauma-informed system of care
- Domain 2: Strengthening high-risk families
- Domain 3: Creating a continuum of care
- Domain 4: Establishing an accountable and high functioning care system.

Outcomes are aligned with each evaluation domain and each outcome has at least one measure associated with it; the four evaluation domains, the total number of indicators and their associated measures are outlined in the table below.

Table 3: Overview of outcome measures for the Evaluation

Evaluation Domain	Outcome Indicators	Quantitative measures	Qualitative measures	Total measures
1	11	20	2	22
2	10	17	4	21
3	11	21	8	29
4	3	3	6	9
Total	35	61	20	81

Source: KPMG 2019.

The Baseline Report

The timing of the Baseline Report meant that not all measures were developed at the time of the Baseline Report data collection (June 2017). Five key indicators, central to understanding the status of the Strategy and its impact on children and young people, were prioritised for deeper analysis. Headline indicators were chosen that relate to participation of children and young people in decisions that affect their lives, prevention, reunification, stability of placements and permanency. These headline indicators are again summarised in this report.

This mid-Strategy Evaluation Report

The Strategy has now reached its midpoint, and this Report evaluates the success of the Strategy based on the outcome indicators developed during implementation of the Strategy, as compared to the baseline established in the Baseline Report (2018). For clarity, the baseline was drawn at FY2015/16 for measures taken at the end of the financial year, and CY2016 for those measures taken at the end of the calendar year.

The data for comparison with the baseline was available from FY2016/17 to FY2017/18, and from CY2017 to the first six months of CY2018. In some places where data is too small to report on for years since the baseline, data from FY2011/12 onwards is also included for analysis.

The data collection has been coordinated by CSD within the ACT Government and data provided to KPMG includes the ACT Government's own data as well as data provided by some NGO partner agencies – Barnardos, Uniting, Karinya, CREATE, Carers ACT and the Red Cross. This Report also makes reference to FY2017/18 data contained in the Productivity Commission's ROGS 2019. KPMG has not separately verified the data provided to it.

Evaluating the Strategy (cont'd)

Limitations and comments

The following limitations and comments should be noted when reading this report:

- For some indicators contained in the evaluation framework, the available data does not directly match the indicator measure. Where this occurs, it is noted in the analysis, and the data available is presented.
- After the development of the evaluation framework and outcome indicators and measures, some indicators were renumbered. Where this is the case, the new indicator number is used within the report, and the original corresponding indicator number is included in brackets at the end of the indicator name. For example *"1.5.1 Number and per cent of children and young people in care who self-report feeling connected to culture and family (1.6.1)"*.
- To make it clear at what point in time the baseline is being drawn from, a dotted line has been applied to each graph, to indicate the baseline data point. In addition, within each table of analysis, '(baseline)' has been included after each data point that was taken when the Strategy was implemented.
- The time periods for which data is collected are not uniform across all measures: some measures represent a full year or half year of calendar year data; some measures represent a full financial year of data; while other measures are a point in time taken at the end of the financial year. Data has been described in full throughout the report to ensure that it is clear what time period a measure refers to.
- In addition, the different time periods for data collection and the staggered implementation of the Strategy make it difficult to draw one point in time as the commencement of the Strategy. For the purposes of the report, Strategy implementation has been taken as CY2016 for calendar year measures, and FY2015/16 for financial year measures.



All children and young people in OOHC Outcomes in key domains

Profile of children and young people in the OOHC system

Introduction

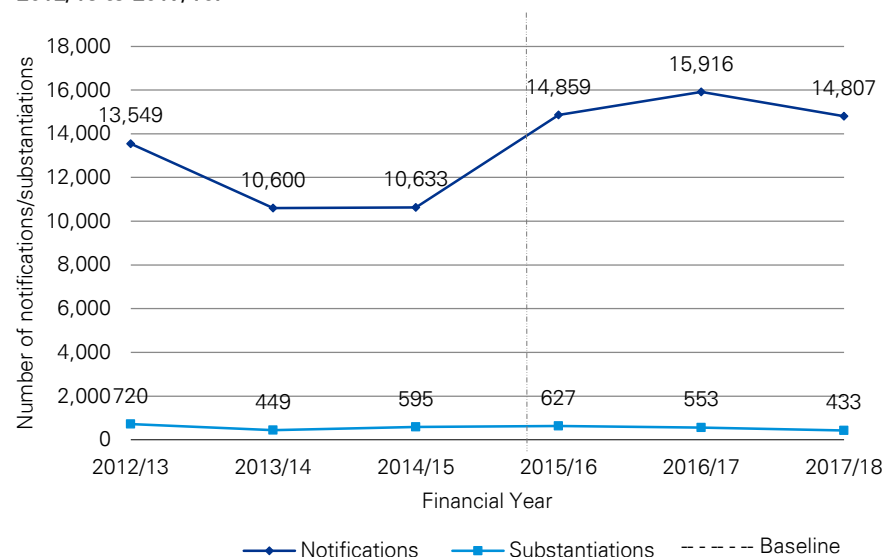
The OOHC system is a dynamic system with children and young people starting the pathway through the system due to notifications of child abuse, neglect and family violence, and children and young people leaving the system when family issues are resolved and children and young people return home, children and young people are permanently placed with kin or foster carers, or young people age out of care. The system is also affected by changes in government policy regarding the definition of what constitutes a notification, as well as events such as community awareness of child abuse and domestic and family violence and reporting concern due to high profile deaths of children.

Definitions for notifications in the ACT do not align with the rest of Australia. In the ACT, notifications include all reports that meet the definition of a child concern report or a child protection report, as defined in the *Children and Young People Act 2008*, which is a broader definition than is used in other states and territories. The following section explores trends in the OOHC system for all children.

Rate of notifications³:

- In FY2017/18, 7,257 children and young people aged 0-17 years were the subject of notifications, equating to a rate of 78.2 per 1000 children in the ACT
- The rate of children and young people in notifications has decreased. In FY2016/17, 7,436 children and young people were the subject of notifications, equating to a rate of 81.3 per 1000 children.
- As noted in the Baseline Report, there were high profile child deaths in 2015/16 and an inquiry into domestic and family violence. A greater community awareness of child abuse reporting may have impacted on the number of child abuse reports at that time and flowed on to the OOHC system.

Figure 1: Child protection notifications and substantiations for all children 2012/13 to 2017/18.



Source: KPMG adapted from *Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.4.*

Footnotes:

3 – Productivity Commission, *Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.4*

Profile of children and young people in the OOHC system (cont'd)

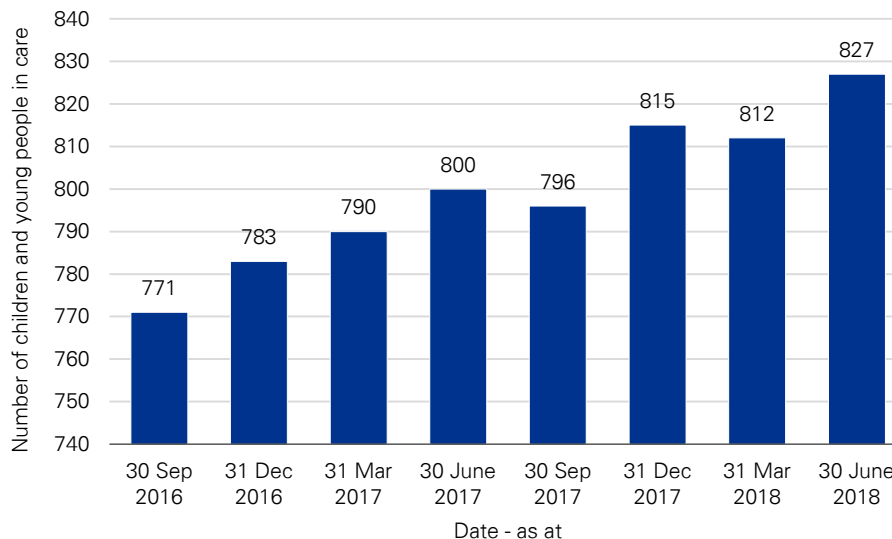
Rate of substantiations⁴

- The number of substantiations over the last six years has fluctuated and has decreased over the last three years.
- In 2017/18, out of a total 14,807 notifications made for children and young people, 433 were substantiated, which equates to a 2.9% substantiation rate (see Figure 1 on the previous page).
- In comparison to other states and territories in Australia, the ACT has the lowest rate of substantiation for children and young people in FY2017/18. It should be noted that counting rules in ACT vary from other jurisdictions in Australia, and the low rate of substantiations may be due to the broader definition of child concern reports and notifications under the *Children and Young People Act 2008*⁵.

OOHC System⁶

- As at 30 June 2018, the ACT recorded 827 children and young people in OOHC. This was compared to 800 children and young people as at 30 June 2017. There has been a steady increase in the overall number of children and young people in care since 2012, with 558 children and young people in OOHC at July 2012. However, the increase in children and young people in care has slowed in FY2017/18, compared to previous years – see Figure 2 to the right.
- However, the number of children and young people exiting care during the same periods has decreased from 145 children and young people in FY2016/17 to 131 children and young people in FY2017/18.

Figure 2: Number of children and young people in OOHC as at each quarter



Source: KPMG adapted from A Step Up For Our Kids Snapshot Report 20190228.

Footnotes:

4 – Productivity Commission, Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.4

5 – Each states uses a varied definition of notification. ACT: Includes in 'notifications' all intakes that meet the definition of a child concern report or a child protection report, as defined in the *Children and Young People Act 2008*.

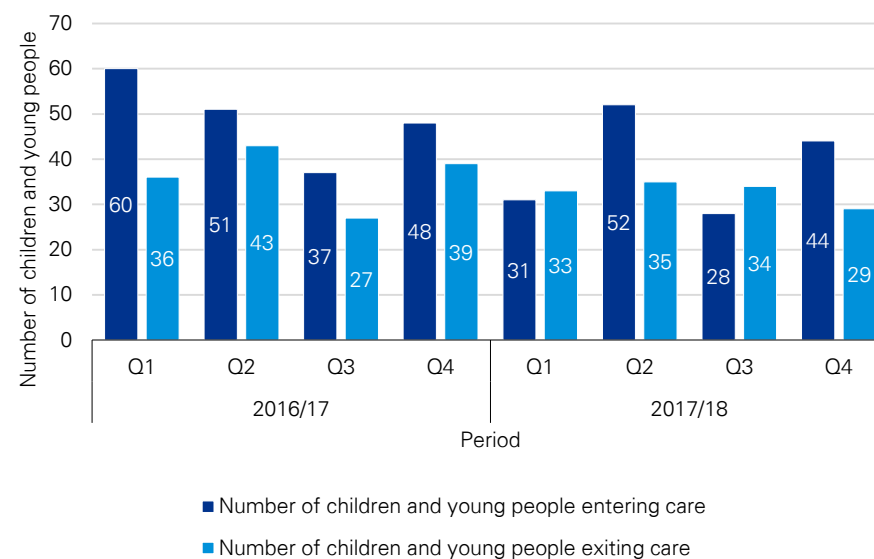
6 – A Step Up For Our Kids Snapshot Report 20190228, provided by CSD

Profile of children and young people in the OOHC system (cont'd)

OOHC System⁷ (cont'd)

- In FY2017/8, 155 children and young people entered OOHC. This compared to 196 in FY2016/17 which was a 21% decrease in the number of children and young people entering care between those periods.
- However, the number of children and young people exiting care during the same periods has also decreased from 145 children and young people in FY2016/17 to 131 children and young people in FY2017/18.
- Figure 3, right, shows the number of entries to and exits from care in each quarter of FY2016/17 and FY2017/18. These numbers fluctuate considerably between quarters, with no discernable trend.

Figure 3: Number of children and young people who entered and exited OOHC, FY2016/17 – FY2017/18



Source: KPMG adapted from A Step Up For Our Kids Snapshot Report 20190228.

Footnotes:

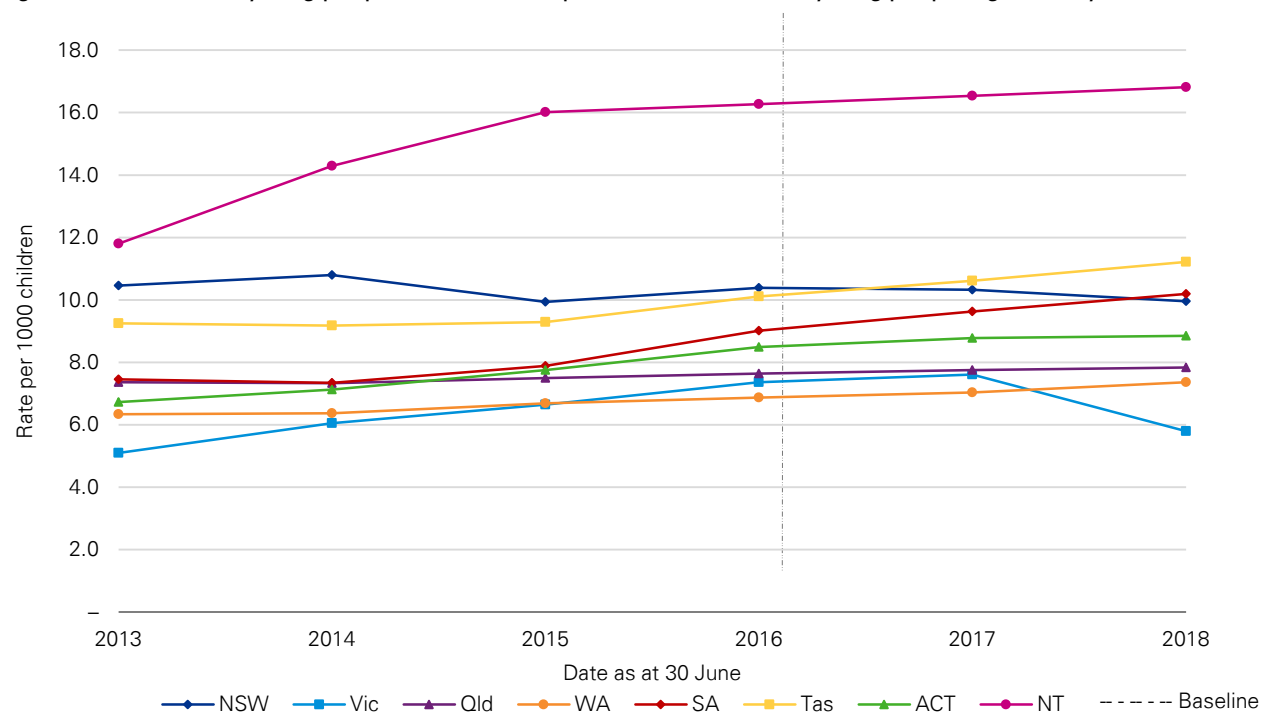
7 – A Step Up For Our Kids Snapshot Report 20190228, provided by CSD

Key domains for children and young people in OOHC

Population rates of children and young people placed in OOHC

The number of children and young people in OOHC as a rate per 1,000 children in the ACT is shown in Figure 4 below. The data which shows the rates for eight jurisdictions, reveals that since 2012-13, the Northern Territory had the highest rate of children and young people per 1,000 in OOHC, and the largest increase in this rate. Other jurisdictions have fluctuated between years, but remained relatively stable over the six year period. The rate per 1,000 children in the ACT remains in the centre of other jurisdictions, increasing from 6.7 children per 1,000 in FY2012/13 to 8.8 children per 1,000 in FY2017/18.

Figure 4: Children and young people in OOHC, rate per 1,000 children and young people aged 0-17 years



Source: KPMG adapted from Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.2.



Domain 1

Establishing a therapeutic trauma-informed system of care

Domain 1: Establishing a therapeutic system of care

A Step Up for Our Kids signifies a new way of working with children and young people in OOHC. Hence, the evaluation framework for Domain 1 consists of measures that focus on implementation specific to the creation of a therapeutic trauma-informed system of care. Each NGO partner funded under the Strategy has provided training for service staff to improve the therapeutic, trauma-informed approach to care. The domain also includes outcomes which signify a new way of operating (including the development of therapeutic plans, and health passports). The final list in this domain are child-centric measures. They are designed to measure outcomes for the child and young person to be achieved through the Strategy. If the therapeutic system of care has been effectively implemented and rolled out as intended, the results should be reflected in positive child outcomes.

The outcomes to be achieved under the Strategy include that the child or young person is safe, they participate in decisions that affect them, they are connected, they are educated, there is progress in their psychological strengths and they are not involved with the criminal justice system.

1.1 Psychological and social strengths

Outcome indicator of focus	Measure of focus	Trend/comments
1.1 Children and young people in care experience progress in their psychological and social strengths	1.1.1 Number and per cent of children in care who meet developmental milestones using an accredited scale of child development	<ul style="list-style-type: none">Noted as important but is not currently collected. It is noted that there are currently challenges around the possibility of collecting this data via the Strengths and Difficulties Questionnaire for children and young people in OOHC.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.2 Health

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.2 Children and young people in care have their health needs met	1.2.1 Number and per cent of children and young people admitted to OOHC who have an initial health check of their physical, developmental, psychosocial and mental health needs within six weeks of entering OOHC (for those who require it)	<p>Number of children and young people who enter OOHC and have an initial health check completed within six weeks:</p> <ul style="list-style-type: none"> • 142 children in FY2015/16 (baseline); 97% • 129 children in FY2016/17; 93% • 101 children in FY2017/18; 94% 	<ul style="list-style-type: none"> • Data indicates stable trend - within 3-4% - but this measure should be universal and improvements can be made.
	1.2.2 Number and per cent of children and young people in care who have a Health Passport	<p>The number of children and young people in care with a Health Passport was not recorded. Data was available on the number of new entries into care who had a Health Passport:</p> <ul style="list-style-type: none"> • 153 new entries into care with a health passport FY2015/16 (baseline); 68% • 96 new entries into care with a health passport FY2016/17; 56% • 53 new entries into care with a health passport FY2017/18; 47% <p>For 0-14 year olds:</p> <ul style="list-style-type: none"> • 151 new entries into care with a health passport FY2015/16 (baseline); 73% • 96 new entries into care with a health passport FY2016/17; 60% • 53 new entries into care with a health passport FY2017/18; 49% 	<ul style="list-style-type: none"> • Health Passports were implemented over 12 months from January 2015, and following a separate evaluation for the Health Passports, it was agreed that it would be compulsory for all children and young people under 14 years of age to receive one. • This means that all children and young people in OOHC aged 0-14 years should have a Health Passport, however the available data does not measure this. • Of those children and young people aged 0-14 years who entered care for the first time, just less than half (49%) were issued with a Health Passport in FY2017/18 and this was substantially lower than the previous year (60%) and at the time of implementation of Health Passports under the Strategy in FY2015/16 (73%).

Domain 1: Establishing a therapeutic system of care (cont'd)

1.2 Health (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.2 Children and young people in care have their health needs met	1.2.3 Number and per cent of children and young people in care who self-report about health concerns (five to seven year olds; 8-17 years olds)	<p>There is a decreasing response rate to the question regarding health concerns within the Viewpoint survey. At the baseline for the Strategy in FY2015/16, 83% of 5-17 year olds responded to this question. This decreased to 67% of children and young people in both FY2016/17 and FY2017/18.</p> <p>The available data does not measure the number of children and young people who report they have health concerns.</p> <p>The number of children and young people who responded to the survey question and indicated they were generally in good health was as follows:</p> <ul style="list-style-type: none"> • 78% of 5-17 year olds in FY2015/16 (baseline) • 82% of 5-17 year olds in FY2016/17 • 82% of 5-17 year old in FY2017/18 	<ul style="list-style-type: none"> • A stable proportion of children and young people report they are generally in good health with a small increase in the proportion of children and young people reporting this from the baseline in FY2015/16 to FY2017/18. • The number of children and young people offered the survey who respond to this specific question has declined by 16 percentage points from Strategy implementation in FY2015/16 to FY2017/18. It is unclear why children and young people do not wish to answer this question, so results may need to be interpreted with caution.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.3 Safety

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.3 Children and young people in care grow up safe	1.3.1 Number and per cent of children and young people in care who self-report they 'feel safe' where they live now (1.4.1)	<p>The number of children and young people who were offered the Viewpoint survey, answered the question 'Do you feel safe where you live now?' and answered yes</p> <ul style="list-style-type: none"> 140 (83%) children in FY2015/16 (baseline) 86 (89%) children in FY2016/17 118 (73%) children in FY2017/18 	<ul style="list-style-type: none"> The percentage of children and young people answering this question has dropped from 168 (95%) in the baseline FY2015/16, 97 (87%) in FY2016/17 to 162 (76%) in FY2017/18. At the baseline FY2015/16, 83% of children and young people responding to this question, indicated they feel safe where they live now. This improved in FY2016/17, to 89% of children and young people. It is of concern that this has dropped to 73% in FY2017/18, as the aim is for all children and young people in OOHC to feel safe where they now live.
	1.3.2 Number and per cent of children and young people in care who were the subject of child protection substantiation and the person believed responsible was living in the household providing OOHC (1.4.2)	<ul style="list-style-type: none"> 12 (1%) children in FY2015/16 (baseline) <1% children in FY2016/17; Data was not available for FY2017/18 at the time of this Report. 	<ul style="list-style-type: none"> In FY2016/17, there were less than 1% of children and young people in care who were the subject of child protection substantiation and the person believed responsible was living in the household providing OOHC. This is fewer children and young people reported than in the baseline FY2015/16, when 12 children and young people were reported, which is a positive improvement. The aim is to have no children and young people in OOHC be the subject of a substantiated report in this category so that all children and young people in OOHC are safe.

Domain 1: Establishing a therapeutic system of care (cont'd)

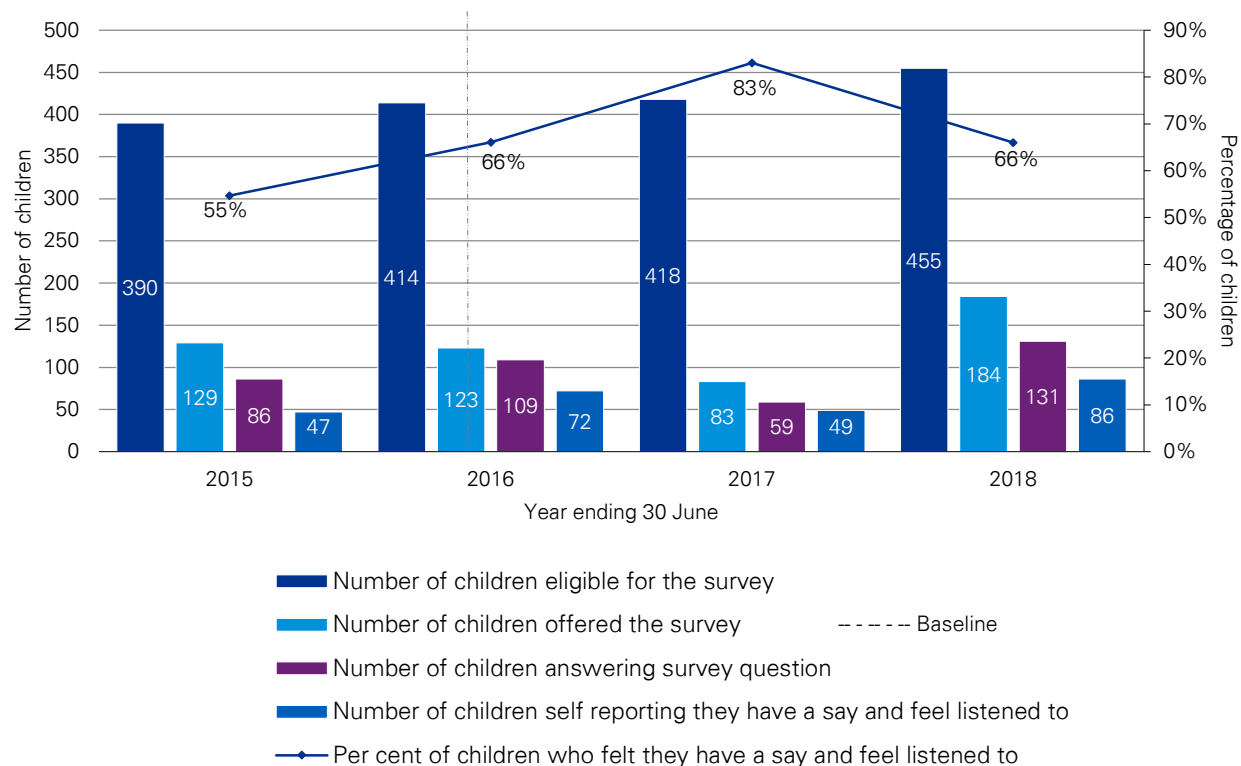
1.4 Participation

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.4. Children and young people in care participate in decisions that impact on their lives	1.4.1 Number and per cent of children and young people in care who self-report they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to (1.5.1)	<p>Percentage of all children and young people who were offered the survey, answered the question and reported they have a say and are listened to:</p> <ul style="list-style-type: none"> • 55% children (47) in FY2014/15 • 66% children (72) in FY2015/16 (baseline) • 83% children (49) in FY2016/17 • 66% children in (86) FY2017/18 <p>Percentage of Aboriginal and Torres Strait Islander children and young people who were offered the survey, answered the question and reported they have a say and are listened to:</p> <ul style="list-style-type: none"> • 46% children (12) in FY2014/15 • 58% children (19) in FY2015/16 (baseline) • 83% children (5) in FY2016/17 • 56% children (27) in FY2017/18 	<ul style="list-style-type: none"> • See Figure 5 overleaf. • The percentage of children and young people responding to the survey who answered this question has decreased from the implementation of the Strategy, from 89% in FY2015/16 to 71% in both FY2016/17 and FY2017/18. • More than half of children and young people felt they had a say and were listened to (66%) at the introduction of the Strategy in FY2015/16. This rate improved to 83% in FY2016/17, but has returned to 66% in FY2017/18. This same trend was seen for Aboriginal and Torres Strait Islander children and young people. • It is difficult to draw conclusions as there was a substantial increase in the number of young people being offered the survey in FY2017/18, and there will be a mix of new and repeat children and young people who actually complete the survey each year.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.4 Participation (cont'd)

Figure 5: Number and proportion of children and young people who feel they have a say and feel listened to



Data represented in Figure 5 should be interpreted with care, as there is an unstable number of respondents, especially in FY2016/17 when there was a substantial decrease in the number of children and young people offered the survey.

In addition, the new counting rules from October 2017 mean that children and young people who were offered the survey and had a survey profile set up, but subsequently refused the survey, are included in the number of children and young people offered the survey.

Source: KPMG adapted from Measure 1.4.1 – Step Up Evaluation Dataset, 2017/18.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.5 Cultural connection

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.5 Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up	1.5.1 Number and per cent of children and young people in care who self-report feeling connected to culture and family (1.6.1)	<p>Per cent of all children and young people who were offered the survey, answered the question and reported they have 'a lot' or 'quite a bit' of connection to culture and family:</p> <ul style="list-style-type: none"> • 77 children in FY2014/15; 88% • 99 children in FY2015/16 (baseline); 90% • 60 children in FY2016/17; 90% • 124 children in FY2017/18; 93% <p>Per cent of Aboriginal and Torres Strait Islander children and young people who were offered the survey, answered the question and reported they have 'a lot' or 'quite a bit' of connection to culture and family:</p> <ul style="list-style-type: none"> • 22 children in FY2014/15; 85% • 31 children in FY2015/16 (baseline); 94% • 9 children in FY2016/17; 100% • 45 children in FY2017/18; 94% 	<ul style="list-style-type: none"> • The data indicates a high proportion of children and young people report some sort of connection to culture and family. • Since the introduction of the Strategy in FY2015/16, the proportion of all children and young people reporting a connection has increased by three percentage points. • The proportion of Aboriginal and Torres Strait Islander children and young people reporting a connection improved at first following the implementation of the Strategy, before returning to the baseline rate of 94%. However, this should be interpreted with care as there was a decrease in the number of children and young people offered the survey in FY2016/17.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.6 Education

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.6 Children and young people in care access and participate in education and are supported to engage in training and/or employment	1.6.1 Number and percent of children in care of the Director-General residing in the ACT of pre-school age enrolled in ACT Government pre-schools	<ul style="list-style-type: none"> 19 children in CY2016 (baseline); 83% 13 children in CY2017; 76% No data was available for CY2018 at the time of this Report 	<ul style="list-style-type: none"> There has been a decrease in the proportion of pre-school age children enrolled in ACT Government pre-schools in the baseline CY2016, compared to CY2017. Given the small number of children in this age group, this should continue to be monitored over time.
	1.6.3 Number and per cent of eligible children and young people in OOHC enrolled in ACT Government schools who have sat the NAPLAN Reading and Numeracy tests (see 1.7.2 in Baseline Report)	<p>Reading</p> <ul style="list-style-type: none"> 57 children in CY2015; 63% 78 children in CY2016 (baseline); 63% 64 children in CY2017; 67% <p>Numeracy</p> <ul style="list-style-type: none"> 56 children in CY2015; 62% 76 children in CY2016 (baseline); 61% 75 children in CY2017; 79% 	<ul style="list-style-type: none"> The participation rates in NAPLAN Reading and Numeracy tests increased from when the Strategy was implemented. Although the trend is in a positive direction, the participation rate in NAPLAN of eligible children and young people who are in OOHC still needs to improve so that all children and young people in OOHC participate in the test if they are eligible, to ensure their performance against national minimum standards can be assessed.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.6 Education (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.6 Children and young people in care access and participate in education and are supported to engage in training and/or employment	1.6.2 Number and per cent of children and young people in care achieving national reading and numeracy benchmarks (1.7.2)	<p>Reading</p> <ul style="list-style-type: none"> • 52 children in CY2015; 91% • 66 children in CY2016 (baseline); 85% • 51 children in CY2017; 80% <p>Numeracy</p> <ul style="list-style-type: none"> • 54 children in CY2015; 96% • 68 children in CY2016 (baseline); 89% • 65 children in CY2017; 87% 	<ul style="list-style-type: none"> • In CY2017, the data indicates a decrease in the number and proportion of children and young people reaching the national minimum standards (NAPLAN) for both reading and numeracy since the introduction of the Strategy in CY2016. • The number of children and young people in OOHC not meeting national minimum standards for reading is much higher than the general population of children and young people in the ACT. In CY2017, of all children and young people undertaking NAPLAN Reading in the ACT, between 3.8% and 6.1% did not meet minimum standards, compared to 20% of the OOHC population. • For Numeracy, between 3.1% and 3.7% of the general population of children and young people did not meet national minimum standards, compared to 13% of the OOHC population.
	1.6.4 Number and per cent of children and young people in care of Director-General who have a school suspension in ACT government schools (variation of 1.7.3)	<ul style="list-style-type: none"> • 28 children in CY2014; 15% • 38 children in CY2015; 18% • 46 children in CY2016 (baseline); 16% • 41 children in CY2017; 17% 	<ul style="list-style-type: none"> • The percentage of young people in OOHC who have a school suspension has remained relatively stable over the last four years.
	1.6.5 Number and per cent of young people in care aged 15 years and over who are in full time or part time education, training or work	<ul style="list-style-type: none"> • 65 children in CY2014; 92% • 77 children in CY2015; 94% • 100 children in CY2016 (baseline); 96% • 94 children in CY2017; 95% 	<ul style="list-style-type: none"> • The proportion remains stable with a high proportion of young people in full time or part time education, training or work.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.6 Education (cont'd)

Education Summary

Domain 1 is monitoring education points across the age span for children and young people, from pre-school enrolment to NAPLAN results through to finding part time work or training as a young adult.

The education results for children and young people have some positive results; there is a positive rate of pre-school enrolment, a stable rate of young people in work or study, and increasing participation in NAPLAN testing. With improving participation rates in NAPLAN, it is possible to assess national minimum education standards for children and young people in OOHC. The data shows that the majority of children and young people in OOHC are achieving the national minimum standards for numeracy and literacy (measure 1.6.2). However, it highlights that there are a proportion of children and young people in OOHC who are not meeting the national minimum standards for these subjects, and that there is a gap in NAPLAN results between children and young people in OOHC and the broader population of children and young people in the ACT. The Victorian Mitchell Institute Report (2015)* has highlighted the benefits of remediation in education for children, allowing them to 'catch up' rather than falling further behind their peers. The participation rate in NAPLAN, although improving, is still low (particularly for Reading). Given the importance of education as a protective factor during the life course, further work needs to be done to engage young people in OOHC in education.

**Source: Mitchell Institute (2015) Educational Opportunity in Australia.*

1.7 Involvement in Youth Justice

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.7 Children and young people in care have reduced involvement with the youth justice system	1.7.1 Number and per cent of young people who have new Youth Justice orders while in OOHC (1.8.1)	<p>The number of young people aged 20 years and over in OOHC for three months or more during the year with new Youth Justice Orders while in OOHC:</p> <ul style="list-style-type: none"> 1% young people in FY2015/16 (baseline) 6 (2%) young people in FY2016/17 8 (2%) young people in FY2017/18 	<ul style="list-style-type: none"> A stable trend with a small number of young people in OOHC with new juvenile justice orders.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.8 Therapeutic plan

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.8 Children and young people in care are safe and developmental delay is minimised	1.8.1 Number and per cent of children and young people admitted to care who have been in care for more than six weeks and have a therapeutic assessment <u>and</u> therapeutic plan completed (1.9.1)	<ul style="list-style-type: none"> 93 children in FY2015/16 (baseline); 64% 71 children in FY2016/17; 45% 29 children in FY2017/18; 22% <p>Aboriginal and Torres Strait Islander Children:</p> <ul style="list-style-type: none"> 20 children in FY2015/16 (baseline); 56% 26 children in FY2016/17; 48% 10 children in FY2017/18; 21% 	<ul style="list-style-type: none"> Decreasing percentage of children and young people in OOHC who have a therapeutic assessment and a therapeutic plan completed. At the baseline FY2015/16, 64% of children and young people received both within six weeks. This dropped in the following years to 45% and then 22% in FY2017/18. In FY2017/18, there were 76 children and young people in OOHC who had neither an assessment or plan recorded. CSD is currently in partnership with the Australian Childhood Trauma Group to work towards ensuring that all children and young people in the OOHC system have a therapeutic assessment and plan in place by June 2019. ACT Together will have ongoing responsibility for Therapeutic Assessment Reports reviews. The onus is then on the service responsible for case management to provide services consistent with the recommendations in the report and develop and/or update a Therapeutic Case Plan within four to six weeks of the Therapeutic Assessment Report being delivered to the care team. The data also indicates a similar negative trend for the per cent of Aboriginal and Torres Strait Islander children and young people in care for more than six weeks who have a therapeutic assessment and therapeutic plan completed.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.8 Therapeutic plan (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.8 Children and young people in care are safe and developmental delay is minimised	1.8.2 Number of children in care aged 0 to 12 years who are receiving services from Melaleuca Place Trauma Recovery Services	<ul style="list-style-type: none"> • 26 children in FY2014/15 • 43 children in FY2015/16 (baseline) • 54 children in FY2016/17 • 61 children in FY2017/18 	<ul style="list-style-type: none"> • Although this measure specifies children and young people in care aged 0-12 years, the data reports on children and young people aged for 0-14 years as they receive a service. • There is an increasing number of children and young people with an open case with Melaleuca Place Trauma Recovery during the period over the four years; the numbers have increased from 26 children and young people in FY2014/15 to 61 children and young people in FY2017/18. • It is unclear from the number alone why there is an increasing number of open cases.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.9 Therapeutic care

Outcome indicator of focus	Measure of focus	Trend/comments
1.9 Training in trauma-informed therapeutic care is delivered	1.9.1 Narrative around what trauma-informed training is provided, what is available, and numbers completing different types of training	<p>Trauma-informed training refers to training on how to respond to trauma and learn how children and young people are affected by trauma through their developmental life spans.</p> <p><i>A Step Up for Our Kids</i> training is focussed on:</p> <ul style="list-style-type: none"> • equipping and up-skilling all participants in the care system to contribute to a therapeutic, trauma-informed system of care; • building the availability of a skilled workforce, including increasing therapeutic resources in the ACT, and aligning organisational culture and service delivery practice with this approach; and • ensuring both foster and kinship carers have access to therapeutic and trauma-informed training through ACT Together and their partner agency the Australian Childhood Foundation (ACF). (Carers are advised when the training is being offered.) There are two phases of the training: (1) Foundational Therapeutic Care Training and (2) Extended Therapeutic Care Training. This training assists carers to provide trauma-informed care to vulnerable children and young people. <p>ACT Together commenced delivering the ACT Together Foster Care training program in March 2017. This is a trauma-informed and therapeutic program, based on the foster care training delivered in NSW and tailored for the ACT context and legislation.</p> <ul style="list-style-type: none"> • The training is delivered face-to-face and includes an online component. This training is required to be undertaken before foster carers are eligible to hold an Approved Carer status, a compulsory requirement to be a foster carer. • Key topics covered in the training include: abuse and neglect, impact of early trauma, grief and loss, vicarious trauma, birth family, parenting expectations, myths and realities, disclosure and allegations, hope and therapeutic parenting. The training also includes an overview of OOHC in the ACT, looking at <i>A Step Up for Our Kids</i>, legislation, privacy and confidentiality, roles and responsibilities, Charter of Rights, placement principles, court proceedings, case management planning and cultural planning. <p>In addition to the ACT Together training, under the Strategy, the ACF has been providing trauma-informed Care in Practice training (Diploma and Certificate in trauma-informed Care in Practice) to the OOHC workforce on an ongoing basis since September 2015.</p>

Domain 1: Establishing a therapeutic system of care (cont'd)

1.9 Therapeutic care (cont'd)

Table 6: Trauma-Informed training is provided and the numbers of staff/carers completing different types of training

Agency	Staff/carer numbers trained each year	Type of training and duration
Uniting	2016/17 - 64 staff	<ul style="list-style-type: none"> • Domestic Violence (DV) and Vicarious Trauma • Circle of Security Facilitator Training
100 per cent of Uniting staff have been trained in trauma-informed practices (includes administrative staff)	2017/18 - 26 staff	<ul style="list-style-type: none"> • Trauma-Informed Care and Practice • Recognising and Responding to Trauma • Art Therapy • Trust Based Relation Intervention • Dyadic Development Practice • Individual, Couple and Family Dynamics, • Newpin Practice Framework • Apply Knowledge of Developmental Trauma to Professional Practice • Work Effectively in Trauma-Informed Care (Cert IV) • Sand Therapy • Safe Guarding Children. <p>In addition to the above training, staff have also been sent to the following training sessions which contain elements of trauma practice and theory:</p> <ul style="list-style-type: none"> • Managing Difficult Situations • Accidental Counsellor • Homebuilders • Grief and Loss • Mental Health First-Aid and Predict Assess • Respond to Challenging and Aggressive Behaviours. <p>The training attended can be anywhere from four sessions to four days in length.</p>

Data was current as at September 2018, as the figures for completion rates and percentage of staff who have completed training is subject to change.

Note: Staff may not be required to complete the training every year, so changes in the number of staff trained each year do not necessarily represent declining or increasing rates of training. The total numbers of staff within each organisation was not always available, so where possible, the percentage of staff that have been trained has been included.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.9 Therapeutic care (cont'd)

Figure 6: Trauma-Informed training is provided and the numbers of staff/carers completing different types of training

Agency	Staff/carer numbers trained each year	Type of training and duration
ACT Together (incorporating Premier Youthworks, Oz Child, and ACF) Figures on the percentage of staff who have completed trauma training across the ACT Together consortium is not available as this breakdown is not recorded. Premier Youthworks have advised that 116 out of 151 staff (77%) have completed basic trauma training, most as part of their induction program.	2016/17 - 96 staff 5 carers 2017/18 - 231 staff 101 carers	<ul style="list-style-type: none"> Foundational Therapeutic Care Training incorporating: <ul style="list-style-type: none"> Caring for Traumatised Children – two days Our Story – Foundational Trauma Training for Kinship carers – one day Individualised Trauma Training for Carers – one day Extended Therapeutic Care Training incorporating: <ul style="list-style-type: none"> Placement Changes and Therapeutic Transitions – one day Parenting with PACE – one day Neurobiology of caring – Blocked Care – one day Understanding and Responding to Problem Sexual Behaviour – three hours Life Story with Children in OOHC – one day Trauma-Informed Care in Practice Part 1 and Part 2 – four sessions Premier Youthworks Induction Program which includes an introduction to trauma
Karinya 3 of 21 staff at Karinya have completed trauma-informed training within the last two financial years (14%).	2016/17 - 0 staff 2017/18 - 3 staff	<ul style="list-style-type: none"> Introduction to Recognising and Responding to Indigenous Trauma (two days) Trauma-informed Practice Consultation (two hours)

Data was current as at September 2018, as the figures for completion rates and percentage of staff who have completed training is subject to change.

Note: Staff may not be required to complete the training every year, so changes in the number of staff trained each year do not necessarily represent declining or increasing rates of training. The total numbers of staff within each organisation was not always available, so where possible, the percentage of staff that have been trained has been included.

Domain 1: Establishing a therapeutic system of care (cont'd)

1.9 Therapeutic care (cont'd)

Figure 6: Trauma-Informed training is provided and the numbers of staff/carers completing different types of training cont.

Agency	Staff/carer numbers trained each year	Type of training and duration
CREATE 50% of staff have completed trauma training, one of two staff members	2016/17 - 1 staff 2017/18 – 0 staff	<ul style="list-style-type: none"> Currently participating in Australian Childhood Foundation Strategies for Managing Abuse Related Trauma (SMART) online training
Carers ACT 100% of staff have completed trauma training within the last two financial years	2016/17 – 0 staff 2017/18 - 2 staff	<ul style="list-style-type: none"> Trauma-Informed SNAICC training – two days
Red Cross 100% of staff have completed trauma training within the last two financial years	2016/17 - 3 staff 2017/18 - 0 staff	<ul style="list-style-type: none"> Creating Childsafe Organisations - eight hours Childhood Trauma Conference - 23.5 hours

Data was current as at September 2018, as the figures for completion rates and percentage of staff who have completed training is subject to change.

Note: Staff may not be required to complete the training every year, so changes in the number of staff trained each year do not necessarily represent declining or increasing rates of training. The total numbers of staff within each organisation was not always available, so where possible, the percentage of staff that have been trained has been included.

Domain 1: Establishing a therapeutic system of care (cont'd)

Domain 1 Summary

Collecting information on Domain 1 allows the ACT Government to assess if processes are in place that support a new way of working and if child outcomes are being achieved. Although the data development has allowed for a comprehensive view of child outcomes, there remains a gap in collecting information on the psychological progress of children and young people in care.

There is evidence that, although a trauma-informed system of care has been put in place, some of the initial improvements in some outcomes have not been sustained. Within *A Step Up for Our Kids*, there has been an extensive amount of trauma-informed training that has been rolled out. As noted in the Baseline Report, in order to successfully move to a trauma-informed system of care, the relevant evidence and practice frameworks need to become embedded into program delivery and individual practice.

There is some evidence that trauma-informed care has not yet been embedded into individual practice. In the first year of the Strategy, the new processes were being carried out successfully, with high numbers of health checks, passports and therapeutic assessments as well as therapeutic plans completed. In the following two years however, the numbers have dropped. CSD is aware of this issue and has put a remediation plan in place. Attention needs to remain on these critical processes to regain the momentum from when the Strategy was first implemented.

In addition to reporting on implementation, Domain 1 also reports on child outcomes. The domain gives an overview of different areas in the lives of children and young people in care and their health, education, participation and connection to culture.

The overview shows a much smaller number of children and young people were offered the Viewpoint survey in 2017; however, in 2018, the number offered the survey has increased. Participation for individual questions remains mixed and more needs to be done so that participation remains high, so the voice of children and young people can be consistently reported via this survey.

In FY2017/18, there were a number of children and young people in care who completed the Viewpoint survey who self-reported that they want to do more things to keep in touch with their family's religion or culture (48%) (measure 3.2.4).

The vast majority of young people in care are in education, training or employment and NAPLAN participation rates are improving. Schooling in the middle years needs further attention, with an increasing number of children and young people not reaching the national minimum standard for their peers (as shown in NAPLAN results) and a widening gap to their peers, as demonstrated by the whole-of-ACT NAPLAN data.

Domain 1: Establishing a therapeutic system of care (cont'd)

Recommendations for Domain 1

1. Continue to work with the Aboriginal and Torres Strait Islander Elected Body to consider how the Strategy supports Aboriginal and Torres Strait Islander families, and Aboriginal and Torres Strait Islander children and young people in care.
2. Further investigate options to collect data in relation to the number and per cent of children and young people in care who meet developmental milestones using an accredited scale of child development.
3. Increase the proportion of eligible children and young people who are offered the Viewpoint survey each year; or develop another robust alternative to capture children's views.
4. Improve the number of children and young people who enter OOHC with an initial health check completed within six weeks to 100% of children.
5. Monitor and implement changes to ensure that 100% of children and young people aged 0-14 years, for whom it is compulsory, receive a health passport. Health passports should still be offered to children aged 15-17 years as an option.
6. Monitor the number of children and young people who feel safe where they live now to determine if children and young people continue to report that they feel less safe and investigate reasons for the decrease.
7. Monitor the number of children and young people who self-report they have opportunities to have a say in relation to decisions that have an impact on their lives and they feel listened to, to determine if initial improvements following implementation of the Strategy are regained, and implement changes to improve this if they are not.
8. Continue to support children and young people in OOHC to achieve better education outcomes.
9. Further develop evaluation measures in relation to youth justice involvement for children and young people in OOHC, to also measure the types of orders received by children and young people in OOHC, and the length of time orders are made to give a more holistic picture of their involvement with the youth justice system.
10. Continue to implement remedial action to improve the number of children and young people who receive both a therapeutic assessment and a therapeutic plan within six weeks of entering care should be improved. The proportion of children and young people with completed assessments and plans should be universal.
11. Further develop and refine evaluation measures across all domains to improve measurement of outcomes for children and young people at the end-of-strategy evaluation.
12. The Workforce Capability Sub-Committee under the Joint Governance Group (JGG) for the Strategy should continue to closely monitor what trauma-informed training is provided, what is available, and how many staff members working with children and young people in these services are completing required training.



Domain 2

Strengthening high-risk families

Domain 2: Strengthening high-risk families

The Baseline Report noted that one of the key challenges that *A Step Up for Our Kids* was designed to address was the continuing growth in numbers of children and young people entering care. At the time the Strategy was designed, the number of children and young people in care had grown on average by around 5% per annum over the last decade (KPMG 2017 Baseline Report).

A Step Up for Our Kids is designed to strengthen families through preventing escalation of family problems and entry of the child into the OOH system (prevention work) and working with families so that their children and young people can be safely returned home (reunification work).

Under *A Step Up for Our Kids*, significant investment was made in establishing new prevention and reunification services, which are operated by Uniting. Prior to their implementation, there were no specialised prevention and reunification services present in the ACT. These voluntary services were established in January 2016 and since that point in time, they have supported hundreds of families. As part of the Strategy, the Karinya Mothers and Babies program was expanded in 2015.

In addition to services offered by Uniting and Karinya, CSD has invested in additional programs, including a pilot for Family Group Conferencing (FGC) and Functional Family Therapy (FFT), specifically for Aboriginal and Torres Strait Islander children, young people and their families. The FGC trial aimed to improve outcomes for families and reduce the number of Aboriginal and Torres Strait Islander children and young people in care. It ran from November 2017 to December 2018, and has supported 21 families with 48 children and young people.

The FFT pilot commenced in June 2018, with the aim of reducing the number of Aboriginal and Torres Strait Islander children and young people entering or remaining in OOH through culturally specific interventions that strengthen families and communities. The pilot will work with 40 families over the 12 month trial period ending in 2019.

Strengthening families is a key element in a preventive approach. Pre-procurement modelling of placement prevention services assumed that client numbers would increase to 20 families (with 40 children) each year after the first year of the Strategy. For the reunification program, the following program flow was assumed: a starting point of 40 children and young people (in 20 families) in FY2015/16 and FY2016/17, increasing to 80 children and young people (in 40 families) in FY2017/18 and FY2018/19 (information provided by CSD). It was expected for both programs that success rates would be low in initial years as the services were established.

The following section reports on implementation of prevention and reunification services that have been put in place as a result of the Strategy and program flow compared to projections. The measures report on program dynamics (referrals, engagement and exits) of children and young people in prevention services, restoration services and Mothers and Babies programs (Karinya). Given the services are new, and data is only available for a limited number of years, further monitoring is required for all measures for these services, to determine longer term trends in their success.

Domain 2: Strengthening high-risk families (cont'd)

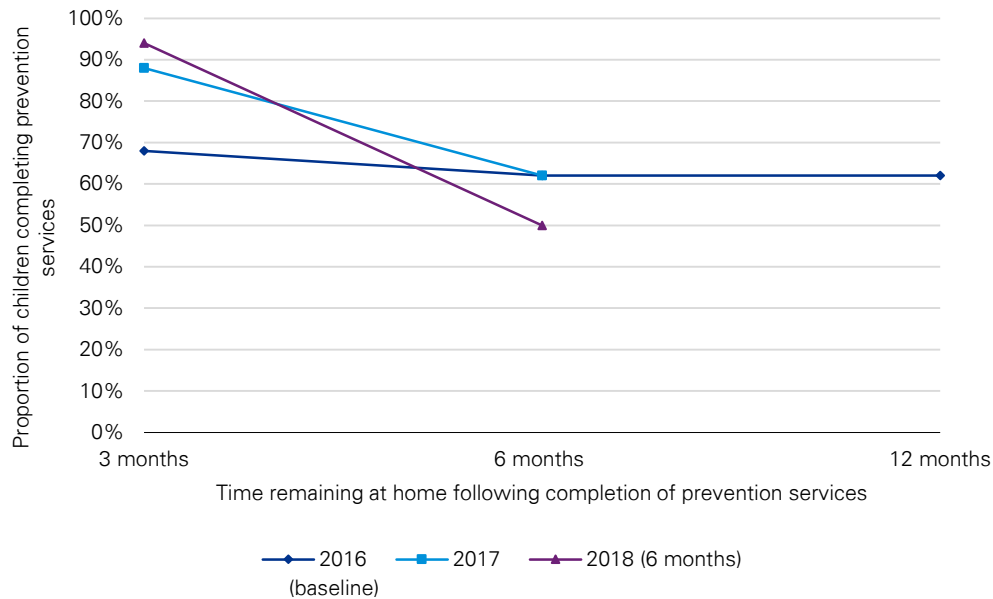
2.1 Uniting Prevention Services

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.1 High risk families are strengthened so that children and young people are prevented from entering care	2.1.1 Number and per cent of children and young people at-risk who do not enter care within three, six and 12 months of completing Uniting placement prevention services (2.1.1)	<p>Number of children and young people completing prevention services in the period</p> <ul style="list-style-type: none"> • 77 children in CY2016 • 144 children in CY2017 • 32 children in CY2018 (6 months) <p>Three months</p> <ul style="list-style-type: none"> • 52 (68%) in CY2016 (baseline) • 126 (88%) in CY2017 • 30 (94%) in CY2018 (6 months) <p>Six months</p> <ul style="list-style-type: none"> • 48 (62%) in CY2016 (baseline) • 89 (62%) in CY2017 • 16 (50%) in CY2018 (6 months) <p>12 months</p> <ul style="list-style-type: none"> • 48 (62%) in CY2016 (baseline) • NA in CY2017 • NA in CY2018 (6 months) <p>Refer to Figure 7 for a breakdown of three, six and 12 months.</p>	<p>Note the data is for calendar year and 2018 is for the six months to 30 June.</p> <ul style="list-style-type: none"> • This data shows the number of children and young people who do not come into care after completing prevention services. • Note that data for children and young people remaining home at 12 months was not available for CY2017 and CY2018, as 12 months' time had not passed to measure this. • The data shows that there was an increase in the number of children and young people remaining at home after three months from the implementation of the Strategy in CY2016 (68%), to CY2017 (88%). For the first six months of CY2018, this has increased again to 94%, however this may not be indicative of a full year. • However, the same improvements have not been seen for children and young people remaining at home after six and 12 months. • The number of children and young people remaining at home at six months remained stable after the implementation of the Strategy, but has decreased 12 percentage points in the first six months of CY2018. • Early improvements for children and young people remaining at home for a short period of time have not been maintained over the longer 6 month term. • Results should continue to be monitored to determine if this trend continues over 12 months, as there is limited data available for the new program.

Domain 2: Strengthening high-risk families (cont'd)

2.1 Uniting Prevention Services (cont'd)

Figure 7: Percentage of children and young people at-risk who do not enter care within three, six and 12 months of completing Uniting placement prevention services 1 January 2016 to 30 June 2018



Source: KPMG adapted from Measure 2.1.1 – Step Up Evaluation Dataset, 2017/18.

Domain 2: Strengthening high-risk families (cont'd)

2.1 Uniting Prevention services (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.1 High risk families are strengthened so that children and young people are prevented from entering care	2.1.2 Number of children and young people at-risk referred to Uniting prevention services (2.5.3)	<ul style="list-style-type: none"> 254 children in CY2016 (baseline) 143 children in CY2017 74 children in CY2018 (six months) 	<ul style="list-style-type: none"> Note the data is for calendar year and 2018 is for 1 January to 30 June only. There has been a drop in referrals of children and young people to prevention services from the baseline CY2016 to CY2017, and indications from six months of data from CY2018 indicate these lower numbers are persisting. However, the higher number of referrals in the baseline year were expected as this was the first full year of the service being available, and the program would receive less referrals within a large number of families already established in the program.
	2.1.3 Number and per cent of children and young people at-risk whose families engage with Uniting placement prevention services	<ul style="list-style-type: none"> 192 (77%) children in CY2016 (baseline) 88 (62%) children in CY2017 42 (57%) children in CY2018 (six months) 	<ul style="list-style-type: none"> Projections modelled 40 children and young people completing services in 2017/18 and 2018/19, hence the numbers of children and young people whose families are engaged with the service are aligned with projections CSD have advised. However, the proportion of families referred who actually engage with the service has decreased each year since the implementation of the Strategy, noting that CY2018 data is only for the first six months of the year and may not be indicative of a full year due to seasonality.
	2.1.4 Number of children and young people at-risk whose families engaged with Uniting placement prevention services who fail to complete (2.5.4)	<ul style="list-style-type: none"> 38 (51%) children in CY2016 (baseline); 82 (57%) children in CY2017; 13 (39%) children in CY2018 (six months) 	<ul style="list-style-type: none"> This includes children and young people whose families withdrew from prevention services or were no longer engaged with the service. There are a number of children and young people who do not complete services each year due to their families withdrawing or no longer engaging with the service. Again, further monitoring is required over a longer period to understand trends in engagement with the service over time.

Domain 2: Strengthening high-risk families (cont'd)

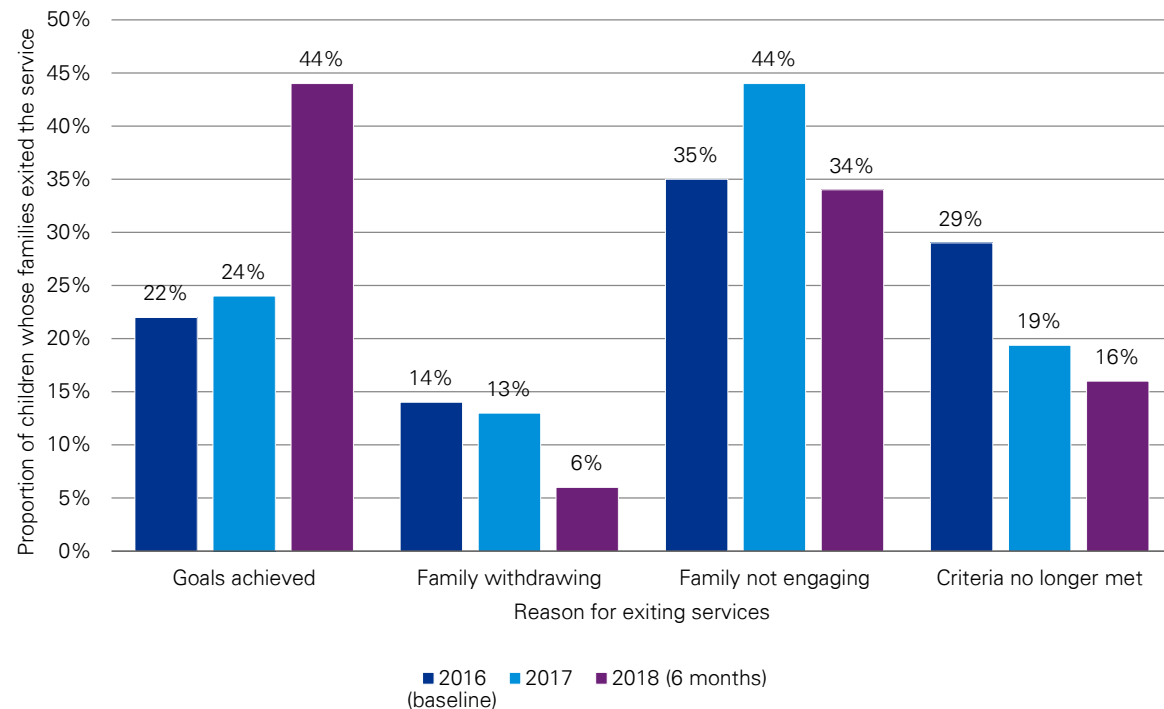
2.1 Uniting Prevention services (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.1 High risk families are strengthened so that children and young people are prevented from entering care	2.1.5 Reasons children and young people at-risk whose families fail to complete Uniting placement prevention services (2.5.4)	<ul style="list-style-type: none"> • 77 children in CY2016 (baseline) <ul style="list-style-type: none"> • 17 (22%) achieved their goals • 11 (14%) with families withdrawing or moving • 27 (35%) with families not engaging • 22 (29%) no longer met the criteria for the service • 144 children in CY2017 <ul style="list-style-type: none"> • 34 (24%) achieved their goals • 19 (13%) with families withdrawing or moving • 63 (44%) with families not engaging • 28 (19%) no longer met the criteria for the service • In CY2018 (six months) <ul style="list-style-type: none"> • 44% achieved their goals • 6% with families withdrawing or moving • 34% with families not engaging • 16% no longer met the criteria for the service 	<ul style="list-style-type: none"> • Children and young people exit services for a number of reasons, as shown on the following page in Figure 8. • It should be noted that the measure indicates the reasons children and young people at risk engaged with prevention services fail to complete, however data available actually presents reasons for exiting the service, including those that exit due to completing their goals. • CY2018 data is only available for the first six months of the year and should be treated with caution as it may not be indicative of a full year due to seasonality within services. • The proportion of children and young people achieving their goals each year has improved substantially between the Strategy baseline in CY2016 and the first six months of 2018. • The number of children and young people whose families exit due to not engaging with the service at first increased following the implementation of the Strategy, however this has improved in the first six months of CY2018 (6 months). • The total number of children and young people exiting prevention services in the first six months of CY2018 has been excluded, as some numbers were less than 5.

Domain 2: Strengthening high-risk families (cont'd)

2.1 Uniting Prevention Services (cont'd)

Figure 8: Reasons families exit Uniting placement prevention services 1 January 2016 to 30 June 2018



Source: KPMG adapted from Measure 2.1.5 – Step Up Evaluation Dataset, 2017/18.

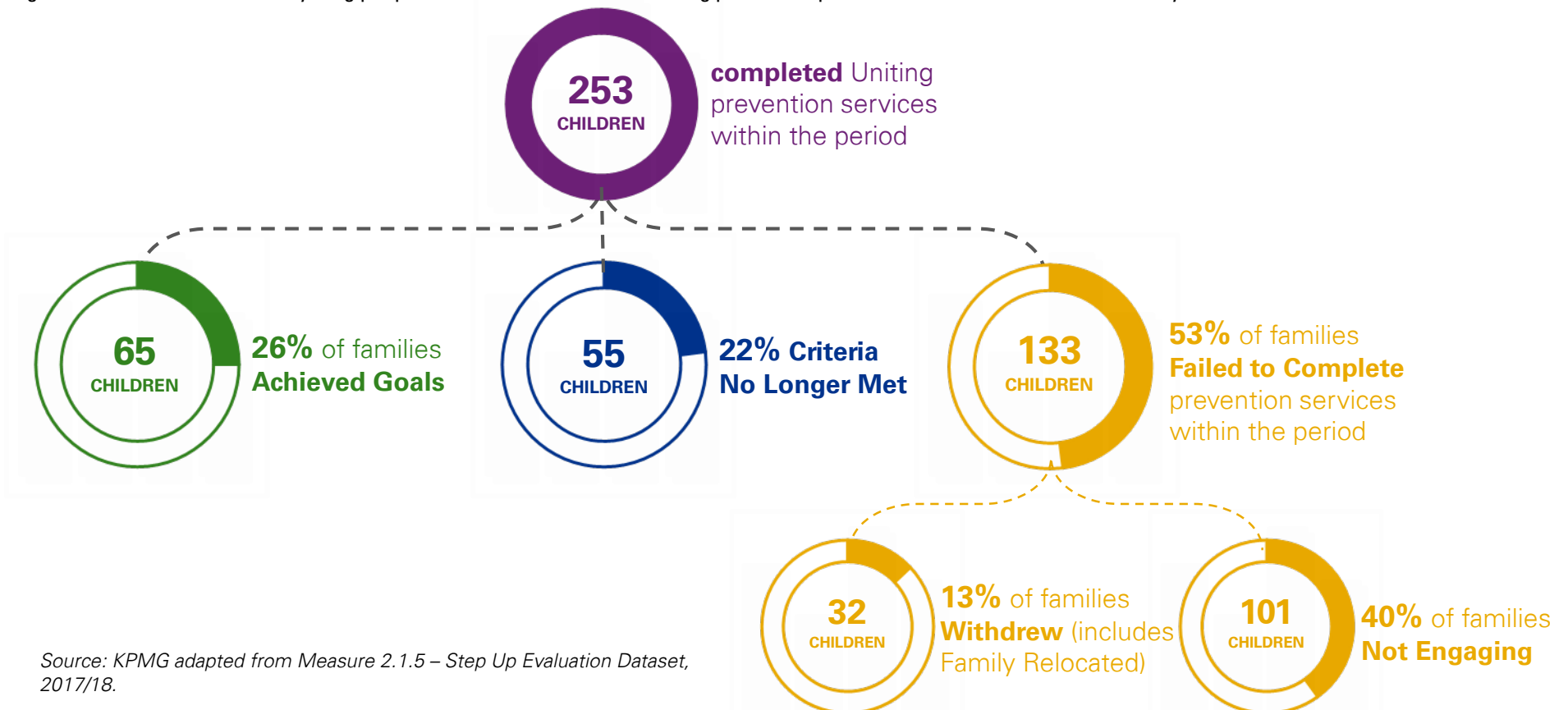
Figure 8 above indicates that the proportion of children and young people completing prevention services due to goal completion has increased from 22% in CY2016, to 24% in CY2017 and 44% in the first six months of CY2018. CY2018 data may not be indicative of a full year's data due to seasonality within services.

Domain 2: Strengthening high-risk families (cont'd)

2.1 Uniting Prevention Services (cont'd)

Figure 9 below shows how many children and young people are recorded as completing/exiting the Uniting service. From 1 January 2016 to 30 June 2018, only one-quarter of the children and young people exited due to family goals being achieved, while over 50% failed to complete the service. Families who fail to complete either withdraw or do not engage in the service. The remaining 22% of children and young people no longer meet the criteria for the service. However, it is unclear whether a family achieving their goals is associated with children and young people successfully remaining at home.

Figure 9: Reasons children and young people at-risk's families exited Uniting placement prevention services between 1 January 2016 and 30 June 2018



Source: KPMG adapted from Measure 2.1.5 – Step Up Evaluation Dataset, 2017/18.

Domain 2: Strengthening high-risk families (cont'd)

2.1 Karinya House Mother and Baby Unit

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.1 High risk families are strengthened so that children and young people are prevented from entering care	2.1.6 Number and per cent of babies whose families participate in Karinya House Mother and Baby Unit as part of placement prevention services as funded by CYPs who within three, six and 12 months of completing placement prevention services do not enter care (2.1.2)	<ul style="list-style-type: none"> • Less than 5 children remained at home at time of reporting in CY2016 (baseline) • 12 (71%) children remained at home at time of reporting in CY2017 • Less than 5 children remained at home at time of reporting in CY2018 	<p>Calendar year data</p> <ul style="list-style-type: none"> • A small number of children whose mother completes the service remain at home at time of reporting • Karinya notes that the numbers are too small to determine trends, and where a child did enter care, many entered care prior to case exit and are hence not captured here.
	2.1.7 Number and per cent of mothers who engaged with the Karinya House Mother and Baby Unit as part of the prevention services and as part of an order	<ul style="list-style-type: none"> • 29 (97%) children referred were recorded as 'engaged' in services in CY2016 (baseline) • 21 (84%) children referred were recorded as 'engaged' in services in CY2017 • 5 children referred were recorded as 'engaged' in services in CY2018 (six months) 	<p>Calendar year data</p> <ul style="list-style-type: none"> • The data for 2018 is only available for six months (compared to the 12 month reporting period in previous years' data), and may not be indicative of a full year due to seasonality. • There has been a decrease in percentage of mothers who remain engaged with the service. • Note: this data does not include reference to orders for mother or baby - orders are not required for referral, acceptance to program or engagement.
	2.1.8 Number and per cent of mothers who participate in Karinya House Mother and Baby Unit as part of the prevention services and as part of an order (2.5.1)	<ul style="list-style-type: none"> • 30 children referred in CY2016 (12 months) (baseline) • 25 children referred in CY2017 (12 months) • 7 children referred in CY2018 (six months) 	<ul style="list-style-type: none"> • Smaller number of mothers referred to Karinya in CY2017 (25), compared to CY2016 (30). • Note: this data does not include reference to orders for mother or baby - orders are not required for referral or acceptance to program or engagement.

Domain 2: Strengthening high-risk families (cont'd)

2.1 Karinya House Mother and Baby Unit (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.1 High risk families are strengthened so that children and young people are prevented from entering care	2.1.9 Number and per cent of mothers who engaged with Karinya House Mother and Baby Unit who exit (2.5.2)	<ul style="list-style-type: none"> • 18 mothers in CY2016 (baseline) • 20 mothers in CY2017 • The number of mothers and babies in the first six months of CY2018 is less than five and too small to report on. 	<ul style="list-style-type: none"> • The number of mothers who engaged with Karinya services and exited remained stable after implementation of the Strategy in CY2016. However, in the first six months of CY2018, the number has dropped. This number may not be indicative of a full year due to seasonality within services.
	2.1.10 Reasons for exit from Karinya House Mother and Baby Unit (2.5.2)	<p>In CY2016, 18 mothers and babies exited the service:</p> <ul style="list-style-type: none"> • 12 mothers and babies completed the intervention • 6 remaining mothers and babies were no longer eligible, withdrew from the service, or service activity ceased. <p>In CY2017, of the mothers and babies who exited the service:</p> <ul style="list-style-type: none"> • 12 mothers and babies completed the intervention • 6 mothers and babies withdrew from the service • Less than 5 remaining mothers and babies were no longer eligible, or service activity ceased. 	<ul style="list-style-type: none"> • In CY2016 there were 18 babies with mothers who exited the service. • The total number of babies who exited in CY2017 has been suppressed as some categories for exit have results less than 5 and this number is too small to report on. • In the first six months of 2018, there have been less than 5 babies with mothers who have exited the service and this number is too small to report on. • Given the small number of mothers and babies who engage with and exit from the service, these figures will continue to be monitored.

Domain 2: Strengthening high-risk families (cont'd)

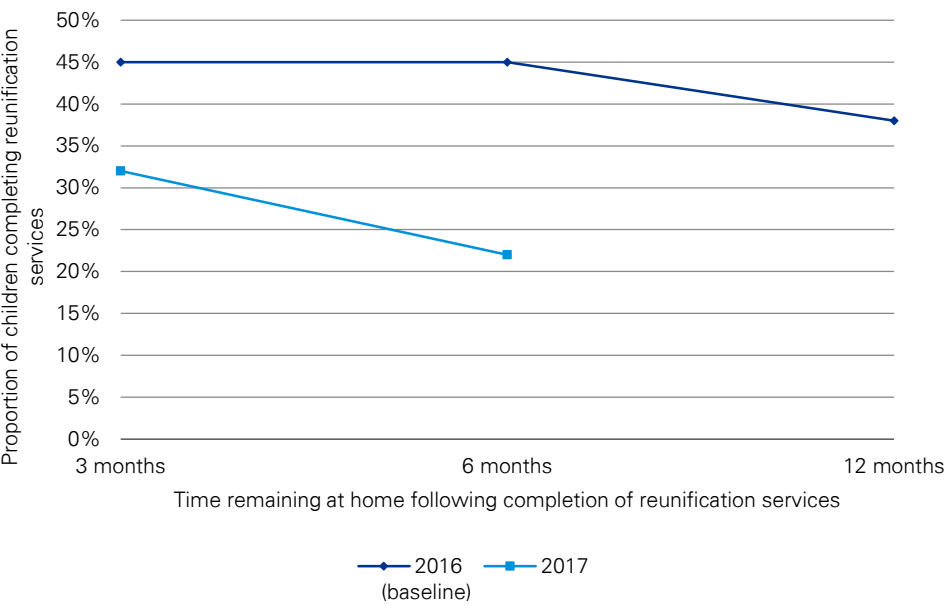
2.3 Reunification

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Children and young people in care are permanently reunited with their families	2.3.1 Number and per cent of children and young people in care in reunification services who 'go home' and 'stay home' within three, six and 12 months of reunification (2.3.1)	<p>Total children engaging in reunification services within the period</p> <ul style="list-style-type: none"> 77 (79%) children in CY2016 (baseline) 65 (65%) children in CY2017 12 (55%) children in CY2018 (six months) <p>In CY2016 (baseline) the number of children and young people remaining at home was:</p> <ul style="list-style-type: none"> 35 (45%) after three months 35 (45%) after six months 29 (38%) after 12 months <p>In CY2017, the number of children and young people remaining at home was:</p> <ul style="list-style-type: none"> 21 (32%) after three months 14 (22%) after six months NA after 12 months <p>In CY2018 (six months)</p> <ul style="list-style-type: none"> The data is too small to comment, with the number of children remaining at home after three and six months being less than 5. 	<ul style="list-style-type: none"> The trends for children who 'go home and stay home' are shown in Figure 11 over the page. Note that data for children remaining home at 12 months was not available for CY2017, as 12 months' time had not passed to measure this. The number of children remaining at home after three months and six months has decreased from the implementation of the Strategy in CY2016 to CY2017. The number of children remaining at home in CY2018 has also decreased, but numbers cannot be included as they are less than five. Results should continue to be monitored over a longer period to understand trends in the number and proportion of children who go home and stay home after participating in the service over time.

Domain 2: Strengthening high-risk families (cont'd)

2.3 Reunification (cont'd)

Figure 10: Number of children and young people in care in reunification services who 'go home' and 'stay home' within three, six and 12 months of reunification



The graph shows that, since the implementation of the Strategy, a smaller number of children and young people are successfully remaining at home after they are reunified with their families. The CY2016 baseline had a greater proportion of children and young people remain at home, with 45% of children and young people remaining at home after three and six months. This dropped to 38% by 12 months post-reunification. In CY2017, only 32% of children and young people remained at home after three months, dropping to 22% by six months.

Note that data for children and young people remaining home at 12 months was not available for CY2017, as 12 months' time had not passed to measure this.

The results for the first six months of CY2018 are not presented as they are too small to report.

Source: KPMG adapted from Measure 2.3.1 – Step Up Evaluation Dataset, 2017/18.

Domain 2: Strengthening high-risk families (cont'd)

2.3 Reunification (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Children and young people in care are permanently reunited with their families	2.3.2 Number of children and young people in care referred to participate in reunification services (2.5.5)	<ul style="list-style-type: none"> 97 children in CY2016 (baseline) 101 children in CY2017 20 children in CY2018 (first six months) 	<ul style="list-style-type: none"> The number of referrals in the first six months of CY2018 has substantially dropped compared to the baseline CY2016 and CY2017. However, CY2018 data may not be indicative of a full year due to seasonality. The number of referrals to reunification services were also anticipated to decrease from the first year of the Strategy to subsequent years, as the service engaged its first group of active children and young people.
	2.3.3 Number and per cent of children and young people at-risk who engage with reunification services (2.3.1)	<ul style="list-style-type: none"> 77 (79%) children in CY2016 (baseline) 65 (64%) children in CY2017 12 (60%) children in CY2018 (six months) 	<ul style="list-style-type: none"> There has been a decline in the numbers of children and young people whose families engage in reunification services, which is further explored overleaf.

Domain 2: Strengthening high-risk families (cont'd)

2.3 Reunification (cont'd)

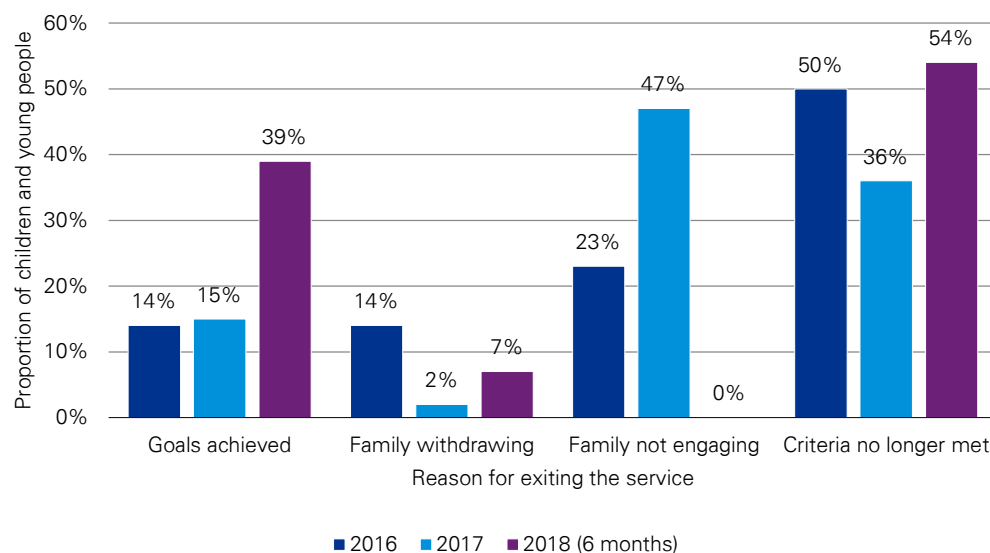
Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Children and young people in care are permanently reunited with their families	2.3.4 Number of children and young people at-risk engaged with reunification services who fail to complete	<p>Number of children and young people exiting reunification services:</p> <ul style="list-style-type: none"> Children in CY2016 (baseline) <ul style="list-style-type: none"> 14% achieved their goals 14% with families withdrawing or moving 23% with families not engaging 50% no longer met the criteria for the service Children in CY2017 <ul style="list-style-type: none"> 15% achieved their goals 2% with families withdrawing or moving 47% with families not engaging 36% no longer met the criteria for the service Children in CY2018 (six months) <ul style="list-style-type: none"> 39% achieved their goals 7% with families withdrawing or moving 0% with families not engaging 54% no longer met the criteria for the service <p>Also refer to Figure 11 overleaf.</p>	<ul style="list-style-type: none"> It should be noted that the measure indicates the reasons why children and young people at risk engaged with reunification services fail to complete, however available data actually presents reasons for exiting the service, including those who exit due to completing their goals. The exact number of children and young people exiting services each year has been suppressed, as some percentages are small and represent less than 5 children, which is too small to report on. When the Service was implemented in CY2016, only 14% of children and young people exited the service with goals achieved, and 50% no longer met the criteria for the service. In CY2017, there was no improvement in the number of children and young people achieving their goals, with only 15% of children and young people achieving them, and the number of families not engaging in the service increased substantially from 19% to 48%, indicating that many families were not actively participating in the program. In the first six months of CY2018, the number of families engaging has improved substantially, as has the number of children and young people completing their goals, however this may not be indicative of the full 12 month result due to seasonality in services. Results should continue to be monitored over a longer period to understand trends in the reasons why children exit from reunification services.

Domain 2: Strengthening high-risk families (cont'd)

2.3 Reunification (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Children and young people in care are permanently reunited with their families	2.3.5 Reasons families of children and young people at-risk fail to complete reunification services	Refer to Figure 12 for a breakdown of reasons. Also refer to Figure 13.	<ul style="list-style-type: none"> 2018 data is only available for six months. In CY2018, more than half of the children and young people exited reunification services with the reason of Criteria No Longer Met. There have been mixed results in the number of families who withdraw or do not engage with the service, and further monitoring is required to determine trends over time. There has been an improvement in the proportion of children and young people exiting with goals achieved in the first six months of CY2018, however, this may not be indicative of a full year.

Figure 11: Reasons families of children and young people at-risk exit reunification services



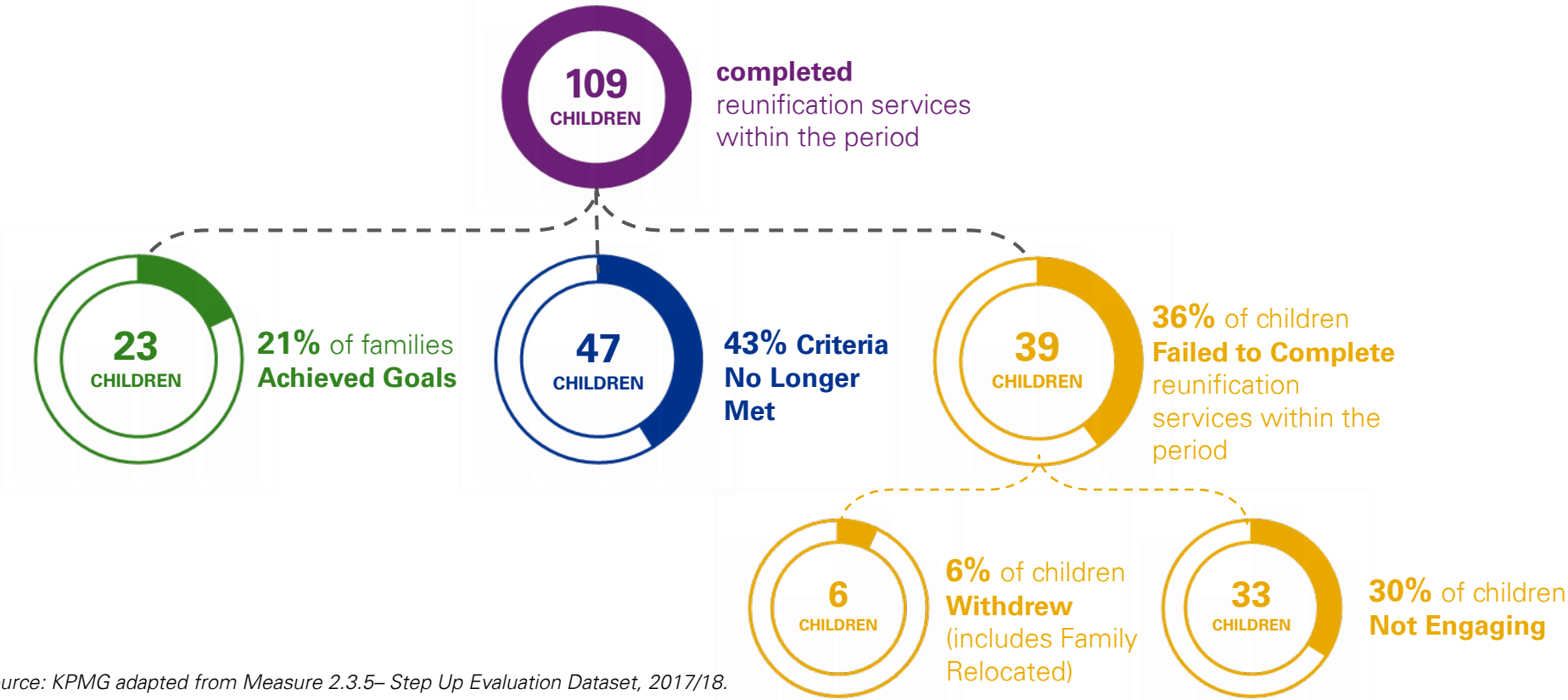
Source: KPMG adapted from Measure 2.3.5– Step Up Evaluation Dataset, 2017/18.

Domain 2: Strengthening high-risk families (cont'd)

2.3 Reunification (cont'd)

Figure 12 below shows how many children and young people are recorded as exiting reunification services. From 1 January 2016 to 30 June 2018, only 21% of children and young people exited due to family goals being achieved, while 36% fail to complete. Families who fail to complete either withdraw or do not engage in the service. The remaining 41% of children and young people no longer meet the criteria for the service. However, it is unclear whether a family achieving their goals correlates with children and young people successfully remaining at home.

Figure 12: Reasons families of children and young people at-risk exit reunification services between 1 January 2016 and 30 June 2018



Source: KPMG adapted from Measure 2.3.5– Step Up Evaluation Dataset, 2017/18.

Domain 2: Strengthening high-risk families (cont'd)

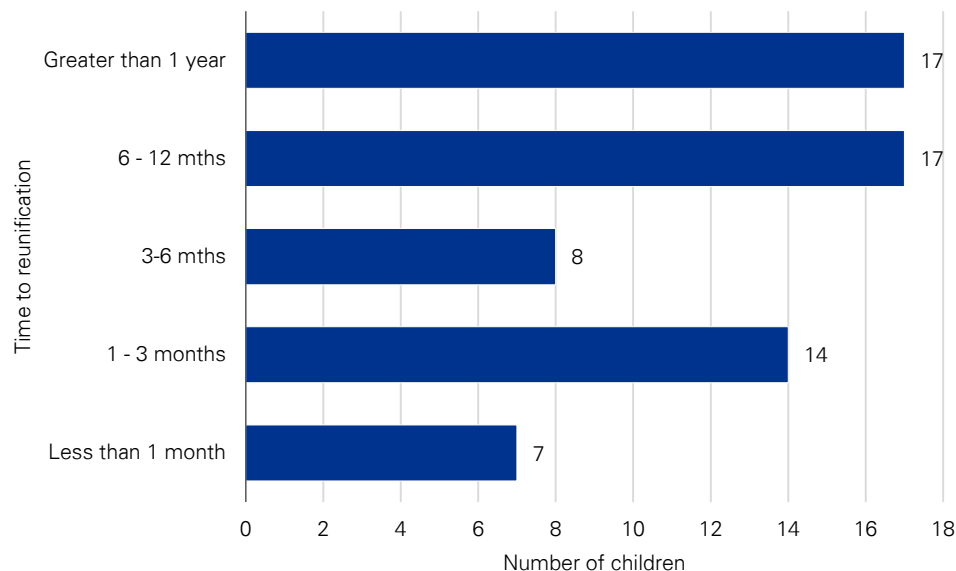
2.3 Reunification (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Children and young people in care are permanently reunited with their families	2.3.6 Time to reunification with family from entry to care for children and young people engaged with reunification service	<p>From CY2016 to the first six months of CY2018:</p> <ul style="list-style-type: none"> • 7 children reunited in less than one month • 14 children reunited in one to three months • 8 children reunited in three to six months • 17 children reunited in six to 12 months • 17 children reunited in more than one year <p>Refer to Figure 13 overleaf.</p>	<ul style="list-style-type: none"> • The number of children and young people reunited with their families over particular time periods is too small to discern any trends from the introduction of the Strategy in CY2016 to CY2017 and CY2018. • It can be observed that the greatest number of children and young people are reunited with their families between six months and two years after entering care, which aligns with the 18 month length of the reunification program. • There were a greater number of children and young people reunited with their families in CY2017 compared to other years; however, this is likely to be because there were a high number of children and young people who entered care between 12 months and two years prior to CY2017, and the reunification service typically supports families for 18 months.

Domain 2: Strengthening high-risk families (cont'd)

2.3 Reunification (cont'd)

Figure 13: Time to reunification with family from entry to care for children and young people engaged with reunification services, 1 January 2016 to 30 June 2018



Source: KPMG adapted from Measure 2.3.6 – Step Up Evaluation Dataset, 2017/18.

Domain 2: Strengthening high-risk families (cont'd)

Domain 2 - Summary

For the children and young people involved, these services can mean the difference between growing up within their family and growing up in care. Providing effective support and intervention to high-risk families reduces the number of children and young people in the OOHHC system and, if effective in the long-term, can result in savings to government.

A *Step Up for Our Kids* reforms designed prevention and reunification services with Karinya in 2015, and the Newpin program for families was established by Uniting in January 2016.

The analysis has provided information on client uptake, participation and dropout rates, and for reunification and prevention services, success rates over time. The original modelling anticipated that success rates would be lower in the first three years while services were established and consolidated and would then move to higher success rates.

The data has shown that there are a number of ongoing challenges with client pathways and engagement, although the picture of the services is not straightforward.

There has been a drop off in the number of referrals to prevention services, which was anticipated following initial implementation of the service once it had an active group of families, and a higher number of clients who do not engage in services. The success rate of services was highest in 2016; since that time the number of children and young people remaining at home at three months and six months has declined.

It was anticipated that the success rate of these services would likely be low while these services were established and consolidated in the first three years. Consistent with this, success rates have been low in the first couple of years of the Strategy, and the results show that there are no 'quick wins' in

the preventive services area. Only a small number of families have been successful within the current service models. Reflection and possible revision of the service model and examination of the client target group may be useful. Going forward, it will be important to re-examine the Newpin service model and consider whether additional changes need to be made for the ACT context and what can be put in place to assist referral pathways.

Similarly, the success rate for reunification services was also anticipated to be low as the service was established. So far, the services have successfully reunified a very small number of children and young people to families and prevented a small number of children and young people coming into care. For these benefits to be more widely distributed across a larger group of children, prevention work should remain a leading area of work under the Strategy.

Domain 2: Strengthening high-risk families (cont'd)

Domain 2 – Recommendations

13. Improve ability to be able to measure and monitor the impact of prevention and reunification services on the number of children and young people remaining at home, and going home and staying home. This should including conducting further investigation through cohort studies on the reasons children and young people return to care, so that these factors can be targeted in future service delivery. These cohort studies should also consider why families stop engaging with or withdraw from prevention and reunification services, and why they no longer meet the criteria for the services, and any links this has with children and young people who return to care.
14. Improve measures for the reasons for exit from prevention and reunification services to understand whether the number of families exiting due to their goals being complete is impacted by families who meet all secondary goals, but fail to meet a core goal for the service.
15. Investigate the potential need to also evaluate additional parts of the service system that may support the Strategy, but that are formed and operate alongside it.



Domain 3

Creating a continuum of care

Domain 3: Creating a continuum of care

Domain 3 - Introduction

In response to the escalating numbers of children and young people in OOHC, *A Step Up for Our Kids* was designed to strengthen high-risk families and prevent escalation and entry of children and young people into the OOHC system (see discussion in Domain 2).

Other issues evident in the OOHC system when the Strategy was designed were the 'revolving door' of placements with many children and young people experiencing multiple placements in OOHC, poor life outcomes for many children and young people in care, care leavers experiencing worse life outcomes than the general population and difficulty attracting and maintaining carers.

The OOHC system was redesigned to be child focused so that children and young people grow up 'strong, safe and connected'. For children and young people who cannot live with their birth families, the care system is focused on children's needs and provide services along a continuum of care. Central design elements of the continuum of care (see glossary for definition) and the status of implementation are shown in the table overleaf.

Key child outcomes assessed in this domain are:

- Permanency and the waiting period for an EPR or adoption order to be considered (which under the Strategy has been reduced from two years to one year); and
- Stability: feeling settled and the number of placements children and young people experience.

A Step Up for Our Kids was designed to improve permanency outcomes for children and young people who remain in OOHC. Permanency can be achieved via different pathways: legal permanency is made via an adoption order made by the Supreme Court or an EPR order made in the Children's Court. As noted in *A Step Up for Our Kids*, adoption is not generally considered for Aboriginal and

Torres Strait Islander children and young people due to the 'legacy of the stolen generation and forced adoption practices' (CSD 2017).

Under *A Step Up for Our Kids*, legislative amendments were introduced to shorten the waiting period for an EPR order (where a child or young person is in a stable, long-term family) to one year, instead of the two years. It was also proposed to review the process for obtaining an EPR order to reduce any duplication.

Separately to the Strategy, there has been a review of the domestic adoption process in the ACT (the Domestic Adoption Review) for all children, not just those in OOHC. The Review included an examination of the timely and appropriate completion of the domestic adoption process and the factors that impinge on it. The Review noted that there are resource challenges, including a high turnover of staff and limited resources, and that up until now the non-government sector was not undertaking this work. The Review has highlighted the following areas for reform and ACT Government has agreed to action all of the recommendations:





- Streamlining the adoption process and reduction in duplication
- Exploring consent requirements (including the dispensation requirements)
- Enhancing support and service responsiveness
- Considering additional issues (such as integrated birth certificates).

Implementation of these recommendations will also impact those children and young people in OOHC for whom adoptions may take place.

This report has monitored three key decisions in permanency: placement of the child in a permanent placement, permanency decision and time taken to EPR/adoption orders.

Domain 3: Creating a continuum of care (cont'd)

Table 4: Key elements of the continuum of care

Key elements of the continuum of care	Status update
External providers will offer a continuum of care ensuring that responsibility for the child or young person's experience of care resides with one service provider	<p>ACT Together was appointed as the new consortium that was created to provide services for children and young people in OOHc in the ACT. Barnardos is the lead agency for the ACT Together Consortium (see: http://acttogether.org.au/). ACT Together also comprises ACF, Ozchild and Premier Youthworks.</p> <div>     </div>
OOHC providers will assume case management for all children and young people on long-term orders and long-term care decisions will be delegated to providers to locate decision making as close as possible to the child or young person	Delegations were provided to transfer case management and decision-making for children and young people on long-term orders (including kinship care) to 'approved Responsible Persons' within ACT Together organisations. (See for example <i>Australian Capital Territory Children and Young People (Responsible Person) Delegation 2018 (No. 1)</i> made under the <i>Children and Young People Act 2008</i> – ss 457A, 501A, 514G, 529HA and 863(5)).
Kinship care where children and young people are on long-term orders will be outsourced	Kinship care for long-term orders transitioned to ACT Together.
'Salaried foster care' will be introduced as a service for very complex children and young people	Government reports the following: ' <i>The Strategy proposes creating a small group of salaried foster carers who will be paid a salary to look after a child full time. Salaried foster carers will also assist with keeping large sibling groups together who currently are often separated across several volunteer foster carers or kinship carers. At the present time, there are some industrial relations barriers to implementing salaried foster care which the ACT, along with other jurisdictions, is attempting to work through.</i> '
Residential care services will have a strong therapeutic focus and will cease to operate as stand-alone services but be provided as part of the continuum of care	Therapeutic residential care was transitioned to ACT Together in October 2016.

Domain 3: Creating a continuum of care (cont'd)

Key elements of the continuum of care	Status update
<p>A renewed focus on achieving permanent homes for children and young people who cannot return to their birth families safely including adoption and Enduring Parental Responsibility Orders. The <u>waiting period for an Enduring Parental Responsibility Order</u> where a child is with a stable long-term family has been reduced to <u>one year</u> instead of the previous two years.</p>	<p>Reported on in this report – Measure 3.6.1</p>
<p>Additional financial and other supports will be offered to care leavers, particularly those aged between 18 and 21 years to better approximate the leaving home experience of the wider population of young people</p>	<p>An important element of <i>A Step Up for Our Kids</i> is to ensure young people experience a successful transition when Care and Protection Orders cease at 18 years of age. The Strategy committed to extend the continuum of care for leavers up to 25 years of age and is referred to in Part 15.5 titled Transition to adulthood of the <i>Children and Young People Act 2008</i>.</p> <p>Transition and after care is the process of staff working with young people before, and young adults after, the end of their Care and Protection Order to assist them to achieve success in adulthood. It is important to note that support provided to young people over the age of 18 years can only be provided with the young person's consent. A transition plan is meant to be developed for all young people in OOHC aged 15 years or older which will be regularly reviewed. The primary goal of the transition plan is that the young person transitions successfully to adulthood and independence.</p> <p>A transition panel comprising members from government, the community sector and the Public Advocate provide specialist knowledge and advice to case workers on transition from care planning. In addition, young people in OOHC in the ACT have access to post-care support through ACT Together.</p> <p>Support designed to help young people in care gain independence and successfully transition out of the care system includes:</p> <ul style="list-style-type: none"> • Case work coordination • Planning and oversight of therapeutic interventions • Assisting and supporting young adults to access their care records and life story work • Practical supports such as assistance with accessing Transition to Independent Living Allowance (TILA) and completing housing applications • Time limited brokerage • Referral to services and mediation work with families and/or carers • Housing support such as lead tenant models, semi-independent living and pre semi-independent living which offer alternatives to traditional models of residential care.

Domain 3: Creating a continuum of care (cont'd)

Key elements of the continuum of care	Status update
Additional financial and other supports will be offered to care leavers, particularly those aged between 18 and 21 years to better approximate the leaving home experience of the wider population of young people (cont'd)	<p>In some cases, at the discretion of the Director-General, carer subsidies can be paid to carers of the young person beyond 18 years where a young person has high and complex needs, to facilitate a more gradual transition from care. Support for kinship carers and foster carers of young adults provided through the provisions of <i>A Step Up for Our Kids</i> under the Extended Continuum of Care (18-21 years) are provided in addition to mainstream services and are reduced by the provision of any Commonwealth funded supports.</p> <p>A discussion paper titled <i>Transition from Out of Home Care to Adulthood Mapping Legislation and Policy Across Australian Jurisdictions – December 2018</i> has recently been released as part of a commitment under the National Framework for Protecting Australia's Children 2009-2020. The discussion paper maps policy and legislation across Australia that assists young people to transition from OOHC to adulthood and provides the foundation for future work to evaluate the impact of these supports for young people transitioning from OOHC. It can be found here https://www.communityservices.act.gov.au/_data/assets/pdf_file/0010/1306594/Discussion-Paper-transition-from-out-of-home-care-to-adulthood-FINAL.pdf</p>
Cultural advisers will be engaged to provide independent advice regarding entry to care, placement decisions and cultural plans for Aboriginal and Torres Strait Islander children and young people in care	<p>As at 22 January 2015, five cultural advisors were appointed to work with Aboriginal and Torres Strait Islander children and young people in OOHC. The appointed cultural advisors worked directly with children, young people and families to ensure that Aboriginal and Torres Strait Islander children and young people within the child protection system received culturally appropriate care. The cultural advice service model was trialled for 12 months, targeting children and young people when they entered care and as they transitioned from care.</p> <p>In February 2016, in consultation with the ACT Aboriginal and Torres Strait Islander Elected Body, the Cultural Advisor Program and the Cultural Services Team within CYPS merged. CSD has continued to invest in developing the Cultural Services team through increasing the number of Aboriginal and Torres Strait Islander Case Workers and engagement with the Aboriginal and Torres Strait Islander community.</p> <p>The team provides staff with support and advice when working with Aboriginal and Torres Strait Islander children, young people and families, such as assistance in engaging with other communities, cultural development training and cultural input into all aspects of case management and engagement, including therapeutic planning, family contact arrangements and kinship assessment and support.</p> <p>The capacity and number of staff within the Cultural Services team reflects the broader remit of the role and the Directorate's commitment to education around culture and an ongoing cultural lens, as shown by the partnership with Indigenous organisation Curijo to lead a Family Group Conferencing pilot aimed at supporting at-risk Aboriginal and Torres Strait Islander families to stay together.</p>

Domain 3: Creating a continuum of care (cont'd)

Key elements of the continuum of care	Status update
Cultural advisers will be engaged to provide independent advice regarding entry to care, placement decisions and Cultural Plans for Aboriginal and Torres Strait Islander children and young people in care (cont'd)	<p>In addition, all children and young people who identify as Aboriginal or Torres Strait Islander and who are placed in OOHC are intended to have a Cultural Care Plan developed. The Cultural Care Plan is a living document that supports the child or young person's cultural identity by facilitating and maintaining their connection to family, including extended kin, and encouraging their connection with culture through existing community relationships.</p> <p>Evaluation of the Strategy's performance in relation to Cultural Plans can be found in outcome measure 3.2.2 on page 142.</p>
A child health passport that travels with the child or young person will be introduced	<p>Child Health passports have been established – see Domain 1</p> <p>However, these should be universal, but have not been provided to all children and young people entering care.</p>
The Education Directorate (ED), CSD and non-government providers will work together to improve education and training outcomes for children and young people in care	<p>CYPS within CSD works in partnership with education services and ACT Together (ACT's OOHC provider) to ensure that no child or young person in the care of the Director-General, CSD is educationally disadvantaged by living in OOHC.</p> <p>For a child in a care placement, the Education Directorate is required to encourage attendance, record and report attendance and address absenteeism in collaboration with Child and Youth Protection Services staff and the child's Declared Care Team. In addition, all children and young people enrolled in school are required to have a plan that identifies their individual learning needs that is developed in collaboration with the child, school and person/s with daily care responsibility.</p> <p>Furthermore, improved educational outcomes for children and young people in OOHC must be based on the principle of collaboration and shared responsibility. To this end, the Collaboration Agreement 2017-2021 is an agreed commitment between the Community Services Directorate, Education Directorate, Catholic Education Archdiocese of Canberra and Goulburn, the Association of Independent Schools of the ACT and ACT Together.</p> <p>The purpose of the Collaboration Agreement is to provide a framework for:</p> <ul style="list-style-type: none"> • Meeting the educational needs and improving educational outcomes for children and young people in OOHC who are enrolled in or applying to enrol in a government, catholic or independent school in the ACT • Supporting the learning needs of children and young people in OOHC through the implementation of a range of education plans to improve their participation and performance in school • Ensuring children and young people in OOHC receive coordinated service delivery at key stages or circumstances in their school life, including transition • Working collaboratively to establish effective communication channels and modes of working to improve the educational outcomes of children and young people in OOHC • Promoting information sharing about each organisation's policies, programs, services and other resources, to facilitate better outcomes for children and young people in OOHC.

Domain 3: Creating a continuum of care (cont'd)

Key elements of the continuum of care	Status update
The Education Directorate (ED), CSD and non-government providers will work together to improve education and training outcomes for children and young people in care (cont'd)	<p>In addition, the legislative and policy framework in the ACT is support by the following:</p> <ul style="list-style-type: none">• Network Student Engagement Teams• Child and Youth Protection Education Liaison Officer• Improving Educational Outcomes Sub-committee 2018-2019 – systems response for complex cases• Individual learning plans.

Domain 3: Creating a continuum of care (cont'd)

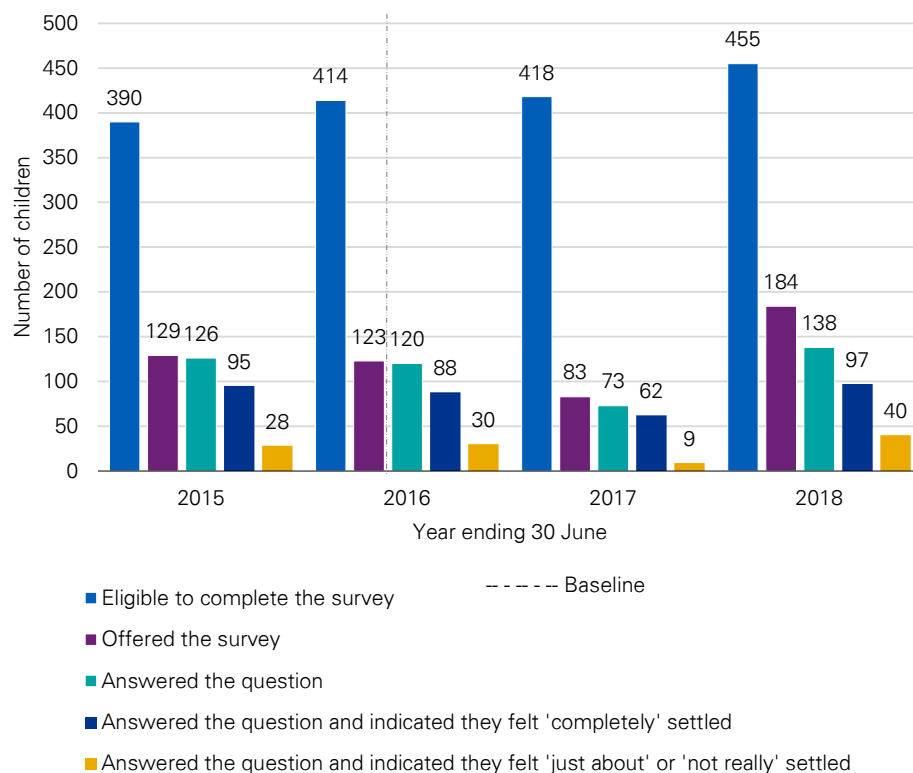
3.1 Stability

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.1 Children and young people in care experience stability in their lives	3.1.1 Number and per cent of children and young people in care who self-report they 'feel settled' where they live now (3.1.1)	<p>The number of children and young people offered the survey, responding to the question and said 'yes completely'.</p> <ul style="list-style-type: none"> 95 (75%) children in FY2014/15 88 (73%) children in FY2015/16 (baseline) 62 (85%) children in FY2016/17 97 (70%) children in FY2017/18 <p>The number of Aboriginal and Torres Strait Islander children and young people responding to the question and said 'yes completely':</p> <ul style="list-style-type: none"> 28 (78%) children in FY2014/15 30 (81%) children in FY2015/16 8 (89%) children in FY2016/17 33 (69%) children in FY2017/18 	<ul style="list-style-type: none"> FY2017/18 data indicates a decrease in the proportion of children and young people feeling settled compared to previous years. The increase in the number of children and young people can be attributed to the increase in the number of children and young people offered the survey compared to the previous year. In FY2017/18, the number of Aboriginal and Torres Strait Islander children and young people who answered 'yes completely' dropped to 69%. This is compared to 89% in FY2016/17 and 81% at the implementation of the Strategy in FY2015/16. While initial progress was made under the Strategy to improve the number of children and young people self-reporting that they feel safe, this has since declined. See Figures 14 and 15 on the following page.

Domain 3: Creating a continuum of care (cont'd)

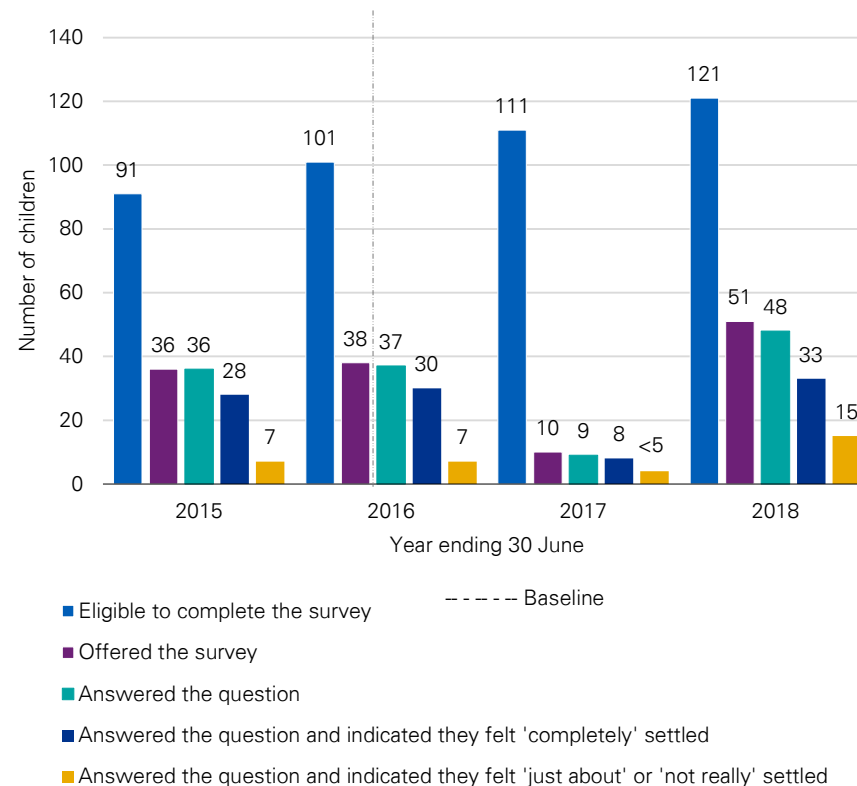
3.1 Stability (cont'd)

Figure 14: Number of children and young people in care who self-report they 'feel settled' where they live now



Source: KPMG adapted from Measure 3.1.1 – Step Up Evaluation Dataset, 2017/18.

Figure 15: Number of Aboriginal and Torres Strait Islander children and young people in care who self-report they 'feel settled' where they live now



Source: KPMG adapted from Measure 3.1.1 – Step Up Evaluation Dataset, 2017/18.

Domain 3: Creating a continuum of care (cont'd)

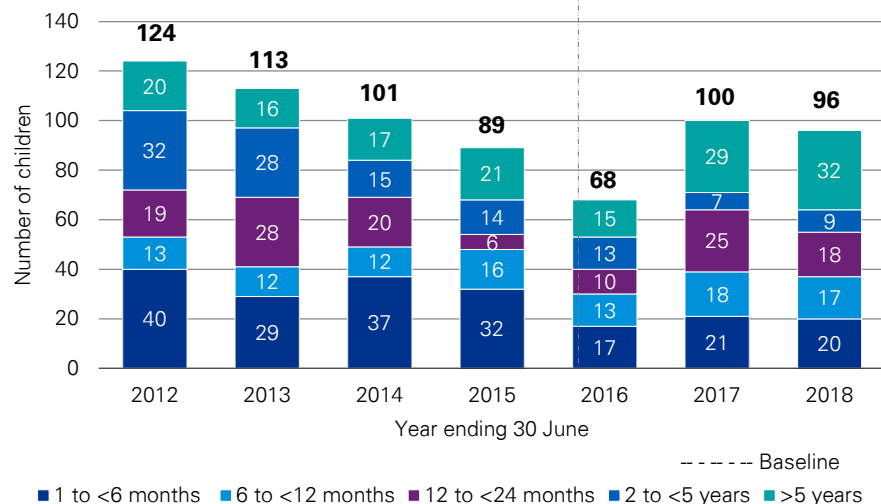
3.1 Stability (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.1 Children and young people in care experience stability in their lives	3.1.2 Number and per cent of children and young people exiting care during the year who had one or two placements by length of time in continuous care (less than six months, six months to one year, one year to two years, two years to five years, and five years or more) preceding exit	<p>For all children:</p> <ul style="list-style-type: none"> • 23 (77%) children exiting care within a year with one to two placements FY2015/16 (baseline) • 36 (92%) children exiting care within a year with one to two placements FY2016/17 • 35 (95%) children exiting care within a year with one to two placements 	<ul style="list-style-type: none"> • For children and young people who exit care within a year, the goal is for them to exit care with one to two placements in the continuous care period; in FY2016/17, the vast majority (92%) of children and young people exiting within a year had only one to two placements; this is a substantial increase from the implementation of the Strategy in FY2015/16 when 77% of children and young people had one to two placements. This result was sustained in FY2017/18, with 95% of children and young people exiting care within 1 year having 1-2 placements. • Refer to Figures 16 and 17 for a more detailed breakdown.

Domain 3: Creating a continuum of care (cont'd)

3.1 Stability (cont'd)

Figure 16: Number of children and young people exiting care during the year by length of time in continuous care preceding exit

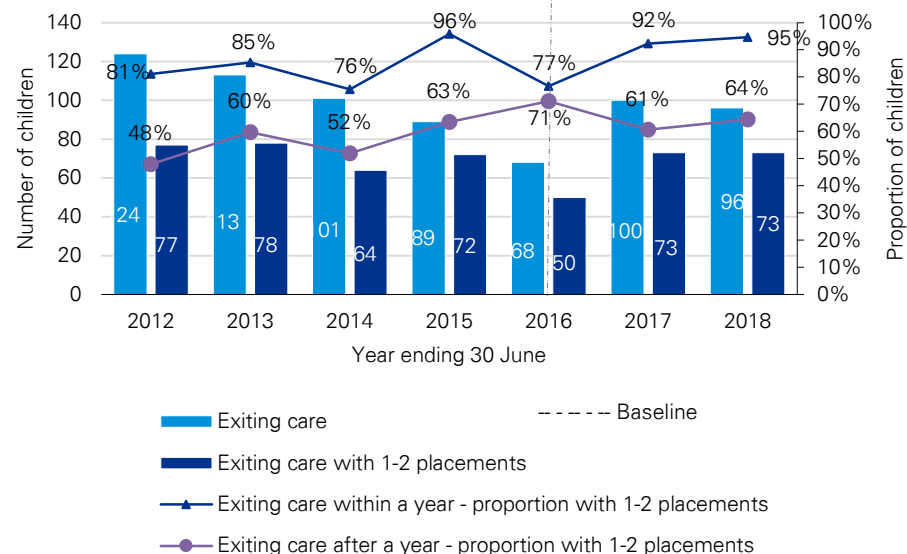


Source: KPMG adapted from Measure 3.1.2 – Step Up Evaluation Dataset, 2017/18.

Examining trends over the last six years, there has been a year-on-year decrease in the number of children and young people exiting care from FY2011/12 to FY2016/17. In FY2011/12, 124 children and young people exited care and in FY2015/16, only 68 children and young people exited care.

In FY2016/17, the first year following the implementation of the Strategy, there was a significant increase in the number of children and young people who exited care. This improvement may be linked to the timing of the Strategy and work being undertaken so that children and young people can exit from OOHC. This increase was sustained, with 96 children and young people exiting care in FY2017/18. Note the number of children and young people exiting care each year as reported in this measure differs to the number of children and young people exiting care in the 'Snapshot Report' discussed earlier.

Figure 17: Number and proportion of children and young people exiting care during the year who had one or two placements and total number of children exiting care



Source: KPMG adapted from Measure 3.1.2 – Step Up Evaluation Dataset, 2017/18.

For children and young people who exit OOHC, the percentage of those who exit with one or two placements has fluctuated over the last six years. For children and young people exiting care within 12 months, the percentage with one or two placements has increased from 77% in FY2015/16 to 92% in FY2016/17, which is a positive result. This improvement was sustained in FY2017/18, with 95% exiting with 1-2 placements. For children and young people exiting care after 12 months, the percentage with one or two placements has decreased from 71% FY2015/16 to 61% in FY2016/17, before increasing slightly to 64% in FY2017/18.

Domain 3: Creating a continuum of care (cont'd)

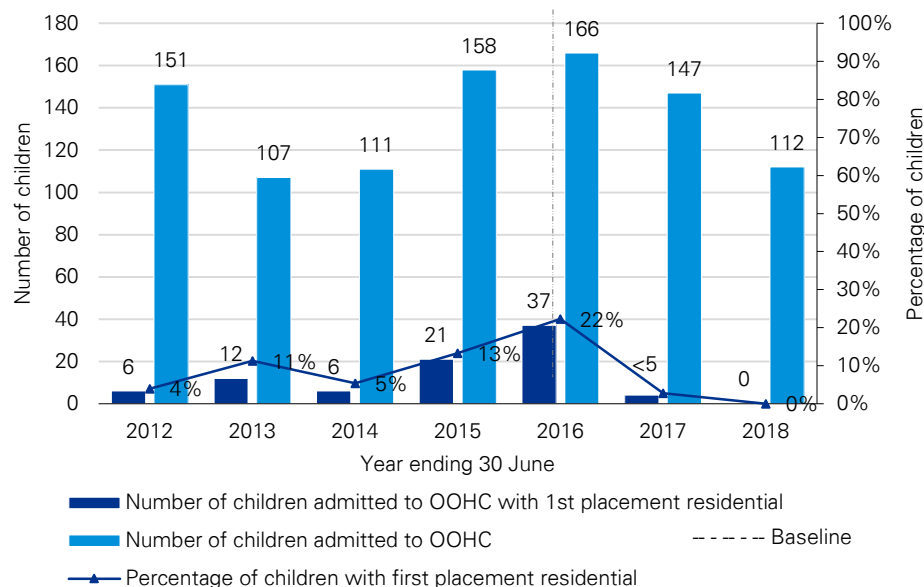
3.1 Stability (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.1 Children and young people in care experience stability in their lives	3.1.3 Number and percent of children in care aged 0-11 years who were not immediately placed in home-based care	<p>Children not placed immediately in home-based care:</p> <ul style="list-style-type: none"> • 37 (22%) children in FY2015/16 (baseline) • <5 children in FY2016/17 • 0 (0%) children in FY2017/18 	<ul style="list-style-type: none"> • Between FY2011/12 and FY2015/16, the percentage of children not immediately placed in home-based care has fluctuated each year. At Strategy implementation in FY2015/16, 22% of these children were placed in residential care. This rate has improved since the implementation of the Strategy, in both FY2016/17 and FY2017/18, decreasing to 0% in FY2017/18. • This is a positive trend as children are being placed more quickly into home-based care (as shown in Figure 19 overleaf).
	3.1.4 Time to placing children in care aged 0-11 years in home-based care who were not immediately placed in home-based care	<ul style="list-style-type: none"> • 0 children in FY2017/18 	<ul style="list-style-type: none"> • The time taken to place children in home-based care cannot be commented on, as the number of children not immediately placed in home based care is too small to discern any trends.
	3.1.5 Time children in care aged 0-11 years who were placed in emergency care spend in their initial emergency placement	<p>Children placed in emergency care:</p> <ul style="list-style-type: none"> • 105 children in FY2014/15 • 130 children in FY2015/16 (baseline) • 106 children in FY2016/17 • 72 children in FY2017/18 <p>Refer to Figure 19 to see breakdown of time taken.</p>	<ul style="list-style-type: none"> • Emergency Placements occur in the event of a placement breakdown or where a placement occurs following emergency action being taken. Whilst the reason may be considered to be an emergency, and the placement may only be a short-term arrangement, there are also individual circumstances where they can become a long-term placement, where the placement is suitable and a child or young person is safe and stable. • Decreasing trend in the number of children (aged 0-11 years) subject to emergency placement. • Majority of the children subject to emergency action or placement breakdown spend less than six months in their first placement (refer to Figure 19 for a breakdown of time taken).

Domain 3: Creating a continuum of care (cont'd)

3.1 Stability (cont'd)

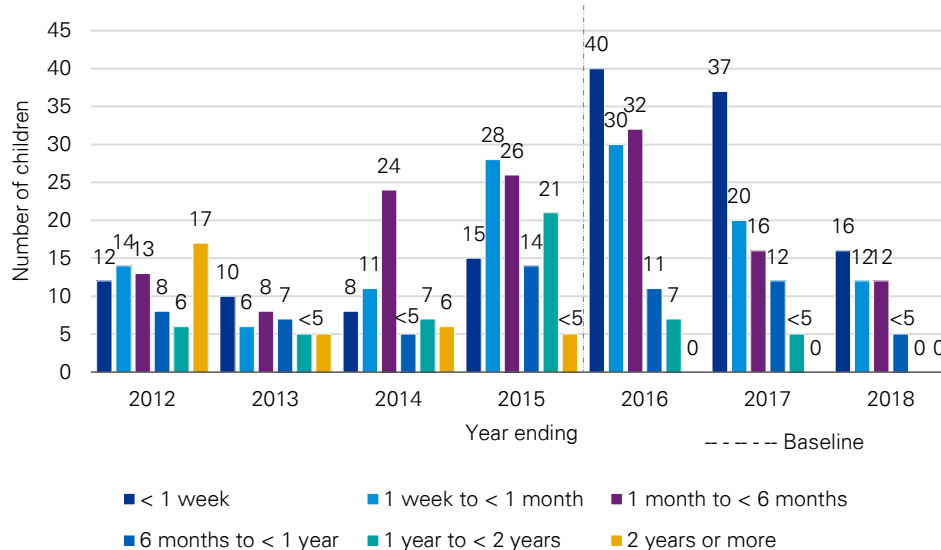
Figure 18: Number and per cent of children in care aged 0-11 years who were not immediately placed in home-based care, over time



Source: KPMG adapted from Measure 3.1.3 – Step Up Evaluation Dataset, 2017/18.

The above chart shows that the number of children 0-11 years of age admitted to OOHC has fluctuated over the last seven years from a low of 107 in FY2012/13 to a high of 166 in FY2015/16. Most recently, there are 112 children aged 0-11 years admitted to OOHC. During this seven year period, the maximum number of children not placed immediately in home-based care was 37 children in FY2015/16. This may be related to challenges in increased numbers of children coming into care and carer availability. Following implementation of the Strategy, the number has dropped substantially with four children not immediately placed in FY2016/17 and then dropping again in FY2017/18 to 0 children.

Figure 19: Length of time children in care aged 0-11 years who were placed in emergency care, spend in their initial placement, over time



Source: KPMG adapted from Measure 3.1.5 – Step Up Evaluation Dataset, 2017/18.

In FY2017/18, there were a smaller number of children placed in short-term 'emergency' placements compared to FY2016/17. In FY2016/17, there were 73 children who spent less than six months in an emergency placement. In FY2017/18, there were 40 children who spent less than six months in an emergency placement. In FY2017/18, no children spent more than a year in their first emergency placement.

Note a number of years have results that are less than 5 for a particular time period and these have been suppressed as they are too small to report on.

Domain 3: Creating a continuum of care (cont'd)

3.3 Carers

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.3 There are a suitable number of carers to look after children and young people in care	3.3.1 Number of children or young people per carer household in the ACT each year	<p>Foster care</p> <p><i>One carer</i></p> <ul style="list-style-type: none"> 41 children in FY2015/16 (baseline) 39 children in FY2016/17 39 children in FY2017/18 <p><i>Two carers</i></p> <ul style="list-style-type: none"> 107 children in FY2015/16 (baseline) 109 children in FY2016/17 126 children in FY2017/18 <p>Kinship care</p> <p><i>One carer</i></p> <ul style="list-style-type: none"> 111 children in FY2015/16 (baseline) 122 children in FY2016/17 136 children in FY2017/18 <p><i>Two carers</i></p> <ul style="list-style-type: none"> 116 children in FY2015/16 (baseline) 125 children in FY2016/17 133 children in FY2017/18 	<ul style="list-style-type: none"> The number of foster carer households has increased from 148 in FY2016/17 to 165 households in FY2017/18. Since FY2012/13, there has been a general increase in the number of foster care households, and this trend has continued with the implementation of the Strategy. The number of kinship care households has also increased from 247 households in FY2016/17 to 269 households in FY2017/18. Since FY2012/13, there has been a steady increase in the number of kinship households, and this trend has continued with the implementation of the Strategy. Refer to Figures 20a, 20b and 21a, 21b for a more detailed breakdown of the data. The figures show the number of children and young people per placement in foster care households and kinship placements <ul style="list-style-type: none"> The vast majority of placements have one child or two children. There are a small number of placements with three to four children and young people and an even smaller number with five or more children. The number of children and young people in kin households has steadily grown over the last seven years.

Domain 3: Creating a continuum of care (cont'd)

3.3 Carers (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.3 There are a suitable number of carers to look after children and young people in care	3.3.2 Number of carer households who currently have a placement	<p>Foster care</p> <ul style="list-style-type: none"> 148 households in FY2015/16 (baseline) 148 households in FY2016/17 165 households in FY2017/18 <p>Kinship care</p> <ul style="list-style-type: none"> 227 households in FY2015/16 (baseline) 247 households in FY2016/17 269 households in FY2017/18 	<ul style="list-style-type: none"> The number of foster care households has increased following the implementation of the Strategy, from 148 in FY2015/16 to 165 in FY2017/18. The number of kinship carer households has also increased year on year from 227 households in FY2015/16, when the Strategy was implemented, to 269 households in FY2017/18. The increase can be attributed to the increase in the number of children and young people in OOHC.

Domain 3: Creating a continuum of care (cont'd)

Source: KPMG adapted from Measure 3.3.1 – Step Up Evaluation Dataset, 2017/18.

Figure 20a and Figure 20b: Number of children or young people per foster carer household in the ACT each year

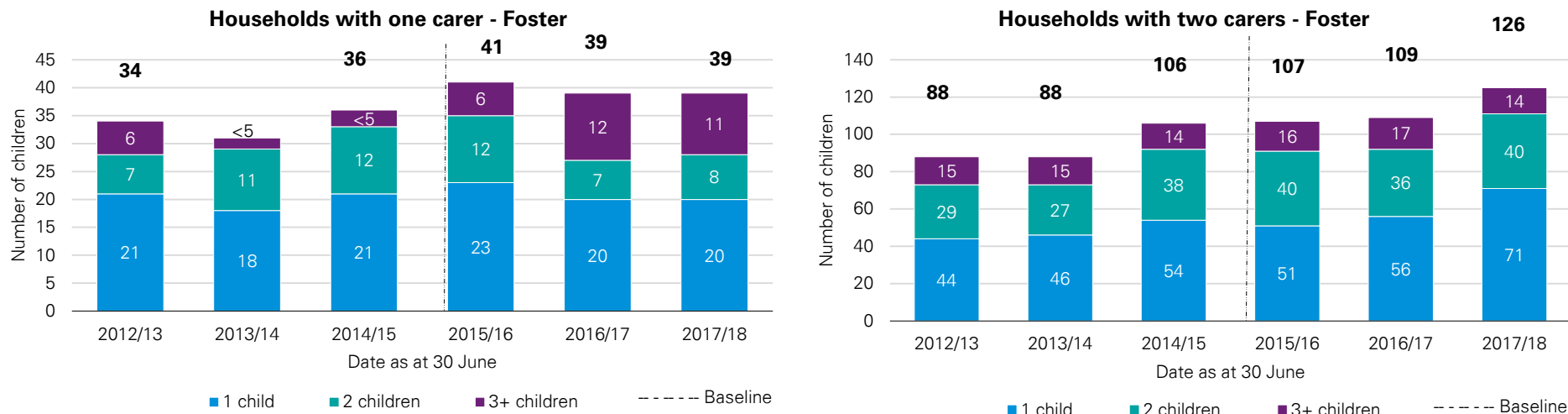
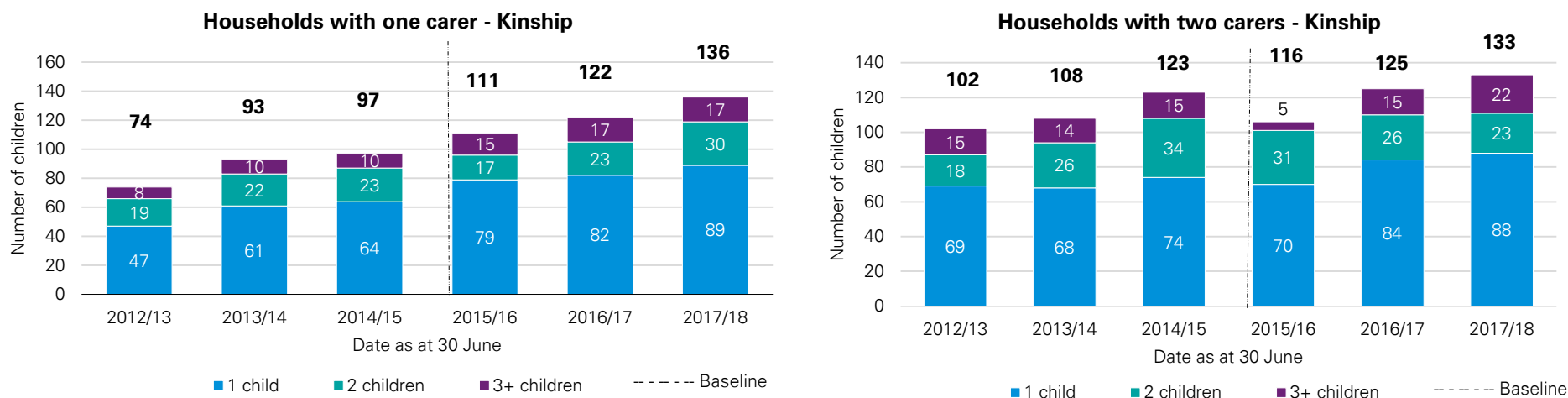


Figure 21a and Figure 21b: Number of children or young people per kinship carer household in the ACT each year



Domain 3: Creating a continuum of care (cont'd)

3.3 Carers (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.3 There are a suitable number of carers to look after children and young people in care	3.3.3 Number of carers (households) with an active placement in the last 12 months	<ul style="list-style-type: none"> 491 carer households in FY2015/16 (baseline) 501 carer households in FY2016/17 551 carer households in FY2017/18 216 foster care households in FY2017/18 55 households with one carer 161 households with two carers 335 Kinship care households in FY2017/18 172 households with one carer 163 households with two carers 	<ul style="list-style-type: none"> Data shows an increase in the number of carer households with an active placement during the year (increasing gradually over last seven years from 445 in FY2012/13 to 551 in FY2017/18). These increases have continued with the implementation of the Strategy. There is a substantially higher number of kinship placements than foster care placements, in line with the intentions of <i>A Step up for our Kids</i>. For foster care placements, most households have two carers while for kinship placements it is more evenly split, with more one carer households.
	3.3.4 Number of carers approved in the last 12 months	<ul style="list-style-type: none"> 103 carers in FY2014/15 104 carers in FY2015/16 (baseline) 103 carers in FY2016/17 115 carers in FY2017/18 <p>There are a higher number of kinship carers approved than foster carers approved. In FY2017/18, 73 kin carers were approved compared to 42 foster carers.</p>	<ul style="list-style-type: none"> Data shows the number of carer approvals has remained stable over the past four years and increasing from earlier years (from 87 approvals in FY2012/13 to 115 in FY2017/18). The most significant increase was seen prior to implementation of the Strategy, however there have been small increases since its introduction.

Domain 3: Creating a continuum of care (cont'd)

3.4 Sibling group

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.4 Children and young people in care are placed with their sibling group where it is appropriate and safe to do so	3.4.1 Number and per cent of children and young people in care placed with their sibling group (3.4.1)	<ul style="list-style-type: none"> Data was not available to measure this indicator at the time of the evaluation. 	<ul style="list-style-type: none"> Unable to comment

3.5 Permanency

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.5 All children and young people are placed in permanent care and have permanency decisions as early as feasible when it is appropriate to do so because they cannot live safely with their family	3.5.1 Time taken from entry to care for children and young people to be permanently placed (noting that child may remain in same placement) (3.5.2)	<p>Number of children and young people with EPR or adoption finalised:</p> <ul style="list-style-type: none"> 22 children with EPR or adoption order in FY2015/16 16 children with EPR or adoption order in FY2016/17 11 children with EPR or adoption order in FY2017/18 <p>Time taken from entry to care to be permanently placed, from FY2015/16 to FY2017/18:</p> <ul style="list-style-type: none"> 17 placed on admission to care 12 placed within six months 5 placed within six months to one year 7 placed within one year to five years 8 placed within five to 10 years 	<ul style="list-style-type: none"> The number of children and young people permanently placed has decreased each year since the implementation of the Strategy, from 22 in FY2015/16, 16 in FY2016/17 to 11 in FY2017/18. Over the last three years from FY2015/16 to FY2017/18, the majority (69%) of children and young people were placed in their permanent placement within one year of entering care, while the remaining children and young people were placed between one year and 10 years after entering care. This measure should continue to be monitored over time to determine if the Strategy is having the desired effect of reducing the length of time between entering care and being permanently placed where possible.

Domain 3: Creating a continuum of care (cont'd)

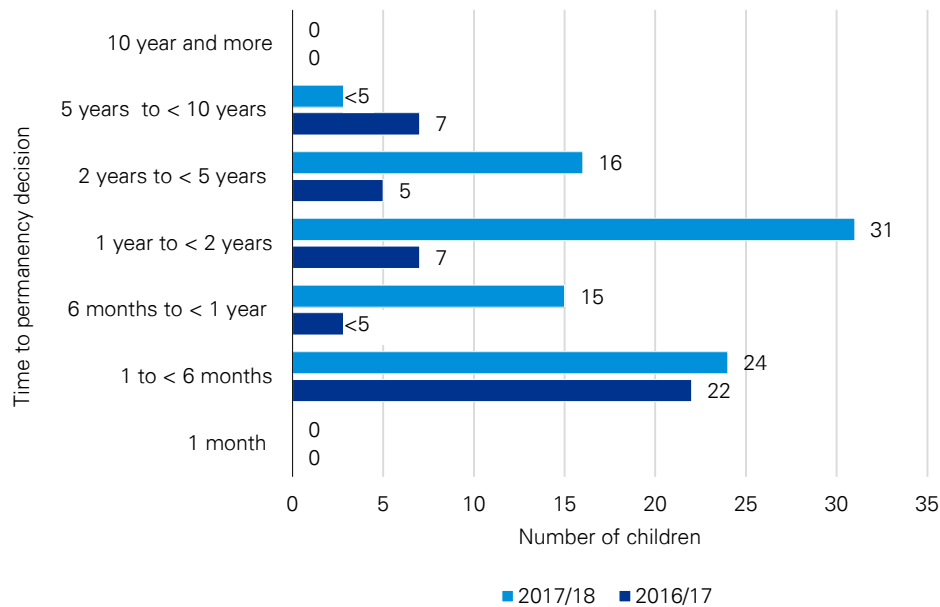
3.5 Permanency (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.5 All children and young people are placed in permanent care and have permanency decisions as early as feasible when it is appropriate to do so because they cannot live safely with their family	3.5.2 Time taken from entry to care and Application Review Committee decision (ARC) decision (3.5.1)	<p>Number of children and young people with permanency decision in the period:</p> <ul style="list-style-type: none"> 96 children with permanency decision in FY2015/16 45 children with permanency decision in FY2016/17 91 children with permanency decision in FY2017/18 <p>Time taken from entry to care to permanency decision, from FY2015/16 to FY2017/18:</p> <ul style="list-style-type: none"> <5 children on entering care <5 child in less than one month 96 children in one to six months 40 children in six months to one year 53 children in one year to two years 25 children in two years to five years 13 children in five to <10 years <5 children in >10 years 	<ul style="list-style-type: none"> During the first year of the Strategy, the number of permanency decisions decreased substantially from 96 during FY2015/16 to 45 in FY2016/17. This number then increased again to 91 decisions in FY2017/18. The majority (83%) of children and young people who were the subject of a permanency decision in the three years since Strategy implementation had this decision made in less than two years following their entry to care. The remaining 17% had their decision made between two and over 10 years after entering care. This measure should continue to be monitored over time to determine if the Strategy is having the desired effect of reducing the length of time between entering care and having a permanency decision made where it is safe to do so.

Domain 3: Creating a continuum of care (cont'd)

3.5 Permanency (cont'd)

Figure 22: Time taken from entry to care and Application Review Committee (ARC) decision



Source: KPMG adapted from Measure 3.5.2 – Step Up Evaluation Dataset, 2017/18.

Domain 3: Creating a continuum of care (cont'd)

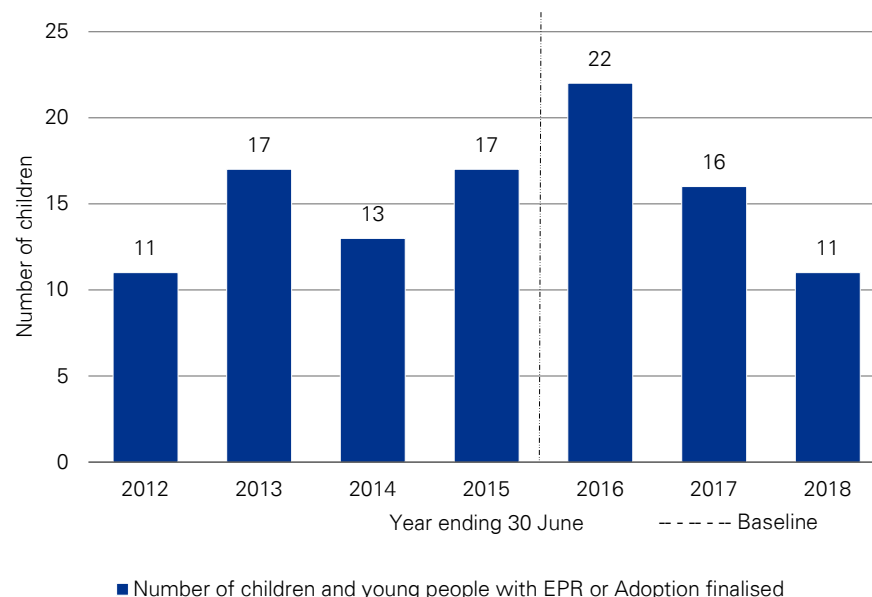
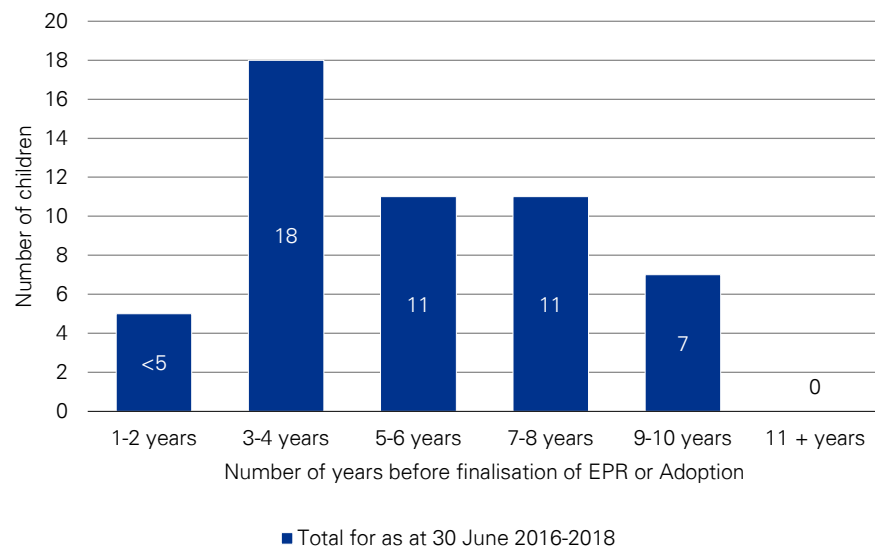
3.6 Finalisation

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.6 Finalisation of permanency orders happens sooner in children's lives	3.6.1 Time taken between entry to care and finalisation of long-term order (Enduring Parental Responsibility Order or Adoption)	<ul style="list-style-type: none"> • 22 children with EPR or adoption order in FY2015/16 • 16 children with EPR or adoption order in FY2016/17 • 11 children with EPR or adoption order in FY2017/18 • In FY2017/18, 0 children had an order finalised within one year • Almost half (5) of EPR orders in FY2017/18 were finalised in nine to 10 years of entering care 	<ul style="list-style-type: none"> • As noted, amendments to the <i>Children and Young People Act 2008</i> reduced the waiting period for an EPR order from two years to one year for children under the age of two. This is based on the premise that, when reunification is not possible, earlier consideration of permanency supports the best possible development outcomes for children and young people. • The changes allowed decision making about long-term care and permanent care arrangements for children under the age of two after a continuous period of 12 months in care or a total of 12 months in a two year period. In addition, the change enabled applications for enduring parental responsibility orders to be made after a child or young person has been in care for a continuous period of 12 months in care or a total of 12 months in a two year period. • Where a safe return to the birth family is not possible, the focus shifts to moving the child or young person into a permanent alternative family setting as quickly as possible. This can be done through an adoption or EPR order. • The Domestic Adoption Review has identified specific actions to improve the timely and appropriate completion of the adoption process. On 21 March 2017, the ACT Government agreed in full or in principle to all six recommendations and tasked relevant directorates to undertake work to implement them. • Further monitoring of key permanency decisions (such as number of EPR orders, time taken between entry into care, permanency decision and finalisation of order) will allow for the impact of the continuum of care to be assessed.

Domain 3: Creating a continuum of care (cont'd)

3.6 Finalisation (cont'd)

Figure 23a and Figure 23b: Time taken between entry to care and finalisation of long-term order (Enduring Parental Responsibility Order or Adoption)



Source: KPMG adapted from Measure 3.6.1 – Step Up Evaluation Dataset, 2017/18.

Domain 3: Creating a continuum of care (cont'd)

3.7 Advocacy

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.7 Families, carers, children and young people know where to go to share their experiences	3.7.1 Number and per cent of families with children in care accessing advocacy services by service	<ul style="list-style-type: none"> Of the six services funded under the Strategy, Carers ACT and the Red Cross are the only two agencies that are specifically funded for advocacy. Carers ACT provides advocacy support to carers who are caring for a child or young person in OOHC and Red Cross provides support services to birth parents who have children and young people in the OOHC system. 	<p>Carers ACT</p> <ul style="list-style-type: none"> Carers ACT delivers the independent Kinship and Foster Care Advocacy Support Service to provide independent support and advice to assist kinship and foster carers in their caring role and resolve issues with service providers and CYPS. This service commenced in August 2016. Between the commencement of this service in August 2016 and September 2018, Carers ACT has provided advocacy support to 137 carers, 83 kinship carers and 54 foster carers. <p>Red Cross</p> <ul style="list-style-type: none"> Red Cross assists birth families to explore their options and express their perspective to a decision maker, complaint authority or independent body. The independent advocacy support role in the child protection context is to assist birth families to participate, as far as practical, in the decision being made about their child and to have their viewpoint considered, whilst avoiding any action which may be seen to collude with potentially placing a child or young person at risk of harm. Between the commencement of this service in December 2015 and June 2018, Red Cross has provided advocacy support to 295 individuals and 165 families.

Domain 3: Creating a continuum of care (cont'd)

Domain 3 – Summary

This domain explores whether a continuum of care has been established and child outcomes being achieved within the new OOHC structures.

With the consortium established and having responsibility for residential care, kinship care and foster care transferred to it, it is evident that some of the results are positive.

- children and young people who exit care within one year have fewer placements (73% had one to two placements in FY2016/17) (measure 3.1.2).
- A greater number of children and young people are leaving care (in FY2015/16 only 68 children and young people exited care, while in FY2016/17 100 children exited care) (measure 3.1.2).
- Fewer first placements being residential placements, with none occurring in FY2017/18 (measure 3.1.3).
- Fewer emergency placements have also occurred in FY2017/18 (72 this year and 106 in FY2016/17) (measure 3.1.5).
- The results for permanency are improving – 72 children and young people had a permanency order made within two years in FY2017/18, while there were 33 in FY2016/17 (measure 3.5.2).
- The Domestic Adoption Review has identified specific actions to improve the timely and appropriate completion of the adoption process. On 21 March 2017, the ACT Government agreed in full or in principle to all six recommendations and tasked relevant directorates to undertake work to implement them.
- Further monitoring of key permanency decisions (such as number of EPR orders, time taken between entry into care, permanency decision and finalisation of order) will be invaluable to show the effect of the implementation of these recommendations.

3.1 Stability

As noted, the number of children and young people participating in the Viewpoint survey has improved in FY2017/18 when more than double the number of children and young people (184) were offered the survey compared to FY2016/17 (measure 1.2.3). However, overall participation rates remain low. The number of five to seven year olds offered the survey has dropped to 29 children and young people in FY2017/18 compared to 53 at the implementation of the Strategy in FY2015/16 (measure 1.2.3). The proportion of children and young people in care who self-report they 'feel settled' where they live now has decreased from 85% in FY2016/17 to 70% in FY2017/18 (measure 3.1.1).

In FY2017/18, a number of trends have been reversed regarding stability and are now trending in a positive direction. There is a greater number of children and young people exiting OOHC (in FY2016/17 100 children and young people exited care).

In addition, for children and young people who exit care within a year, a greater proportion are exiting care having had only one to two OOHC placements, which is a positive trend (92% of children and young people in FY2016/17 compared to 77% in FY2015/16).

3.2 Kinship and Culture

The number of kinship care households has increased, from 247 households in FY2016/17 to 269 households in FY2017/18.

The number of cultural plans developed within 12 months of children and young people entering care has decreased over the last few years, reversing previous gains made in this area. In FY2016/17, 64% Aboriginal and Torres Strait Islander children and young people had cultural plans, but in FY2017/18 only 46% Aboriginal and Torres Strait Islander children and young people had cultural plans.

Domain 3: Creating a continuum of care (cont'd)

Recommendations for Domain 3

16. Investigate the reasons why the number of children and young people reporting they feel safe and settled where they live now has decreased, and make changes to improve the feelings of safety and stability in the lives of children and young people in care.
17. Investigate the reasons for the drop in Aboriginal and Torres Strait Islander children and young people receiving a cultural plan, increase the number of Aboriginal and Torres Strait Islander children and young people who have a cultural plan developed, and improve support for Aboriginal and Torres Strait Islander children and young people to follow their cultural plan.
18. Investigate the reasons for the reduction in children and young people self-reporting that they are helped to follow their religion, beliefs and customs where they live now and determine linkages with the drop in cultural plans so that action can be taken to improve how Aboriginal and Torres Strait Islander children and young people are supported to engage with their religion and customs.
19. Improve data collection methods to begin measuring the number of children and young people who are placed with their sibling groups.
20. Closely monitor the key outcomes of permanency, EPR and adoption over time to determine if there is a reduction in waiting times as a result of the Strategy.



Domain 4

Establishing an accountable and
high functioning care system

Domain 4: Accountable and high functioning care system

Domain 4 - Introduction

Earlier external reviews and audits by the Public Advocate and Auditor-General suggested that the oversight and monitoring of the OOHC system was inadequate. In response to these deficiencies, *A Step Up for Our Kids* was designed to strengthen accountability mechanisms. The end goal was an OOHC system that was 'safer, more effective, efficient, equitable and accountable and to improve its financial sustainability over the long-term' (*A Step Up for Our Kids*, page 16).

Initiatives under the Strategy to strengthen high-risk families and provide a continuum of care rely heavily on the non-government sector, which has been facilitated by the transfer of additional responsibility to that sector and associated funding. Given the change involved in terms of responsibility and relationships, the level of risk transfer and the vulnerable cohort involved, strong accountability and monitoring mechanisms are needed to ensure that outcomes will be achieved as intended.

The following were seen as the key elements of the Strategy to strengthen accountability:

- Accreditation, compliance and monitoring (such as the Children and Youth Services Council and HSR);
- Contract management;
- Performance based contracting;
- Adoption of National OOHC standards;
- Renewal of carer approvals;
- Governance;
- Information management;

- Carer Advocacy and Support; and
- Birth family advocacy and support.

Implementation of the Strategy has been overseen by the JGG with membership from CSD, Uniting and the ACT Together Consortium (Barnardos; Australian Childhood Foundation; Relationships Australia; OzChild; Premier Youthworks). Relationships Australia have since withdrawn from the consortium, effective 30 June 2018. Currently, the following working groups operate under the JGG and provide operational oversight of the Strategy:

- Accountability, Performance and Evaluation
- Policy and Operations
- Workforce Capability
- Carer Wellbeing.

Baseline Report

The Baseline Report noted that the following three measures had been actioned:

- Annual reporting to the ACT Aboriginal and Torres Strait Islander Elected Body of outcomes for Aboriginal and Torres Strait Islander children, young people and families and progress against the ACT Aboriginal and Torres Strait Islander Agreement
- Development and implementation of an Operational Framework describing the elements of the care system (endorsed in November 2018)
- Development and implementation of a Stakeholder Communication Program.

Domain 4: Accountable and high functioning care system (cont'd)

At the time of the Baseline Report, it was also noted that the following matters were under development:

- Use of a Performance Management Framework to monitor services
- Self-reported change in relationships in governance bodies from 'contractor provider' to 'partnership' working towards child outcomes
- Renewal of carer authority every three years.

In this report, the final domain is 'strengthening accountability and ensuring a high-functioning care system'. At this point in time, accountability is being monitored through two measures: performance against budget and establishing governance processes.

Domain 4: Accountable and high functioning care system (cont'd)

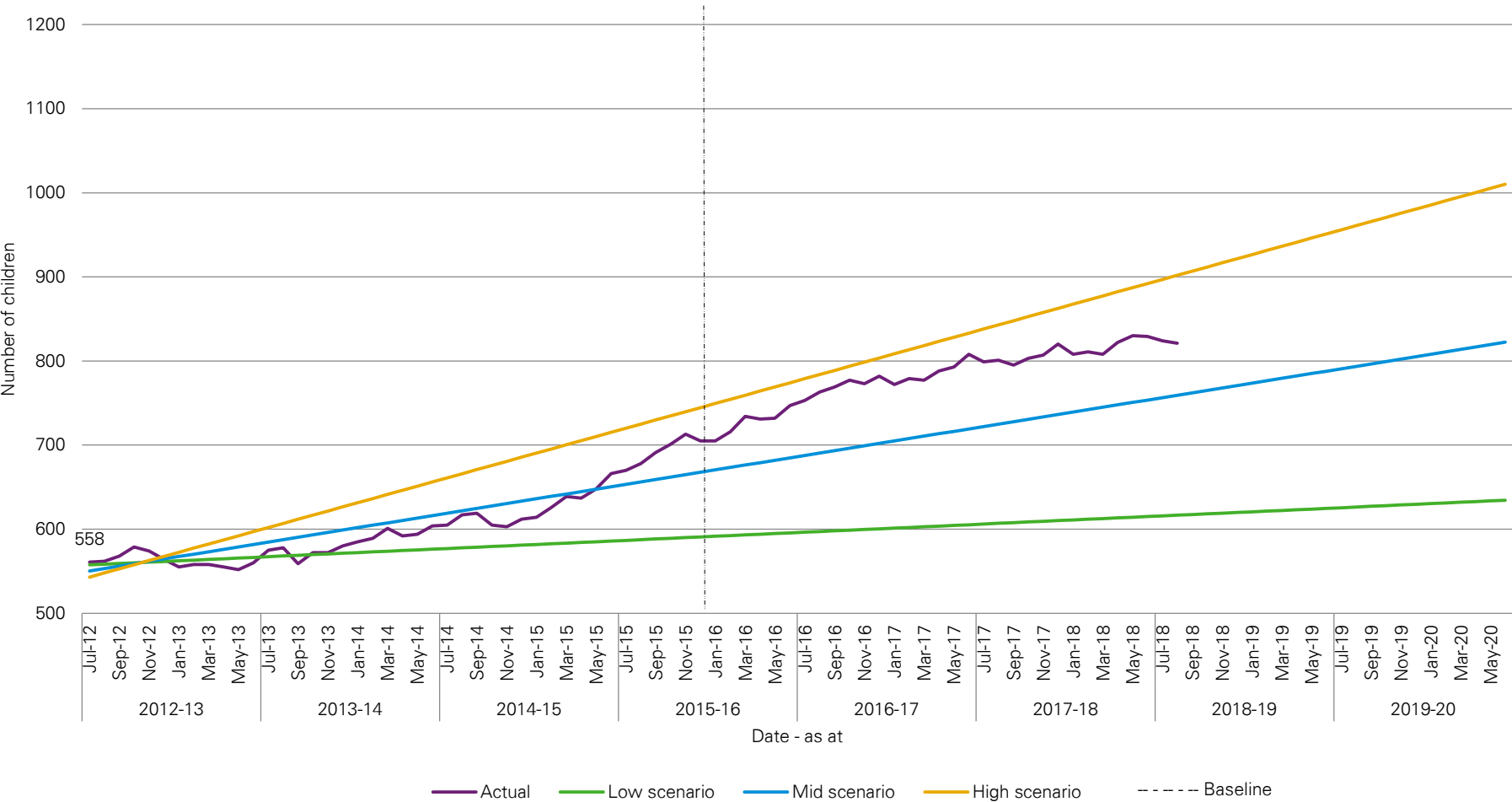
4.1 Strengthening accountability

Outcome indicator of focus	Measure of focus	Findings
4.1 The statutory service system is strong and accountable with well-defined roles and responsibilities	4.1.1 Narrative and documentation around level of service provision compared to projected budget, by type of service (placement prevention, reunification, Mother and Baby Unit, supported contact, outsourced kinship care, permanency supports) and volume of clients	<ul style="list-style-type: none">• CYPS have experienced a sustained increase in demand for child protection services since the implementation of the Strategy. This is reflected in the sustained number of child concern reports made by ACT community members and by ACT mandated reporters to Child and Youth Protection Services. Despite a decrease in substantiations of these reports since the implementation of the Strategy, there is still substantial demand for the child protection system, including into OOHC services. The primary drivers of demand into the statutory child protection system includes family and domestic violence, mental health and drug and alcohol misuse. There has also been an increase in demand on the system nationally with heightened community awareness of child protection issues.

Domain 4: Accountable and high functioning care system (cont'd)

4.1 Strengthening accountability (cont'd)

Figure 24: Number of children and young people in care over time, projected to June 2020



Source: Graph provided by ACT CSD.

Domain 4: Accountable and high functioning care system (cont'd)

It is of note that a number of trends impact the overall numbers of children and young people in OOHC. These are the number of substantiated reports of child abuse and neglect, the number of children and young people entering care, how long they stay in care and how many exit care:

- Overall, there has been increasing numbers of child abuse and neglect notifications (reports of concern), although there has been a fluctuation in the number of substantiated reports of child abuse and neglect over the last five years.
- In contrast, there has been an increase in the number of substantiated reports for Aboriginal and Torres Strait Islander children and young people for the last five years.
- There has also been an increasing number of Aboriginal and Torres Strait Islander children and young people coming into care over the past five years. As at 30 June 2012, there were 134 children and young people and this has increased over time to 225 as at 30 June 2017.
- Regarding exits, Figure 25, right, shows that the number of exits from OOHC decreased over four years from FY2011/12 to FY2015/16. During the two years of implementation of *A Step Up for Our Kids*, the numbers exiting care dropped below 100 (to 89 in FY2014/15 and a low of 68 in FY2015/16). In FY2016/17, this trend reversed and 100 children and young people exited care. No additional data was available for FY2017/18 (measure 3.1.2).
- More detailed analysis (Figure 26) shows children and young people who have exited care over the past five years and how long children and young people spent in care. The data shows that there are typically 40-50 children and young people who spend under a year in care. The exception is FY2015/16 when fewer children and young people left care and there were only 30 children and young people who had been in care under a year. The number of placements under six months dropped from 32 in FY2014/15 to 17 in FY2015/16.

Figure 25: Number of children and young people exiting care during the year

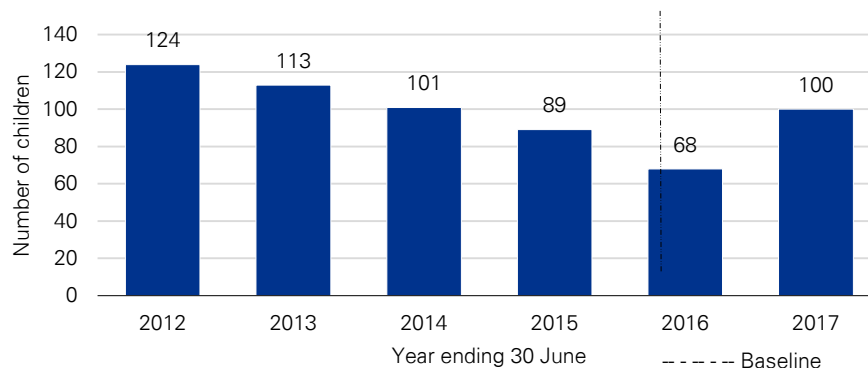
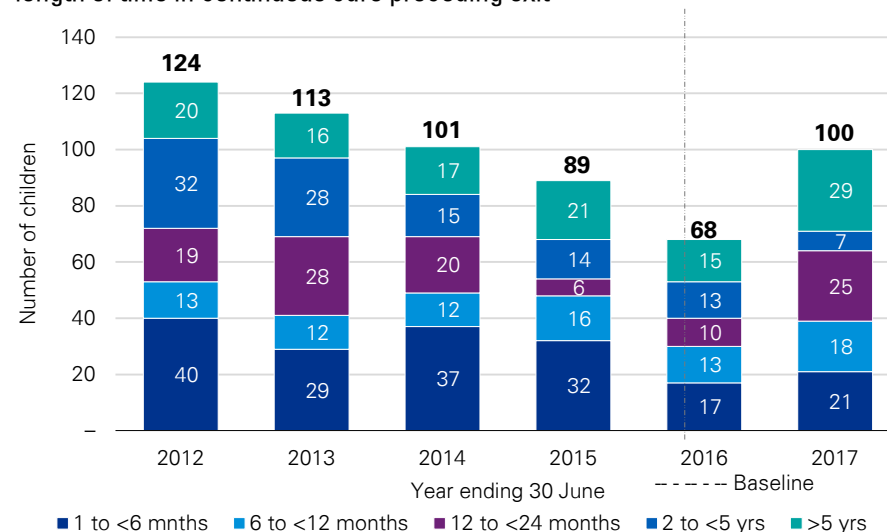


Figure 26: Number of children and young people exiting care during the year by length of time in continuous care preceding exit



Source: KPMG adapted from Measure 3.1.2 – Step Up Evaluation Dataset, 2017/18 (both).

Domain 4: Accountable and high functioning care system (cont'd)

4.1 Strengthening accountability (cont'd)

Outcome indicator of focus	Measure of focus	Findings
4.2 Governance and procedural arrangements between government and service providers are well established	4.2.1 Narrative commenting on indications that governance bodies are making progress against their work plan	<p>The JGG is comprised of Chief Executive Officers and Executive Leaders of Barnardos and Uniting, and Child, Youth and Families in the Community Services Directorate was established to govern the strategic intent of the Strategy and identify and mitigate strategic risks.</p> <p>Four sub-committees report to the JGG in order to monitor the standard and effectiveness of services provided under the Strategy, monitor risks, audit results and performance indicators (Accountability, Performance and Evaluation; Carer Wellbeing Sub-Committee; Policy and Operations Sub-Committee; and Workforce Capability Sub-Committee). The JGG reports that all sub-committees have a work plan in place, which are reviewed at each meeting to ensure that action items are progressed and/or completed. In addition, the JGG reviewed the risk register in September 2018. See Appendix B for Governance Structure.</p>
	4.2.2 Number of service providers who have undergone ongoing compliance review through the Human Services Registrar	<p>The Human Services Registrar (HSR) conducts compliance checks to ensure that organisations can continue to hold their suitable entity status and may look into matters that come to the HSR's attention as a result of complaints, adverse events, performance indicators or any other information received. The HSR has advised that the six agencies funded under <i>A Step Up for Our Kids</i> have completed a mid-cycle Compliance Review and Barnardos, as the lead Agency for ACT Together, has completed a full Compliance Review. All agencies have maintained compliance under the requirements of registration as a suitable entity.</p> <p>Areas of focus for the HSR have been to ensure continuity of registration of a responsible person for a suitable entity, where providers are required to have at least one responsible person, complaints processes and ensuring that suitable governance and management processes are in place. No formal complaints have been received by the HSR regarding agencies funded under <i>A Step Up for Our Kids</i>.</p> <p>The Director-General of the Community Services Directorate is required to maintain a publicly accessible register of organisations that have been approved under section 63 of the <i>Children and Young People Act 2008</i> as being suitable to be a care and protection organisation for a stated purpose.</p>

Domain 4: Accountable and high functioning care system (cont'd)

Domain 4 – Summary

A number of elements of the Strategy have been put in place which are designed to strengthen the overall accountability within the system.

There has been a fundamental change in contracting arrangements under the Strategy, and there are now lead agencies for prevention and reunification. The National Standards have been adopted and the HSR is assessing agencies for accreditation.

A number of new governance structures and working groups have been established and are tasked with monitoring the implementation of the Strategy. At this point in time, without further information, it is difficult to judge the effectiveness of these groups. Now at the midpoint of the Strategy, a child-centred trauma-informed system of care should be emerging and the impact of these working groups should be evident. As outlined in this report, there has been progress in a number of areas, although there remain a number of areas of concern where further work is needed in order to achieve the full reform agenda as intended under the Strategy. Increasingly, focused oversight and governance could assist in achieving an effective and efficient child centred system.

The analysis has noted that the number of children and young people in OOHC is trending closer to the 'high' scenario that was modelled and the Strategy has not decreased the overall numbers in OOHC to the mid or low scenario numbers.

The number of children and young people in OOHC has continued to grow and there is an increasing number of Aboriginal and Torres Strait Islander children and young people coming into care.

If the escalating number of children and young people in OOHC is to be addressed, each of the policy levers will need to be re-examined:

- Assumptions around the success of prevention and reunification programs,
- Length of time in care, and
- Numbers of children and young people who can be considered for permanency with timely permanency achieved.

Recommendations for Domain 4

21. Continue to monitor the operations of the Strategy's governance structures, to understand how well they are working, and any potential areas for improvement.
22. Assess if the new contracting structures have changed from a provider model to a partnership model with a continuous feedback loop to support ongoing improvements to create an effective, efficient and child-focused system.



Outcomes for Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection system

Introduction

This section of the report concentrates on Aboriginal and Torres Strait Islander children and young people in OOHC. The first section describes the disproportionately high rates of Aboriginal and Torres Strait Islander children and young people throughout the child protection system. It also examines how Aboriginal and Torres Strait Islander children and young people in OOHC are faring across the five headline indicators – participation, prevention, reunification, stability and permanency – as well as other specific indicators which monitor outcomes related to culture and kinship.

Definitions for notifications in the ACT do not align with the rest of Australia. In the ACT, notifications include all reports that meet the definition of a child concern report or a child protection report, as defined in the *Children and Young People Act 2008*, which is a broader definition than is used in other states and territories. Nevertheless, data for the ACT show that it is of continuing concern that there is a high and persistent number of Aboriginal and Torres Strait Islander children and young people in the child welfare system.

Rate of notifications⁸

- In FY2017/18, in the ACT 46.1 per 1,000 non-Aboriginal and Torres Strait children and young people aged 0-17 years were reported in notifications. In stark contrast in the same year, there were 878 Aboriginal and Torres Strait Islander children and young people aged 0-17 years reported in notifications, equating to a rate 345.4 per 1000 children. In comparison to other states and territories across Australia, the ACT had the highest rate of notifications for Aboriginal and Torres Strait Islander children and young

people in FY2016/17. The rate, as well as the overall number of Aboriginal and Torres Strait Islander children and young people reported on in a notification, has decreased when compared to the previous year. In FY2016/17, there were 889 Aboriginal and Torres Strait Islander children and young people who were the subject of notifications, equating to a rate of 356.3 per 100 children. However, this did increase from FY2015/16, where there were 816 Aboriginal and Torres Strait Islander children and young people in notifications, equating to a rate of 331.9 per 1,000 children.

- The total number of notifications concerning Aboriginal and Torres Strait Islander children and young people also increased steadily, before decreasing in the most recent year FY2017/18 (see Figure 27 over page). The biggest increase was seen just prior to the implementation of the Strategy.
- The number of notifications by Aboriginal and Torres Strait Islander status should be interpreted with care. This data is collected very early in the child protection process and often before the agency has full knowledge of the child's family circumstances. As a result of this lack of full knowledge and the other inherent difficulties in identifying Aboriginal and Torres Strait Islander status, this data is not considered reliable and may undercount Indigenous status.

Number of substantiations⁹

- In FY2017/18, 102 (4.5%) notifications relating to Aboriginal and Torres Strait Islander children and young people were substantiated, out of the 2,250 total notifications made.
- The number of substantiated reports for Aboriginal and Torres Strait Islander children and young people in the ACT has decreased substantially in the last year, from 174 in FY2016/17 to 102 in FY2017/18.

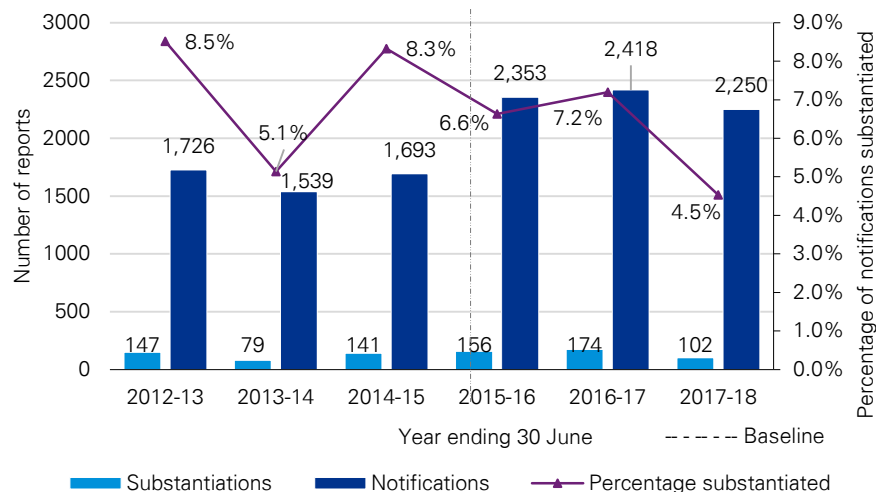
Footnotes:

8 – Productivity Commission, Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.1

9 – Productivity Commission, Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.4

Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection system (cont'd)

Figure 27: Child Protection Notifications and substantiations for Aboriginal and Torres Strait Islander children and young people 2012/13 to 2017/18



Source: KPMG adapted from Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.4.

- The low number of substantiations each year should be treated with caution, given the wider definition of notifications that occurs in the ACT compared with other states and territories (as discussed in the section relating to all children and young people in this report).
- The proportion of reports that are substantiated over the last five years has varied between 4.5% and 8.5%¹⁰.

Footnotes:

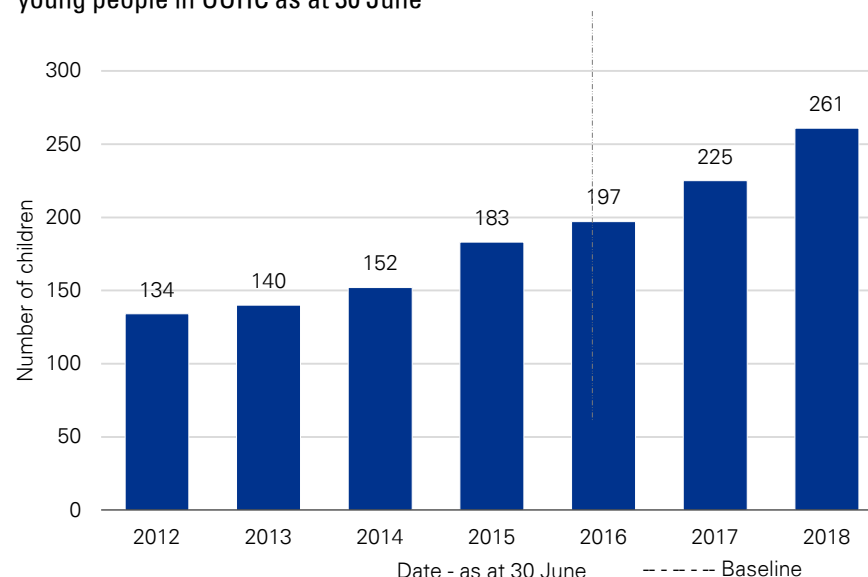
10 – Productivity Commission, Report on Government Services 2018, Chapter 16 Child Protection Services, Table 16A.4

11 – A Step Up For Our Kids Snapshot Report 20190228, provided by CSD, Measure 3.2.1 – Step Up Evaluation Dataset, 2017/18

OOHC System

- As at June 30 2018, the ACT recorded 261 Aboriginal and Torres Strait Islander children and young people in OOHC (out of a total of 827 children)¹¹.
- The increase in children and young people in care has also continued after the FY2015/16 baseline, when the Strategy was introduced.

Figure 28: Number of Aboriginal and Torres Strait Islander children and young people in OOHC as at 30 June



Source: KPMG adapted from Measure 3.2.1 – Step Up Evaluation Dataset, 2017/18.

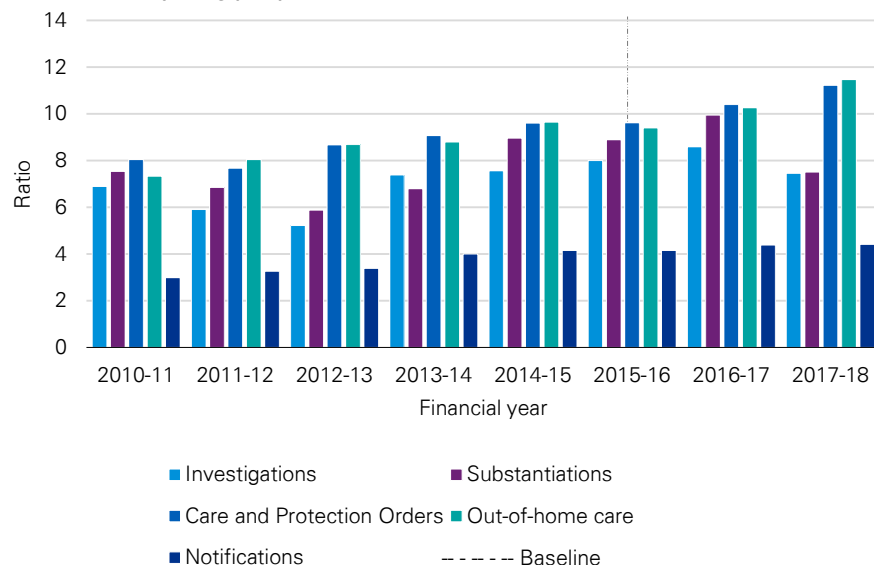
Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection system (cont'd)

Disproportionate ratios of representation of Aboriginal and Torres Strait Islander Children and Young People

- The Report on Government Services (ROGS) calculates the disproportionate ratios across stages of the child protection system. If a group is represented by their proportion in the population, the ratio will be equal to one. As Figure 29 shows, at all stages in the child protection system, the ratio for Aboriginal and Torres Strait Islander children and young people is above 2 and up to 10 for OOHC.

For the stages of the child protection system, the situation of Aboriginal and Torres Strait Islander families has been mixed since the implementation of the Strategy. The ratio for OOHC and care and protection orders has declined since implementation, however the number of investigations undertaken and substantiations have improved from the implementation of the Strategy in FY2015/16 to FY2017/18.

Figure 29: Disproportionality ratios for Aboriginal and Torres Strait Islander children and young people in the ACT



Source: KPMG adapted from Report on Government Services 2019, Chapter 16 Child Protection Services, Table 16A.9.

Aboriginal and Torres Strait Islander children and young people are over-represented in the OOHC system (cont'd)

Profile of Aboriginal and Torres Strait Islander children and young people in OOHC⁶

- As noted, the number of Aboriginal and Torres Strait Islander children and young people in OOHC has increased over the last seven years and this increase continued following the implementation of the Strategy in FY2015/16. The total number of Aboriginal and Torres Strait Islander children and young people in care increased from 134 children and young people as at 30 June 2012 to 261 children and young people as at 30 June 2018 (see Figure 30).
- Similarly, a breakdown by gender reflects a similar trend with the number of both male and female Aboriginal and Torres Strait Islander children and young people increasing from 85 and 49 respectively as at 30 June 2012 to 152 and 109 respectively as at 30 June 2018.

Age profile of Aboriginal and Torres Strait Islander children and young people in OOHC⁷

- Over the past seven years, for Aboriginal and Torres Strait Islander children and young people in care, the largest age group has persistently been children aged five to nine years (see Figure 30).
- The smallest category is young people aged 15-17 years, where there were 29 young people in this age group as at 30 June 2018. This equates to 11% of the total number of Aboriginal and Torres Strait Islander children and young people in care.
- At the same point in time (30 June 2018), almost one-third of Aboriginal and Torres Strait Islander children were in the five to nine year age group (84 or 32%) and in the 10-14 year age group (78 or 30%). Just over one-quarter of Aboriginal and Torres Strait Islander children were in the zero to four year age group (70 or 27%).

Footnotes:

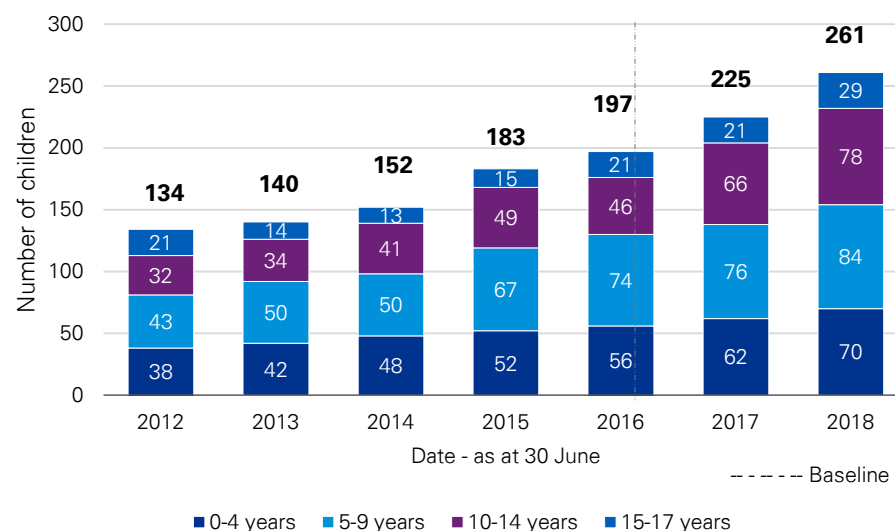
12,13 – ACT Government, Step Up Evaluation Dataset 2017/18, Measure 3.2.1



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- Each age group has grown in size between the implementation of the Strategy in FY2015/16 and FY2017/18.
- Considering the proportion of Aboriginal and Torres Strait Islander children and young people in each age group, most have been relatively stable since the implementation of the Strategy with the exception of the 10-14 years and teenage category: a proportionally higher percentage of children and young people in care as at 30 June 2018 were aged 10-14 years than at 30 June 2016 (30% compared to 23%) (see Figure 31 on the following page).

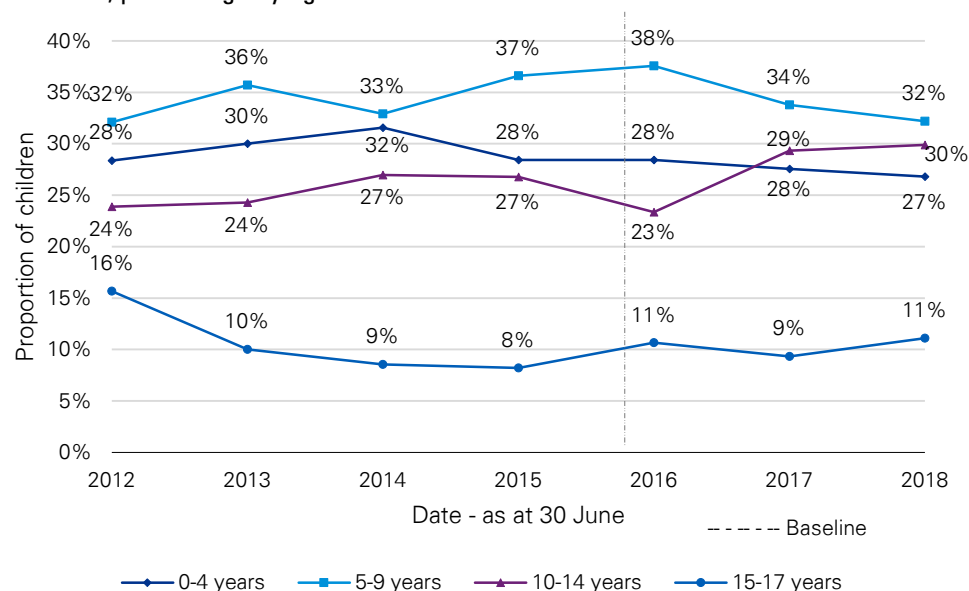
Figure 30: Number of Aboriginal and Torres Strait Islander children and young people in OOHC at 30 June, by age



Source: KPMG adapted from Measure 3.2.1 – Step Up Evaluation Dataset, 2017/18.

Aboriginal and Torres Strait Islander children and young people are over-represented in the OOHC system (cont'd)

Figure 31: Aboriginal and Torres Strait Islander children and young people in OOHC at 30 June, percentage by age



Source: KPMG adapted from Measure 3.2.1 – Step Up Evaluation Dataset, 2017/18.

Headline indicators Aboriginal and Torres Strait Islander Children and Young People

Headline indicators

There are five headline indicators which demonstrate how children and young people are faring in the OOHC system. These measures are assessed and shown in the following table for Aboriginal and Torres Strait Islander children and young people. The overall result is mixed and shows that more work needs to be done to improve outcomes for Aboriginal and Torres Strait Islander children and young people and families in the OOHC system. Compared to the baseline, stability and permanency show trends in a promising direction, while there are challenges with reunification and with the participation of children and young people.

Similar to non-Aboriginal and Torres Strait Islander families, there have been challenges in engaging and maintaining Aboriginal and Torres Strait Islander families in prevention services. In addition, in parallel to development of the Uniting services, a 12 month Family Group Conferencing pilot program designed specifically for Aboriginal and Torres Strait Islander families has been developed. The pilot has supported 21 Aboriginal and Torres Strait Islander families between November 2017 and December 2018 and this development may have impacted the number of referrals made to Uniting prevention services, as families have the option to opt to use Family Group Conferencing instead of Uniting programs.

The detailed findings for these measures are outlined on the following pages along with additional measures related to kinship and culture.

Table 5: Headline indicators for Aboriginal and Torres Strait Islander children and young people

Outcome	Measure	Measure description	Findings for Aboriginal and Torres Strait Islander
Participation	1.4.1	Number and per cent of children and young people in care who self-report they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to.	<p>Following the implementation of the Strategy, the number of Aboriginal and Torres Strait Islander children and young people offered the survey decreased substantially from 51 in FY2015/16 (35% of those eligible) to 13 in FY2016/17 (8% of those eligible). In the following year, this then increased markedly from 13 to 57 in FY2017/18 (35% of those eligible). The participation rate in the survey, although improved, remains low.</p> <p>In FY2017/18, 94% of children and young people offered the Viewpoint survey responded to the question regarding whether they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to. As at 30 June 2018, only 56% of Aboriginal and Torres Strait Islander children and young people who responded to the question felt they usually had a say and were listened to. This is compared to 83% of Aboriginal and Torres Strait Islander children and young people in FY2016/17, and 58% in FY2015/16, which demonstrates that initial improvements made from the Strategy baseline were not maintained.</p>

Headline indicators Aboriginal and Torres Strait Islander Children and Young People (cont'd)

Headline indicators (cont'd)

Outcome	Measure	Measure description	Findings for Aboriginal and Torres Strait Islander
Prevention	2.1.1 and 2.1.2	Number and per cent of children and young people at-risk who within three, six and 12 months of completing Uniting placement prevention services do not enter care.	<p>There has been a small increase in the number of children and young people completing prevention services (41 in the baseline CY2016 to 43 in CY2017, however only 4 children and young people completed services in the first six months of CY2018, although this may not be indicative of the full year).</p> <p>In baseline CY2016, 66% of Aboriginal and Torres Strait Islander children and young people remained at home three months after completing services. This increased to 84% in CY2017, which is a high success rate particularly while the program is being established. There are challenges in maintaining outcomes over time. By six months, in the baseline CY2016, 56% of children and young people remained at home, while 44% of children and young people remained at home in CY2017.</p>
Reunification	2.3.1	Number and per cent of children and young people in care in reunification services who 'go home' (reunified with their families) and 'stay home' within three, six and 12 months of reunification.	<p>Sustainability of reunification has not been maintained for all families. At the baseline in CY2016, 30% of children and young people remained at home at three, six and 12 months post-reunification. This increased slightly in CY2017, when 33% of children and young people remained at home three months after reunification, however the increase was not sustained, with 22% of children and young people remaining at home at six months, and no children and young people remaining at home at 12 months.</p>
Stability	3.1.3 and 3.1.4	Number and per cent of children in care aged 0-11 years who were not immediately placed in home-based care; Time to placing children in care aged 0-11 years in home-based care who were not immediately placed in home-based care.	<p>This result has been improving; in FY2017/18, there were no children and young people not immediately placed in home-based care (decreasing from 37 in the baseline year FY2015/16 and 4 in FY2016/17). With the small number of children and young people not immediately placed in home-based care, the time taken to place them in home-based care cannot be commented on.</p>
Permanency	3.5.2	Time taken to be placed in permanent placement.	<p>There has been an increasing number of Aboriginal and Torres Strait Islander children and young people with permanency decisions: 32 in FY2017/18, compared to 27 in FY2016/17 and 18 in FY2015/16. Since Strategy implementation in FY2015/16, the majority (83%) of children and young people who were the subject of a permanency decision, had this decision made in less than two years following their entry to care. The remaining 17% had their decision made between two and over 10 years after entering care.</p> <p>Over the last seven years, 29 Aboriginal and Torres Strait Islander children and young people were the subject of a long term order. All of these orders were EPR orders, and in line with policy, no Adoption orders were made for Aboriginal and Torres Strait Islander children and young people (measure 3.6.1).</p>

Participation: Aboriginal and Torres Strait Islander children and young people

1.5 Cultural connection

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
1.5 Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up	1.5.1 Number and per cent of children and young people in care who self-report feeling connected to culture and family (1.6.1)	<p>Aboriginal and Torres Strait Islander children and young people who were offered the survey, and responded to the question with some, quite a bit or a lot of connection to culture and family:</p> <ul style="list-style-type: none"> • FY2014/15; 22 (85%) children • FY2015/16; 31 (94%) children (baseline) • FY2016/17; 9 (100%) children • FY2017/18; 45 (94%) children <p>Aboriginal and Torres Strait Islander children and young people who were offered the survey, and responded to the question with only 'A lot' of connection</p> <ul style="list-style-type: none"> • FY2014/15; 6 (23%) children; • FY2015/16; 13 (39%) children; (baseline) • FY2016/17; less than 5 children • FY2017/18; 10 (21%) children 	<ul style="list-style-type: none"> • The data indicates a significant proportion of children and young people reporting 'some' connection to culture and family, with a lower proportion of children and young people feeling a lot of connection to family and culture. The numbers of children and young people who have 'some' connection has remained stable, however those children and young people reporting a lot of connection has decreased. • At the implementation of the Strategy (FY2015/16), 87% of Aboriginal and Torres Strait Islander children and young people responded to this question. In FY2016/17, this number improved to 90% of children and young people, however the number of children and young people offered the survey decreased substantially. In FY2017/18, 94% of Aboriginal and Torres Strait Islander children and young people answered this question, which suggests an improving rate of children and young people who feel comfortable answering this survey question. • Further work needs to be undertaken to connect Aboriginal and Torres Strait Islander children and young people in care to their culture and family.

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families

2.2 Uniting prevention services: Aboriginal and Torres Strait Islander children and young people

The table below provides an overview of key findings and trends against each measure that contribute to strengthening Aboriginal and Torres Strait Islander families and preventing children and young people from entering care. The table continues on the following pages and is supplemented by more detailed analysis at particular points.

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.2 High risk Aboriginal and Torres Strait Islander families are strengthened so that Aboriginal and Torres Strait Islander children and young people are prevented from entering care	2.2.1 Number and per cent of Aboriginal and Torres Strait Islander children and young people at-risk who do not enter care within three, six and 12 months of completing placement prevention services as funded by Child and Youth Protection Services (CYPS) (2.2.1)	<p>See Figure 32 on page 132 for a breakdown of three and six months.</p> <p>In CY2016 (baseline)</p> <ul style="list-style-type: none"> 66% (27) of children remaining at home after three months 56% (23) of children remaining at home after six months <p>In CY2017:</p> <ul style="list-style-type: none"> 84% (36) of children remaining at home after three months 44% (19) of children remaining at home after six months <p>In CY2018 (six months' data):</p> <ul style="list-style-type: none"> Number of children remaining at home after three months is less than 5 Number of children remaining at home after six months is less than 5 	<ul style="list-style-type: none"> The proportion of children and young people who remained at home after three months improved from the CY2016 baseline to CY2017 (66% to 84%). However, the same rates of children and young people remaining at home after three months in CY2017 were not sustained after six months, with only 44% of children and young people remaining at home. The number of children and young people remaining at home at three and six months in the first six months of 2018 is less than 5, which is too small to report. Results should continue to be monitored over a longer period to understand trends in the number and proportion of children who do not enter care after participating in the service over time.

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

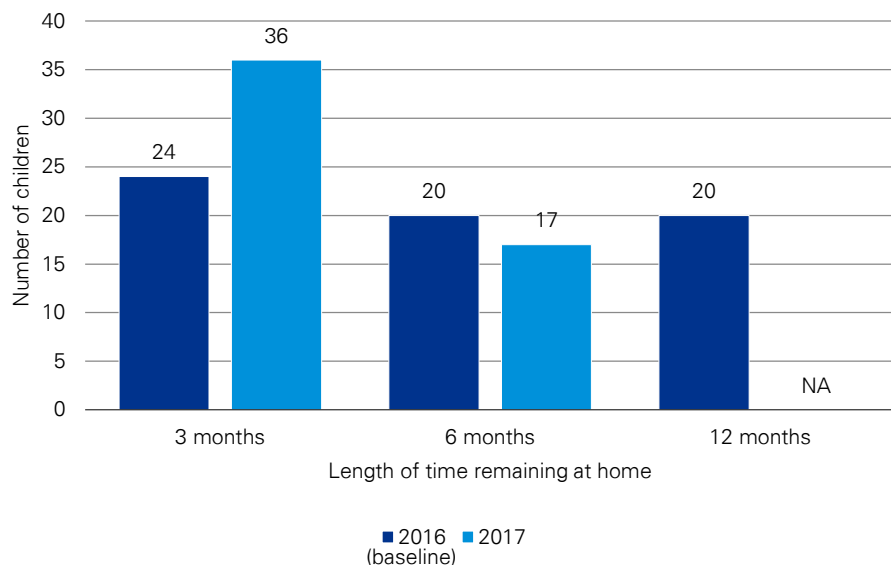
2.2 Uniting prevention services: Aboriginal and Torres Strait Islander children and young people (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.2 High risk Aboriginal and Torres Strait Islander families are strengthened so that Aboriginal and Torres Strait Islander children and young people are prevented from entering care	2.2.2 Number of Aboriginal and Torres Strait Islander children and young people at-risk who are referred to Uniting prevention services (2.5.3)	<p>Referred:</p> <ul style="list-style-type: none"> 90 (35%) referrals made in CY2016 were for Aboriginal and Torres Strait Islander children (baseline) 50 (35%) referrals made in CY2017 were for Aboriginal and Torres Strait Islander children 14 (19%) referrals made in first six months of CY2018 were for Aboriginal and Torres Strait Islander children 	<ul style="list-style-type: none"> The number of Aboriginal and Torres Strait Islander children and young people referred to prevention services decreased substantially from the implementation of the Strategy to CY2017. A lower number of referrals were made in first six months of CY2018, however this number may not be indicative of a full year's results due to seasonality. The number of children and young people whose families engaged with prevention services has also decreased since the implementation of the Strategy (from 76% of children and young people in CY2016 to 44% in CY2017). This proportion has improved in the first six months of CY2018, however this may not be indicative of a full year's results due to seasonality. Again, results should continue to be monitored over a longer period to understand whether families continue to engage with the service following referral.
	2.2.3 Number and per cent of Aboriginal and Torres Strait Islander children and young people at-risk whose families engaged with placement prevention services	<p>Engaged (counted by children):</p> <ul style="list-style-type: none"> 68 (76%) children referred were recorded as 'engaged' in services in CY2016 (baseline) 22 (44%) children referred were recorded as 'engaged' in services in CY2017 13 (93%) children referred were recorded as 'engaged' in services in first six months of CY2018 	

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

2.2 Uniting prevention services: Aboriginal and Torres Strait Islander children and young people (cont'd)

Figure 32: Number of Aboriginal and Torres Strait Islander children and young people at-risk who do not enter care within three, six and 12 months of completing placement prevention services, CY2016 - CY2017



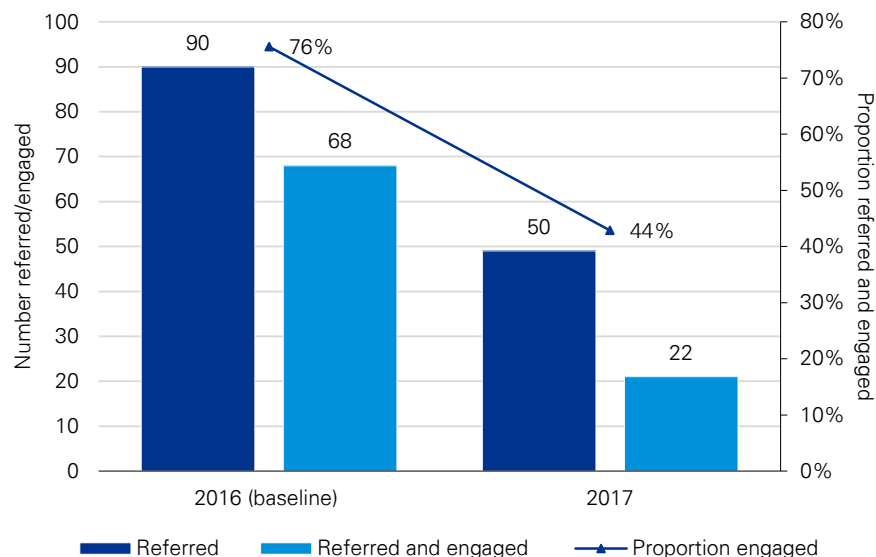
Source: KPMG adapted from Measure 2.2.1 – Step Up Evaluation Dataset, 2017/18.

- The success rate of prevention services for Aboriginal and Torres Strait Islander children and young people remaining at home at three months improved from CY2016 to CY2017 (24 or 66% to 36 or 84%).
- However, at the six month mark, the success rate has dropped from 20 or 56% at Strategy implementation to 17 or 44% remaining at home in CY2017.

Note:

Data for CY2018 has not been included in these graphs, as the number of children and young people is too small to report on.

Figure 33: Number of Aboriginal and Torres Strait Islander children and young people at-risk who are referred to and engaged with Uniting prevention services for CY2016 – CY2017



Source: KPMG adapted from Measure 2.2.2 – Step Up Evaluation Dataset, 2017/18.

- The proportion of children and young people referred to prevention services who engaged decreased substantially from CY2016 to 2017, from 76% to 44%, despite a smaller number of children and young people being referred.

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

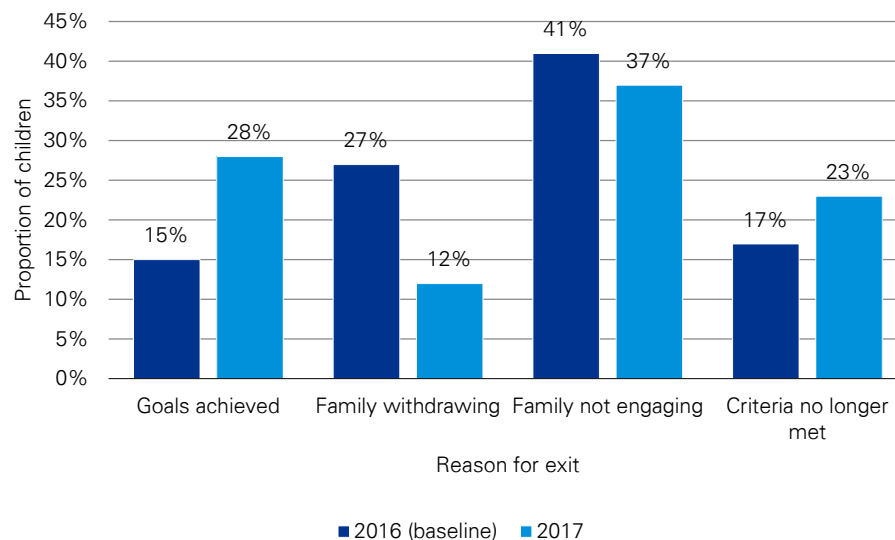
2.2 Uniting prevention services: Aboriginal and Torres Strait Islander children and young people (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.2 High risk Aboriginal and Torres Strait Islander families are strengthened so that Aboriginal and Torres Strait Islander children and young people are prevented from entering care	2.2.4 Number of Aboriginal and Torres Strait Islander children and young people at-risk whose families engaged with placement prevention services who exit	<ul style="list-style-type: none"> • 41 children completed/or exited prevention services in CY2016 (baseline) • 43 children completed/or exited prevention services in CY2017 • Less than 5 children completed/or exited prevention services in first six months of CY2018 	<ul style="list-style-type: none"> • The number of children and young people completing services because their goals have been met has increased from 14% when the Strategy was implemented in CY2016 to 28% in CY2017. • With less than 5 children and young people completing or exiting services in the first six months of CY2018, there is no discernable trend for this year.
	2.2.5 Reasons Aboriginal and Torres Strait Islander children and young people at-risk fail to complete placement prevention services	<p>CY2016</p> <ul style="list-style-type: none"> • 6 (14%) children exited with goals achieved • 11 (26%) children exited due to their families withdrawing • 19 (44%) children exited due to their families not engaging • 7 (16%) children exited due to no longer meeting the criteria <p>CY2017</p> <ul style="list-style-type: none"> • 12 (28%) children exited with goals achieved • 5 (12%) children exited due to their families withdrawing • 16 (37%) children exited due to their families not engaging • 10 (23%) children exited due to no longer meeting the criteria 	<ul style="list-style-type: none"> • There are various reasons why families do not complete prevention services and no discernable trend in previous years. • The number of children and young people whose families either withdraw, relocate or do not engage the service has decreased from the implementation of the Strategy in CY2016 to CY2017, and the number of children and young people with goals completed improved over the same time period, indicating better rates of engagement with prevention services in CY2017. • There were less than 5 children and young people exiting prevention services in the first six months of CY2018, therefore these results are too small to report on. • Results should continue to be monitored over a longer period to understand trends in the reasons children exit from the service.

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

2.2 Uniting prevention services: Aboriginal and Torres Strait Islander children and young people (cont'd)

Figure 34: Reasons Aboriginal and Torres Strait Islander children and young people exit placement prevention services for CY2016 and CY2017



Source: KPMG adapted from Measure 2.2.4 – Step Up Evaluation Dataset, 2017/18.

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

2.2 Prevention services: Aboriginal and Torres Strait Islander children and young people

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.2 High risk Aboriginal and Torres Strait Islander families are strengthened so that Aboriginal and Torres Strait Islander children and young people are prevented from entering care	2.2.6 Number and per cent of Aboriginal and Torres Strait Islander babies whose families participate in Karinya House Mother and Baby Unit as part of placement prevention services, who within three, six and 12 months of completing placement prevention services do not enter care (2.2.2)	<ul style="list-style-type: none"> 10 babies had mothers who completed prevention services from CY2016 (baseline) to 2018 (six months). The overall number of babies remaining at home over periods of time is less than 5 and has hence been suppressed. 	<ul style="list-style-type: none"> 10 babies had mothers who completed the prevention services over the last two and a half calendar years.
	2.2.7 Number and per cent of Aboriginal and Torres Strait Islander mothers who engaged with the Karinya House Mother and Baby Unit as part of the prevention services and as part of an order	<ul style="list-style-type: none"> 14 mothers referred were recorded as 'engaged' in services in CY2016 (baseline) to CY2018 (six months). 	<ul style="list-style-type: none"> Karinya is an intensive, specialised program. Of the 15 Aboriginal and Torres Strait Islander mothers referred to Karinya, 14 engaged in the service over the same two and a half year period.
	2.2.8 Number and per cent of Aboriginal and Torres Strait Islander mothers referred to participate in Karinya House Mother and Baby Unit as part of the prevention services and as part of an order	<ul style="list-style-type: none"> 15 referrals made from CY2016 (baseline) to 2018 (six months) were for Aboriginal and Torres Strait Islander children; that is 24% of the total number of referrals for the service. 	<ul style="list-style-type: none"> It should be noted the data for measures 2.2.7 and 2.2.8 does not include reference to orders for mother or baby, as indicated in the measure name, as orders are not required for referral to the program, acceptance into the program or engagement.

Prevention - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

2.2 Prevention services: Aboriginal and Torres Strait Islander children and young people (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.2 High risk Aboriginal and Torres Strait Islander families are strengthened so that Aboriginal and Torres Strait Islander children and young people are prevented from entering care	2.2.9 Number and per cent of Aboriginal and Torres Strait Islander mothers who engaged with Karinya House Mother and Baby Unit and who exit (2.5.2)	<ul style="list-style-type: none"> 8 Aboriginal and Torres Strait Islander mothers from CY2016 (baseline) to 2018 (six months) exited services after engagement. 	<ul style="list-style-type: none"> For mothers who do exit the service, the majority exit due to completion of the intervention (5 of 8 mothers over this period). Current engagement numbers for CY17 and CY18 are too small to comment on changes in this trend.
	2.2.10 Reasons for exit from Karinya House Mother and Baby Unit for Aboriginal and Torres Strait Islander mothers (2.5.2)	<ul style="list-style-type: none"> 5 mothers completed the intervention in CY16. Other reasons are too small to comment on. 	

Reunification - Strengthening high-risk Aboriginal and Torres Strait Islander families

2.3 Reunification: Aboriginal and Torres Strait Islander children and young people

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Aboriginal and Torres Strait Islander children and young people in care are permanently reunited with their families	2.4.1 Number and per cent of Aboriginal and Torres Strait Islander children and young people in care in reunification services who 'go home' and 'stay home' within three, six and 12 months of reunification	<p>In CY2016 (baseline)</p> <ul style="list-style-type: none"> 23 children and their families engaged in reunification services 7 (30%) children returned and remained at home after three, six and 12 months <p>In CY2017</p> <ul style="list-style-type: none"> 27 children engaged in reunification services 9 (33%) returned and remained at home after three months 6 (22%) remained at home after six months NA remained at home after 12 months <p>In CY2018 (six months)</p> <ul style="list-style-type: none"> Less than 5 children engaged in reunification services The number of children remaining at home during this year is too small to comment on. 	<ul style="list-style-type: none"> The proportion of children and young people remaining at home after three and six months in the CY2016 baseline and CY2017 has remained relatively stable. With less than 5 children and young people engaged in reunification services in the first six months of 2018, the number remaining at home is too small to report on. Results should continue to be monitored over a longer period to understand trends in the number and proportion of children who go home and stay home after participating in the service over time.

Reunification - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

2.3 Reunification: Aboriginal and Torres Strait Islander children and young people (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.3 Aboriginal and Torres Strait Islander children and young people in care are permanently reunited with their families	2.3.2 Number and per cent of children and young people in care referred to participate in reunification services	<p>children and young people referred to participate in reunification services:</p> <ul style="list-style-type: none"> 36 children referred in CY2016 (baseline) 38 children referred in CY2017 5 children referred in CY2018 (six months). 	<ul style="list-style-type: none"> The number of children and young people referred to and engaging in reunification services increased from the baseline in CY2016 to CY2017. However, there has been a decrease in the number of children and young people referred in the first six months of 2018. This data may not be indicative of a full year due to seasonality. Improvements have been made in the proportion of Aboriginal and Torres Strait Islander children and young people and their families who actually engage with the service each year. Results should continue to be monitored over a longer period to understand trends in the number and proportion of children who engage with the service following referral.
	2.4.2 Number and per cent of Aboriginal and Torres Strait Islander children and young people at-risk who engage with reunification services	<p>children and young people referred to and engaged in reunification services:</p> <ul style="list-style-type: none"> 23 (64%) children engaged with reunification services in CY2016 (baseline) 27 (71%) children engaged with reunification services CY2017 <5 children engaged with reunification services in CY2018 (six months) 	
	2.4.3 Number of Aboriginal and Torres Strait Islander children and young people at-risk engaged with reunification services who fail to complete	<p>Total Aboriginal and Torres Strait Islander children and young people exiting reunification services, but not completing:</p> <ul style="list-style-type: none"> 12 (100%) children in CY2016 (baseline) 18 (82%) children in CY2017 <p>Goals achieved:</p> <ul style="list-style-type: none"> 0 children in CY2016 (baseline) The number of children and young people achieving their goals is less than 5, and so cannot be commented on for both CY2017 and CY2018 (six months) 	

Reunification - Strengthening high-risk Aboriginal and Torres Strait Islander families (cont'd)

2.3 Reunification: Aboriginal and Torres Strait Islander children and young people (cont'd)

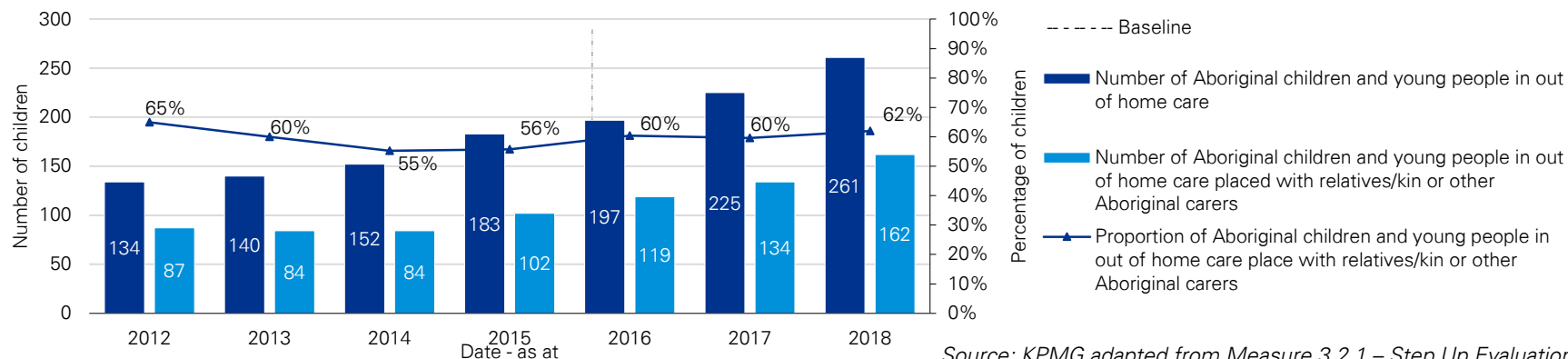
Outcome indicator of focus	Measure of focus	Findings	Trend/comments
2.4 Children and young people in care are permanently reunited with their families	2.4.4 Reasons Aboriginal and Torres Strait Islander children and young people at-risk fail to complete reunification services	<p>43 children and young people between CY2016 and CY2018 (six months)</p> <ul style="list-style-type: none"> 5 – Goals achieved 19 – Family withdrew or relocated, or family not engaging 19 – Criteria no longer met 	<ul style="list-style-type: none"> Families of Aboriginal and Torres Strait Islander children and young people do not proceed in reunification services for a variety of reasons (including withdrawing, not engaging and not continuing in the service). There was an increase in the number of children and young people whose families did not engage with the service from the baseline in CY2016 to CY2017. Results should continue to be monitored over a longer period to understand trends in the reasons why children and young people and their families exit the service over time.
	2.4.5 Time to reunification with family from entry to care for Aboriginal and Torres Strait Islander children and young people engaged with reunification services	<ul style="list-style-type: none"> There have been 17 children and young people returned home between calendar years 2016, and the first six months of 2018 respectively. 	<ul style="list-style-type: none"> A small number of Aboriginal and Torres Strait Islander children and young people have returned home after their families have engaged in reunification services. As the numbers are small, it is difficult to assess trends in time to reunification at this midpoint of the Strategy.

Kinship and culture: Creating a continuum of care for Aboriginal and Torres Strait Islander children and young people

3.2 Kinship and culture

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.2 Aboriginal and Torres Strait Islander children, young people and families are supported to be strong and connected	3.2.1 Number and per cent of Aboriginal and Torres Strait Islander children and young people in care placed with the child's extended family, with the child's Aboriginal and Torres Strait Islander community, or with other Aboriginal and Torres Strait Islander people (3.2.1)	<ul style="list-style-type: none"> 119 (60%) children in FY2015/16 (baseline) 134 (60%) children in FY2016/17 162 (62%) children in FY2017/18 	<ul style="list-style-type: none"> The child placement principle is designed to ensure that Aboriginal and Torres Strait Islander children and young people grow up with a strong sense of identity and family and that they are placed with extended family, kin and family as a priority. As shown in the graph below, the proportion of Aboriginal and Torres Strait Islander children and young people placed in care with kin or with other Aboriginal and Torres Strait Islander people has varied over the last seven years. The proportion in the last three years has been increasing, but has still not reached the level of FY2011/12 when 65% of Aboriginal and Torres Strait Islander children and young people were placed with kin or other community members.

Figure 35: Number and per cent of Aboriginal and Torres Strait Islander children and young people in care placed with the child's extended family, or with other Aboriginal and Torres Strait Islander people

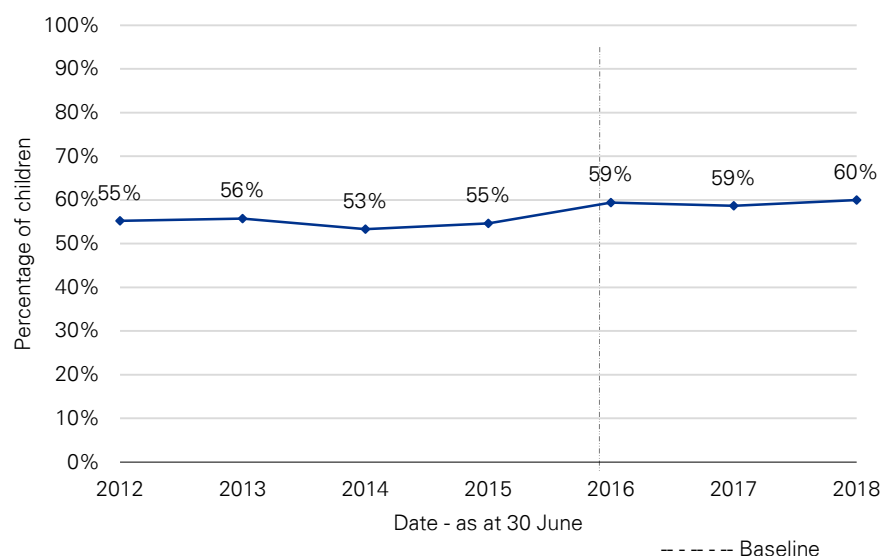


Source: KPMG adapted from Measure 3.2.1 – Step Up Evaluation Dataset, 2017/18.

Kinship and culture: Creating a continuum of care for Aboriginal and Torres Strait Islander children and young people (cont'd)

3.2 Kinship and culture (cont'd)

Figure 36: Proportion of Aboriginal and Torres Strait Islander children and young people in care placed with the child's extended family



Source: KPMG adapted from Measure 3.2.1 – Step Up Evaluation Dataset, 2017/18.

The number of Aboriginal and Torres Strait Islander children and young people in OOHHC who are placed with relatives/kin has improved by a small amount (5%) over the past seven years and has not changed markedly since the implementation of the Strategy in FY2015/16 (1%).

Kinship and culture: Creating a continuum of care for Aboriginal and Torres Strait Islander children and young people (cont'd)

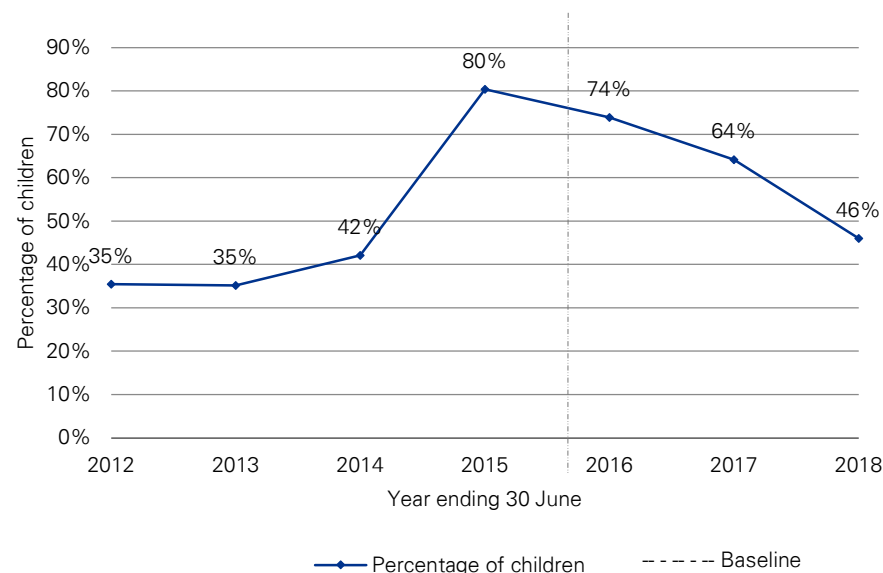
3.2 Kinship and culture (cont'd)

Outcome indicator of focus	Measure of focus	Findings	Trend/comments
3.2 Aboriginal and Torres Strait Islander children, young people and families are supported to be strong and connected	3.2.2 Number and per cent of Aboriginal and Torres Strait Islander children and young people in care with a cultural plan in place within 12 months of entering care (3.2.3)	<p>Number of children and young people who had a cultural plan in place within 12 months of entering care:</p> <ul style="list-style-type: none"> 41 (80%) children in FY2014/15 34 (74%) children in FY2015/16 (baseline) 34 (64%) children in FY2016/17 23 (46%) children in FY2017/18 	<ul style="list-style-type: none"> Since the implementation of the Strategy, the percentage of Aboriginal and Torres Strait Islander children and young people with cultural plans being completed within 12 months has continued to decline. All Aboriginal and Torres Strait Islander children and young people should have a cultural plan within 12 months of entering care and this needs to be improved.
	3.2.3 Number and per cent of Aboriginal and Torres Strait Islander children and young people in care who self-report they are helped to follow their 'religion, beliefs and customs' where they live	<ul style="list-style-type: none"> 17 (59%) children in FY2014/15 18 (64%) children in FY2015/16 (baseline) Less than 5 children in FY2016/17 22 (47%) children in FY2017/18 	<ul style="list-style-type: none"> The proportion of children and young people reporting they are helped to follow their 'religion, beliefs and customs' has fluctuated, but has decreased from the implementation of the Strategy in FY2015/16 (64%) to FY2016/17 and FY2017/18 (47%).
	3.2.4 Number and per cent of Aboriginal and Torres Strait Islander children and young people in care who self-report they want to do more things to keep in touch with their family's religion or culture	<ul style="list-style-type: none"> 15 (47%) children in FY2014/15 16 (48%) children in FY2015/16 (baseline) 5 children in FY2016/17 23 (48%) children in FY2017/18 	<ul style="list-style-type: none"> The data shows a number of children and young people wanting to do more things to keep in touch with their family's religion or culture and this proportion, almost half, has been stable over time. Refer to Figure 37.

Kinship and culture: Creating a continuum of care for Aboriginal and Torres Strait Islander children and young people (cont'd)

3.2 Kinship and culture (cont'd)

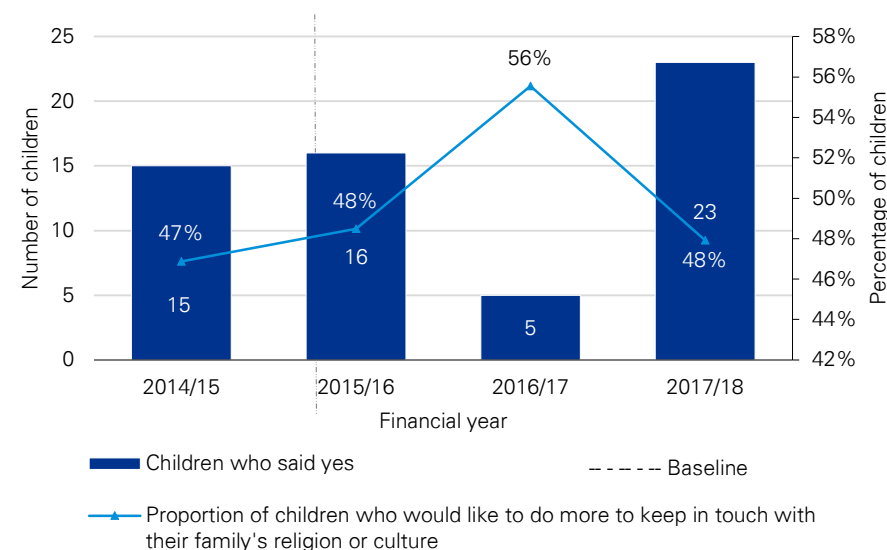
Figure 37: Per cent of Aboriginal and Torres Strait Islander children and young people in care with a cultural plan in place within 12 months of entering care



Source: KPMG adapted from Measure 3.2.2 – Step Up Evaluation Dataset, 2017/18.

The number of Aboriginal and Torres Strait Islander children and young people in OOHc who have a cultural plan within 12 months of entering care improved substantially in FY2014/15, however this number has continued to decrease over the subsequent three years, since the implementation of the Strategy (from 80% down to 46%).

Figure 38: Number and per cent of Aboriginal and Torres Strait Islander children and young people in care who self-report they want to do more things to keep in touch with their family's religion or culture



Source: KPMG adapted from Measure 3.2.4 – Step Up Evaluation Dataset, 2017/18.

The percentage of Aboriginal and Torres Strait Islander children and young people self reporting they want to do more things to keep in touch with their family's religion or culture has remained fairly stable between FY2014/15 and FY2017/18. The number of children and young people offered the survey has substantially increased in FY2017/18, compared to the very low number who were offered the survey in FY2016/17.

Stability – Permanency for Aboriginal and Torres Strait Islander Children and young people

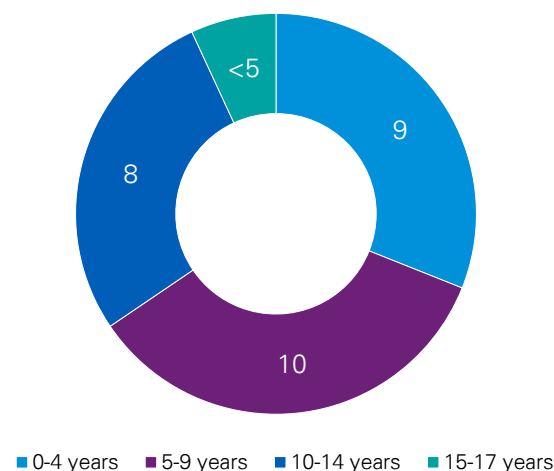
3.5.1 Time taken to be placed in permanent placement - Aboriginal and Torres Strait Islander children and young people

There has been an increasing number of Aboriginal and Torres Strait Islander children and young people with permanency decisions: 32 in FY2017/18, compared to 27 in FY2016/17 and 18 in FY2015/16.

Over the last seven years (FY2011/12 to FY2017/18), there have been between two to six Aboriginal and Torres Strait Islander children and young people each year who had permanent orders made. All of these orders were EPRs; no Aboriginal and Torres Strait Islander children and young people had adoption orders made. There were a total of 29 Aboriginal and Torres Strait Islander children and young people with EPR orders made over this period. With the implementation of the Strategy in FY2015/16, the number of permanent placements made has remained stable at between four and six placements per year.

The figure opposite shows the age groups for these 29 children and young people over this seven year period. Most (27) of the children and young people were aged between 0-14 years, with only two young people aged 15-17 years.

Figure 39: Age of Aboriginal and Torres Strait Islander children and young people with permanent orders made between 30 June 2011 and 30 June 2018



Source: KPMG adapted from Measure 3.5.1 – Step Up Evaluation Dataset, 2017/18.

Summary – The situation of Aboriginal and Torres Strait Islander children and young people in OOHC

The analysis shows that the situation of Aboriginal and Torres Strait Islander children and young people under *A Step Up for Our Kids* reforms has not markedly improved, and in some instances has deteriorated.

Aboriginal and Torres Strait Islander children and young people remain disproportionately represented at every stage of the child protection system, from notifications and substantiations, to OOHC. CSD has a policy commitment to reduce the over representation and, since development of the Strategy, has invested in targeted programs for Aboriginal and Torres Strait Islander families such as Family Group Conferencing and Functional Family Therapy. In addition, on 15 June 2017, a review was announced to look into the circumstances of each Aboriginal and Torres Strait Islander child and young person involved in the child protection system, including those in OOHC.

The “Our Booris, Our Way” Review has a focus on systemic improvements needed to reduce the number of Aboriginal and Torres Strait Islander children and young people entering care; improve their experience and outcomes whilst in care; and where appropriate, exit children and young people from care. Its interim report was released on 31 August 2018 and provided four recommendations relating to Child and Youth Protection Services.

A further five recommendations were provided to the Minister for Children, Youth and Families in December 2018 and are currently being considered by Government. The final report is expected to be released late in 2019.

As with all children and young people, offering of the Viewpoint survey to Aboriginal and Torres Strait Islander children and young people remains an issue: in FY2017/18, a larger number of Aboriginal and Torres Strait Islander children and young people were offered the survey than in FY2016/17 although the rate remains low. It is hoped that this trend continues to

improve so that all Aboriginal and Torres Strait Islander children and young people in care have a voice. Prevention and reunification services have been designed to create fundamental change in the system by investing in the ‘front end’ of the system in order to strengthen families so that children and young people do not enter OOHC and strengthen families so that children and young people can be reunified with their families. These specific programs did not exist prior to the implementation of the Strategy, and significant investment has been made in establishing these services for families.

It was anticipated that the success rate of these services was likely to be low while these services were established and consolidated in the first three years. In addition, it was also anticipated that the number of referrals to each program would decrease following the first year, as the programs were established and had an active group of families accessing services. However, generally speaking, the rate of engagement from Aboriginal and Torres Strait Islander families in prevention and especially reunification services has been higher than non-Aboriginal and Torres Strait Islander families.

Ongoing work is needed to determine the most effective services for Aboriginal and Torres Strait Islander families, between prevention and reunification services and those services offered through pilot programs developed for the Strategy.

The ACT Aboriginal and Torres Strait Islander Elected Body should be pivotal in developing a way forward for Aboriginal and Torres Strait Islander children and young people who are at risk of coming into care, and in monitoring their outcomes in care.



Appendices

Appendix A: ACT Charter of Rights for Children and Young People in OOHC

ACT Charter of Rights for Children and Young People in OOHC

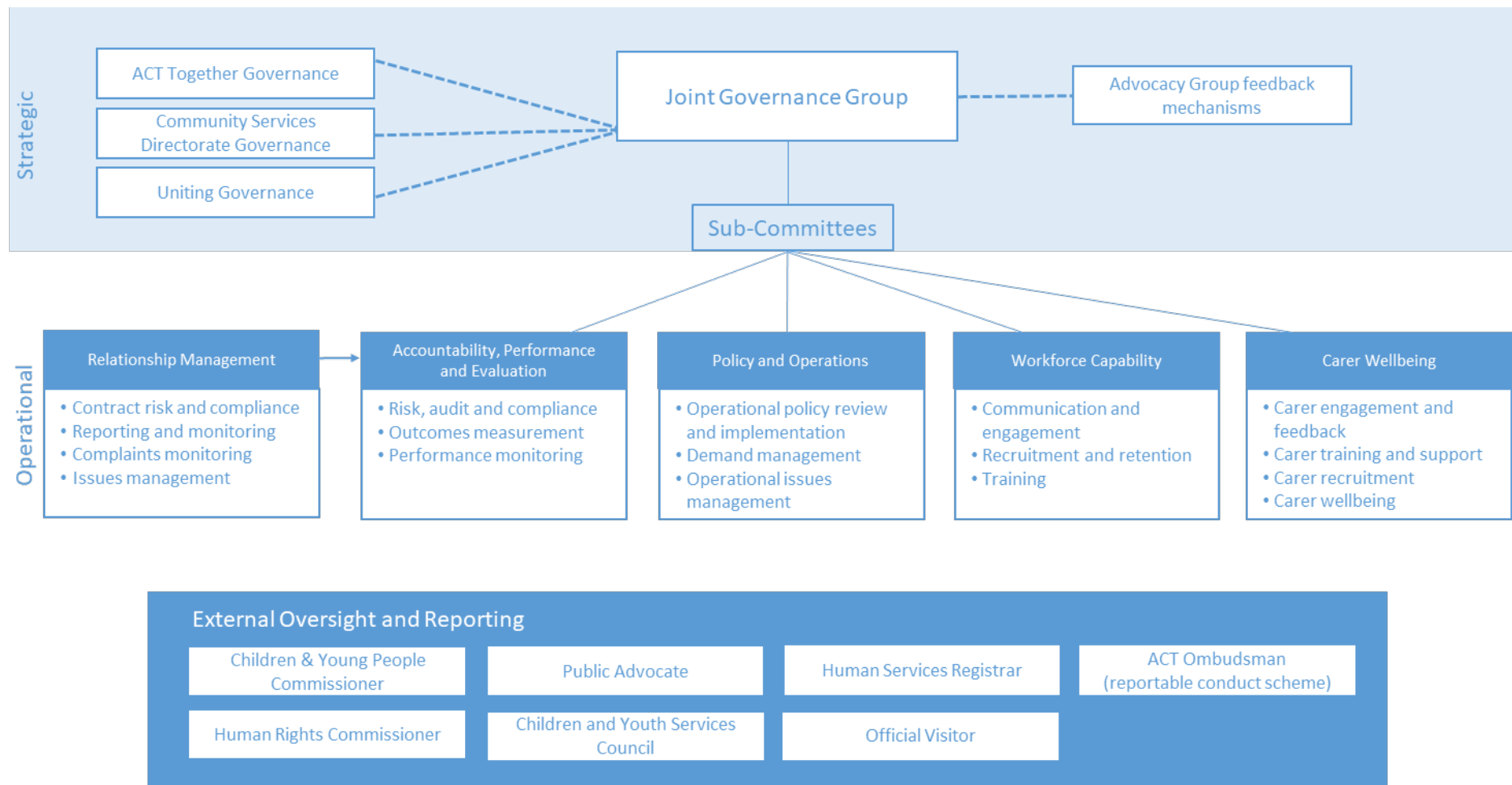
The Charter is for all children and young people who are unable to live with their parents and are living in short-term or long-term OOHC. This includes foster care, kinship care, respite care, or other residential care facilities.

The Charter sets out what children and young people can expect from the people who are looking after them and work with them, when they are in care. The Charter is the same for all ages (0-18) and the rights are:

- the right to be safe and looked after
- the right to be respected
- the right to be treated fairly
- the right to have fun, play and be healthy
- the right to be heard
- the right to privacy and have your own things
- the right to ask questions about what is happening to you
- the right to have contact with the people you care about and know about your family and cultural history
- the right to go to school
- the right to talk to people about things you don't like or don't understand

The Charter is based on the rights that all children and young people have and is consistent with the United Nations Convention on the Rights of the *Child*, the *ACT Human Rights Act 2004*, and the *Children and Young People Act 2008*, all of which outline the basic human rights to which all children and young people are entitled.

Appendix B: A Step Up for Our Kids Governance Structure



Source: ACT Government Community Services Directorate.



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