

Children in out-of-home care in Australia

International comparisons

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As governments increasingly search globally for strategies to improve child welfare outcomes, it is vital to consider how policies and programs developed in other countries are likely to suit local conditions. Routinely collected child welfare administrative data can provide contextual information for cross-national comparisons. This article examines out-of-home care in Australia compared to other developed countries, and explores possible explanations for differences in patterns and trends. In doing so, it also examines the similarities and differences between NSW, Victoria and Queensland. It is argued that a sound understanding of how out-of-home care is used, the profile of children in care and the influences on data can assist policy makers to match proposed solutions to clearly understood current problems. The imperative is to plan and implement policies and programs that locate out-of-home care within a range of child welfare services that meet the diverse needs of children and families within local contexts.

Globalisation is having an impact on child welfare policy. Government and community agencies are using research and practitioner and policy exchanges to learn from other countries in order to improve outcomes for vulnerable children and families. Examples of the global trade in child welfare programs and strategies include:

- Family group conferencing – from New Zealand to Australia, the US and UK (Crampton 2007)
- Positive Parenting Program (Triple P) – from Australia to the UK, US, Canada and many other countries (www.triplep.net)
- Structured Decision Making (a set of tools for assessing risk and protective factors at various decision points) – from the US to Australia
- Looking After Children case management system – from the UK to Canada and Australia (Cheers et al. 2007)

This international pooling of research and practice expertise has many positive features. But there are also pitfalls associated with importing research findings and interventions from one country to another. There are significant demographic, cultural, historical and welfare system differences that need to be taken into account in determining their feasibility and suitability. Routinely collected child welfare administrative data can provide necessary contextual information for cross-national debates and initiatives. Although most countries and states collect data on children using child welfare services, there are huge variations in these data, because of differences in legislation, policy, service systems, and access to broader social services. Without careful analyses of these large data sets and the reasons for variations, inappropriate comparisons between jurisdictions can be made that lead to misleading conclusions and unwise policy choices.

This article examines the use of formal out-of-home care in Australia compared to other developed countries. It is based on findings from a study of out-of-home care statistics in 14 countries comprising 21 jurisdictions in post-industrial societies (Thoburn 2007). The study takes the standpoint that being 'in care' is, in itself, neither a 'good' nor a 'bad' thing. Much depends on assessments as to whether being in care is better for the child than the alternatives, and on the quality of care provided. The policy imperatives are to ensure that,

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firstly, only children who need to be cared for away from their parents are placed in out-of-home care; and, secondly, to minimise the negative aspects of care for those who do need it. In this article, possible explanations for differences in rates in care between Australia and apparently similar countries are explored, as well as differences between the Australian states of Queensland, NSW and Victoria. These jurisdictions were selected because they are the largest Australian states (in terms of numbers of children in care) and they have different legislative, policy, regulatory and organisational arrangements for the delivery of child protection and out-of-home care services. Child protection is a 'stand-alone' department in Queensland, part of a 'super-department' of health and human services in Victoria, and part of the community services department in NSW. A policy issue that is beginning to separate the jurisdictions is the balance of funding between preventative and tertiary services, with Victoria and NSW making significant investments in early intervention.

The countries and states to be discussed are listed in Table 1, which details the child population, the numbers and rates of children in out-of-home care, and rates of entry to care during the year. This shows the positioning of Australia and the selected states relative to other countries. Data from 2004-05 are the latest available across the selected jurisdictions. As is noted in the table footnotes, the data are not entirely consistent across jurisdictions. In most countries, children entering formal out-of-home care – whether under 'voluntary' or court sanctioned arrangements – are included, but not those living away from home in informal arrangements. There are slight differences in terms of the inclusion of children with disabilities, though most needing anything but temporary or respite care or acute hospital treatment are included in the care statistics in most of these jurisdictions. Differences in this respect are considered unlikely to impact greatly on the rates. On the other hand, except in Scandinavia, most young offenders, and especially those over the age of 14 years, are not included in the out-of-home care statistics. Different jurisdictions make different arrangements with respect to informal and formal placements with kin, although all those included have kinship placements as part of the 'in care' service for more vulnerable children. (See Thoburn 2007 for a fuller discussion of these points.)

Table 1. Number and rates of children in out-of-home care, by country and state*

COUNTRY/STATE (YEAR)	EST. POPULATION 0-17 YEARS	0-17 YEARS IN CARE POPULATION	RATE PER 10,000 IN CARE	RATE PER 10,000 ENTERING CARE
Canada Alberta (2004)	771,316	8,536	111	–
Canada Ontario (2005)	2,701,825	17,324	64	–
Denmark (2004)**	1,198,872	12,571	104	30
France (2003)***	13,426,557	137,085	102	–
Germany (2004)	14,828,835	110,206	74	30
Norway (2004)**	1,174,489	8,037	68	13
USA (2005)	74,000,000	489,003	66	42
Illinois (2005)	3,249,654	17,985	55	16
N Carolina (2005)	2,153,444	10,354	48	28
Washington (2004)	1,509,000	8,821	58	52
Sweden (2004)**	1,910,967	12,161	63	32
UK England (2005)	11,109,000	60,900	55	23
Ireland	1,015,300	5,060	50	–
Spain (2004)	7,550,000	38,418	51	18
Australia (2005)	4,807,600	23,695	49	26
NSW (2005)	1,596,800	9,230	58	20
Queensland (2005)	966,300	5,657	58	33
Victoria (2005)	1,159,700	4,408	38	28
New Zealand (2005)	1,005,648	4,962	49	24
Italy (2003)	10,090,805	38,300	38	–
Japan (2005)	23,046,000	38,203	17	6

* All of the Australian data, and most of the other countries' data, are for 2004-2005. Sources: Thoburn 2007; AIHW 2006; SCRCSSP 2006 Attachment 15A.

** Scandinavian countries differ from most jurisdictions in that most young offenders tend to be in out-of-home care rather than in custodial institutions.

*** Data are collected separately on disabled children living away from the family home, although numbers are small and some disabled children are included in the 'care' statistics.

AUSTRALIA

As shown in Table 1, Australia does not have a high rate of children in out-of-home care compared to many other countries. For example, Denmark and France have around double the rate of children in care. The rate for Victoria, in particular, is comparatively low (38 per 10,000 children). While these 'point in time' data are useful for planning for the current population of children in care, they are less useful when formulating plans for the future, since many of

the children will have come into care years earlier when policies and circumstances may have been very different. More useful for understanding current trends, and the way in which placement is used, are the data on children who entered care during the year. The relationship between the rates 'in care' and 'entering care' is influenced by the length of time children spend in care. Even though the number and rate of children *in* out-of-home care in Australia has been increasing steadily over the last decade (and has continued to increase to 58 in 2006-07), the rates of *entry* to care have generally not increased (AIHW 2008). In some states, including NSW and Victoria, rates of entry to care actually decreased. The explanation for this appears to be that children are staying longer in out-of-home care, due to the complexity of their needs, or because reunification efforts are insufficient or unsuccessful. The exception to the general trend is Queensland where both the rate in care and the rate of entry have increased (rate of entry from 17 per 10,000 in 2001-02 to 33 per 10,000 in 2004-05). Overall, however, rates of entry to care for Australia are in the middle range when compared internationally. Possible explanations for this are discussed later in the article.

CHILDREN LIVING AWAY FROM HOME INCLUDED IN THESE STATISTICS

There were almost 24,000 children and young people in formal out-of-home care in Australia in June 2005, and over 12,000 admitted during the year. Included in the statistics are children taken into care via the courts and those admitted with parental agreement for purposes of respite, for example, at a time of parental illness, family crisis or relationship difficulties. The proportion of children not on an order ranged between 11% (Queensland), 14% (NSW) and 16% (Victoria) compared with 31% for England. Excluded from Australian data, but counted by some other countries, are placements made by disability services, medical or psychiatric services, juvenile justice facilities, overnight childcare services, or supported accommodation for homeless teenagers. Children available for adoption but not yet adopted are not included. Unaccompanied child refugees (on Temporary Protection Visas) are included but the exact number for Australia as a whole is not collected. The number of these children in some other countries can be quite high.

Just over one-third (38%) of those who came into care in 2004-05 were aged 0-4 years, 27% were aged 5-9 years and 35% were aged ten years or over. When compared with England, fewer of those who came into care were under 12 months old (13% compared with 16% for England) and fewer also were over ten years (35% compared with 46% for England). Only 8% of those admitted to care were aged 15-17 years, which is low compared to other countries. For example, adolescents (15-17 years) formed a larger proportion of out-of-home care entrants in Germany (28%), Sweden (34%) and Norway (51% of entrants aged 13-17

years). The younger age profile than that of some other countries probably results from the majority of young offenders being outside the child welfare system and recorded in the youth justice system (unless they are also subject to child protection orders). Out-of-home care is also not a primary service response for young people who are homeless or struggling with mental health or addiction problems. Around half of the children who were in out-of-home care in Australia had stayed in care for less than two years. A significant proportion, 22% of all children in out-of-home care, had stayed for five years or more. It is important to consider the needs of short and long stay children separately, both to prevent unnecessary admission and to provide appropriate services to children, parents and carers.

MAIN REASONS FOR BEING ADMITTED TO CARE

The main reasons for placement in Australia relate to physical abuse, emotional abuse, sexual abuse or neglect. This may include as contributory factors the need for alternative accommodation during times of family conflict, providing periodic relief to the carer, family breakdown, illness or incarceration of a parent, alcohol and drug problems, and the child being homeless. However, it is not known, for example, how many children were placed because their disabilities or behaviour problems overwhelmed their parents' capacity to adequately care for them, or how many children were placed as a consequence of parental mental health problems. Data on the type of maltreatment are reported at the time of substantiation (rather than at placement). The most common type of maltreatment reported for NSW, Victoria and Queensland was emotional abuse (around 40% of all substantiations), followed by neglect, physical abuse and sexual abuse. This has changed over time. For example, in 1998-99, the most common type of maltreatment recorded across Australia was physical abuse (AIHW 2006).

PLACEMENT

The majority of children (95%) in out-of-home care were in home-based care. This included 40% of the total placed in kinship care, where the caregiver is a family member or a person with a pre-existing relationship with the child, and 54% in 'stranger' foster care. The proportion in kinship care was higher for Indigenous children (around 53% for Indigenous compared to 35% for non-Indigenous children) because the first placement preference for Indigenous children according to long-standing policy (the Aboriginal Child Placement Principle) is within the family network. Australia's use of kinship care exceeds that in most other countries (for example, 8% in Canada, 12% in Sweden, 18% in England and 23% in the USA), although 35% of children in New Zealand were in kinship care. In some countries (Sweden, for example), children living with kin are usually supported outside the care system. The USA rate appears low

because it is common for children placed with kin to exit the care system through kinship adoption, a practice which is very uncommon in other countries. This applies to a lesser extent in Alberta (Canada), but does not entirely explain the very low rate of kinship care in that jurisdiction.

Only 4% of children were in residential care and 1% in independent living. The use of residential care in Australia is very low compared with most other countries, with 4% in group care compared to 13% in England, 15% in Canada, 19% in the USA, up to 50% in some European countries, and 92% in Japan. This is probably related to several ideological and economic factors in play since the 1970s, such as the deinstitutionalisation movement, research on adverse effects of group care, scandals and abuse in some facilities, and insufficient government funding (Ainsworth 2001), which combined to make residential care unviable for the (mainly) church-based providers who have operated residential care in Australia. In contrast, the high level of institutional care in Japan represents both a 'pull' factor – influential voluntary sector children's homes directors wishing to keep their numbers up – and the 'push' factor of

small homes with little spare room for foster children, as well as caring for other people's children (other than through 'custom'/informal adoption) being somewhat alien to the culture.

INDIGENOUS CHILDREN

Similar to other wealthy countries with colonised indigenous populations, Australia's Indigenous children are seriously over-represented in out-of-home care. The disproportionality rate compares the proportions of indigenous children in the general population to indigenous children in out-of-home care. As indicated in Table 2, 24% of children in out-of-home care in June 2005 were Aboriginal or Torres Strait Islander, although they represented only 4.5% of the total child population (0-17 years), which is a disproportionality rate of 5.3. The disproportionality rates are very high for NSW (7.0) and Victoria (10.9), compared to other jurisdictions. For example, in New Zealand, approximately 24% of the child population and 35% of the in-care population is Maori (disproportionality rate 1.5), in the USA, 2% of the child population and 8% of the in-care population is Native American (disproportionality rate 4.0), and in Alberta, Canada, 12% of the child population and 54% of the in-care population is indigenous (disproportionality rate 4.5). The disparity rate compares indigenous to non-indigenous rates in care and indicates between-group inequities. Table 3 shows Indigenous children were almost seven times more likely to be in out-of-home care than non-Indigenous children in Australia, with disparity rates between 4.3 in Queensland and 12.0 in Victoria. These disparities reflect the large gap between Indigenous and non-Indigenous standards of living. While research has noted the association between poverty and involvement in the child welfare system, there is limited research on the underlying causes of indigenous over-representation. It is generally attributed to a combination of structural inequities that increase risks to children, and differential treatment within the child welfare system (Trocme, Knoke & Blackstock 2004).

Table 2. Disproportionality rates for indigenous children in out-of-home care, 2004-05

	% of children in total population 0-17 years who are indigenous	% of children in out-of-home care population who are indigenous	Disproportionality rate*
Australia	4.5	24	5.3
Queensland	6.3	23	3.7
NSW	4.0	28	7.0
Victoria	1.1	12	10.9
New Zealand	24	35	1.5
United States	2	8	4.0
Canada (Alberta)	12	54	4.5

* Calculated by dividing the percentage of indigenous children in out-of-home care by the percentage of indigenous children in the population 0-17 years (Hill 2006).

Sources: Thoburn 2007; AIHW 2006; US Department of Health and Human Services 2005.

Table 3. Disparity rates between Indigenous and non-Indigenous children in out-of-home care, Australia, 2004-05

	Rate in care for non-Indigenous children per 10,000	Rate in care for Indigenous children per 10,000	Disparity rate*
Australia	39	264	6.8
Queensland	48	208	4.3
NSW	44	397	9.0
Victoria	34	407	12.0

* Calculated by dividing the rate per 10,000 of indigenous children in out-of-home care by the rate for non-indigenous children (Hill 2006).

Sources: AIHW 2006; SCRCSSP 2006 Attachment 15A.

NEW SOUTH WALES

New South Wales has the largest state population in Australia and with 9,230 children in out-of-home care, has almost twice as many children in care than any other state (Table 1). During 2004-05, 39% of children were under five years when they were admitted to out-of-home care in NSW, 26% were 5-9 years, and almost one-third (35%) aged ten years plus: This is a similar age profile to care entrants in Australia as a whole. There is an older age profile for children exiting care, with 27% aged under five years and 49% aged ten years plus. At June 2005, 22% of children had been continuously in care for a year or less (including 13% for less than six months). A total of 35% of children who were in out-of-home care had stayed in care for less than two

years, but 35% of children had stayed for five years or more. As in England, in recent years the rate of children admitted to care has been going down (from 25 per 10,000 in 2001-02 to 20 in 2004-05), but the rate in care has been going up (from 50 per 10,000 in 2001-02 to 58 in 2004-05), indicating longer stays for those who come into care.

PLACEMENT PATTERNS

The most common type of care in NSW in June 2005 was family or kinship care (57%), the highest level of kinship care for any jurisdiction in the study. The next most common type of care was with unrelated foster carers (39% of children or young people in care). There were 3% in residential care and 1% living independently. For the Indigenous children the proportions were 69% in kinship care and 17% with a foster carer or other carer outside the family. There were 2% in residential care and 11% in other types of placements. Comparing this pattern of placements with that for children entering care, it appears that for both Indigenous and non-Indigenous children, practice involved children being placed in foster care outside the family on coming into care and then movement into kinship care at a later stage, as well as going directly into kinship care. Around 87% of the Indigenous children in care were placed with Indigenous carers or kin in accordance with the Aboriginal Child Placement Principle.

VICTORIA

Like NSW, the number of children in care in Victoria has increased, but the rate at which children are entering care has declined, from 35 per 10,000 in 2001-02 to 28 per 10,000 in 2004-05 (AIHW 2003, 2006). During 2004-05, 34% of children were under five years when they were admitted to out-of-home care, 27% were 5-9 years and 39% were aged ten years plus. Of the total, 11% were aged 15-17 years. Victoria has a slightly older profile of children entering care than the other states, with relatively fewer infants and more adolescents admitted. On the other hand, 3,412 children were discharged from out-of-home care during the same year, with 28% aged under five years and 44% aged ten years plus. At June 2005, 27% of children had been continuously in care for a year or less (including 16% for less than 6 months). Forty-four per cent of children who were in out-of-home care had stayed in care for less than two years. This compares with 30% children who had stayed for five years or more.

PLACEMENT PATTERNS

The most common type of care in Victoria in June 2005 was unrelated foster carers, looking after 56% of children. The next most common type of care was kinship care, with 30% of children. A further 5% were in other home-based care such as private board or individualised care arrangements. In total, 91% of children in care in June 2005 were in family

placements. Victoria uses residential care more than other Australian states – 8% compared with 3% in NSW and 1% in Queensland. For the Indigenous children, the proportions were 41% in kinship care, 15% in foster care or with another carer outside the family, 5% in residential care and 36% in other types of placements. Only 59% of the Indigenous children in care were placed in accordance with the Child Placement Principle (AIHW 2006). As shown in Table 3, the level of Indigenous over-representation in Victoria was notably higher than other states and the average for Australia.

There are differing beliefs about the efficacy of being in care: while some countries regard out-of-home care as a positive support service for those who need it, others regard it as something to be avoided whenever possible.

QUEENSLAND

In Queensland, the rate at which children are entering care has almost doubled in recent years, from 17 per 10,000 in 2001-02 to 33 per 10,000 in 2004-05 (AIHW 2003, 2006). This is against the trend of other states and Australia as a whole. The age profile for children being admitted to, and discharged from, care was similar to that for Australia in total. A high proportion compared to the other states, 56% of children in Queensland had been in out-of-home care for 12 months or less (including 42% in care for less than six months). Twenty-eight per cent had been in care for two years or more (including 10% who had been in care for five years or more). It is not uncommon for children to be placed in out-of-home care for up to 28 days without an order being made, while assistance is provided to the family to help them meet the child's needs.

PLACEMENT PATTERNS

The vast majority, 99% of those children in out-of-home care in June 2005, were in family-based placements – 27% in kinship care and 72% in foster care outside the family. Only 1% were in residential care. Thus Queensland has the lowest level of kinship care and the greatest reliance upon foster care. For the Indigenous children, the proportions were 36% in kinship care and 64% in foster or other care outside the family. Of all children in care in June 2005, 23% were Indigenous, and 65% of those children were placed in accordance with the Child Placement Principle (AIHW 2006).

DISCUSSION

It can be hypothesised that rates in care and the profiles of children entering care are likely to be influenced by cultural norms and attitudes towards the family, and the pace of change in family life and society. These attitudes affect how much state interference in family life is tolerated or accepted (Fox Harding 1991). Japan provides an illustration of this, being a country with a strong family tradition, low divorce rate, low rate of single parent families and, until recently, employment stability. Compared to other countries it has relatively few children in care and the lowest rate for children entering care. However, in Australia, definitions of child abuse and neglect are relatively broad and there are high public expectations that government should 'do something' when children are at risk of harm. Countries such as Denmark, France and Canada (Alberta) have high numbers and rates of children in care, but for different reasons. These are likely to relate to the demographics of the population (in the case of Alberta with a large indigenous population) and for many European countries, the willingness of the State to provide support for families seeking assistance, and to provide support within the out-of-home care system for the troublesome behaviour of older children and adolescents.

Countries that have lower thresholds for entry generally provide for less troubled children, so placements are likely to be more stable.

Countries with high per capita incomes have widely differing rates for entering care. These countries place different emphases on anti-poverty strategies, day care, and family support. For example, children are less likely to enter care due to neglect in Japan and Scandinavian countries with high expenditure on health and community services, although, for Japan, poorly developed out-of-home care and other family welfare services for vulnerable children is a factor. This is different to countries in which the social safety net is more limited, like the USA, which has higher rates of entry. (Whereas poor countries that have insufficient resources to provide child welfare services are likely to have lower rates in care because services are not available). For countries like Australia, with major inequities between indigenous and non-indigenous standards of living, high levels of indigenous over-representation have an impact on overall rates in care. This is especially so for states with fairly high percentages of indigenous children in the population (such as NSW and Queensland, and Alberta in Canada). Despite even higher rates of over-representation,

their lower proportion in the general population in states such as Victoria means that over-representation of indigenous children has less impact on the overall rates. Nevertheless, narrowing the disparity gap at entry to care is a major challenge.

There are considerable legal and policy differences between countries. In many respects child welfare policy and practice in Australia is similar to that in Canada and the USA. There is a strong emphasis on the reporting of child maltreatment as a route into care, and a general tendency to see entry into care as something to be avoided rather than part of family support services. Australia differs from the USA and is more similar to the other countries in this study in having well-developed universal health and welfare systems. In Australia, Canada, New Zealand, England and the USA, there is concern to increase stability and permanence for children in care (Parkinson 2003). However, Australian policy makers have not followed the USA, the UK and Canada in using adoption without parental consent as a route out of care (this is legally possible in some Australian states, but in the small number of cases when it happens, this is almost exclusively adoption of children by foster carers with whom they have been living for some years). In Australia, a reasonably comprehensive social security system in the post-war period appears to have influenced policy because the availability of universal child endowment and income support for single parents led to fewer children being available for adoption and, consequently, the links between adoption services and child protection services has weakened over time. There is a growing emphasis on legal guardianship orders as a way of securing greater stability and long-term family membership. These differences in placement policies impact on the rate and characteristics of children included in the care statistics in that, since adoption is not used as a route out of care, young children tend to stay longer in foster family placement than, for example, in Canada, the UK and the USA. In this respect Australia is more like continental European countries and New Zealand. The impact of the stolen generations of Aboriginal children forcibly placed in care, including adoption, is evident in Australian child welfare policy and practice. All states and territories have adopted the Aboriginal Child Placement Principle, which places emphasis on family preservation and, in common with several other countries in this study, there is a preference for placing Indigenous children within the kinship network (Libesman 2004).

There are differing beliefs about the efficacy of being in care: while some countries regard out-of-home care as a positive support service for those who need it, others regard it as something to be avoided whenever possible. In Australia, out-of-home care is seen essentially as a child protection rather than as a family support service, and placement in the child welfare system has a stigma that placement for reasons of disability or education (for

example, at boarding school) does not have. In contrast, most European countries (with the exception of the four UK nations) see short and even long-term out-of-home care as an integral part of the child welfare and family support systems. Since the election of the Labour Government in New Zealand, its approach to out-of-home care has more in common with European than the other Anglophone countries.

The differing views about the value of placement have consequences for the profile of children in care and, accordingly, the types of policies required. Countries that have lower thresholds for entry generally provide for less troubled children, so placements are likely to be more stable. Jurisdictions with 'placement as a last resort' models and with children in long-term care will need programs that support carers and encourage positive links between children in care and their birth families. Different programs will be needed for short-stay children (such as family support and family reunification) and long-stay children (for whom belonging in 'two families' is likely to be more suitable).

The main implication for evidence-based policy and practice from this cross-national comparison of patterns and trends in out-of-home care is that there is no 'right' or 'wrong' rate of children in care that can be determined from international benchmarking

There are big differences between countries in terms of whether out-of-home care is essentially serving young children or teenagers, or a mix. A major focus for policies on the appropriate use of out-of-home care in the USA, Japan and Australia is children under five years. There is a similar, although less marked, pattern for England. The upper age for entering care and ageing out of care also differs. In some countries – Denmark, France, Germany, Norway, Sweden and Illinois USA – more than 10% of the in-care population in 2005 was over 18 years. Young people can (and do) enter care after this age in some countries.

It is essential when looking at statistics, policies and practice to consider the demographics. Australian society is one of the most culturally diverse societies in the world (although the ethnic mix varies between states). There are different issues for Indigenous people, long-settled Australians, and recently arrived immigrant families. The Indigenous population is unevenly distributed throughout the country. While the more populous states of NSW and Queensland have the highest numbers of Indigenous citizens, a larger

proportion (around one-quarter) of the Northern Territory population is Aboriginal. Geography also plays a part, as geographically small jurisdictions with relatively small child populations of around one million, such as Denmark, Norway and New Zealand, face very different service management issues than those with much larger and geographically dispersed populations.

CONCLUSION

Inter-country differences in out-of-home care data are related to differences in:

- social policy, social services and attitudes to the family
- beliefs about the efficacy of being 'in care'
- the profiles of children entering care (especially age and ethnicity)
- legal and policy differences (such as the types of orders available, funding arrangements, and the extent of use of adoption as route out of care)
- which children are included in 'in care' statistics (for example, young offenders and disabled children may be recorded elsewhere).

The main implication for evidence-based policy and practice from this cross-national comparison of patterns and trends in out-of-home care is that there is no 'right' or 'wrong' rate of children in care that can be determined from international benchmarking. We have not, in this paper, provided data on outcomes for children entering care, and such data is in any case patchy in some countries and non-existent in others. However, it can be anticipated from such research on outcomes that is available that jurisdictions and agencies serving children and families with different characteristics will have different 'success' rates. Indeed the criteria for success may differ. What 'works' in one country, community, ethnic group or age group may not 'work' in another. In-care entry and exit patterns must be considered, because increasing rates in care can result from more children being taken into care, or children staying longer, or both. Good administrative data should be complemented by in-depth qualitative or mixed methods research and evaluation to assist in the design of appropriate services. The services that a jurisdiction provides for children whose needs can be best met by placement in out-of-home care should be based on a thorough analysis of the communities served. From a policy perspective, the obligation is to ensure that only children who need to be removed from parental care, or who can otherwise benefit from placement, are in out-of-home care. This raises questions such as: What alternatives are provided? How many families receive support services prior to children being placed? What is the nature of the services, and are they sufficiently intensive to maintain family safety? What is the mix of family preservation, respite care and family reunification programs that is

necessary? If the care system does not serve troubled adolescents who are disengaged from their families, then what services are provided for this group so they are adequately looked after? Inevitably, for a significant number of children, out-of-home care will remain the most suitable service. Therefore, effort must go toward improving the quality of care and minimising the negative aspects of care. This involves questions about the regulation of care, carer support, family contact, education planning, permanency planning, maintaining cultural identity and placement choice.

Both internationally and within Australia, jurisdictions are considering these questions and coming up with different answers. Within Australia, NSW and Victoria are moving to more 'child well-being' early intervention models, requiring major shifts in resources and practitioner focus. In Queensland, the Crime and Misconduct Commission inquiry into the abuse of children in foster care is still driving the change effort, with its emphasis on safety – a 'child protection' model (Crime and Misconduct Commission 2004). These policy directions impact upon the numbers and needs of children entering out-of-home care. In the search across national and state boundaries for apparently successful interventions and strategies, policy makers need to take note of administrative data within their own jurisdiction, as well as the research and evaluation on the specific intervention they are interested in. This will inform the selection of services that are most appropriate to their own patch and make them less susceptible to those who, in the global marketplace for child welfare interventions, come with the enthusiasm of the pioneer or with a well-honed sales pitch. ■

REFERENCES

- AIHW, *see* Australian Institute of Health and Welfare
- SCRCSSP, *see* Steering Committee for the Review of Commonwealth/State Service Provision
- Ainsworth, F. (2001) 'After ideology: The effectiveness of residential programs for "at risk" adolescents', *Children Australia*, 26, 2, 11-18.
- Australian Institute of Health and Welfare (2003) *Child Protection Australia 2001-02*, Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (2006) *Child Protection Australia 2004-05*, Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (2008) *Child Protection Australia 2006-07*, Canberra: Australian Institute of Health and Welfare.
- Cheers, D., Kufeldt, K., Klein, R. & Rideout, S. (2007) 'Comparing caring: The Looking After Children system in Canada and Australia', *Children Australia*, 32, 2, 21-28.
- Crampton, D. (2007) 'Research review: Family group decision-making: a promising practice in need of more programme theory and research', *Child and Family Social Work*, 12, 202-209.
- Crime and Misconduct Commission (2004) *Protecting children: An inquiry into abuse of children in foster care*, Brisbane: author.
- Fox Harding, L. (1991) *Perspectives in child care policy*, Essex: Longman.
- Hill, R.B. (2006) *Synthesis of research on disproportionality in child welfare: An update*, Washington DC: Casey-CSSP Alliance for Racial Equity in the Child Welfare System, <http://www.cssp.org/major_initiatives/racialEquity.html>, accessed 4 October 2007.
- Libesman, T. (2004) 'Child welfare approaches for Indigenous communities: International perspectives', *Child Abuse Prevention Issues*, 20, 1-39.
- Parkinson, P. (2003) 'Child protection, permanency planning and children's right to family life', *International Journal of Law, Policy and the Family*, 17, 2, 147-172.
- Steering Committee for the Review of Commonwealth/State Service Provision (2006) *Report on Government Services 2006*, Canberra: AusInfo.
- Thoburn J (2007) *Globalisation and child welfare: Some lessons from a cross-national study of children in out-of-home care*, Norwich, Social Work Monographs, School of Social Work and Psychosocial Studies, University of East Anglia. Individual country profiles at <www.uea.ac.uk/swk>.
- Troçme, N., Knoke, D. & Blackstock, C. (2004) 'Pathways to the overrepresentation of Aboriginal children in Canada's child welfare system', *Social Service Review*, 78, 4, 577-598.
- US Department of Health and Human Services (2005) *Child Welfare Outcomes 2002 Annual Report*, Washington DC: DHHS Children's Bureau.