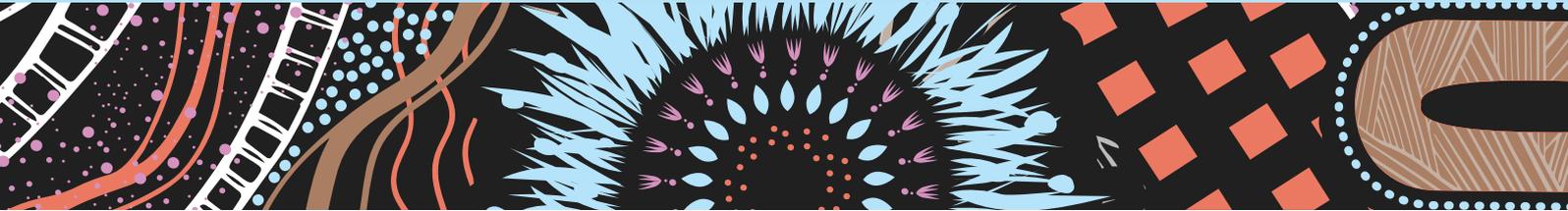




Improving the mental health of Indigenous children and young people in child protection

Summary paper



This paper is a summary of the Australian Institute of Health and Welfare publication *Improving the mental health of Indigenous children and young people in child protection*. This was published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>.

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **BeyondBlue (1300 22 4636)**.

Key findings

Aboriginal and Torres Strait Islander children and young people (Indigenous children and young people) are over-represented across all areas of the child protection system. They enter care at a faster rate and stay in the system longer.

Poor mental health and suicidality are common issues experienced by those who come into contact with child protection services. Lack of data limits our understanding of the extent of mental health issues and suicide outcomes.

Past policies, such as forced removals, continue to have substantial impacts for Indigenous Australians, with trauma, unresolved loss and grief affecting many Indigenous families and contributing to the over-representation of Indigenous children in care.

The Aboriginal and Torres Strait Islander Child Placement Principle, which aims to keep Indigenous children connected to their family, community, culture and Country, has been adopted in varying forms by states and territories. At 30 June 2019, about 2 in 3 Indigenous children placed in out-of-home care were placed in a way that met the placement elements of the Child Placement Principle.

Best practice approaches include:

- Indigenous-led design and delivery of programs and care planning – this involves effective collaboration between Indigenous communities, Indigenous agencies and child protection authorities.
- Primary and secondary interventions, such as early parenting programs that reduce parenting stress, build competence and confidence.
- Flexible care planning and service delivery, including:
 - cultural support plans that stay relevant by ongoing revision and monitoring
 - leaving care plans that ensure that young people are not made to exit care too early
 - alternative methods of service delivery to improve accessibility (such as home visiting).

Key learnings:

- More focus is needed to develop and maintain cultural support plans – including clarity around responsibility for these plans, adequate resourcing for plans, flexibility to change them and greater involvement of the relevant child or young person.
- Transitioning out of care needs to be carefully managed; it can be a trigger for mental health issues, suicide and self-harm.
- Permanency planning should consider Indigenous definitions of stability – for many Indigenous children, stability is grounded in the permanence of a child's identity in connection with family, kin, culture, and Country.

What we know

Aboriginal and Torres Strait Islander children and young people (hereafter Indigenous children and young people) are over-represented across all areas of the child protection system (AIHW 2020a), for example:

- In 2018–19, the rate of Indigenous children who were subjects of substantiation was 6 times the rate of non-Indigenous children (38 per 1,000 children (12,580) and 6 per 1,000 children (31,960), respectively).
- At 30 June 2019, the rate of Indigenous children and young people in out-of-home care was nearly 11 times the rate for non-Indigenous children (54 per 1,000 children (17,979) and 5.1 per 1,000 children (26,864), respectively) (AIHW 2020a).

In addition to being over-represented, Indigenous children tend to stay longer in out-of-home care (Tilbury et al. 2009).

Poor mental health and suicidality are common issues experienced by those who come into contact with child protection services (Green et al. 2019; Maclean et al. 2019). Past policies, such as forced removals, have substantial impact for Indigenous Australians. Trauma and irreversible damage to Indigenous families, communities and culture casts a long shadow over contemporary child protection services as well as government welfare systems.

Currently, there are no nationally collected data for mental health and suicide outcomes for Australians who have contact with the child protection system.

While child protection policies and legislation differ between jurisdictions, several important policies, including 'the Child Placement Principle', have been implemented in various forms to underpin Australia's approach to caring for Indigenous children and young people; keeping children with their families and communities.

Child protection system and continuum

State and territory governments are responsible for statutory child protection in Australia. Government and non-government organisations assist vulnerable children who have been, or are at risk of harm, or whose parents are unable to provide appropriate care or protection.

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

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

Children on care and protection orders can be placed in a variety of living arrangements. The majority (68%) of these children were placed either with relatives or kinship carers (39%) or in foster care (29%) as at 30 June 2019. Seven per cent of the children remained with their parents (AIHW 2020a). When children are placed in out-of-home care it can be for various reasons, for example, children who are the subjects of a substantiation of abuse or neglect may be placed into out-of-home care in order to provide them with a safe environment.

Efforts to improve and support the social and emotional wellbeing of Indigenous children who come into contact with the child protection system should extend to all stages of the child welfare continuum. These stages are described in Box 1.

Box 1: The child protection continuum

Preventative approaches to child protection (the Public Health approach)

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

Transition out of (or leaving) care

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

Relevant policies, programs and initiatives

Policies

Child welfare policy and legislation differ between jurisdictions. However, the Aboriginal and Torres Strait Islander Child Placement Principle (the Child Placement Principle) has been adopted in varying forms by all states and territories. It recognises the importance of Indigenous children remaining connected to family, culture, community and Country (Tilbury et al. 2013) making it entirely consistent with an Indigenous understanding of social and emotional wellbeing (Gee et al. 2014; PM&C 2017). The core elements of the principle are prevention, partnership, placement, participation, and connection. Its purpose is to:

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

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

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

The *Family Law Act 1975* (Cth) enshrines the Child Placement Principle by stating, 'children have a right to enjoy their culture (including the right to enjoy that culture with other people who share that culture)'.

The 2020 refresh of the National Indigenous Reform Agreement (Closing the Gap) included the target: 'By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent' (Commonwealth of Australia 2020).

For more details of the policies relevant to Indigenous child protection, refer to Chapter 4 and Appendix A of the full report.

Programs and initiatives

There are only a few child protection programs and initiatives that specifically aim to improve mental health for children and young people in care. Programs that have an Indigenous or suicide prevention focus are even fewer, and evaluation evidence is generally not well documented.

Programs analysed were across the child protection continuum. They included programs that assess mental health outcomes, and programs that focus on protective and risk factors associated with mental health and suicide for Indigenous children and young people (Table 1).

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

Name and brief description	Location / Indigenous-specific?	Evaluation
Primary and secondary intervention		
<p>Australian Nurse-Family Partnership Program (ANFPP)</p> <p>Supports families to prevent abuse and neglect via assistance to Indigenous mothers to improve their child's health and development and develop a vision for their own future. Sites have a home-visiting team comprising a Nurse Home Visitor and a Family Partnership Worker (which is an identified Indigenous Australian position) (ANFPP National Support Service 2020).</p>	<p>National</p> <p>13 sites across Australia</p> <p>Indigenous-specific – Yes</p>	<p>Child protection outcomes of the Australian Nurse-Family Partnership Program for Aboriginal infants and their mothers in Central Australia (Segal et al. 2018)</p>
<p>Family-Led Decision Making (FLDM) trial</p> <p>Focuses on keeping Indigenous children and young people with family through collaborative family-led child protection decision-making.</p>	<p>Queensland</p> <p>Indigenous-specific – Yes</p>	<p>Aboriginal and Torres Strait Islander Family-Led Decision Making (FLDM) trial (Winangali and Ipsos 2017)</p>
Statutory (tertiary) intervention		
<p>Evolve Therapeutic Services</p> <p>Trauma-informed and flexibly delivered therapeutic care tailored for children and young people in out-of-home care who present with complex and extreme behavioural and mental health problems (Eadie 2017).</p>	<p>Queensland</p> <p>Indigenous-specific – No</p>	<p>Evolve Therapeutic Services: Outcomes for children and young people in out-of-home care with complex behavioural and mental health problems (Eadie 2017)</p>
<p>The Ripple Project</p> <p>Improving coordination between mental health and out-of-home care services by increasing capacities of staff and carers in both sectors through the provision of additional support and training.</p>	<p>Melbourne's North and West Metropolitan Health Region</p> <p>Indigenous-specific – No</p>	<p>The Ripple Project Wave 1 (Herrman et al. 2016)</p>
<p>MBS items available for children and young people in out-of-home care</p> <ul style="list-style-type: none"> • Mental Health Treatment Plans (MHTP) • Aboriginal and Torres Strait Islander Health Plans (MBS item 715) 	<p>National</p> <p>MHTP Indigenous-specific – No</p> <p>MBS item 715 Indigenous-specific – Yes</p>	<p>Connection to Culture by Indigenous Children and Young People in Out-of-Home Care in Australia (McDowall 2016)</p>
<p>Cultural Support Plans</p> <p>Focuses on cultural continuity – maintaining connections with family, community and culture while in care.</p>	<p>National (jurisdictional variations)</p> <p>Indigenous-specific – No (includes children from Indigenous or multicultural backgrounds)</p>	<p>No evaluation publicly available</p>
<p>Kinship carer support (Government subsidies and the Care KaFÉ)</p> <p>Focuses on cultural continuity–maintaining connections with family, community and culture while in care.</p>	<p>Victoria</p> <p>Indigenous-specific – No</p>	<p>No evaluation publicly available</p>
Transition out of care		
<p>Transition to Independent Living Allowance (TILA)</p> <p>Supports Indigenous children and young people during the transition out of care through planned, flexible and gradual transition experiences.</p>	<p>National</p> <p>Indigenous-specific – No</p>	<p>Review of the TILA Program (Colmar Brunton 2011)</p>
<p>Leaving care plans</p> <p>Supports Indigenous children and young people during the transition out of care through planned, flexible and gradual transition experiences.</p>	<p>National</p> <p>Indigenous-specific – No</p>	<p>No evaluation publicly available</p>

What works

To understand the effect of child protection programs on improving mental health outcomes for Indigenous children and young people, it is important to recognise the impact past policies, such as forced removals, continue to have on Indigenous Australians.

Evaluation findings

Primary and secondary interventions

The 2 primary and secondary interventions, Australian Nurse-Family Partnership Program (ANFPP) and Family-Led Decision Making (FLDM) trial, noted some success at preventing involvement with child protection. Such programs reduce parenting stress and the likelihood of child abuse (AIFS 2013). Sustainable parenting skills are developed, reducing the drivers of out-of-home care placement, and in turn reducing mental health and self-harm. Notable findings included:

- diversion from future departmental intervention, children remaining connected to family, community and culture, and the promotion of rapid reunification.
- increased family choice in referral pathways and an improvement in the quality of family plans, with these being more actionable and more meaningful.
- a recognition of the importance of cultural authority and knowledge to families.

Statutory interventions

Some programs have shown promising results for the general child protection client population. For example:

- Study participants in the evaluation of Evolve Therapeutic Services showed improvements in scores relevant to their overall wellbeing (Eadie 2017).
- Interventions, including flexible service delivery, and support for carers and case managers, as included in The Ripple Project, could aid in reducing mental ill-health for the young people in out-of-home care (Herrman et al. 2016).

Other important findings:

- Program success was dependent on the strength of partnerships between organisations within and across service sectors (see The Ripple Project – Herrman et al. 2016).
- While Government initiatives, such as cultural support plans, promote key protective factors for mental health and suicide like cultural connectedness, almost a third (31%) of Indigenous children and young people in out-of-home care did not feel connected to culture, and only 14% reported being aware of a cultural support plan.
- The success of cultural support plans also suffered from limited resourcing of Aboriginal Community Controlled Health Organisations (ACCHOs) and confusion about who was responsible for preparing the plans (Baidawi et al. 2017; Mendes et al. 2016).

Transition out of care

The evaluation of the impact of the Australian Government's Transition to Independent Living Allowance (TILA) payment did not cover mental health and suicide outcomes. Findings highlighted:

- the detrimental impact of the 24-month eligibility window (since leaving care), and
- a mismatch between supply and demand for the program. There was an oversubscription in 2010 – analysis of TILA recipients suggested there were many young people (around 90%) exiting the formal care system that were eligible for TILA but not accessing it (Colmar Brunton 2011).

Best practice approaches

There is limited evidence available through program evaluations to fully assess best practice approaches to improving mental health and suicide outcomes for Indigenous children. Existing research identifies the following approaches as best practice:

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

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

Public Health approach

This approach:

- aligns with the prevention element of the Child Placement Principle, focusing on reducing entry into the child protection system. This reduces experiences of trauma for Indigenous children – essential for improving mental health and suicide outcomes (RANZCP 2016).
- is exemplified by the Australian Nurse-Family Partnership Program which endeavours to prevent exposure to mental health risk factors such as abuse and neglect (Zarnowiecki et al. 2018).
- recognises the need to shift away from statutory approaches that address abuse and neglect to approaches that focus on prevention and early intervention (COAG 2009).

While Australian governments recognise the need for this approach, government spending shows a greater proportion of funding is directed to tertiary services.

Effective collaboration

Improved collaboration is needed between organisations within and across service sectors, be they mental health services and out-of-home care services (Rahamim and Mendes 2016), or Indigenous and non-Indigenous child welfare services (Mendes et al. 2016). For example:

- Successful collaboration between FLDM service providers and departmental staff was integral to the trial's success (Winangali and Ipsos 2017).
- Better collaboration and coordination could help the completion of cultural support plans and clarify responsibility for their development (Baidawi et al. 2017; Mendes et al. 2016).

- Consulting with Indigenous agencies will ensure appropriate permanency planning and provide Indigenous voices safer spaces to participate in joint child protection decision-making.

Indigenous-led design and delivery

Incorporating Indigenous knowledge and understandings into Indigenous therapeutic care is essential to address the trauma associated with abuse, neglect and the loss of connection with family, community and culture associated with placing a child into care (Eadie 2017). Trauma care is more powerful when led, designed and developed according to Indigenous-specific approaches (Atkinson 2013). Programs such as the Family-Led Decision Making trial successfully incorporated Indigenous knowledge and delivered services in an 'Indigenous way'. This resulted in increased participation, control and self-determination for participating families who would otherwise have been at risk of child removal (Winangali and Ipsos 2017).

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) released a position statement about achieving stability for Indigenous children in out-of-home care. It includes recommendations for the involvement of Indigenous community-controlled agencies, families and children in decisions relating to care (SNAICC 2016).

Flexible care planning and delivery

A child's cultural needs and mental health requirements are likely to change over the duration of care and as they age. A lack of flexibility in support planning may exacerbate issues and result in poorer outcomes for Indigenous children. Some examples of flexible care planning and delivery include:

- Flexible leaving care plans that help ensure children are not made to exit care before they are ready (Rahamim and Mendes 2016).
- Home-visiting programs are a promising prevention strategy for vulnerable families that:
 - brings a service to the client and delivers it in a home environment
 - reaches those who do not usually seek services
 - provides opportunities for providers to tailor their support and guidance to clients' real-life situations
 - improves provider–client relationships (Kitzman 2004).

Gradual and supported transitions

Many young people in care do not feel that they are receiving enough support for planning several aspects of their future (AIHW 2020b). Key considerations include:

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

Conclusions

The ability to develop a strong evidence base for preventative and intervention approaches to child protection is hindered by a lack of outcomes data. There is no national data collection or evaluation evidence for child protection intervention, and its impact on mental health and suicide outcomes is not currently available. The Child Protection National Minimum Data Set does not include any outcomes data.

Measurement of compliance with the Child Placement Principle is currently only available for 2 out of the 5 elements (Placement and Connection). Measurement of remaining elements is still under development; no data are available for reporting Prevention – which supports families and building-up communities to care safely for their children, Partnership – which ensures that consultation genuinely includes Aboriginal and Torres Strait Islander community representatives, and Participation – which ensures the participation of children, parents and family members in decisions regarding the care and protection of their children (SNAICC 2017).

Other challenges in the evidence base include:

- inconsistent reporting by jurisdictions against the child protection data over time, hindering the availability of longitudinal information on children who come into contact with the child protection system
- whether negative mental health outcomes are as a result of maltreatment before child protection contact or as a result of contact with the child protection system
- poor quality identification of Indigenous children in care (SNAICC 2016).

There is also likely to be under-reporting of child abuse and neglect, with not all cases brought to the attention of child protection authorities (AIHW 2020a).

While the Commonwealth, state and territory governments have each released reports in response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA 2017), the long-term effects of reforms to child protection following the Royal Commission remain to be seen.

More research and evaluation of programs are needed to identify predictors of poor mental health and suicide outcomes for Indigenous children and young people in care, and to ultimately guide improving the mental health of Indigenous children and young people in child protection.

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Meriam-Mir and Kuku Yalanji man