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Children admitted to out-of-home care

2014–15

bulletin 142

Summary

There is a current focus in Australia on improving levels of family preservation and reducing the number of children entering out-of-home care (OOHC). However, national-level data regarding admissions to OOHC have been limited. This bulletin presents previously unpublished national trends in the number and rate of children admitted to OOHC by age and Indigenous status, from 2011–12 to 2015–16. It also explores key aspects of the OOHC experience during 2014–15 and 2015–16, for children admitted to OOHC in 2014–15 (excluding New South Wales). This may provide insights into the permanency planning process in Australia.

National trends in admissions to out-of-home care over time

Infants (aged under 1) and Indigenous children are over-represented in admissions to OOHC over time.

Between 2011–12 and 2015–16:

- For infants, rates of admissions rose from 7 to 8 per 1,000 children.
- For Indigenous children, rates of admissions rose from 13 to 15 per 1,000 children.
- Rates of admissions for non-Indigenous children, and all children admitted to OOHC, were relatively stable at around 2 per 1,000.

Children admitted to out-of-home care during 2014–15 (excluding New South Wales)

Of the 8,170 children admitted to OOHC during 2014–15 (excluding New South Wales):

- Slightly more than half (55%) were still in OOHC at 30 June 2016, while 44% had been discharged.
- For Indigenous children and younger children (aged under 10 at time of admission), the proportion of children still in OOHC was slightly greater at around 3 in 5.

- Nearly half (47%) had only 1 unique care arrangement during their time in OOHC.
- More than 4 in 5 (86%) were in home-based care (family setting with a carer).

For children still in OOHC at 30 June 2016:

- More than a quarter (28%) were on long-term legal orders. This is compared with 6% of these children at the time of their admission, and likely reflects efforts to achieve legal permanency for children requiring long-term alternative care arrangements.
- The percentage in relative/kinship care increased for Indigenous children between admission and 30 June 2016 (from 36% to 50%), while foster care arrangements decreased (from 44% to 32%). This is consistent with the preference for placing Indigenous children within their extended family.

For children who were discharged, most left within less than a year of their admission. Around 3 in 5 (61%) left within less than 6 months of their admission. More than 4 in 5 (82%) left within less than 12 months.

Contents

Introduction

The child protection system

In Australia, state and territory departments responsible for child protection provide assistance to vulnerable children and young people who have been, or are at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection (AIHW 2017).

There are 3 main components of the child protection system:

1. Assessment and investigation of **notifications** of possible abuse, neglect or other harm: these notifications are screened by child protection departments and, if required, the report is investigated. If the investigation finds that the child is being or is likely to be abused, neglected or otherwise harmed, the notification is recorded as substantiated.
2. **Care and protection orders**: these are legal orders or arrangements that give child protection departments some responsibility for a child's welfare (see Box 2 in 'Technical notes' section).
3. Children may be placed in **out-of-home care** when parents are unable to provide adequate care, children require a more protective environment, or alternative accommodation is needed during family conflict. This is overnight care where the department makes or offers a financial payment to the carer. In keeping with the principle of keeping children with their families, OOHC is considered an intervention of last resort (see Box 3 in 'Technical notes' section).

For more information on child protection policies and practices, and definitions of care and protection orders, and out-of-home care placement types, see AIHW (2017).

Policy context

Strengthening vulnerable families through early intervention and preventative measures is a key focus of the third action plan of the National Framework for Protecting Australia's Children 2009–2020 (COAG 2009; DSS 2015). 'Vulnerable' families include Indigenous children and families, and those with mental health, domestic and family violence, substance misuse, homelessness or disability issues who may be at greater risk of involvement with the child protection system. The number of children entering care has also recently been the focus of Community Services ministers; who have committed to enhancing early intervention and prevention services and are seeking to improve levels of family preservation and reunification, and reduce the number of children entering out-of-home care, especially those from Indigenous families (Porter 2016).

Despite this focus at the policy level on reducing the number of children entering care, national-level data regarding admissions to OOHC are currently limited. The number of children admitted to OOHC is reported in *Child protection Australia* (AIHW 2017) each year, however, rates of admission to OOHC over time, disaggregation by Indigenous status, and the experiences of children entering care are not explored.

When children need to be placed in OOHC, the general goal is to reduce the time of separation from parents, and to support efforts to achieve reunification of children with their parents or family if it is safe to do so (Berrick 2009). Reunification (or safe return home) for children in out-of-home care is the policy priority across all Australian jurisdictions. However reunification is not achieved for some children so permanent alternative care arrangements may be needed. These may include long-term third-party parental responsibility or guardianship/custody orders, or adoption (AIHW 2016b). Policies relating to permanency planning indicate that children who have been in care for 2 or more years require a decision to be made regarding their long-term care arrangements (AIHW 2016b).

This bulletin

This bulletin presents previously unpublished national trends in the number and rate of children admitted to OOHC. It also presents data on children who were admitted to OOHC in 2014–15 (excluding New South Wales) and explores key aspects of their OOHC experience during 2014–15 and 2015–16, which may provide insights into the permanency planning process in practice in Australia.

Information presented in this bulletin is primarily based on data from the Child Protection National Minimum Data Set (CP NMDS) which contains data for all states and territories except New South Wales. The most recent available CP NMDS data cover the 2-year collection period between 1 July 2014 and 31 August 2016.

The first section presents background information on national trends (including some non-CP NMDS data for New South Wales) in rates of admission to OOHC between 2011–12 and 2015–16 by age and Indigenous status.

The second section compares selected characteristics of 2 groups of children admitted to OOHC in 2014–15 (excluding New South Wales), based on their care status at the end of the 2015–16 reporting period. These groups are those children still in OOHC at 30 June 2016 and those who have been discharged by that date. The third section provides a comparison of the OOHC experiences of those two groups of children. Possibilities for future reporting are explored in the final section.

Supplementary tables referred to in this report (those with a prefix of S), can be downloaded free of charge from the Australian Institute of Health and Welfare (AIHW) website at <www.aihw.gov.au/reports/child-protection/children-admitted-to-out-of-home-care-2014-15/data>.

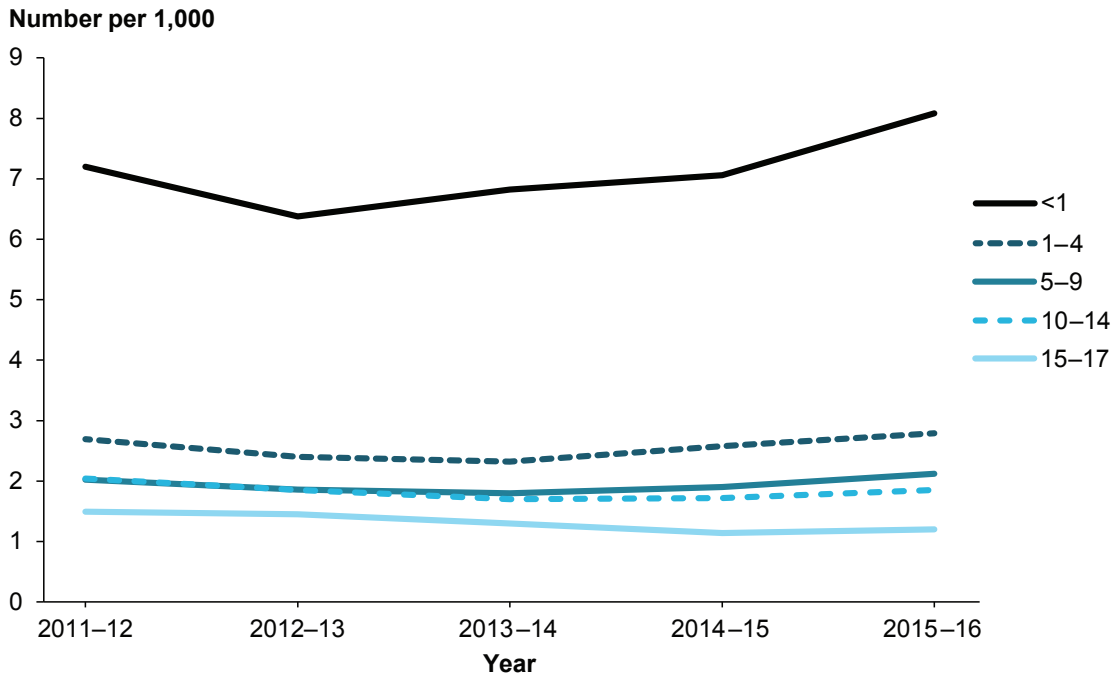
National trends in admissions to out-of-home care

Over the 5-year period from 2011–12 to 2015–16, the number of children admitted to OOHC rose by 5% (from 12,240 to 12,829). However, the rate has remained reasonably stable over this time at around 2 per 1,000 children aged 0–17 (Table S1). Over the most recent year (from 2014–15 to 2015–16) the number of children admitted rose by 11% (from 11,581 to 12,829).

Age

Since 2011–12 the rates of admission to OOHC for infants (children aged under 1) were consistently higher than the rates for any other age group (Figure 1). By 2015–16 children under 1 were almost 3 times as likely as those aged 1–4, and 7 times as likely as those aged 15–17 to be admitted to OOHC (Table S1).

There has been a 15% increase (from 2,127 to 2,442) in the number of admissions for infants over the 5-year period. While the rates for other age groups have been more stable over the 5-year period, over the last 12 months the number of children admitted in each age group rose by between 6 and 13% (Figure 1).



Note: Data presented in this figure includes aggregate data for NSW for all years.

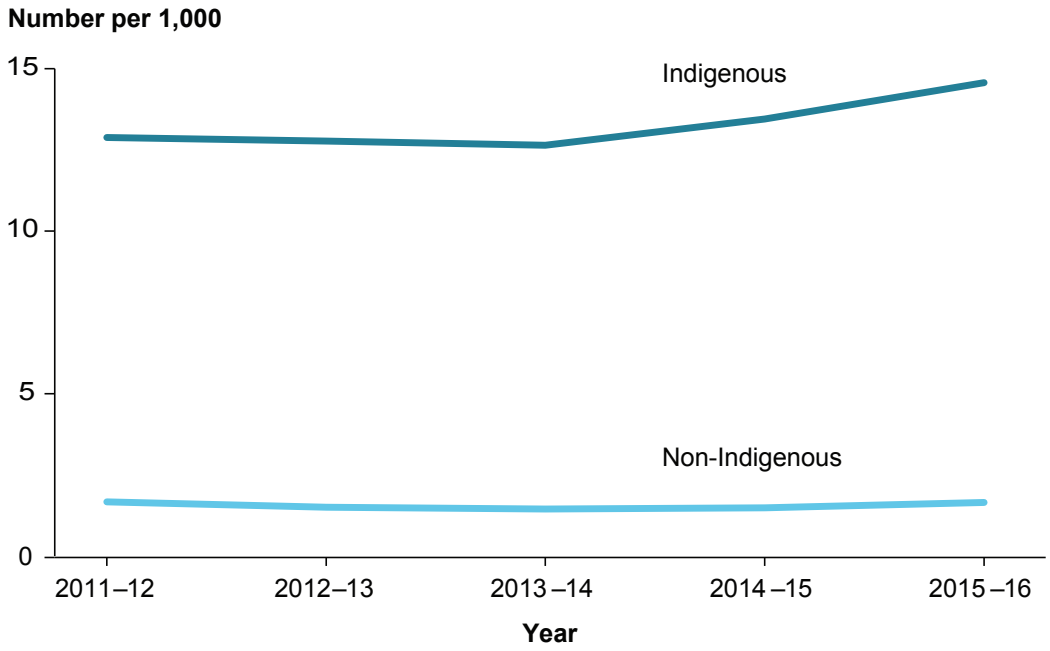
Source: Table S1.

Figure 1: Children admitted to OOHC, by age group, 2011–12 to 2015–16, Australia (rate)

Indigenous status

Indigenous children are over-represented in admissions to OOHC. Since 2011–12 the rate of Indigenous children admitted to OOHC rose from 13 to 15 per 1,000, while the non-Indigenous rate was relatively stable at just under 2 per 1,000 children (Figure 2). In 2015–16 Indigenous children were 9 times as likely as non-Indigenous children to be admitted to OOHC.

Indigenous children were over-represented across all age groups over the 5-year period. This over-representation was slightly higher for younger children—in 2011–12 Indigenous children aged under 1 were 10 times as likely to be admitted to OOHC as non-Indigenous children of the same age, falling to 9 times as likely in 2015–16 (Table S1). Indigenous children aged 1–4 were 8 times as likely to be admitted to OOHC in 2011–12, rising to 9 times as likely in 2015–16.



Note: Data presented in this figure includes aggregate data for NSW for all years.

Source: Table S1.

Figure 2: Children aged 0–17 admitted to OOHC, by Indigenous status, 2011–12 to 2015–16, Australia (rate)

Children admitted in 2014–15: Comparison by care status at the end of 2015–16

The group of interest for the analyses presented in the following sections is children aged 0–17 who were admitted to OOHC during 2014–15 (between 1 July 2014 and 30 June 2015). This includes all children admitted to OOHC for the first time, and those returning to OOHC after exiting for 60 days or more previously. Information reported 'at admission' is captured at the time of the first admission within the period. All these analyses utilise CP NMDS data which excludes New South Wales.

The information is this section focuses on 2 of the groups of children admitted to OOHC during 2014–15, based on their care status at the end of the 2015–16 period:

- children who were still in OOHC at 30 June 2016, and
- children who were discharged from out of-home care in 2014–15 or 2015–16.

For further information on how these two groups of children were defined, see Box 1. Comparing these two groups can give insights into differences in the care experiences for these children and contribute to our understanding of permanency planning for children who were admitted to OOHC.

Box 1: Two cohorts of children admitted to OOHC during 2014–15

Children admitted during 2014–15:
During their time in OOHC, children may experience a number of different placements, as well as periods where they are not in OOHC. As it is difficult to summarise the complex, and often unique movements of children in and out of the OOHC system the analyses of the group of children admitted during 2014–15 are further divided into 2 main sub-groups, based on their care status at the end of the 2015–16 period.

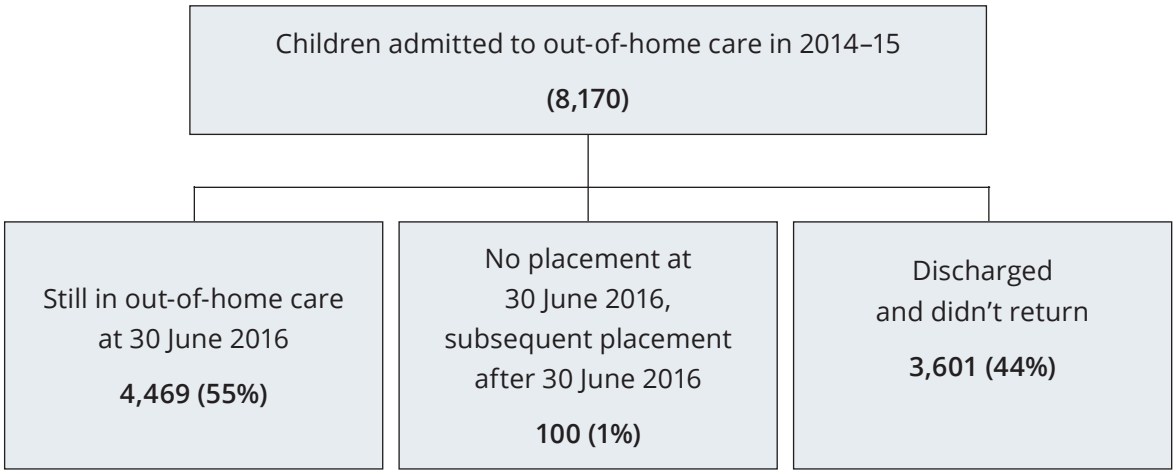
- **Still in OOHC group**: Children who had an active OOHC placement on the night of 30 June 2016. Note that during 2014–15 and 2015–16 these children might have exited OOHC for short or longer periods (over 60 days), but were in an active placement at the 30 June 2016 snapshot date.
- **Discharged group**: Children who left OOHC, whose last placement ended before 30 June 2016, who had not returned in less than 60 days. (Data up to 31 August 2016 were used to determine children had not returned within less than 60 days). Analyses for these children are at the time of last discharge unless otherwise stated.

There was also a small group of children who did not have an active placement on the night of 30 June 2016—some of these children were on a break of less than 60 days on the night of 30 June 2016, others had been discharged from OOHC on or before 30 June 2016, and were re-admitted between 30 June 2016 and 31 August 2016, so they were not considered to be discharged for the analyses presented in this bulletin. These children were excluded from the analyses in this section.

Care status at the end of 2015–16

Figure 3 shows that of the 8,170 children admitted to OOHC during 2014–15:

- 4,469 (55%) were in an OOHC placement at 30 June 2016
- 3,601 (44%) were discharged from OOHC and had not returned by the end of the 2015–16 collection period
- 100 (1%) were not in an OOHC placement at 30 June 2016. Some of these were on a break of less than 60 days on the night of 30 June 2016 (and therefore were not counted as being discharged); others had been discharged from OOHC on or before 30 June 2016 and were re-admitted after 30 June 2016.



Notes

1. This figure excludes NSW as data were not available.
2. Children in OOHC at 30 June 2016 are those with an active OOHC placement on the night of 30 June 2016.
3. Children discharged from OOHC include those who left care before 30 June 2016 and had not returned in less than 60 days.
4. Of the 100 children without a placement at 30 June 2016; some were on a break of less than 60 days on the night of 30 June 2016; others had been discharged from care on or before 30 June 2016 and were re-admitted after 30 June 2016.

Source: Table S2.

Figure 3: Children admitted to OOHC during 2014–15, by care status at the end of the 2015–16 period, Australia (excluding NSW)

Sex and Age

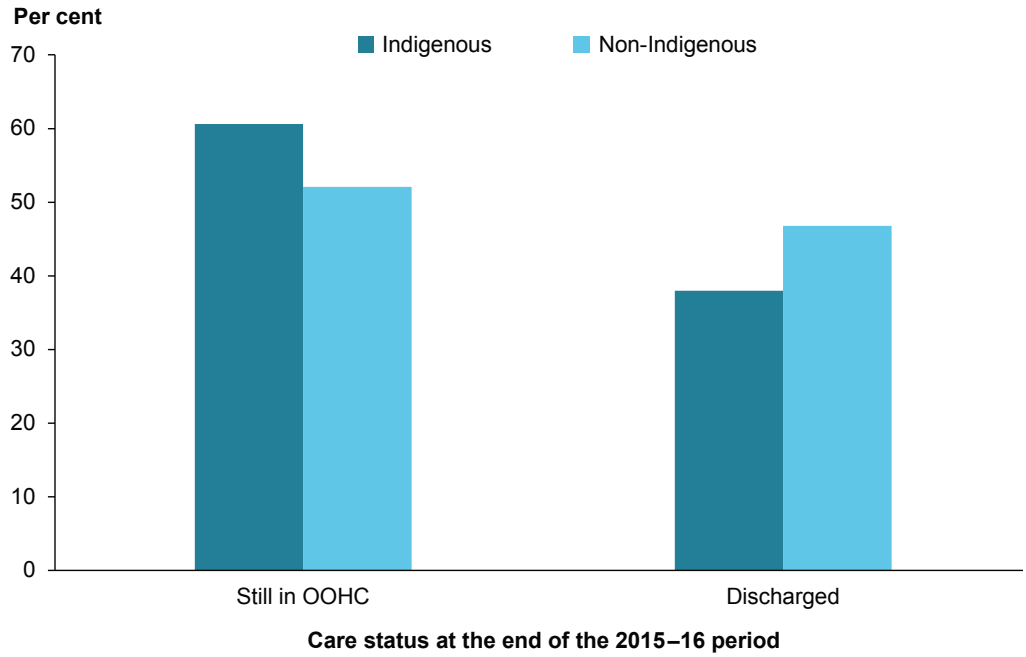
Of the 8,170 children admitted to OOHC during 2014–15, there were roughly equal numbers of boys (4,159) and girls (4,004; Table S3). Around 55% of both sexes were still in OOHC at 30 June 2016, while around 44% in each group had been discharged.

Younger children were more likely to be still in OOHC, while older children were more likely to have been discharged. Of the 5,622 children aged under 10 at the time of admission, 60% were still in OOHC and 40% were discharged from OOHC (Table S4). Conversely, for the 757 children aged 15–17 at admission 70% were in the discharged group and 30% were still in OOHC (30%).

Children are eligible to be in OOHC at any age up to 17, meaning some children are discharged from OOHC around the time they turn 18. The group of children discharged includes 6 children who were 18 at the time of discharge, and 32 who were discharged on their 18th birthday (accounting for 5% of children aged 15–17 at the time of admission).

Indigenous status

Indigenous children were slightly more likely to still be in OOHC, than to have been discharged. Of the 2,668 Indigenous children admitted to OOHC during 2014–15, 61% were still in OOHC and 38% had been discharged from OOHC (Figure 4). In comparison, of the 5,422 non-Indigenous children admitted to OOHC, 52% were still in OOHC and 47% had been discharged.



Note: This figure excludes NSW as data were not available.

Source: Table S5.

Figure 4: Children admitted to OOHC during 2014–15, by Indigenous status and care status at the end of the 2015–16 period (excluding NSW) (%)

These findings are consistent with research that shows that Indigenous children and those from disadvantaged families are less likely to be reunified following time in OOHC (Fernandez & Lee 2013; Kortenkamp, Geen & Stagner 2004). Indigenous children who were the subject of child protection substantiations in 2014–15 were far more likely to be from the lowest socioeconomic areas compared with non-Indigenous children, indicating higher levels of family disadvantage (AIHW 2016a).

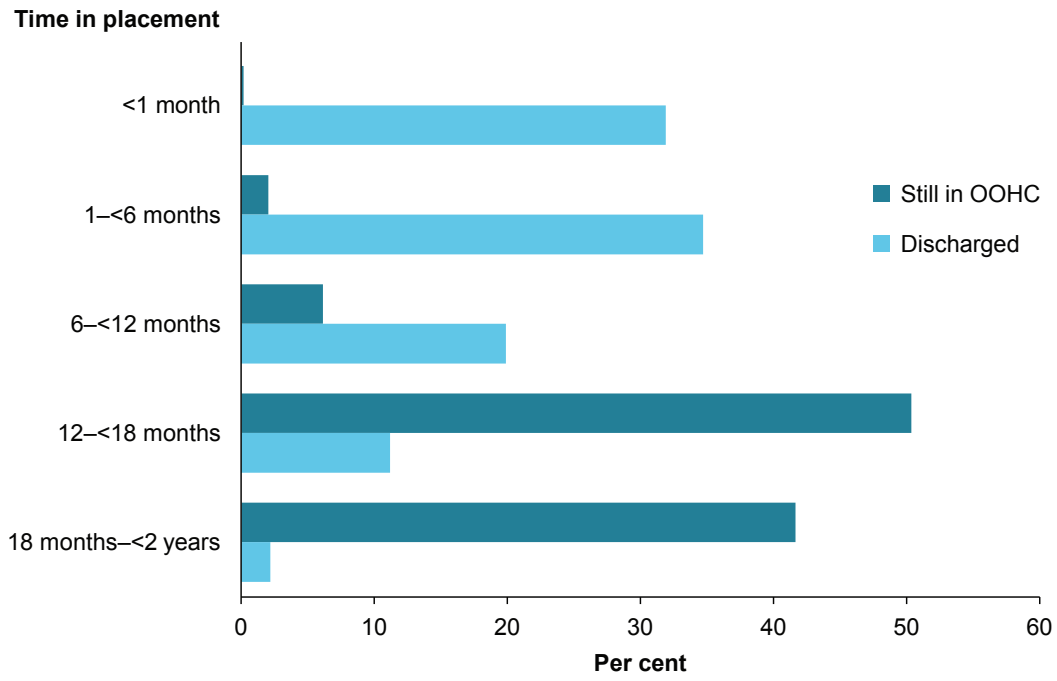
Experience of out-of-home care

Children may move from one order type to another and/or from one placement to another either to achieve the most suitable long-term care arrangement, or because of placement disruption (AIHW 2016b). Investigating the movement of order types and living arrangements between admission and the end of the 2015–16 period can provide information about the experience of care.

Time spent in placement(s)

Most (92%) of the group still in OOHC had spent 12 months or more in OOHC placement(s). The total time in OOHC placement(s) was much shorter for those who were discharged, of whom:

- most (87%) had spent less than 12 months
- almost one-third (32%) had spent less than 1 month
- 35% had spent 1 to less than 6 months (Figure 5).



Notes

1. This figure excludes NSW as data were not available.
2. Time spent in OOHC placements is the sum of all OOHC placements from the time of admission in 2014–15 across the 2-year collection period (2014–15 and 2015–16). It is calculated at either 30 June 2016, or at the time of discharge.
3. Only time spent in actual OOHC placements is included in the durations presented in this figure. Short-term placements (lasting less than 7 nights) are included in the calculations of time in placement, however any break where a child does not have an active OOHC placement are excluded.

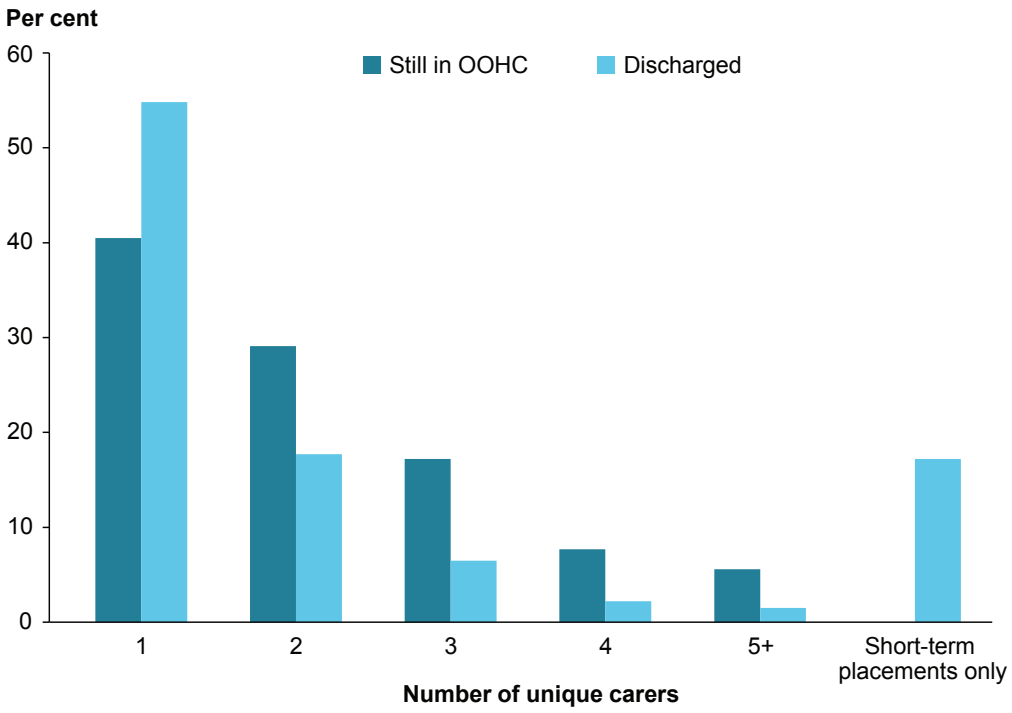
Source: Table S6.

Figure 5: Children admitted to OOHC during 2014–15, by total time in placement(s), and care status at the end of the 2015–16 period (excluding NSW) (%)

Number of care arrangements

In general, fewer placements during the time a child is in OOHC indicates a greater stability in the carer-child relationship and the residential location.

Over half (55%) of children who were discharged, and 41% of those still in OOHC at 30 June 2016 had 1 unique care arrangement during their time in OOHC over the 2-year collection period (Figure 6). Of those still in OOHC, 46% had 2–3 unique care arrangements, and 13% had 4 or more. Some (17%) of the children who were discharged experienced only short-term placements (of less than 7 nights' duration) during their time in OOHC. These arrangements may indicate the use of respite care to support vulnerable families, or preparing children to transition out of care (AIHW 2016b).



Notes

1. This figure excludes NSW as data were not available.
2. Only carer arrangements occurring between admission date and 30 June 2016, or admission date and discharge date are included in the counts presented in this figure.
3. 'Short-term placements only' includes those children who only experienced short-term placements (of less than 7 night's duration) during their time in OOHC.
4. The number of unique care arrangements may be slightly undercounted as some carer households do not have a unique household identifier. In these instances, each different living arrangement type was counted once as a unique care arrangement.

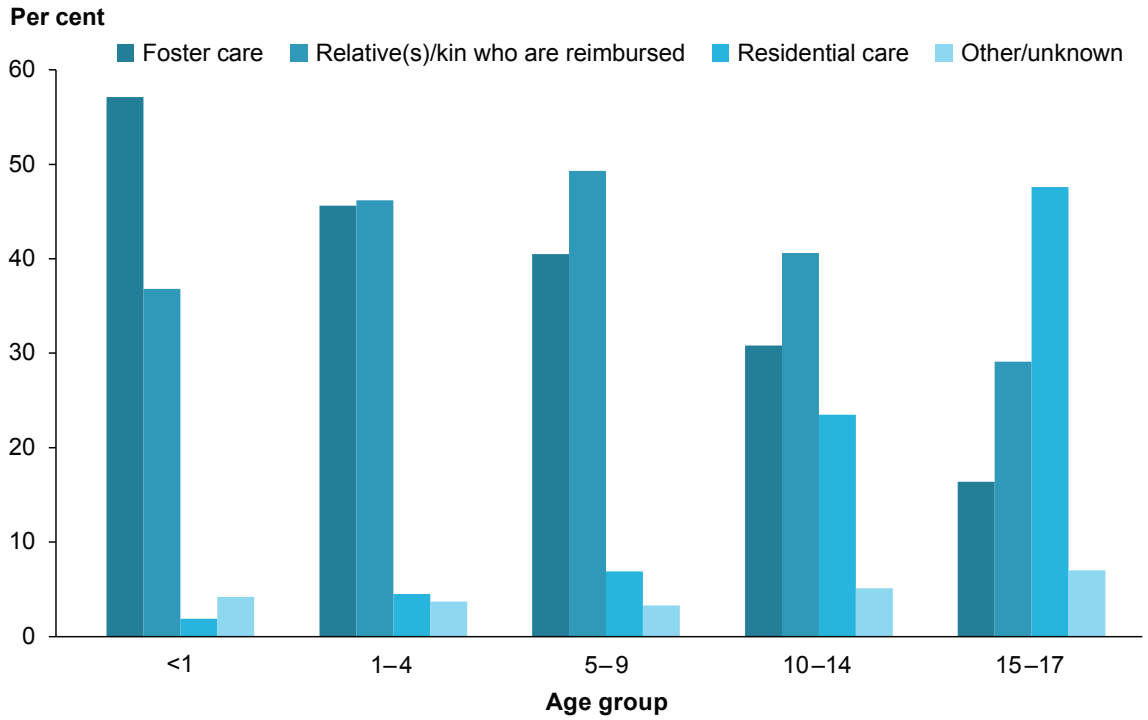
Source: Table S7.

Figure 6: Children admitted to OOHC during 2014–15, by number of unique care arrangements and care status at the end of the 2015–16 period (excluding NSW) (%)

Placement type

Most of the 8,170 children admitted to OOHC (86%) were in home-based care (in a family setting with a carer; Table S8). Younger children were more likely to be in a home-based placement—95% of those aged under 5, compared with 48% of those aged 15–17. For definitions of OOHC placement types see Box 2 in the 'Technical notes' section.

Compared with all children in OOHC at 30 June 2015 (the end of the financial year for children admitted during 2014–15), a larger percentage of children admitted to OOHC during 2014–15 were placed in residential care at admission—13% compared with 7% at 30 June 2015 (excluding New South Wales; AIHW 2016a). This was mainly the case for older children—24% of children aged 10–14, and 48% of children aged 15–17 were placed in residential care at admission (Figure 7), while percentages for children under 10 ranged between 2 and 7%. Residential care may be used for children who have complex needs or to keep large sibling groups together (AIHW 2017), or may reflect the use of emergency or respite placements until other placement options are formalised (AIFS, Chapin Hall Centre for Children University of Chicago & NSW FACS 2015).



Notes
1. This figure excludes NSW as data were not available.
2. 'Other/unknown' category includes third-party parental care, other home-based care (reimbursed), family group homes, independent living, and other/unknown living arrangement types.

Source: Table S8.

Figure 7: Children admitted to OOHC during 2014–15, by age group and placement type, Australia (excluding NSW) (%)

Still in OOHC group

The majority of children in this group were in a home based care placement at admission to OOHC and at 30 June 2016—89% at each time point (Table S9).

Between admission to OOHC and 30 June 2016 there was a shift in the type of home-based care placements, especially for Indigenous children—the number of Indigenous children in foster care placements fell by 27%, and the number in relative/kinship care placements rose by 39% (Table S9). The number of Indigenous children in residential care also fell by 12% between admission and 30 June 2016.

For Indigenous children placed in OOHC, the Aboriginal and Torres Strait Islander Child Placement Principle prioritises placement within the child's extended relatives or family (Lock 1997; Tilbury et al. 2013). This recognises the crucial role that relative/kinship placements have in maintaining family and cultural connections for Indigenous children (Kiraly, James & Humphreys 2014).

This shift was similar, but less pronounced for non-Indigenous children in this group—the number of non-Indigenous children in foster care placements fell by 21%, and the number in relative/kinship placements rose by 10%. The number of non-Indigenous children in residential care also rose by 6% over this period.

Discharged group

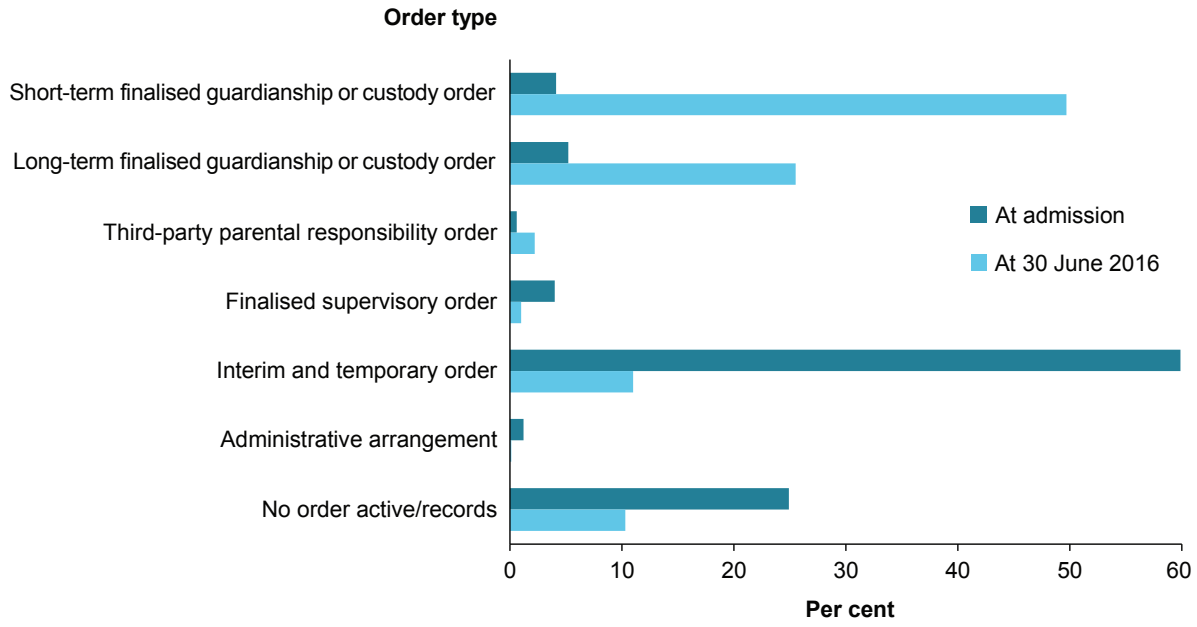
A large percentage of children discharged from OOHC were in home-based care at admission to care (82%), and at discharge (81%). For this group overall, there was a fall in the number in foster care, and increases in relative/kinship care and residential care (Table S10).

Order type

Still in OOHC group

There was a substantial change in the legal status (order type) for children who were still in OOHC at 30 June 2016. At admission to OOHC, three-fifths (60%) of children were on an interim or temporary order, 24% did not have an active order, and a smaller percentage (around 5% each) were on short- and long-term guardianship orders and supervisory orders (Figure 8). The high percentage of children admitted to OOHC without a care and protection order in place could reflect emergency placements or other informal arrangements which allow a child to be placed in OOHC without going through the courts.

By 30 June 2016, 50% of children were on short-term finalised guardianship orders, and 28% were on long-term guardianship or third-party parental responsibility orders. Conversely, the percentage of children on interim and temporary orders had fallen to 11% and fewer children had no order active (9%). These changes in order types were similar for Indigenous and non-Indigenous children (Table S11). The higher percentage of children on long-term guardianship or third-party parental responsibility orders at 30 June 2016 reflects efforts to help achieve legal permanency for children requiring long-term alternative care.



Notes

1. This figure excludes children on Immigration orders, and other order types not defined as 'care and protection orders'. It also excludes NSW as data were not available.
2. Orders at admission include orders that were in place at the time of admission to OOHC, or that commenced within 5 days of admission to OOHC.
3. 'No order active/records' includes children who did not have an order active within 5 days of admission, and children who did not have any order records in the Care and Protection Orders file of the CP NMDS.
4. For definitions of order types see AIHW 2017.

Source: Table S11.

Figure 8: Children still in OOHC at 30 June 2016, by order type at admission to OOHC and at 30 June 2016 (excluding NSW) (%)

Discharged group

A legal order may remain in place once a child is discharged from OOHC. For the group discharged from OOHC; between admission to OOHC and discharge, the percentage of children on:

- any type of legal order decreased slightly from 67% to 65%
- interim or temporary orders fell from 50% to 29%
- supervisory orders rose from 4% to 14% (Table S12).

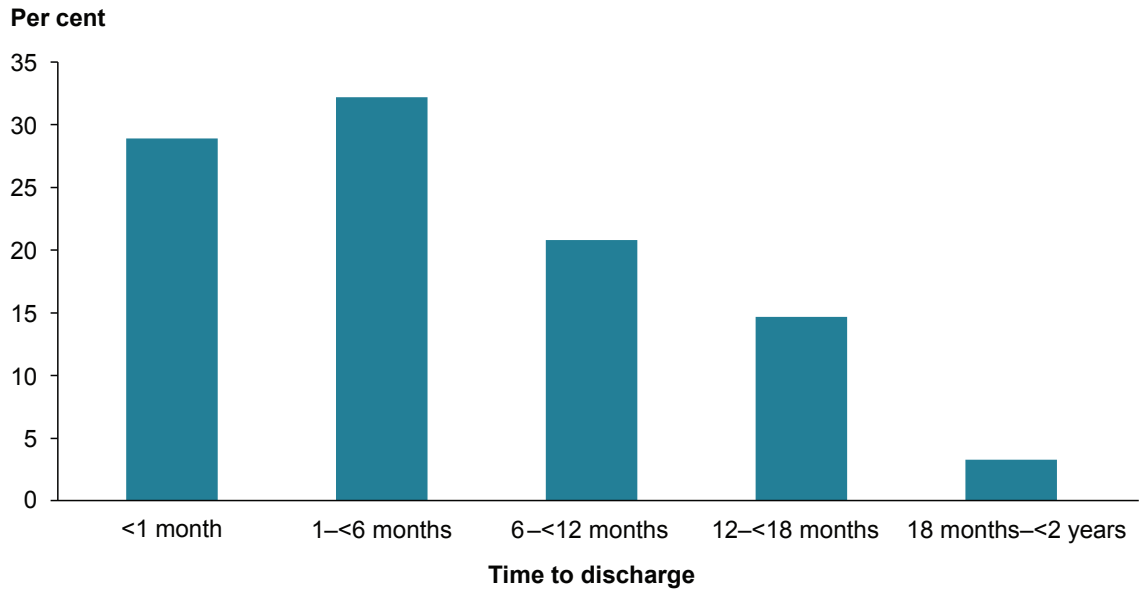
While a majority of children (66%) discharged from OOHC remained on some type of order at the time of discharge, the percentage without an active order rose slightly from 15% to 18% (Table S12), and was higher than for those in still in OOHC at 30 June (9%; Table S11). This may signify reduced levels of legal involvement with the child protection department for these children.

Children under supervisory orders are generally under the guardianship of their parents (rather than guardianship by the department responsible for child protection), so the increase in the percentage of children on supervisory orders at discharge may also indicate scaled back interventions for these children.

Time to discharge

Research suggests that many children are quickly reunified with their family following entry to care, and that the rates of reunification fall after six months (Delfabbro, Fernandez, McCormick & Kettler 2013). Of the 3,601 children who were in the discharged group, 61% were discharged within less than 6 months from their admission to OOHC. A further 21% were discharged within 6 to less than 12 months and 15% were discharged within 12 to less than 18 months. A smaller percentage (3%) were discharged within 18 months to less than 2 years from admission to OOHC (Figure 9).

Although it is not possible to determine from the available data whether children who were discharged were reunified with their family of origin, nor whether these children later return to OOHC, over half of the children discharged (57%) were discharged on before 30 June 2015 and had not returned to OOHC by 31 August 2016 (Table S14).



Notes

1. This figure excludes NSW as data were not available.
2. Time to discharge presented in this figure is calculated by subtracting the date of admission (during 2014–15) from the end date of the final OOHC placement for children who were discharged. Time to discharge includes any breaks where a child does not have an active OOHC placement.

Source: Table S13.

Figure 9: Children discharged from OOHC, by time to discharge (excluding NSW) (%)

Possible future reporting

This bulletin has provided some insights into the experiences of children who were admitted to OOHC in 2014–15. As more data accumulate over future years, the analyses may be expanded to track the movements of children admitted to OOHC in 2014–15 over longer periods.

The reporting of these analyses could be improved by including data for New South Wales, to present a national picture of the experiences of children admitted to OOHC. The exclusion of New South Wales data may affect the analyses relating to the experiences of children admitted to OOHC in 2014–15 as it is not known whether experiences of children in OOHC in New South Wales would be consistent with those of other jurisdictions.

Our understanding of children admitted to OOHC and their care experiences could be further enhanced by national data development in the following areas:

- The specific reasons why children are admitted to OOHC, including date of first admission, and risk characteristics of vulnerable families (for example, family and domestic violence) who are likely to have contact with the child protection system. This knowledge would provide an indication of potential focus areas for early intervention.
- The reasons why children exit OOHC would provide an indication of the number of children reunified with their family and how many of these children later returned to OOHC (potentially capturing unsuccessful reunification attempts).
- Linkage with other health and welfare data collections could provide information on multiple service use among vulnerable children and young people—for example, interactions with health, education, employment, income support and justice systems and long-term outcomes in these domains.

Technical notes

Age

Age is calculated in whole years throughout this bulletin. As age is calculated at different time points, a child's age may vary across tables. Time points at which age has been calculated are:

- at the time of the first admission to OOHC in 2014–15
- at 30 June 2016 for children in OOHC at that time.

Care and protection orders

Box 2: Care and protection order types

Interim and temporary order: Order covering the provision of a limited period of supervision and/or placement of a child. Parental responsibility under this order 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.

Finalised guardianship or custody order: A guardianship order involves the transfer of legal guardianship to the relevant state or territory department or non-government agency. Custody orders generally refer to orders that place children in the custody of the state or territory department responsible for child protection, or a non-government agency. These orders usually involve the child protection department being responsible for the daily care and requirements of the child, while the parent retains legal guardianship (AIHW 2017).

Guardianship or custody orders can be for specific periods. For national reporting purposes, these are classified as:

- *long-term orders:* transfer guardianship/custody until the child is 18. In some jurisdictions, this may also include orders for a specified period of more than 2 years
- *short-term orders:* transfer guardianship/custody for a specified 'short-term' period of 2 years or less.

Finalised supervisory order: Order giving the department responsible for child protection some responsibility for a child's welfare. Under this order, the department supervises and/or directs the level and type of care that is to be provided to the child.

A child under a supervisory order is generally under the responsibility of his or her parents and the guardianship or custody of the child is unaffected.

Third-party parental responsibility orders: These orders transfer all duties, powers, responsibilities and authority (to which parents are entitled by law) to a nominated person(s) whom the court considers appropriate. The nominated person may be an individual, such as a relative, or an officer of the state or territory department.

Data sources

Information on children admitted to OOHC in this bulletin is based on data from the CP NMDS which contains data for all states and territories except New South Wales, which currently provides aggregate child protection data in the form of pre-agreed tables. The CP NMDS contains information on the demographics of children and young people who receive child protection services, notifications received by child protection departments, and the care and protection orders and OOHC placements relating to these children and young people.

The most recent available CP NMDS data cover the 2-year collection period between 1 July 2014 and 31 August 2016. The files of particular relevance to the experiences of the cohort of children admitted to OOHC explored in this bulletin are the 'Care and Protection Orders' and the 'Living Arrangements' files. These files include all orders issued or in place at some point during the collection period, and all OOHC placements that were open during the collection period. A data quality statement for the CP NMDS is also available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/665947>

Living arrangements

Box 3: Out-of-home care living arrangement types

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.) Varying degrees of reimbursement are made to foster carers.

Home-based care: Care provided for a child who is placed in the home of a carer, who is reimbursed (or who has been offered but declined reimbursement) for the cost of care of that child. There are 4 categories of home-based OOHC: relatives/kin who are reimbursed, foster care, third-party parental care and other home-based OOHC.

Relative/kinship care: A form of OOHC where the caregiver is:

- a relative (other than parents)
- considered to be family or a close friend
- a member of the child or young person's community (in accordance with their culture)
- reimbursed by the state/territory for the care of the child (or who has been offered but declined reimbursement).

For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community or from the same language group.

Residential care: A type of care where the placement is in a residential building whose purpose is to provide placements for children and where there are paid staff.

Rates

Population rates allow for the comparison of different groups while taking into account differences in population sizes. The calculation of rates excludes children for whom data on a particular variable are not stated. Rates are expressed as the number per 1,000 people in the population. Population data used in the calculation of rates can be found in Table S15.

Rate ratios

Rate ratios are used to compare the level of over-representation of one group compared with another. In this bulletin they have most commonly been used to provide a measure of the level of Indigenous over-representation. Rate ratios are calculated using the rates rounded to 2 decimal places, as published in the supplementary tables.

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- Territory Families, Northern Territory.

Abbreviations

AIHW	Australian Institute of Health and Welfare
CP NMDS	Child Protection National Minimum Dataset
OOHC	Out-of-home care

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More Information

Supplementary tables referred to in this report (those with a prefix of S), can be downloaded free of charge from the AIHW website at <http://www.aihw .gov.au/reports/child-protection/children-admitted-to-out-of-home-care-2014-15/data>.

Further information about child protection in Australia, and links to other child protection publications can be found on the AIHW website at <https://www.aihw.gov.au/reports-statistics/health-welfare-services/child-protection/reports>.

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