



**Commissioner for Children and Young People**  
Western Australia

# **Discussion Paper: Child Protection in Western Australia**

January 2024

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# Introduction

## The role of the Commissioner for Children and Young People

The Commissioner for Children and Young People is an independent statutory officer who provides reports to the Parliament of Western Australia, relating to the three key platforms outlined in the *Commissioner for Children and Young People Act 2006* (WA):

- promoting the rights, voices and contributions of children and young people
- monitoring and advocating to strengthen the wellbeing of all WA children and young people
- prioritising the needs of Aboriginal, disadvantaged and vulnerable children and young people.

In addition, the Commissioner is required to have regard to the *United Nations Convention on the Rights of the Child*.<sup>1</sup> In undertaking these functions, the Commissioner engages with and encourages the participation of children and young people in decision-making. The Commissioner must also cooperate with and consult other government and non-government agencies. This includes the development of guidelines for government and non-government agencies regarding the participation of children and young people in decisions that affect them.

In line with the *United Nations Convention on the Rights of the Child* (UNCRC), the Commissioner strongly supports the right of every child to live a safe, happy and healthy life where their rights are upheld and their voices are heard. The UNCRC provides that a child placed into a child protection system must have due regard paid to the desirability of continuity in a child's

upbringing and to the child's ethnic, religious, cultural and linguistic background.

## Child protection: A national priority

The child protection system can have a profound impact on children and young people, who are especially vulnerable to the harmful effects that arise from contact with the system. For this reason, child protection has been a priority area for each Commissioner since the establishment of the office in 2007.

**Safe and Supported:** The National Framework for Protecting Australia's Children 2021-2031 (the Framework),<sup>2</sup> guides the child protection sector in safeguarding the rights and wellbeing of children and young people. The Commissioner is a Member of the National Leadership Group overseeing the development of Agreements and Action Plans for First Nations children and young people. The Framework sets out how all governments, the non-government sector, community groups and Aboriginal and Torres Strait Islander leaders will work together to help children, young people and families in need of support.

The overarching aim of the Framework is to reduce child abuse and neglect and its intergenerational impacts and reduce the rate of over-representation of Indigenous children in out-of-home care (OOHC) by 45 per cent during the life of the Framework. Safe and Supported Action Plans, including an Aboriginal and Torres Strait Islander First Action Plan<sup>3</sup>, underpin the Framework. A key component of the approach is to transition Aboriginal children in OOHC to Indigenous Community Controlled Organisations and to support those organisations to build their capacity and capability to deliver child protection services and supports.

In Western Australia, a Roadmap for Reform (the Roadmap)<sup>4</sup> and associated action plans have been developed but are yet to be finalised. We understand there is progress in the space of shared decision making and aligning commitments to the Framework.

The Commissioner's advocacy is informed by consultation with children and young people across WA and focuses on holistic support to improve the emotional, social, cultural, and physical wellbeing of children, young people, and their families in contact with the child protection system. All reforms to the child protection system must address the underlying causes of child protection, including poverty, disadvantage, and systemic racism, as a whole-of-government priority.

## Setting

A child protection system that focuses on the primary interests and best interests of the child is a mandatory component of the available supports and services to support children at risk of harm. The *United Nations Convention on the Rights of the Child*, in Articles 18-20, prescribes the following:

- Parents have responsibility for the upbringing and development of the child and the best interest of the child is the primary concern.
- Appropriate assistance will be available to parents and guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.
- Measures should be implemented to protect children from all forms of physical or psychological violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents and guardians.
- Such measures should include the establishment of social programs to provide the necessary support for the child as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow up of instances of child maltreatment as identified.<sup>5</sup>

Out-of-home care (OOHC) in Australia involves placing children in alternative living arrangements when they cannot live with their birth families.<sup>6</sup> Significant evidence exists around the poor outcomes experienced by children with lived experience of out-of-home care across all aspects of their lives compared with their peers.<sup>7</sup> Some issues that arise for children in OOHC include lack of placement continuity, access to education and healthcare, culturally sensitive care, and catering for diverse populations.<sup>8</sup> Further, our work has captured some challenges that children and young people face in care include feeling unheard, not emotionally supported, lacking in confidence, and experiencing shame in raising issues faced in care.<sup>9</sup>

While the numbers of children in out-of-home care have been decreasing in Western Australia, the rate of Aboriginal children in OOHC has increased 11 per cent to 59 per cent in 11 years (see Appendix A). In 2021-22, Aboriginal children in WA were 18.75 per cent more likely to be placed in out-of-home care than non-Indigenous children.<sup>10</sup>

The Framework recognises the importance of preserving and promoting Indigenous languages, cultures, and connections to land and community and has been the driver of shifting operations in child protection work in Western Australia (WA). Strengthening community connections, enhancing support services, and ensuring Indigenous-led decision making are some pathways that can be taken to address this disparity.<sup>11</sup>

Despite the presence of frameworks and guidelines, we continue to see more children becoming involved with child protection at an early age<sup>12</sup>. OOHC services are stretched, and there are increasing concerns about the lack of support and resourcing for the sector.

Case workers are often overburdened with high caseloads. Carers have stated they do not feel supported to care for children with complex needs. Many children move from one placement to another far too often and lack continuity and stability in their care. Many children in OOHC feel their needs are not being met, including their education, health, or cultural needs.

The Commissioner's Policy Statement: Child Protection outlines the approach required to make a real and meaningful difference in outcomes for children and young people in the child protection system. It is critical that a holistic approach is taken to support children and young people at risk and that approaches must address underlying causes of harm such as poverty, disadvantage and systemic racism. In line with national and international evidence, the Commissioner advocates for child protection approaches that:

- are trauma informed and informed by peer and lived experiences
- are accessible and supportive for families at risk

- are culturally safe, secure, and responsive - particularly for Aboriginal children and young people and those experiencing vulnerability and disadvantage
- have independent oversight and advocacy
- result in equitable outcomes for children and young people in care.

## Themes

### Earlier intervention and family support strategy

We need to focus on the cause of the need for child protection services and direct more resources to support families and communities to figure out what works for them. Early intervention, support, and prevention programs will reduce the burden on the system. However, more importantly, they will provide better life outcomes for children and young people who are supported to remain with family and can stay connected to culture and community.

Early intervention to support improved family stability and positive outcomes for children is highly valuable in preventing children from entering care. Such approaches can be highly effective in assessing and addressing the causes of family instability, such as poverty, addiction, and family and domestic violence and mitigating potential risks.

Children and young people have expressed to the Commissioner a desire to remain with their families, and for the Department of Communities to work with families and support them to work through the issues that they are experiencing at home.

"Before they go to the homes, to all the residential places, work with the kids and their families first to try and build them up before looking for other alternatives. It doesn't happen. They just take us away."  
17-year-old Aboriginal male, residential care.

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A key initiative to early intervention in WA is the Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (the EIFS Strategy).<sup>14</sup> The EIFS Strategy was intended to redesign the child protection service system to deliver earlier intervention and family support services more effectively, particularly in supporting families most vulnerable to their children entering OOHC.<sup>15</sup>

The EIFS Strategy incorporates a range of programs, including the Intensive Family Support Service, the Family Support Network, and the Aboriginal In-Home Support Service.<sup>16</sup>

The four priority areas within the EIFS Strategy are:

- having a culturally competent service system
- diverting families from child protection
- preventing children from entering out of home care
- delivering shared outcomes through collective effort, with a focus on Aboriginal children and families.<sup>17</sup>

A five-year evaluation of the EIFS Strategy highlighted the need to clarify the theory of change to enable better monitoring and evaluation of outcomes.<sup>18</sup> It also underlined the need for a cultural competency framework to identify and address service system

gaps and build improved engagement approaches. Wider rollout of programs and services arising out of this strategy must occur to ensure its impact, and delivery of these services in remote locations should be prioritised.

### Questions: Earlier intervention and family support

1. How can Western Australia build a sustainable and accessible foundation to support children and families in early intervention, particularly in regional and remote locations?
2. How can we ensure that, when notifications are made to the Department, a visit to the family is a priority to determine whether there is an opportunity for early intervention and support?
3. How can we ensure the child's best interests are paramount considerations when engaged with the child protection system?
4. How can we ensure that children's and young people's voices are heard and inform the decisions made in their best interests?
5. Should we have an Independent Advocate for children in the OOHC system, or could this role form part of the functions of the Office of the Commissioner for Children and Young People?

### Stability and connection planning

Stability and connection planning is focused on the development of transparent and accountable plans for the reunification of children in OOHC.<sup>19</sup> It is a staged process, and reunification planning is conducted at the same time as planning for long-term OOHC.



The Department of Communities' Stability and Connection Policy states it is a requirement to be proactive in working towards reunification as soon as a child enters provisional protection and care.<sup>20</sup>

Taking a child away from their parents can have serious emotional and psychological impacts on the child.<sup>21</sup> For this reason, once a decision is made to bring a child into OOHC, reunification planning must simultaneously commence, where appropriate, to enable the child to return home safely (if this is an option for the child).

Quality safety planning and reunification planning occur when the family is supported to engage in planning discussions and to identify the support they require to provide a safe, happy and healthy environment for their children. Early family involvement creates a safe environment for culturally safe work focused on reintegration, and it preserves family bonds and promotes healing.

Children and young people must participate in both reunification and long-term care planning. Their voices must be heard as part of the approach to identifying the challenges and potential solutions for reunification. In addition, children and young people must be provided with age-appropriate information about the removal process, as often they are not included, do not understand why they are not with family and do not know why they can't return home.

"I would just tell them to give them back to their parents cos kids they are not right without their families. They are sad and lonely and maybe crying inside, thinking, 'I want to go back to my mum or dad or nanna or uncle or aunty'. I was like that when I first moved into the [residential care home]. I was crying, feeling homesick, because I wasn't with my mum."

14-year-old Aboriginal female, family care.

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Reunification is a process that goes beyond a child being returned home. Ensuring that the child stays connected to family and community is essential. Aboriginal and Torres Strait Islander children in Western Australia face low reunification prospects. In 2021, only 12 per cent of these children were reunified, compared to 21 per cent of non-Indigenous children.<sup>23</sup> Research shows that spending more time in care correlates to a lower likelihood of reunification,<sup>24</sup> with 58 per cent of children reunified in 2018–19 having lived in care for less than 12 months.<sup>25</sup>

The Australian Institute of Health and Welfare lacks Indigenous status reporting for families reunifying Aboriginal and Torres Strait Islander children, and there is a need for national consensus on reunification definition to improve data comparability.<sup>26</sup>

Accurate reunification reporting demonstrates transparency and builds trust, and importantly, it will provide a basis for effective policies and interventions to be put in place.

### Questions: Stability and connection planning

1. How can we improve the cultural safety of the stability and connection planning processes for Aboriginal children and families?
2. What more can be done to support vulnerable and disadvantaged children and families in reunification and long-term care planning?
3. How do we focus on the child's best interests and hear the child's voice in stability and connection planning processes?
4. How can WA best support the establishment of new Aboriginal Community Controlled Organisations (ACCOs) working in child protection spaces?
5. How can WA support building the capacity and capabilities of existing ACCOs working in child protection spaces?

### Improving health outcomes

Research indicates that children in out of home care have poorer outcomes in the areas of physical health, mental health and education and have greater likelihood of contact with the justice system.<sup>27</sup>

In relation to health outcomes for children in OOHC, research in Victoria revealed low health assessment rates for children or young people entering care.<sup>28</sup> Data is not available in WA to identify the health assessment rates for those entering care. However, research shows that young people aged eighteen and over who had experience in the child protection system in WA had twice the hospital admission

rate and had poorer health and life outcomes than their peers not in OOHC.<sup>29</sup> More efforts must focus on ensuring children spend less time in care, and that they are provided with timely access to assessments and treatment while in care.

Collaborating with healthcare professionals and stakeholders is crucial for the timely identification and resolution of health issues. The Royal Australian College of Physicians (RACP) has recommended timely health assessments for children in OOHC and identified access to healthcare as being essential to their wellbeing.<sup>30</sup>

A promising initiative is the Health Navigator pilot program,<sup>31</sup> which employs health professionals (or 'health navigators') to assist children in OOHC and others involved in their care to navigate health services. This program was co-designed with key government and non-governmental organisations, as well as people who have lived experience of OOHC. Such programs are a step in the right direction, and the evaluation and statewide rollout should be prioritised to ensure the health and wellbeing of children in OOHC remains a priority.

While the Health Navigator pilot provides an opportunity to resolve some of the health concerns for children and young people in care, there are challenges in gaining access to the necessary supports and services, given that the pilot is currently only running in Mirrabooka and the South West. Consideration must be given to ensure the availability of such programs not only in the metropolitan but also regional, rural and remote locations.



The Child and Adolescent Health Service (CAHS) and the WA Country Health Service deliver the Child Development Service, which provides a range of assessment, early intervention, and treatment services to children with developmental delays or difficulties that impact function, participation, and the parent-child relationship. However, there are significant delays for those accessing the service, and there is no process to give priority to children in OOHC, notwithstanding that many children and young people enter the OOHC system due to neglect or abuse and have high health and medical needs.<sup>32</sup>

The 'Child Development Services Inquiry Interim Report' has emphasised the urgent need to reduce long waiting times and expand child development services to better meet the needs of older children.<sup>33</sup> Funding increases for recruitment, expansion, and improvement of facilities to reduce waiting times and monitor funding effectiveness were recommended to maintain acceptable waiting times in free and publicly funded Child and Adolescent Health Service-Child Development Service and WA Country Health Service-Child Development Service. **\*Please see our Discussion Paper on Health & Mental Health Services for further information and questions regarding child development needs in WA.**

Current approval processes also hinder children and young people from obtaining timely health assessments and service access. While OOHC caregivers are the first contact for the child when there is a need for primary health care support services, carers must gain approval before accessing health services. Approval processes are often lengthy and complex to navigate, and most often, the child's medical history is not disclosed to the carers. Lack of this essential information creates a barrier, causes delays in accessing primary healthcare, and sometimes puts children with severe urgent health issues at risk. Health is not

only a basic human right but a direct influence on other aspects of child or young person's life outcomes.

"Having someone totally independent, just like a case manager, one for you and one for your carer and they are not linked. And they know you. You never knew what the case manager was talking to your carers about; this was a big fear of mine."

23-year-old female, independent, previously in foster care.

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The National Standards for Out-of-Home Care require children to have physical, developmental, psychosocial, and mental health needs assessed and addressed promptly.<sup>35</sup> More national reporting requirements against the standards is required to assess the effectiveness and impact of these guidelines.

### Questions: Improving health outcomes

1. How could we improve the processes for children and young people in OOHC to access general health and medical services?
2. How would children and young people in OOHC benefit from additional autonomy in decision making for carers?
3. Given the difficulties experienced in accessing health and medical records, what could be done to improve this so that medical professionals and carers have all the necessary information available at any time?

4. How can we better support carers in accessing health supports and services for children in their care so they are not required to visit numerous services at different times?
5. How can we ensure that health is prioritised, and health services are accessible to all children and young people in OOHC?
6. What steps can the government take to remain accountable and transparent to the public on the accessibility and effectiveness of the health services provided for children and young people in OOHC?

## Supporting out of home care leavers

Approximately 3,900 youth aged 15–17 years old in Australia left out-of-home care in 2020–21.<sup>36</sup> Care leavers in Australia face significant disparities in entitlements, leading to homelessness and criminal justice engagement. In Victoria, a study revealed that 60 per cent of young people leaving care experienced homelessness.<sup>37</sup> In addition, the study reported that this group experience mental health issues, are involved in substance use and self-harm, and the justice system.<sup>38</sup>

The Department of Communities' Leaving Care Policy indicates provision of transition planning and supports that most young people receive when they leave their families such as housing, financial, employment or legal advice, up until the age of 25.<sup>39</sup> Despite this, various research studies<sup>40</sup> and the 2018 Auditor General's report<sup>41</sup> have revealed inconsistent quality of leaving care preparation in Australia, varying across states, territories, and non-government organisations.

There is currently no evaluation available of the effectiveness of WA policies in supporting children and young people to leave OOHC. Evaluation of this process must occur in order to measure the impact of existing policies, improve outcomes for care leavers.<sup>42</sup>

The Home Stretch WA program provides holistic and comprehensive support to OOHC leavers, and the extension of the program to provide state-wide services is a welcome strategy.<sup>43</sup> However, young people who leave care before the age of 15 years are not eligible for leaving care assistance.<sup>44</sup> The government should consider reviewing the *Children and Community Services Act 2004 (WA)*, to cater for all young people who leave care at any age.

Several things can be done to improve government support for OOHC leavers, while they are in care, and preparing to leave care.

Research highlights that maintaining family ties or establishing family connection and active monitoring is an important facilitator of successful transitions from OOHC.<sup>45</sup>

Strategies to reduce adverse effects like homelessness, ill health, and poor life outcomes for OOHC leavers must be prioritised. Professional preparation and young people's involvement in this process are essential for these transitions to be effective. Continued participation of care-givers in developing and implementing these strategies ensures young people's unique needs are considered.

The introduction of the Home Stretch model in WA provides for a case management approach to assisting young aged 17 years and until they are 21 years old and provide support focused on building a young person's self-reliance, skills, capacity and connection to community, culture and community.

This may include support to continue 'staying on' with a foster or family carer to ensure they have a stable living arrangement until the age of 21 years. The program also provides funding support and assist to develop support circles. Home Stretch is delivered by Community and Aboriginal Community Controlled Health organisations.

### Questions: Supporting out of home care leavers

1. How can we improve current standards of leaving care planning and aftercare services in order to improve life outcomes for young people leaving OOHC?
2. Should there be a requirement to report on Home Stretch on an annual basis, including on the outcomes achieved, the number of young people supported, and, given the over-representation of Aboriginal children in OOHC, identify how many Aboriginal young people have been engaged in Home Stretch?
3. What guidelines, frameworks or mechanisms can be put in place to ensure monitoring and accountability on the effectiveness of leaving care planning and aftercare services in Western Australia?
4. How do we improve awareness of available supports and access them once young people leave OOHC?
5. How can local programs such as peer mentorship be developed and resourced to support OOHC leavers?<sup>46</sup>

## Supporting Aboriginal culturally and linguistically diverse children and young people in out of home care

Cultural awareness during placement allocation must remain a vital consideration in supporting both Aboriginal and culturally and linguistically diverse (CaLD) children and young people in OOHC.<sup>47</sup>

In WA, Cultural Support Plans are required for both Aboriginal and CaLD children in OOHC. These plans record a child's cultural needs as unique to each child and family.<sup>48</sup> Nonetheless, one of the best mechanisms to support young people in maintaining their connection to family, community, language and culture. Cultural Support Plans should be holistic and not just focus on celebrating days of significance.

National data on CaLD children and young people and their needs in OOHC is lacking, yet cultural differences remain an issue for children in care.

"To have to change my ways and start speaking a different language, eating different food, doing different things was totally new for me and it took me time to get used to it. I'm not really used to it yet, but you know I'm trying to adjust and trying to live in this environment, which wouldn't be easy for anyone."  
15-year-old male, CaLD.

The Commissioner continues to advocate for Aboriginal and CaLD children to be in care placements that prioritise cultural identity preservation to ensure their wellbeing and development.<sup>50</sup>

Other ways in which child protection departments might better support CaLD and Aboriginal children in child protection include:

- investing in cultural competency training for foster care providers to better understand and address diverse children's needs
- reviewing policies that prioritise culturally responsive care arrangements
- actively involving biological families in the foster care process, where appropriate, to enable children and young people to maintain connections with their cultural heritage
- developing CaLD and Aboriginal carer recruitment campaigns and engaging specialist CaLD and Aboriginal Community Controlled Organisations to support CaLD and Aboriginal children in child protection.<sup>51</sup>

### **Questions: Supporting culturally and linguistically diverse children in out of home care**

1. How can we build more research representing Aboriginal and culturally and linguistically diverse children (CaLD) in OOHC?
2. What is the Department of Communities doing to involve and promote Aboriginal and CaLD communities' self-determination and CaLD caregiver recruitment?
3. What are the strategies for creating awareness of child protection work for Aboriginal and CaLD families and communities?
4. What can be done to provide culturally appropriate early intervention support for Aboriginal and CaLD families and communities?
5. How can the government promote Australian research on the strengths of culturally matched placements and culturally diverse children in care?

### **The links between child protection and youth justice**

International and Australian research shows that children placed in out-of-home care are more likely to interact with youth justice agencies than those who are known to child protection but remain at home.<sup>52</sup>

In Australia, more than 53 per cent of young people who had been in youth justice supervision interacted with child protection system in the last five years.<sup>53</sup> More than 50 per cent of these are Aboriginal children and young people. In Western Australia, almost half (49.7%) of WA young people who had been in youth justice supervision during 2020-21 had also had an interaction with the child protection system in the last five years.<sup>54</sup> Young people engaged in both child protection and youth justice face higher levels of cumulative harm, challenges in social systems, and earlier onset, violent offending, making them more likely to be convicted.<sup>55</sup>

Further, evidence shows that children in OOHC often receive disproportionate police attention for behaviour which would otherwise be dealt with by the family in the family home.<sup>56</sup> This can be contributed to by staffing issues within residential home settings (as opposed to foster or family care), which are often staffed by workers who may not be well trained in therapeutic behaviour management approaches and de-escalation. Lack of such vital skills often leads to police involvement and charges arising against the child.<sup>57</sup>

“A lot of the workers were quick to call the police on me. If I got upset and threw or pushed stuff around they would say, ‘If you don’t calm down we’re calling police.’ Sometimes they just called the police straight away without any warning.”

58

The child protection to youth justice ‘pipeline’ requires a multifaceted response from all systems involved with the care of the child, including youth justice and education. Children should be diverted from the youth justice system at all costs, and their engagement with education systems should be promoted and encouraged.

In addressing the overrepresentation of young people in the youth justice system, interventions should include early intervention; establishing mentorship programs; restricting charging in child welfare group homes; involving youth in decision-making; establishing integrated court processes; and expanding the range of programs available to youth aging out of care.<sup>59</sup>

The early identification of challenging behaviours in children and young people in OOHC, requires early intervention to identify any disabilities, mental health needs, including diagnoses relating to neuro-divergence. Family and foster carers require additional support to assist them with managing high needs children and young people in a therapeutic and trauma informed way.

### Questions: The cross-over between youth justice and child protection

1. How do we ensure that the child protection system focuses on the holistic needs of the child?
2. How can we improve the connectedness of the service system – education, child protection, health, mental health, and youth justice – to provide improved outcomes for children in OOHC?
3. Are there opportunities for improvements that could be made in residential care to provide a family environment for children and young people?
4. Would training assist child protection workers to better manage the complex needs of children and young people in OOHC?
5. What opportunity is there for improved engagement between justice and child protection when a child first becomes involved in anti-social behaviour or criminal activity?
6. Do policies and practices in youth justice focus on criminalisation or intervention, prevention and diversion?

### The need for independent advocacy for children and young people in contact with the child protection system

The roles of Commissioners for Children and Young People, Guardians and Advocates across the different jurisdictions in Australia vary greatly. However, in most jurisdictions there is a separate and independent Advocacy role – whether it is the Commissioner,



or as in South Australia and New South Wales, the Guardian for Children and Young People and/or the Advocate for Children and Young People.

In Western Australia, the Commissioner for Children and Young People is unable to advocate for, or take complaints regarding, individual matters. The Advocate for Children in Care is a position within the Department of Communities and is not independent. In fact, in WA many of the functions held by Children's Commissioners or Advocates in other jurisdictions are held by the Ombudsman. This can potentially impact the ability of children and young people to seek support, guidance and advice as they must approach different organisations for different issues.

Many children and young people in out-of-home care have told us they were not aware of the role of the Departmental Advocate – or the Ombudsman or the Commissioner.

The Commissioner for Children and Young People strongly advocates for a review of the approaches in WA to identify the best options for providing strong, independent, individual advocacy for children and young people.

### **Questions: The need for independent advocacy for children and young people in contact with the child protection system**

1. What opportunities are there to improve the availability of advocacy for children and young people in contact with child protection services?
2. Is a Departmental Advocate sufficient to provide those supports?
3. What alternatives are there for establishing independent advocates in WA and should they be a separate service or combined with other organisations – for example, the Office of the Commissioner for Children and Young People; the Office of the Ombudsman or other option?
4. How can we improve the understanding by children and young people of their options for support when they may have concerns or complaints about their care?



## Appendix A – Table

Figure 1: <sup>1</sup> National child protection trend data, 2017–18 to 2021–22 (number and rate)					
Child protection component	2017–18	2018–19	2019–20	2020–21	2021–22
Children receiving child protection services(a)	158,604	170,151	174,719	178,813	177,556

  

Figure 2 <sup>2</sup> : Children in out-of-home care, by Indigenous status and state or territory, 30 June 2022 (number, rate, and rate ratio)								
State/territory	Number				Number per 1,000			Rate ratio Indigenous/non-Indigenous
	Indigenous	Non-Indigenous	Unknown	All children	Indigenous	Non-Indigenous	All children	
NSW	6,661	8,562	0	15,223	57.3	5.1	8.5	11.2
Vic	2,595	6,529	0	9,124	102.2	4.7	6.4	21.8
Qld	4,508	5,141	2	9,651	45.0	4.7	8.0	9.7
WA	2,565	1,827	2	4,394	61.6	3.1	6.9	20.0
SA	1,705	2,709	3	4,417	92.7	7.6	11.8	12.2
Tas(a)	391	609	28	1,028	33.2	5.9	8.9	5.6
ACT	216	472	0	688	70.8	5.0	7.0	14.3
NT	791	75	2	868	31.1	2.1	14.0	15.1
<b>Total</b>	<b>19,432</b>	<b>25,924</b>	<b>37</b>	<b>45,393</b>	<b>56.8</b>	<b>4.8</b>	<b>8.0</b>	<b>11.7</b>

<sup>1</sup> Figure1 Data Sources: Australian Institute of Health and Welfare, [Child Protection Australia 2021-22](#), Australian Government, 19 September 2023, accessed 21 December 2023.

<sup>2</sup> Figure 2 Data Sources: Australian Institute of Health and Welfare, [Child Protection Australia 2021-22](#), Australian Government, 19 September 2023, accessed 21 December 2023.

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