



SAFETY OF CHILDREN IN CARE

Measurement of harm



**ORANGA
TAMARIKI**
Ministry for Children

INTRODUCTION

Tēnā koutou

We are committed to creating more supportive and stable environments for our tamariki in care, where they feel safe and loved.

To help support this, our new approach to reporting and measuring harm to children and young people in care will be brave, and will drive deeper understanding of why the harm is occurring.

Taking a broad and deep view of safety

The harm that children in care experience ranges from emotional abuse and neglect, to instances of sexual and physical abuse, which can result in a criminal prosecution.

Under our new measurement approach, our Safety of Children in Care Unit will be able to see, in real time, more detailed information about these instances of harm. When further support or action is needed, we'll be able to respond quickly; and we'll gain a clearer picture of the circumstances leading to the harm.

Recognising the complexity behind the numbers

The numbers we will report on only tell part of the story. More importantly, we need to better understand the conditions and the environments that have led to the harm occurring.

There are often much broader issues, such as poverty and unemployment, which lead to highly stressful home environments for caregivers.

We recognise that there are also generational issues, with parents and even grandparents of children having themselves previously been in care. We recognise that there is a legacy from those who previously suffered harm whilst in care. This work seeks to disrupt these cycles and support and enhance family and whānau flourishing.

We know from work we have done to date that, with deeper understanding on our part, and better provision of supportive services earlier on, harm can be prevented.

Our challenge as a community

Many of New Zealand's young people are living in complex environments. They didn't choose this path; they deserve the best our communities can give them.

Oranga Tamariki is working with others to make a difference.

We are wholeheartedly committed to reducing the rates of harm in care over time. These measures can help us to fulfill this commitment to tamariki.

Ngā mihi,

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Acknowledgements

This work was made possible by the Expert Measurement Group (EMG) comprising Dr Sue Bagshaw, a member of the Board of the Collaborative Trust for Research & Training in Youth Health & Development, Professor Tracey McIntosh from the University of Auckland, and Vince Galvin, Chief Methodologist, Statistics New Zealand, as well as Oranga Tamariki staff from the Safety of Children in Care Unit, the Office of the Chief Social Worker and the Evidence Centre.

Executive summary

Based on extensive research conducted by Oranga Tamariki and published externally in November 2017, and subsequent advice from an Expert Measurement Group, we have identified a new measurement approach relating to the safety of tamariki in care.

The new measures and the approach will not only help to inform practice improvements, and allow us to see patterns of harm and understand what is happening, but will also contribute to the reporting requirements under the Care Standards when they come into force on 1 July 2019. In addition, information from the new measures can be used to improve our international reporting under the United Nations conventions and treaties which New Zealand has ratified.

Background

Since 2010, we have been reporting on the harm experienced by tamariki in our care. The methodology used to measure harm has evolved over time as we have learnt more from New Zealand and other jurisdictions. This has led to the utilisation of different approaches and definitions which have made comparison difficult.

For example, for the period 2014/2015, Child Youth and Family reported 40 tamariki in care were found to have been harmed by their ministry approved caregivers¹. Ministry approved caregivers are however only a subset of the total caregiver pool. The wider caregiver pool includes Child and Family Support Service approved caregivers and Parents in Return/Remain Home approved placements. In addition, the methodology used during this time did not include the measurement or reporting of harm experienced by tamariki placed within our Residences.

¹ Source: Ministry of Social Development Annual Report 2014/15

During 2016/2017, in response to the issues outlined above, we undertook exploratory research of data and information held in our case management system, CYRAS, to better understand the extent and nature of harm experienced by tamariki in care. The research involved manually reviewing the case files of 698 tamariki in care during the 2015/2016 financial year in order to estimate the overall level of harm experienced in care.

This research provided a more holistic view which allowed us to estimate the relative levels of harm by placement type, and by type of person who caused the harm, as well as harm that occurred within caregiver's homes, within Residences (both Youth Justice and Care & Protection) and in the community. The study also identified a number of recording issues to be addressed.

The resulting research report, *Understanding harm experienced by children and young people in care during 2015/16*, was published on the Oranga Tamariki website on 28 November 2017.

At that time, we committed to establish an expert group comprised of key advisors and academics to discuss the findings and implications of this research, and proposed a future measurement approach that provides a sustainable and repeatable measure of safety in care.

THE NEW MEASUREMENT APPROACH

In February 2018 we established an Expert Measurement Group (EMG) comprising Dr Sue Bagshaw, a member of the Board of the Collaborative Trust for Research & Training in Youth Health & Development, Professor Tracey McIntosh from the University of Auckland, and Vince Galvin, Chief Methodologist, Statistics New Zealand, as well as Oranga Tamariki staff from the Safety of Children in Care Unit, the Office of the Chief Social Worker and the Evidence Centre.

The EMG considered past approaches to measurement and identified the need for any future measures to address the following:

- Greater transparency of all types of harm experienced by tamariki in care
- Earliest notification of any harm for tamariki in care
- Keeping tamariki in care safe and addressing the cumulative effects of harm
- Report on findings in real time to enable continuous improvement

We will collect and analyse data and information for the measures through a new real-time approach. By having staff with social work expertise reviewing on a regular, real-time basis, we can better understand the levels of harm experienced, and generate more visibility and extra confidence that we have taken all necessary actions to ensure the immediate and longer term safety of children. We can also build consistency of reporting.

Understanding underlying risk factors

Our new approach will identify harm of children and young people in care across all care settings earlier and will ensure that we are providing safe and consistent responses to our most vulnerable tamariki.

Insights gained through the new measurement approach will be used internally to reinforce best practice. For example:

- ensuring the immediate and long term safety and wellbeing of tamariki harmed in care
- taking appropriate actions with regard to the person who caused the harm

- accurately and consistently recording all instances of harm that occur for tamariki in care.

Our approach will allow us to better understand the underlying risk factors for tamariki in care and enable us to focus our efforts on improving our practice, our support, and the services we need to provide for tamariki in care and their caregivers.

The new approach to measuring harm will report on findings of harm for all categories of people who caused harm to children, not only caregivers.

Review of other jurisdictions

Development of the new measure was informed by a review of national approaches to reporting on the safety of children in care within five jurisdictions: the United Kingdom, America, Canada, Australia and Aotearoa/New Zealand. This review considered how each jurisdiction monitors the safety of tamariki in state care and what information is reported.

All of these jurisdictions gather information about substantiated harm within the total care population, but there is considerable variation in the method for substantiation, the way in which harm is categorised, the definition of the person who caused the harm, the conceptualisation of multiple harm, and the information that is reported on tamariki in care. Some jurisdictions report on a wider range of harm and the actions that were taken for tamariki, but none are identifying the consequences for person who caused the harm.

The review has demonstrated that the recommended approach is considerably more comprehensive than the approaches that are used in these other jurisdictions.

New measures of harm

Based on the exploratory research, and recommendations from the Expert Measurement Group referred to above, we have identified the following new measures:

- the number and percentage of unique tamariki in care (care and protection and youth justice) with substantiated findings² of harm (physical, sexual, emotional harm and neglect)
- a breakdown of these numbers by placement type and by type of person who caused the harm³
- commentary on the actions taken to secure the immediate safety of tamariki, and the plans put in place to address the impact of the harm experienced
- commentary on the actions taken in regard to the person who caused the harm if known.⁴

The first report on these new measures will cover the six months to 31 December 2018. Reporting will then be on a quarterly basis.

We will report on an annual basis:

- the above measures for the full year, and
 - the number of unique tamariki in care who have had more than one substantiated finding of harm in the past 12 months
 - the number of people who caused the harm with more than one substantiated finding in the past 12 months.
- the key characteristics of each of the following populations:
 - children and young people who have experienced harm
 - caregivers and care settings where tamariki in their care have experienced harm.
 - the people who caused the harm.

² Substantiated findings will include those findings which are “substantiated upon review” as part of a proposed new operating process. We will report on the numbers in a given period based on the date the findings are made, not the date of the harm. This reflects the fact that in many cases harm is only disclosed many months after the event and tamariki may not accurately be able to recall dates that the harm occurred.

³ Types of people causing the harm will be defined in one of the following categories: Whānau caregiver; Non whānau caregiver; Child Family Support Service caregiver; Parent (as caregiver); Parent (not as caregiver); Adult whānau member (not as caregiver); Non related adult (not as caregiver); Tamariki (in placement); Tamariki (not in placement); Oranga Tamariki employee; Unknown

⁴ In some instances, such as where there is a criminal prosecution by the Police, the cases can take many months to reach conclusion in the legal system.

Rates of harm likely to rise

Implementing a new approach to reporting on harm experienced by children and young people in care is likely to identify higher levels of harm, at least in the short term, due to a number of factors:

- We will be reporting on all findings of harm, not just those which were caused by caregivers.
- Better adherence to the process for recording of harm will raise the visibility of harm that was previously only recorded in case notes.
- Improvement in practice as a result of the practice framework and care standards implementation will strengthen relationships with children so they may feel safer to talk about their experience whilst in care (including disclosure of harm).
- Legislative amendments to raise the age of statutory care will come into force on 1 July 2019, thereby increasing the number of children and young people in our care.

Data collected for the 12 months to June 2019 will form the baseline for our ongoing reporting and allow for a sustainable and repeatable measure. Numbers from previous years were based on different approaches and are not therefore comparable.

Meeting reporting requirements

Under the new Care Standards regulations, an independent monitor must provide a report to the Minister for Children that makes an overall assessment of the state of care provided under the Oranga Tamariki Act 1989 and the regulations. The report must include *“information on identified incidents of abuse and neglect found to have occurred in care or custody and the procedures followed to resolve these matters”*.⁵

Our proposed approach to measuring harm will position us to be able to effectively report on these aspects once the Care Standards come into force on 1 July 2019. The independent monitor must report every three years.

⁵ Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018: Part 6, r81 (2) (d).

Improving reporting

The new measures of harm present an opportunity to improve the statistical data we provide on rates of child maltreatment as part of our international treaties and conventions reporting requirements.

Oranga Tamariki reports on national rates of child harm and neglect for eight international treaties and conventions New Zealand has ratified. This includes the Convention on the Rights of the Child, the Convention on the Rights of People with Disabilities and the United Nations Declaration on the Rights of Indigenous People.

As well as statistical data on rates of harm and neglect, the various United Nations committees often request specific information about what the government is doing to reduce incidents of child maltreatment. Being able to report on actions taken to respond to cases of harm as proposed by the new measures will also considerably improve our international reporting.

REFERENCES

Appendix 1

International approaches for reporting on harm experienced by children in care
High-level review, May 2018

International approaches for reporting on harm experienced by children in care

High-level review, May 2018

Overview

This is a jurisdiction-based, high-level review of reporting on harm experienced by children in care¹. It addresses the question: **how do select international jurisdictions report on harm experienced by children in care?** The review outlines the approach used for reporting harm in a number of jurisdictions comparable to New Zealand: England, Scotland, the United States, Canada, and Australia².

The review provides a general overview of the reporting approaches used, along with areas of consistency and difference across the jurisdictions examined. This information is part of current work to develop a new approach for measuring and reporting on the harm experienced by children in the care of Oranga Tamariki.

This review is an illustrative examination only; it is not intended to provide a comprehensive description of all relevant reporting approaches used internationally.

Key points

Reporting approaches relating to harm in care were identified in most of the jurisdictions examined

- Of the jurisdictions examined, England, the United States, Canada and Australia produce national reporting relating to the harm experienced by children in care.
- In contrast to New Zealand, larger jurisdictions tend to have devolved care and protection systems, where responsibility for protecting children is the responsibility of various local authorities. This issue complicates national-level measurement and reporting.

Reporting has a range of applications, including performance monitoring of the care and protection system, and informing national statistics

- Reporting in the United States, Australia and England is used for performance monitoring of the care and protection system. Canada report official statistics, which do not have the same oversight function.

¹ In a New Zealand context, this refers to children/young people in the statutory custody of the Chief Executive of Oranga Tamariki. In other jurisdictions, 'children in care' refers to children/young people placed in the care of comparable care and protection agencies.

² While the feasibility of including other non-English speaking jurisdictions (e.g. Sweden) was explored, these were not included as limited English language content was identified.

Data sources, and the specific nature of harm in care reported, vary across jurisdictions

- The United States and Australia produce reporting using administrative data³. Reporting relates to the prevalence of harm experienced by children in care.
- England produces reporting using administrative and inspection data.
- Canada uses a standardised survey instrument to collect information on a sample of cases. This information is used to produce national estimates relating to the prevalence of harm. These estimates relate to all children experiencing harm, not just those in care.

All jurisdictions examined use ‘substantiation’ as a measure of whether harm occurred

- England, United States, Canada and Australia use ‘substantiation’ as a measure of harm. England also reports on the outcome of internal harm investigations (no further action, monitoring, or referral for further review).

Reporting is usually limited to a focus on specific perpetrator types

- Measurement approaches in the United States and Australia are restricted to specific perpetrator type/s, rather than including all harm incidents. Perpetrator types identified were foster parent, facility staff member, non-parents and person living in a house-hold providing out-of-home care. Canada does not report on perpetrator types.
- Australia also produces reporting on the proportion of children subject to a substantiated abuse allegation while in care, which covers all perpetrators. However, this reporting is described as experimental, and a range of caveats are associated with its use.

Past New Zealand reporting was broadly comparable to other jurisdictions, while the exploratory research produced in 2015/16 was innovative within the international context

- Table One (page 4) summarises the similarities and differences between reporting approaches in the different jurisdictions. The table also highlights how these jurisdictions compare to past reporting approaches used within New Zealand.
- This table shows that the reporting approach used in New Zealand prior to 2015 was broadly comparable to other jurisdictions. As in New Zealand, other jurisdictions tend to define harm using ‘substantiated maltreatment’, produce reporting through administrative data, and limit their focus to specific perpetrator types.
- The table also demonstrates that the exploratory approach used in 2015/16 was innovative within the international context. Of the jurisdictions examined, only Canada used a sampling approach and a data source that was not administrative data. However, this reporting approach was primarily used to determine overall abuse prevalence rates, and was not specifically focused on harm in care. Other harm in care measurement and reporting approaches using case note review were also identified (outlined in the body of the report). However, these approaches have been applied within discrete research studies, rather than efforts to estimate and report national prevalence rates.

³ Administrative data refers to information collected incidentally as part of record keeping, generally as part of providing a service. For example, within a New Zealand context, administrative data reported from CYRAS is primarily collected for case management purposes.

New Zealand's proposed 2018/19 approach represents a new development within international reporting on harm in care

- This jurisdiction review has identified that reporting on harm of children in care is an emerging field, and research and monitoring approaches remain underdeveloped.
- New Zealand's proposed new approach, which is intended to be effective from 2018/19, builds on lessons learnt from exploratory research⁴ and represents a significant forward step, both in terms of our historical practice and when compared to international jurisdictions. In particular, the new approach features two notable improvements:
 - (1) Recognition of the limitations associated with 'recorded substantiation' (for example, see Kohl et al, 2009)⁵.
 - (2) Acknowledging duty of care, the harm committed by a range of perpetrators, and the harm that occurs as a consequence of children being in care, e.g. when they are placed residential settings.

⁴ Oranga Tamariki Evidence Centre. (2017). *Understanding harm experienced by children and young people in care during 2015/16: Research report*. Wellington, New Zealand: Oranga Tamariki Evidence Centre.

⁵ Kohl PL, Jonson-Reid, M and B. Drake (2009). Time to Leave Substantiation Behind: Findings from a National Probability Study. *Child Maltreatment*, 14(1), 17-26

Table One: Summary of reporting approaches used in New Zealand and other jurisdictions

Jurisdiction	Measure of harm	Definition of harm	Perpetrator types	Regularity	Data source	Application
NZ (historical approaches)	2011-2014: Number and rate of children harmed in care.	Substantiated maltreatment in cases of serious harm	Approved caregiver	Annual	Administrative data	Performance monitoring
	2015/16: Estimated rate of children harmed while in care.	All harm instances that meet C/P thresholds	All perpetrators	2015/16 FY	Case notes	Exploratory study
NZ (new approach 2018/19)	<ol style="list-style-type: none"> 1. Number/rate of children harmed in care 2. Rate of children harmed while in care 3. Number of children with repeat instances of harm in care. 	<p>Substantiated maltreatment</p> <p>Maltreatment that is 'substantiated by review'</p>	All perpetrators	Annual	Administration data	Performance monitoring
England	<ol style="list-style-type: none"> 1) The number of cases by Local Authority, type of abuse and demographics 2) The number of children who became the subject of a CPP a subsequent time 3) The number of children who suffered a serious event. 	Substantiated maltreatment		Annual	<p>Administrative data</p> <p>Case notes</p>	National statistics
US	<ol style="list-style-type: none"> 1) Rate of children harmed while in foster care. 	<p>Substantiated maltreatment</p> <p>Indicated maltreatment</p>	<p>Foster parent</p> <p>Facility staff member</p>	Annual	Administrative data	Performance monitoring
Canada	<ol style="list-style-type: none"> 1) Estimated number of children harmed when the primary caregiver is a foster parent 2) Estimated rate of children harmed while their primary caregiver is a foster parent per 1000 children. 	Substantiated maltreatment	Not reported	Ad hoc (1993, 2003, 2008)	Standardised survey instrument	National statistics
Australia	<ol style="list-style-type: none"> 1) Number and rate of children harmed while in foster care. 	Substantiated maltreatment	Person living in out-of-home care placement (includes staff)	Annual	Administrative data	Performance monitoring

England

A number of national-level measures relating to the harm of children in care were identified. As the regulatory inspector of social care services for children and young people, Ofsted annually reports a number of relevant statistics, including:

- the number and type of allegations (physical, sexual, emotional, neglect)
- the number of substantiated allegations by Local Authority, type of abuse and children demographics
- the number of children who became the subject of a CPP a subsequent time
- the number of children who suffered a serious event
- the outcomes of internal allegation investigations (resolved – no further action; continued monitoring for an agreed period; referred to fostering panel to review foster carer approval)
- the timescale for investigations (less than 21 working days; 22-30 working days; 31-50 working days; more than 50 working days)
- the number of complaints made about the fostering agency or service (including foster carers) and who made the complaint (children/young people; children and young people's social workers; other professionals; children and young people's parents; others).

Ofsted also reports additional statistics related to the safety of children in care, for example, the number of children Local Authorities have placed in children's homes that were known to be inadequate.

Administrative data on the children in care population is supplemented by periodic reviews of site performance and qualitative data collection techniques, including stratified case file audits, case tracking, focus groups with professionals and families, home visits, observing practice, and survey methodologies to directly measure the quality of children's care experience. Thematic analysis of the 2017 survey data for children in social care showed:

- 34% of the children in social care placements (children's homes and foster homes) did not always feel safe
- up to 12% of the children in social care placements didn't feel safe most of the time
- the most common reason children did not feel safe was other children or young people in the home who threatened, bullied or scared them
- 89% of the children in social care placements felt their carers were helping them to learn about things they would need as an adult.

To improve the accuracy of social care data, Ofsted is linking administrative data with the annual Census of Children in Need.

Other relevant information relating to the measurement and safety of children in UK care was also identified:

- In England, overarching responsibility for safeguarding children in need is delegated to 152 Local Authorities (LA). LA's are bound to work in partnership with social care providers, including representatives from places where children are in care. Each partner has a duty of care to report any child it has reasonable cause to suspect may be at risk. The LA is then required to investigate such cases. LA's produce an Annual Report that contains regional information about

the number of allegations made against people who work with children. Reporting includes the type of abuse that is alleged and the outcome of investigations.

- The Care Quality Commission (CQC) have developed the Children Looked After and Safeguarding inspection framework to audit the health services children receive in residential care settings. CQC reporting includes one national measure of harm: do children feel safe (protected from abuse and avoidable harm)?
- Article 39 is a national advocacy group for children living in state and privately run institutions in England. In November 2017, they published a report - *Abuse in Institutional Settings – How Much is Known?* - based on data collected through official information requests to LA's during 2015-16. This report highlights the need for better quality, consistent data collection at the local level and a national measure of abuse in institutional settings.

For more information:

<https://www.gov.uk/government/publications/ofsted-annual-fostering-data-collection>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574464/Ofsted_social_care_annual_report_2016.pdf

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/legislation-policy-guidance>

<https://article39dotorgdotuk.files.wordpress.com/2018/02/article-39-abuse-in-institutional-settings-november-20171.pdf>

<https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/340/34002.htm>

<https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-framework>

Scotland

No national-level approach for measuring the abuse of children in care was identified. However, some relevant information about aspects of the Scottish care and protection system is set out below.

- All care services in Scotland – including homes for children in care, agencies that provide fostering services, accommodation for offenders, and secure care units – must be registered with the Care Inspectorate. The Inspectorate regulates and inspects care services to ensure they meet the right standards, and publishes regular reports assessing the quality of all care services.
- Scottish care standards are set out in the *National Health and Social Care Standards*. These standards have recently been refreshed, and encompass the provision of quality care across a broad range of settings. The standards are based on a set of underlying principles, including: I feel safe and I am protected from neglect, abuse or avoidable harm. Two relevant standards relating to harm in care were identified (set out below). These standards come into force on 1 April 2018, and no associated monitoring approach was identified.
 - o I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.
 - o I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm.
- Scotland is currently undertaking a statutory public enquiry examining historical cases of abuse in care. Through this work, a relevant report has been published– *The abuse of children in care in Scotland: A research review*. This review identified some specific Scottish studies relating to the prevalence of abuse in care. However, these represent discrete research studies, rather than a consistent, repeatable, and national-level measurement approach. The report also presents some useful commentary on measurement challenges relating to abuse in care:
 - o Conceptual and methodological differences in measurement.
 - o Children find it difficult to report experiences of abuse to social workers or police.
 - o Differences between self-reporting and measurement based on prosecution or formal identification.
 - o Prevalence rates vary based on the age and gender of the child/young person.
 - o Understanding the abuse of children in care is an emerging field, and research and monitoring approaches remain underdeveloped.

- The 2017 NSPCC publication, *How safe are our children? The most comprehensive overview of child protection in the UK*, includes an indicator relating to self-reported prevalence of abuse and neglect. This indicator was developed from a survey of over 6000 children, young people and parents. The survey collected information around exposure to different forms of maltreatment, and involving different perpetrator types. While this survey does not specifically relate to harm in care, it provides an example of an innovative measurement approach.

For more information:

<https://www.mygov.scot/how-care-is-regulated/>

<http://www.newcarestandards.scot/>

http://www.newcarestandards.scot/?page_id=453

<https://www.childabuseinquiry.scot/media/1211/prevalence-of-abuse-in-scotland-professor-lorraine-radford.pdf>

<https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2017-report.pdf>

United States

The American National Child Abuse and Neglect Data System (NCANDS) is used to collect and analyse data on child abuse and neglect. This data is voluntarily submitted by individual states. The NCANDS is managed by the Children's Bureau, who are part of the U.S. Department of Health and Human Services.

NCANDS is used to produce annual *Child Welfare Outcomes* reports for Congress. These reports are a legislative requirement, and are used to assess state performance in operating child protection and child welfare programs. The reports outline state performance in seven outcomes categories associated with child welfare practice.

Outcome 2 in this report is:

Reduce the incidence of child abuse and/or neglect in foster care.

This outcome is reported using the following measure:

Of all children who were in foster care during the year, what percentage were the subject of substantiated or indicated maltreatment by a foster parent or facility staff member?

Key definitions used within this measure include:

- *Children*: All children in care for more than 24 hours. A child is only counted once, regardless of how many times they were found to be subject to maltreatment.
- *Foster care*: Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes family foster homes, group homes, emergency shelters, residential facilities, childcare institutions, etc. Foster care may be provided by those related or not related to the child.
- *Substantiated maltreatment*: An investigation disposition that concludes the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy. A disposition refers to a determination made by a social service agency that evidence is or is not sufficient under state law to conclude that maltreatment occurred.
- *Indicated maltreatment*: A disposition that concludes maltreatment could not be substantiated under state law or policy, but there was reason to suspect that at least one child may have been maltreated or was at risk of maltreatment. This disposition is applicable only to states that distinguish between substantiated and indicated maltreatment.
- *Foster parent*: An individual who provides a home for orphaned, abused, neglected, delinquent, or disabled children under the placement, care, or supervision of the state. The person may be a relative or nonrelative and need not be licensed by the state agency to be considered a foster parent.
- *Facility staff member*: Employee of a non-familial 24-hour care facility.

Reports from the American Foster Care Alumni Study also illustrate an innovative approach for measuring harm in care. One study – *Improving family foster care: Findings from the Northwest Foster Care Alumni Study* - examined the outcomes of care alumni, and involved reviewing the case records of 659 individuals, and subsequent interviews with a further 479. This study reports that one-third of the care alumni sampled reported some form of maltreatment by a foster parent or other adult in the foster home during their care experience, as recorded in their case files.

For more information:

<https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/cwo>

<https://cwoutcomes.acf.hhs.gov/cwodatasite/>

https://www.acf.hhs.gov/sites/default/files/cb/cwo10_14.pdf#page=30

<https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf>

<https://www.casey.org/national-alumni-study/>

<https://www.casey.org/northwest-alumni-study/>

Canada

The *Canadian Incidence Study of Reported Child Abuse and Neglect* (CIS) is a national study on children who come to the attention of a child welfare authority in Canada. The study has been completed three times (in 1993, 2003 and 2008), and collates data from individual provinces and territories across Canada into one national reporting picture. The CIS examines the incidence of reported child maltreatment, and the characteristics of the children and families investigated by child welfare authorities, in the year the study is conducted.

The CIS uses a sampling approach to produce estimates relating to the incidence and characteristics of child maltreatment. The 2008 iteration of CIS gathered information from a sample of approximately 16,000 investigations, conducted by over 2,000 workers in 112 sites across Canada. Information was collected directly from child welfare workers at the point when they completed their initial investigation of a report of possible child abuse or neglect, or risk of future maltreatment. The CIS uses a standardised survey instrument to gather information.

The CIS excludes:

- cases that were reported but did not proceed to an investigation
- reports relating to cases that were already open
- cases that were investigated only by police
- cases that were never reported.

The CIS-2008 includes reporting on the primary caregiver's relationship to the child in substantiated maltreatment investigations. This reporting includes a 'foster parent' category, indicating the child was in care at the time abuse occurred. The CIS-2008 does not include reporting on perpetrator types, so it is not possible to determine rates of children abused by their foster parent while in care. The primary caregiver category also excludes children in other care placements, for example, informal placements, group homes, and residential placements.

Key definitions used within this reporting include:

- *Child*: A child aged new-born to 15 years inclusive.
- *Maltreatment investigation*: Investigations of a situation where there are concerns that a child may have already been abuse or neglected.
- *Substantiated*: Following a maltreatment investigation, the balance of evidence indicates that abuse or neglect has occurred.

For more information:

<http://cwrp.ca/overview>

<http://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf>

Australia

Australia has a devolved statutory system, where child protection is the responsibility of state and territory governments. National level reporting on a range of care and protection data, which is drawn from local territories, is produced by the Australian Institute of Health and Welfare (AIHW).

The AIHW publishes indicator data on the *National Standards for Out-of-Home Care*. These standards are designed to drive improvements in care quality. The standards are a priority under the *National Framework for Protecting Australia's Children 2009-2020*, which seeks to promote and enhance the safety and wellbeing of Australia's children.

The *National Standards for Out-of-Home Care* include: children and young people will be provided with stability and security during their time in care. A key measure for this standard is:

The rate and number of children in out-of-home care who were the subject of a child protection substantiation and the person believed responsible was living in the household providing out-of-home care⁶.

Key definitions used within this measure include:

- *Children*: Those aged 0-17, whose care arrangements have been ordered by the Children's Court, where the parental responsibility for the child has been transferred to the Minister/Chief Executive. Includes all children in at least one out-of-home placement at any time during a given year.
- *Out-of-home care*: Alternative accommodation for children who are unable to live with their parents, and who are usually on a care and protection order. Out-of-home care encompasses the following living arrangements:
 - o *Foster care*: Placement in the home of a carer who is receiving a payment from a state or territory.
 - o *Relative or kinship care*: The caregiver is a family member or a person with a pre-existing relationship to the child.
 - o *Family group homes*: Placement in a residential building which is owned by the jurisdiction and which are typically run like family homes, have a limited number of children and are cared for around the clock by resident carers.
 - o *Residential care*: Placement is in a residential building whose purpose is to provide placements for children and where there are paid staff. Includes facilities where there are rostered staff and where staff are offsite.
 - o *Independent living*: Private boarding arrangements.

⁶ This measure is also reported as a 'safety in out-of-home care' indicator within the *Australian Report on Government Services*, produced annually by the Australian Government Productivity Commission.

- *Substantiation*: Child protection notifications that were investigated and finalised, and for which it was concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed.
- *Living in the household*: Any person living in the household providing out-of-home care, or a worker in a residential facility in which the child was living.

Data on this measure is reported annually, and is available from 2009/10 to 2015/16. AIHW notes that reporting is not complete year-to-year (as information is not available from some territories) and that comparing data across years is therefore challenging.

Since 2013, Australia has also reported on: **the proportion of children in out-of-home care who were the subject of a notification while in out-of-home care, which was substantiated**. For this measure, the person responsible can be anyone who comes into contact with the child while they are in out-of-home care (i.e., reporting is not limited to specific perpetrator types). This measure is described as experimental, and a number of caveats are associated with its use. This measure (along with the measure described above) is reported annually through the Australian Government Productivity Commission *Report on Government Services*. This report is used to monitor the performance of governments in providing child protection and out-of-home care services.

On 11 January 2013, the Australian Government appointed a Royal Commission to investigate institutional responses to allegations and incidents of child sexual abuse. The Commission's final report, submitted on 15 December 2017, comprises 17 volumes and six recommendations for a systemic approach that would better protect children against sexual abuse and alleviate the impact of abuse on children when it occurs. The Commission have recommended that the Australian Government regularly conduct and publish a nationally representative prevalence study to estimate rates of child maltreatment in institutional and non-institutional contexts.

For more information:

https://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf

<https://www.aihw.gov.au/reports/child-protection/nfpac/contents/summary>

<https://www.aihw.gov.au/reports/child-protection/nfpac/data>

<https://www.pc.gov.au/research/ongoing/report-on-government-services/2017/community-services/child-protection>

<https://www.childabuseroyalcommission.gov.au/>