Australian Childhood Foundation

Submission to the

Inquiry into the Implementation of the Children, Youth and Families Amendments (Permanent Care and Other Matters) ACT 2014 (Permanency Amendment Inquiry)

Dear Commissioner,

The Australian Childhood Foundation is pleased to make a submission in Response to the Inquiry into the Implementation of the Children, Youth and Families Amendments (Permanent Care and Other Matters) ACT 2014 (Permanency Amendment Inquiry)

Who Are We

The Australian Childhood Foundation (ACF) is a national not for profit organisation that works specifically to prevent the abuse, neglect and exploitation of children and young people and reduce the trauma it causes to children, families and the community. It is at the forefront nationally of how neuroscience is being translated into practical applications in the areas of specialist therapeutic intervention for traumatised children and their families, therapeutic foster care and residential care programs, and professional education initiatives.

ACF has a strong reputation for the delivery of effective, innovative and flexible trauma-informed therapeutic services for traumatised children and young people who present with a complex matrix of needs and challenging behaviours stemming from histories of multiple forms of abuse and neglect. ACF is a provider of evaluated counselling and out of home care programs for children and young people who have been traumatised through experiences of abuse and neglect, in addition to those who engage in problem sexual behaviours. ACF has a substantial history in working in collaboration and partnership with carers, families, professional, schools, support networks and communities to achieve positive outcomes for children and young people in Victoria, Tasmania, South Australia, ACT, Northern Territory and Western Australia.

All therapeutic programs delivered by the Foundation have been built on up to date, evidence based frameworks including the neurobiology of trauma, attachment and relational theories, offender theories, child development and system theories. A synthesis of this literature informs the basis of the assessment and intervention model for the services of the Australian Childhood Foundation.

At any one time, there are more than 800 children and young people and their carers or families engaged in therapeutic intervention with the Foundation.

ACF has extensive experience in the development and delivery of trauma-informed, or therapeutic models, of foster care, kinship care, family group home and rostered residential care. ACF has formed partnerships with 27 other non-government organisations to support direct trauma based therapeutic care programs for children and young people, including Oz Child (VIC), Uniting Care Gippsland (VIC), Gippsland East Gippsland Aboriginal Co-operative (VIC), Junction Support Services (VIC), Wesley (VIC), Barnados (ACT), Salvation Army (VIC), Anglicare (SA, NT and VIC), Relationships Australia (NT), Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NT). ACF currently has partnerships with Indigenous agencies in Victoria, Northern Territory and Western Australia to deliver therapeutic out of home care programs to Aboriginal children, young people and families.

ACF is a Registered Training Organisation and provides national professional education and workforce development programs focused on child assault and trauma to carers and professionals.

It reaches more than 8000 professionals and 1000 carers each year nationally.

ACF runs a range of workforce development programs for a number of state and territory government departments in Australia including Education Departments in South Australia, where it has run the SMART (Strategies for Managing Abuse Related Trauma) Program for the last 9 years across SA, in the Northern Territory where is replicated the SMART Program across schools in the NT, and has a contract with the Tasmanian Department of Education to implement a similar initiative statewide addressing the issues of engagement and disconnection in secondary school. ACF has run workforce development programs for child protection staff and managers in Tasmania, the Northern Territory and the Australian Capital Territory. ACF has also run statewide workforce development program for foster care and residential carers in Victoria, ACT,

ACF also conducts research into childhood assault and trauma in partnership with Monash and Deakin Universities. It has provided policy and program consultancy for a number of state government departments about trauma informed practice for children, families and carers. It has partnerships with KPMG and Deloitte Access Economics to support their evaluations of services involving children and young people. It has international research partnerships with University of North Carolina and UCLA.

ACF has longstanding partnerships with a range of CSO's that has seen the development and successful implementation of a range of therapeutic care programs and pilots over a period of 14 years. ACF has adapted therapeutic models of care into a range of placement types including foster care, kinship care, family group homes (24hour carer model), rostered residential care, secure welfare settings and juvenile detention programs. These include:

Program	Location	Period
• TrACK Therapeutic Foster Care Program	EMR, Vic	1999– current
• Circle Therapeutic Foster Care Program	EMR, Vic	2006 – current
• Pilot Therapeutic Residential Care Program	EMR, Vic	2006 – 2007
• Fresh Start Therapeutic Foster Care Program	Adelaide, SA	2007 – current
• On Track Therapeutic Foster Care Program	ACT	2008 - current
• Circle Therapeutic Foster Care Program	N&WMR, Vic	2008 – current
• Circle Therapeutic Foster Care Program	Gippsland, Vic	2008 – current
• Therapeutic Residential Care Program	EMR, Vic	2008 – current
• Therapeutic Residential Care Program	N&WMR, Vic	2008 - current
• Therapeutic Family Group Home Program	Perth, WA	2009 – current
• Therapeutic Residential Care Program	Adelaide, SA	2012- current
• Therapeutic Residential Care Program	ACT	2012- current
• Adolescent Therapeutic Care Program	NWR, Vic	2012-current
• Therapeutic Residential Care Program	SMR, Vic	2012 – current
• Therapeutic Residential Care Program	Wodonga, Vic	2012 – current
• Side by Side Therapeutic Kinship Care	ACT	2012 – current
• Intensive Therapeutic Foster Care Program	Southern Region, Tasmania	2012 – current
• Wrap Around Therapeutic Care Program	Gippsland	2013 -current
• Therapeutic Foster Care PYFS	SMR	2013- current
• Therapeutic Care Early Intervention Program	Tasmania	2013 - current
• Therapeutic Residential Care Program	SMR, Vic	2014 - current
• Therapeutic Residential Care Program	Darwin, Katherine,	

		Alice Springs, NT	2014 – current
•	Circle Therapeutic Foster Care Program	Wodonga, Vic	2014 – current
•	Equip Therapeutic Foster Care Program	Wodonga, Vic	2014 – current
•	Therapeutic Residential Care Program	SMR, Vic	2014 – current
•	Therapeutic Foster Care Program	Warrnambool, Vic	2014 – current
•	Therapeutic Kindergarten, GEGAC	Gippsland	2014 –current
•	Therapeutic Residential Care Program	EMR	2014 – current
•	Therapeutic Residential Care Wesley	SMR	2014-current
•	Therapeutic Residential Care JSS	Wodonga	2014 - current

Introduction

ACF believe that children have a special place in our society because of their vulnerability and their need for protection. Kofi Annan, the former Secretary General of the UN said:

"***There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they grow up in peace".***

Children in general and children in the Out of Home Care (OOHC) system in particular, are often voiceless in mainstream society. Children hold little power in our political processes. They are unable to vote, are less likely than adults to organise powerful lobby groups to advocate their opinions and influence decision-making, are rarely consulted in a meaningful way about decisions that will affect their lives and have limited recourse to challenge decisions that adversely affect their interests. The relative powerlessness of children makes the protection of their rights all the more important.

We are acutely aware that children must be protected from from trauma, abuse and neglect. However, realising a world in which every child reaches their full potential requires more than ensuring these kinds of basic protections. It requires concrete actions to ensure that we live up to our positive obligation to ensure respect for every child's fundamental human rights.

Too often we fail in our responsibilities toward vulnerable children and young people in Australia. Children and young people in the OOHC systems are one group who bear the burden of our inaction.

A report by the National Child Protection Clearinghouse on the problems facing OOHC in Australia by Bromfield et al (2005) observed:

"Child welfare services are recognising the importance of family support and early intervention. Out of home care is viewed as a last resort and the purpose is always for children to be reunited with their birth parents if possible. This shift in the 'hard end' of child welfare practice has meant that children who enter out of home care are likely to have chronic child maltreatment and family disruption prior to entering care, and therefore have more complex needs than children entering such care in the past".

We have a responsibility to these children and young people, and to others, to ask what actions we must take in order to give every child who enters the OOHC system the best possible chance in life.

Nearly twenty five years ago, the Australian Government signed and ratified the United Nations Convention on the Rights of the Child. While much has been achieved in the protection and promotion of children's rights since 1990, there are still many children in Australia who do not fully

enjoy their human rights. Australia has promised the international community that it will respect, protect and promote the rights of children through its voluntary commitment to uphold the rights set out in the Convention on the Rights of the Child. This includes the obligation to take all legislative, administrative and other measures to protect and ensure children's rights and to develop policies and take action in the best interests of the child.

We have promised to ensure the maximum survival and development of every child in Australia. This guiding principle is set out in article 6 of the Convention. The right to survival and development permeates the entire Convention. It is the foundation of all other rights. Realisation of this right is also a fundamental outcome of successful human rights protection. When the economic, social, cultural, political and civil rights of every child are adequately protected, children will also realise the right to survival and development.

The idea that we have a responsibility to enable children to reach their full potential is not novel. The very first article of the very first Declaration on the Rights of the Child, drafted by Eglantyne Jebb (founder of Save the Children) and endorsed by the League of Nations in 1924, states that:

"mankind owes to the child the best that it has to give ... [including] that ... the child must be given the means needed for its normal development, both materially and spiritually"

In the drafting of the modern Convention, there was debate about the wording of article 6 and about the merits of including in the Convention both a right to life and a right to survival and development. The delegates eventually agreed that there was a place for both. The right to life is a negative right; it requires non-interference and imposes an obligation to refrain from causing harm. In contrast, the right to survival and development captures the positive obligations of a State to create and promote an environment conducive to the maximum development of the child.

There is plenty of evidence to support the view that the right to survival and development is one of the most fundamental of all the rights of the child. A statement which we feel best captures all that this right entails is one by Manfred Nowak, United Nations Special Rapporteur on Torture. According to Professor Nowak, the right to survival and development encompasses the obligation of the State to create an environment in which all children:

"Grow up in a healthy and protected manner, free from fear and want, and to develop their personality, talents and mental and physical abilities to their fullest potential consistent with their evolving capacities".

The Victorian Auditor General (2010) said:

"Most children, before being placed in out of home care in Victoria, had suffered abuse and neglect which led to Child Protection and Children's Court intervention in their families. In all cases, a determination was made that it was necessary for the state to assume responsibility for the children's care, in either the short or long term, in order to protect them from harm. The state has a duty to ensure that the trauma already suffered by these children is not compounded by further abuse".

Uncertainty is a form of abuse for children and young people. Adults cope with impermanence by building on an accrued sense of self-reliance and by anticipating and planning for a time of greater constancy. Children, however, especially when young, have limited life experience on which to establish their sense of self. In addition, their sense of time focuses exclusively on the present and precludes meaningful understanding of "temporary" versus "permanent" or anticipation of the future. For young children, periods of weeks or months are not comprehensible. Disruption in either

place or with a caregiver for even one day may be stressful. The younger the child and the more extended the period of uncertainty or separation, the more detrimental it will be to the child's well-being.

Thus, our obligations in meeting the right to healthy development demand that we create an optimal experience of childhood, an environment that builds resilience and conditions that nurture a positive future for each child placed in the OOHC system. Certainty is an essential element of a healthy childhood.

The Right to Healthy Development

Children in the OOHC system traverse a challenging journey through childhood, with many obstacles to their optimal development. The majority have experienced compromised pre-natal environments, abuse, loss and trauma prior to entry to care. The Victorian Auditor General (2010) found that:

"Data provided by the department on the complex parental characteristics of children in care indicates that family violence and substance abuse remain highly prevalent. These factors are often combined with low income, mental health concerns and physical or intellectual disabilities"

The impact of these experiences on their development can be devastating over the short and long term. The Victorian Auditor General (2010) concluded:

"Children in out of home care are among the most vulnerable in our society. The problems for these children are well documented. They tend to do poorly at school, are prone to mental health disorders, have poor health and have to deal with the consequences of traumatic childhood experiences. These issues are to be expected among children who have suffered abuse and neglect from parents who have betrayed the most basic of trusts".

However, as with other children at environmental risk, a stable, nurturing family environment can protect children and young people in the OOHC system against the negative effects of these experiences. Legislation and policies must reinforce the developmental needs of children for stability of relationships. Children cannot wait to be parented and they cannot be held hostage to failures within the wider child protection system. These children's developmental clocks continue to move at a rapid rate and to be effective the system must respond to their developmental needs for stability and continuity.

It is the view of the ACF that Victorian child protection legislation and policies have underestimated the life-long impact of child abuse and neglect on the physical, developmental, and psychological health of children and young people and focused far too much on the short-term concerns of immediate safety.

This situation is further compounded by a failure to recognise that the impact of the lack of stability and the uncertainty that this produces is profound for all human beings but especially children. Children and young people need to feel that they have a secure base from which to launch into the world. The absence of this secure base has been shown to result in academic, social and psychological failure.

Placement in OOHC is usually and should be a last resort for keeping children safe. Children who encounter the care system are likely to have already experienced very high levels of disruption and

instability in their lives, and the impact of this history will be exacerbated by further instability induced by the OOHC system.

The Experience of ACF in working with children placed in Out of Home Care in Victoria

It is the experience of ACF that many children are left for too long in unsafe and traumatising circumstances. Whilst this lack of safety is not the intention of professionals involved, it is often the result of delayed decision making or an apparent focus on the rights of biological parents at the expense of their children. The children who we see and whose entry to care is delayed by indecision or drift regularly experience:

- **a longer exposure to pre-care adversity**
- **higher emotional and behavioural problems**
- **subsequent placement disruption and instability**

Our experience and view is supported by research. A longitudinal study (Bromfield et al. 2007) of a random sample of 100 Australian cases of child abuse notifications found that 65 per cent of the children had experienced chronic maltreatment. Many repeat notifications were treated in isolation, and interventions tended to focus on parents, rather than children. That study indicated that the impact of chronic maltreatment on children's health and wellbeing was unlikely to be assessed.

Longer, repeated and chronic exposure to these relationships and environments has significant risks for these children. Current neurophysiological research has detailed the mechanisms through which stress responses are activated in children and young people who experience abuse related trauma (Southwick, Rasmussen, Barron and Arnseten, 2005, Gunnar and Quevedo, 2007). As Schore (2002) has noted

> ***"…the stress literature clearly shows acute stress produces short-term and reversible deficits, while repeated, prolonged, chronic stress is associated with long-term patterns of autonomic reactivity, expressed in "neuronal structural changes, involving atrophy that might lead to permanent damage, including neuronal loss…(p.11)".***

Other Australian research studies support international findings that children and young people who have suffered abuse and neglect are at risk of more chronic and complex health difficulties compared with the general Australian population. Webster (2016) has constructed a table of the impacts of children in Australian OOHC:

Table 1: Health issues in samples of children in Australian OOHC research studies 2005-2015

Immunisations not up-to-date	15% - 53%	Arora, Kaltner & Williams 2014 Raman & Sahu 2014 Kaltner & Rissel 2011 Kaltner & Rissel 2010 Nathanson & Tzioumi 2007

Immunisations not up-to-date	15% - 53%	Arora, Kaltner & Williams 2014 Raman & Sahu 2014 Kaltner & Rissel 2011 Kaltner & Rissel 2010 Nathanson & Tzioumi 2007
Vision difficulties	18% - 33%	Arora, Kaltner & Williams 2014 Raman & Sahu 2014 Kaltner & Rissel 2011 Chambers et al. 2010 Kaltner & Rissel 2010
Hearing difficulties	10% - 28%	Arora, Kaltner & Williams 2014 Raman & Sahu 2014 Kaltner & Rissel 2011 Chambers et al 2010 Kaltner & Rissel 2010
Growth abnormalities/ nutrition deficits	14% - 18%	Raman & Sahu 2014 Nathanson & Tzioumi 2007
Eating disorders/ overweight/ obesity	24%-63%	# Cox et al. 2014 Tarren-Sweeney 2006
Expressive or receptive language delay or referral to speech pathology	11% -69%	Arora, Kaltner & Williams 2014 Raman & Sahu 2014 Kaltner & Rissel 2011 Chambers et al. 2010
Clinically significant emotional/behavioural difficulties	48%-62%	# Jackson et al. 2009, # Milburn et al. 2008, Sawyer et al. 2007, Tarren-Sweeney & Hazell 2006
Learning/education difficulties	9% -60%	Arora, Kaltner & Williams 2014
Psychotropic medication used for behavioural management	16%	Tarren-Sweeney 2010
Child required two or more referrals for further health assessment and/or treatment	70%	Kaltner & Rissel 2011 Kalter & Rissel 2010 Nathanson et al. 2009
Hepatitis screening required	8%-14%	Arora, Kaltner & Williams 2014 Nathanson & Tzioumi 2007
Mental health difficulties	15% - 62%	Arora, Kaltner & Williams 2014 Kaltner & Rissel 2011 Tarren-Sweeney 2010 # Frederico, Jackson & Black 2008 # Milburn et al. 2008 Sawyer et al. 2007 Tarren-Sweeney & Hazell 2006
Referral for formal developmental assessment required	5%	Arora, Kaltner & Williams 2014
Ongoing monitoring of growth and development concerns by paediatrician required	30% -41%	Arora, Kaltner & Williams 2014 Raman & Sahu 2014 Kaltner & Rissel 2011
Dental problems	26%	Raman & Sahu 2014

# denotes references which describe research findings relating to samples of children in OOHC in Victoria

Maguire et al. (2015) conducted a systematic review of international academic literature over a 65 year period to 2012 and concluded that:

…children experiencing neglect or emotional abuse exhibit far-reaching impacts on their behavioural, emotional, cognitive and social development. The cascading effect of maladaptive

externalising and internalising behaviours, impaired emotional regulation, delayed numeracy, literacy and language development can manifest in difficult interpersonal relationships, low school attainment and negative feelings of anxiety and depression.

Children and young people form a view of themselves and of others by how their primary carers treat them. If those that are meant to protect us hurt us emotionally, physically or sexually, our view of our own worth and the trustworthiness of others is likely to be compromised.

Children who have suffered traumatic experiences often struggle to negotiate appropriate relationships with adults and their peers. Common patterns include:

- Struggles with boundaries; they may be overly friendly with strangers; they may have limited awareness of other's personal space.
- Distrust and suspiciousness of others.
- Difficulties maintaining friendships due to aloofness or excessive 'neediness'.
- Difficulty reading or attuning to other's emotional states.
- View of themselves as unlovable or fundamentally 'bad'.

Traumatised children find it difficult to make 'meaning' out of their experiences. They have few or no effective internal maps to guide their actions. As a result, they react rather than respond. Their beliefs about themselves are determined by the very people who violate them. They can find it difficult to see adults as supportive. Their brains are so over-activated that they are able to take in very little new information easily. In particular, their memory systems continue to remain under stress. They fail to consolidate new learning. Their working memory for even the easiest set of instructions can be severely compromised. Traumatised children experience the present with little reference to their past, even though their behaviour, feelings and state are affected by their experiences of violation. They do not have access to the qualities that make them who they are. They have a transient sense of their own identity. Their sense of future is without plans or a sense of possibility.

Children and young people suffer these traumatic experiences in dysfunctional relationships. It is in healthy, stable relationships that they will be helped to recover. These relationships must be privileged, promoted and supported. It is the view of ACF that all efforts should be made to keep children at the centre of decision making and that that decision making should promote stability, safety and permanence. These efforts imply a need for a fresh consideration of legislative provisions, policy and practice guidance.

Promoting Stability through Permanence

DHHS defines permanency as the achievement of an enduring care arrangement for a child that promotes the child's safety, development, and sense of belonging. The intent is to prevent children from drifting in or between placements without early, clear and consistent decision-making for their future.

It is ACF's opinion that an OOHC system that promotes stability, resilience and healthy psychological development for children and young people, should be based around an early or decisive entry to

care (where appropriate), stable and high-quality placements that provide good parenting and are responsive to the child's needs, and a supported transition to independent adulthood.

To develop into a psychologically healthy human being, a child must have a relationship with an adult who is nurturing, protective, and fosters trust and security. Attachment refers to this relationship between 2 people and forms the basis for long-term relationships or bonds with other persons (Ainsworth, 1973; Bowlby, 1969). Attachment is an active process. Attachment to a caregiver is essential to the development of emotional security and social conscience. Tilbury & Osmond (2006) argue that:

"The importance of continuity and stability in the care arrangements and other relationships, particularly in the early years of childhood, is well founded in scientific knowledge on the brain development of children. Research has unequivocally identified that uncertainty, instability and disruption can have harmful effects on a child's wellbeing and development".

Optimal child development occurs when a spectrum of needs are consistently met over an extended period. Successful parenting is based on a healthy, respectful, and long-lasting relationship with the child. This process of parenting, especially in the psychological rather than the biologic sense, leads a child to perceive a given adult as his or her "parent." That perception is essential for the child's development of self-esteem and self-worth. A child develops attachments and recognises as parents adults who provide day-to-day attention to his needs for physical care, nourishment, comfort, affection, and stimulation. This is not based on a biological link to the child.

Stable placements allow for the development of stable and strong relationships. It is through these new, positive relationships that children will learn to trust and to develop strong and positive attachments. Developing secure attachment has long been associated with positive child development. As Monck and colleagues identify:

"The early development of secure attachment with primary carers is the foundation of the child's ability to optimise what he or she can subsequently gain from new experiences and relationships"

(Monck et al, 2003; p.19).

There are clear implications for action in terms of knowledge development and resource. All professionals working with vulnerable children in the Out of Home Care system require a sound working knowledge of the requirements for optimal child development, in the context of trauma and abuse. The service system itself must be built upon a legislative framework that supports this development and affords opportunities for healing and recovery. Finally, a suite of placement alternatives that were appropriately resourced would ensure that children could be matched to the right care environment at the right time.

Conclusion

It is ACF's opinion that Victorian must not return to a system that privileges the needs and timeframes of adults at the cost of the developmental needs of children. The previous legislation and policies left children and those who care for them in a state of uncertainty for many years. ACF has worked with many children where it has taken up to five years to reach a final order. This is systems abuse at its most destructive.

Children who have experienced abuse or neglect and family violence have a heightened need for permanency, security, and emotional constancy and are, therefore, at great risk because of the inconsistencies in their lives and the OOHC system. Reunifying children and their birth families is

generally in the best interest of the child and such efforts require adequate support services to improve the integrity of dysfunctional families. However, when keeping a family together may not be in the best interest of the child or when this cannot be achieved within a timeframe that is sensitive to the developmental needs of the child, alternative placement should be based on social, medical, psychological, and developmental assessments of each child and the capabilities of the caregivers to meet those needs.

Paramount in the lives of the children and young people is their need for continuity with those who care for them and a sense of permanence that is enhanced when placement is stable. There are critical periods of interaction among physical, psychological, social, and environmental factors. Basic stimulation techniques and stable, predictable nurturance are necessary during these periods to enable optimal cognitive, language, and personal socialisation skills. Because these children have suffered significant emotional stress during critical periods of early brain development and personality formation, the support they require is reparative as well as preventive and thus contributes to their 'survival and development'.

Children cannot wait to be parented. The best possible parenting involves giving children security, stability and love. This cannot happen in a context of uncertainty. ACF hold the view that legislation must recognise and support that children require healthy relationships. The 'Best Interests' of the child must always be premised on the developmental needs of children. It is a duty of the State that every effort is made to rapidly establish a permanent placement for children who are removed from home. This requires legislation, policy, knowledge, resource and a determination to prioritise the needs of these children.

References

Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. Cardwell & H. Ricciuti (Eds.), *Review of child development research* (Vol. 3, pp. 1-94) Chicago: University of Chicago Press.

Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Department of Health and Human Services. (n.d.) Child Protection Manual, accessed at: http://www.cpmanual.vic.gov.au/advice-and-protocols/information-sheets/permanency-children/legislative-changes-overview

Gunner, M. R., and C.L Cheatham. (2003) Brain and Behavior interface: Stress and the developing brain. Infant Mental Health Journal, 24, 195-211.

Jonson-Reid et al. (2012) Child and adult outcomes of chronic child maltreatment, *Paediatrics,* 129, pp. 839-845.

Maguire et al. (2015) A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. Child: Care, Health and Development, 41(5), pp. 641-653.

Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psycho pathogenesis of posttraumatic stress disorder. Australian and New Zealand Journal of Psychiatry, 36, 9-30.

Southwick, S., Rassmusson, A., Barron, J. and Arnsten, A. (2005). Neurobiological and neurocognitive alteration in PTSD: A focus on Norepinephrin, Serotonin and the HPA Axis. In J. Vasterling and C. Brewin (Eds.), Neuropsychology of PTSD: Biological, Cognitive and Clinical Perspectives, 27-58. New York: The Guilford Press.

Tilbury, C., & Osmond, J., (2006), Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners, Australian Social Work, Vol. 59(3)

Victorian Auditor General (2010) Own motion investigation into Child Protection - out of home care

Webster, S. M., (2016) Children and Young People in Statutory Out-of-Home Care: Health Needs and Health Care in the 21st Century Parliamentary Library & Information Service Department of Parliamentary Services Parliament of Victoria