Out-of-Home Care

The purpose of this document is to collate published research, the findings of government reports and inquiries, and academic commentary in relation to out-of-home care, and the effects this may have on a person’s behaviour; development; physical, mental and social well-being; and links to contact with the criminal justice system.

Introduction

1. It is both nationally and internationally recognised that children and young people entering out-of-home-care (‘OOHC’) are a vulnerable group in the population:

   Research indicates that those entering OOHC have poorer outcomes than the average child or young person. They have been identified as having increased developmental, behavioural, emotional and mental health issues and are less likely to access continuous education, treatment and medical care as a consequence of multiple placements, changes in caseworkers or alternating periods of placement at home and in OOHC.

2. Child abuse and neglect are the dominant reported reasons for children entering care across Australian jurisdictions. The literature recognises that child abuse and neglect commonly arise ‘in environments affected by significant poverty, homelessness, mental illness, substance misuse and domestic violence’.

3. Research shows a significant correlation between juvenile involvement in criminal activity, a history of abuse or neglect, and a history of being placed in care. Care experience and juvenile detention have been described as ‘key drivers of adult incarceration’.

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3 See, eg, Department for Families and Communities (SA), Certainty for Children in Care: A Study into the Placement History and Social Background of Infants Placed into South Australian Out-of-Home Care 2000–2005 (Research Report, July 2007) 26; Department of Children and Families (NT) Annual Report 2015–16 (30 September 2016) 22.
4 Department for Families and Communities (SA) (n 3) 26. See also Australian Law Reform Commission, Family Violence – A National Legal Response (Report No 114, 2010) 973.
6 Australian Law Reform Commission, Pathways to Justice 485 [15.1]. Discussed further below at ‘5. Links to Contact with the Criminal Justice System’.
At 30 June 2018, approximately 45,758 children were in OOHC nationally, with 93% of these children in home-based care (including 51% in relative/kinship care, 39% in foster care and 1% in third-party parental care). Children living in remote or very remote areas were twice as likely as those in major cities to be in OOHC at 30 June 2018.

In the Social Justice and Native Title Report 2015, the Aboriginal and Torres Strait Islander Social Justice Commissioner stated that ‘the overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system is one of the most pressing human rights challenges facing Australia today.’

**Terminology**

Out-of-home care has been defined by the Australian Institute of Health and Welfare as ‘overnight care for children aged 0–17, where the state or territory makes a financial payment or where a financial payment has been offered but has been declined by the carer.’ Types of OOHC include residential care with paid staff, family group homes (provided by a government department or community sector agency), home-based care (including relative/kinship care, foster care, and third-party parental care) and independent living (private boarding or renting). In New South Wales, OOHC is given a statutory definition under the Children and Young Persons (Care and Protection) Act 1998 (NSW):

out-of-home care means residential care and control of a child or young person that is provided:
(a) by a person other than a parent of the child or young person, and
(b) at a place other than the usual home of the child or young person, whether or not for fee, gain or reward.

Under the same Act, ‘child’ is defined as ‘a person who is under the age of 16 years’ and ‘young person’ as ‘a person who is aged 16 years or above but who is under the age of 18 years’.

This research summary uses ‘child’ and ‘children’ to refer to all children and young people aged 0–17 years.

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8 Ibid 52.
11 Ibid.
12 s 135(1).
13 s 3(1). Statutory definitions vary between Australian jurisdictions; links to child protection legislation from all states and territories can be found at Australian Institute of Health and Welfare, *Child Protection Legislation by Jurisdiction* (Web Page, 17 June 2019).
Impacts

11 The impacts of experiences of OOHC are wide-ranging, cumulative and interconnected. In its 2004 report on Australians who experienced institutional or out-of-home care as children, the Senate Community Affairs Reference Committee noted:

Submissions refer frequently to a range of legacies including low self-esteem, lack of confidence, depression, fear and distrust, anger, shame, guilt, obsessiveness, social anxieties, phobias, recurring nightmares, tension, migraines and speech difficulties. Many who suffered in institutions could not cope with life in the ‘real’ world and have had life-long alcohol and drug problems or ended in the mental health or prison systems. Many have difficulties forming and maintaining trust in relationships, or have remained loners and never married. Some care leavers with emotional problems have contemplated or taken the ultimate step of suicide. Others have survived.¹⁴

12 The vulnerability of those entering OOHC is frequently compounded by past experiences of ‘complex trauma’, defined by the NSW Ombudsman as ‘exposure to multiple and ongoing interpersonal trauma such as abuse, neglect or emotional or physical deprivation’.¹⁵

13 A 2008 study by the University of Sydney, the NSW Department of Juvenile Justice and Justice Health found that young offenders who had been placed in OOHC, in comparison to their non-care counterparts, were significantly more likely to:

- have received special education (49% vs 36%);
- have relative(s) who had been in prison (69% vs 60%);
- have experienced a physical injury requiring medical treatment (37% vs 28%);
- report having no close friends (11% vs 6%);
- be living in unsettled accommodation (23% vs 8%);
- report having treatment for substance abuse (25% vs 17%);
- have experienced unwanted sex (14% vs 6%);
- be unemployed (19% vs 27%); and
- be receiving some form of government benefit (62% vs 42%).¹⁶

Psychological, Emotional and Behavioural Impacts

14 Recurrent findings over the past 15 years underscore significant embedded mental health issues related to experiences of OOHC. In 2004, the Senate Community Affairs Reference Committee found that:

Mental health issues, depression and post traumatic stress disorder are commonly experienced by care leavers. These issues can manifest themselves in a variety of behaviours and actions that affect their everyday life. The ultimate expression of this problem referred to in many submissions is post traumatic stress disorder. Many care leavers who have suffered PTSD have required psychiatric care.¹⁷

¹⁴ Senate Community Affairs References Committee, Parliament of Australia, Forgotten Australians 145–6.
¹⁷ Senate Community Affairs References Committee, Parliament of Australia, Forgotten Australians 154.
The Senate Committee also found that a large number of children leaving care ‘described holding suicidal thoughts or actually attempting suicide’,\(^\text{18}\) with suicide rates comparatively higher than for the general population.\(^\text{19}\) Aboriginal people who had been removed from their families were more likely to attempt suicide while in prison.\(^\text{20}\)

The 2008 NSW Special Commission of Inquiry into Child Protection Services found that the disruption of attachment ties frequently experienced by children in OOH care can have ‘major short term and long term consequences such as cognitive problems, psychological and behavioural problems, and delays in development’.\(^\text{21}\) The Special Commission of Inquiry conducted a literature review of the available research, including a 2006 study which found that children in OOH care suffered ‘exceptionally poor mental health and social competence’.\(^\text{22}\) Over half the boys and girls in the study were reported as having ‘clinically significant mental health difficulties’, presenting ‘with complex disturbances, including multiple presentation of conduct problems and defiance, attachment disturbance, attention-deficit/hyperactivity and trauma related anxiety’.\(^\text{23}\) These findings have been replicated in other studies.\(^\text{24}\)

In 2016, the NSW Ombudsman found that ‘challenging behaviours’ in some individuals may include risk-taking; poor impulse control; resistance to boundaries (such as being absent from care without permission); stress intolerance; alcohol and other substance abuse; self-harming behaviours; social isolation; limited capacity to form relationships with peers and/or adults; sexually inappropriate, anti-social behaviour; and/or potentially criminal behaviour.\(^\text{25}\)

**Physical Health**

Research shows that those ‘entering OOH care have a high prevalence of acute and chronic health problems and developmental disabilities’.\(^\text{26}\) Once in OOH care, studies indicate that in addition to mental, emotional and behavioural ill-health, children and young people ‘have significantly poorer health outcomes in relation to visual defects, dental health, hearing impairments, speech development, completed immunisations’.\(^\text{27}\)

The Senate Community Affairs References Committee found that care leavers experienced ongoing health issues following exit from care, frequently related to ‘drug and alcohol addictions, homelessness, unemployment, unsafe sex practices and other destructive behaviours’.\(^\text{28}\) The Committee heard evidence that many care leavers ‘carry the legacy of injuries suffered through the abuse they received as a child’, including hearing loss and other ‘physical health problems

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\(^{15}\) Ibid 155 [6.23].
\(^{16}\) Ibid 16 [1.64]. See also New South Wales, *Special Commission of Inquiry into Child Protection Services in NSW* (n 2) 836 [20.50].
\(^{21}\) New South Wales, *Special Commission of Inquiry into Child Protection Services in NSW* (n 2) 613 [16.105].
\(^{23}\) Ibid.
\(^{25}\) *NSW Ombudsman* (n 15) 5 [2.1].
\(^{26}\) New South Wales, *Special Commission of Inquiry into Child Protection Services in NSW* (n 2) 617 [16.119].
\(^{27}\) Ibid [16.120].
\(^{28}\) Senate Community Affairs References Committee, Parliament of Australia, *Forgotten Australians* 153 [6.20]–[6.21].
or disabilities as a result of being assaulted in the institutions or through lack of medical attention received in their childhood’.  

**Social Impacts and Stigma**

20 Children in OOHC often experience ‘the stigma of being unwanted by their parents and being seen as second rate citizens for being in a home’.  

Senator Community Affairs Reference Committee found:

Home children were segregated at school: they often wore ill-fitting, second hand clothes, and were seen as ‘being different’ to their peers. They went to school together, ate together and rarely if ever had friends who weren’t in the home with them. The stigma of homes has often had an enduring impact on the life of a care leaver particularly leading to feelings of low self-esteem and self-worth.

21 The potential long-term impacts of OOHC on a person’s relationships stem from ‘past experiences of fear, intimidation, humiliation and abuse endured by the care leaver as a child’.  

Care leavers often encounter ‘difficulty in initiating and maintaining stable, loving relationships’ as a consequence of growing up without a nurturing and secure environment.

**Educational Attainment**

22 The Special Commission of Inquiry into Child Protection Services in NSW reported on the connection between children and young people in OOHC and poorer educational performance:

Those in care are less likely than their peers to continue their education beyond the minimum school leaving age. They are likely to attend a large number of different schools and to experience substantial periods of absence from school. Educational disruption was frequently a direct result of children and young persons in care having to change school as a result of a placement change. They also appear to have a significant risk of being suspended or expelled because of behavioural problems or truancy.

**Limited Employment, Financial Hardship and Housing Insecurity**

23 The Senate Community Affairs Reference Committee found that care leavers often face limited employment opportunities due to a ‘lack of education and the personality traits that have been carried through life’.  

The Committee recognised that inability to secure and maintain regular employment or being confined to low-paid work may result in a lifetime of financial hardship.

24 Housing difficulties faced by care leavers often relate to financial insecurity, with many ‘forced to live in public housing, subsidised rental accommodation or living on the street’.  

Ibid 162 [6.43].
Homeless Children (1989) found that ‘a period of time spent in a child welfare or juvenile justice institution, or otherwise detached by the welfare system from the natural family, seems to increase significantly a child’s chances of becoming homeless’.38

Drug and Alcohol Addiction

25 As noted above, research has identified a close connection between experiences of OOHC and care leavers’ vulnerability to drug and alcohol addictions, with many resorting to substance use as ‘a common practice to obliterate the past and present pain and suffering’.39 Addictions to alcohol and other drugs exacerbate the challenges faced by OOHC care leavers in maintaining relationships, self-esteem and avoiding homelessness.40

Intergenerational Impacts

26 The Senate Community Affairs Reference Committee acknowledged that the impacts of OOHC can potentially have intergenerational effects:

The difficulties with establishing and maintaining relationships, the inability for many to provide secure and stable family environments for raising children, feelings of shame and fear of rejection about their childhood history can become cyclical. Each new generation, lacking a sense of security and parental role models, is unable to provide these vitally necessary foundations for the next generation.41

Aboriginal and Torres Strait Islander Children

27 In 2017, the Australian Institute of Health and Welfare found that:

The legacy of past policies of forced removal, intergenerational effects of previous separations from family and culture, a higher likelihood of living in the lowest socioeconomic areas, and perceptions arising from cultural differences in child-rearing practices are all underlying causes for [Aboriginal and Torres Strait Islander children’s] over-representation in child protection services.42

28 The 1997 Bringing Them Home report found that, for Aboriginal and Torres Strait Islander children, a principal effect of removal from their families is the destruction of important family and cultural connections, resulting in alienation, loss of identity, frustration and stilted development of skills and learning.43 The report identified that disruption of attachment bonds between parents and children during is most damaging during infancy and can lead to unresolved trauma and grief.44

39 Senate Community Affairs References Committee, Parliament of Australia, Forgotten Australians 155 [6.25].
40 Ibid.
41 Ibid 152 [6.19].
44 Ibid.
Tilbury and Osmond noted that ‘[c]hildren’s lack of knowledge or understanding of their Aboriginality as a result of being placed in out-of-home care has been linked to poor emotional well-being and mental health problems in later life, with negative outcomes for individuals and communities’. The impacts of loss of culture are not unique to Indigenous children, but equally apply to children from other cultural and linguistic backgrounds.

In 2015, McFarlane stated that Aboriginal people in prison who had been ‘removed from their families as children experienced significantly worse outcomes with regard to mental health than their non-removed Aboriginal peers’. They were also more likely to have experienced child sexual assault. In 1991, the Royal Commission into Aboriginal Deaths in Custody reported that half of the prisoners whose deaths were investigated had been in care as children.

### Links to Contact with the Criminal Justice System

The 2017 Australian Law Reform Commission (‘ALRC’) Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples considered that ‘the links between these systems is so strong that child removal into out-of-home care and juvenile detention could be considered as key drivers of adult incarceration.’ The ALRC expressed the view that the incarceration rate of adult Aboriginal and Torres Strait Islander peoples cannot be fully and satisfactorily addressed without a national review of Aboriginal and Torres Strait Islander children in child protection, and the state and territory laws that see such children placed into out-of-home care.

Strong links between experiences of OOHC and contact with the criminal justice system were recognised by the Australian Parliament in 2004:

Other costs to society occur because of the high numbers of care leavers who enter the justice system. It was stated in evidence that one in five adult prisoners and one in three juvenile prisoners have been in care … The cycle is perpetuated as many children of women prisoners are made wards of the state while their mothers are imprisoned. 70 per cent of women in Victorian prisons are mothers and largely the sole-carer. A study of risk factors for the juvenile justice system found that ‘91 per cent of the juveniles who had been subject to a care and protection order, as well as a supervised justice order, had progressed to the adult corrections system with 67 per cent having served at least one term of imprisonment’.

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46 See, eg, the Child Migrants Report, arising from the inquiry into the history and treatment of children who were sent to Australia from the United Kingdom, Ireland and Malta, which identified the impact of deprivation of language and culture for Maltese children (cited in Roslyn Atkinson, ‘Denial and Loss: Removal of Indigenous Australian Children from their Families and Culture’ (2005) 5(1) QUT Law and Justice Journal 71, 73-74.

47 Katherine McFarlane, ‘Care-Criminalisation: The Involvement of Children in Out of Home Care in the NSW Criminal Justice System’ (PhD Thesis, University of New South Wales, 2015) 84.

48 Ibid.

49 Ibid.

50 Australian Law Reform Commission, Pathways to Justice 485 [15.1].

51 Ibid 486 [15.4].

52 Ibid 168 [6.6] (citations omitted). These observations are supported by numerous recent studies: see, eg, Sentencing Advisory Council, ‘Crossover Kids’: Vulnerable Children in the Youth Justice System Report 1: Children Who Are Known to Child Protection among Sentenced and Diverted Children in the Victorian Children’s Court (June 2019); Queensland Family and Child Commission, The Criminalisation of Children Living in Out-of-Home Care in Queensland (2018); Erin
33 The correlation between the child protection and the criminal justice systems is accentuated when comparing across children with no involvement in the care system.\textsuperscript{53} As at 2014, young people aged 10–17 in OOHC were ‘16 times as likely as the equivalent general population to be under youth justice supervision’.\textsuperscript{54} The NSW Special Commission of Inquiry reported that in two surveys on juvenile offending, ‘28% of male and 39% of female detainees, and 21% of males and 36% of females subject to community orders had a history of being placed in care’.\textsuperscript{55}

34 A \textit{2015 New South Wales study} examined 111 NSW Children’s Court criminal files, finding that over one-third (34\%) of the young people were, or had recently been in, OOHC.\textsuperscript{56} In relation to the female care cohort, which comprised 26\% of the care cohort and overall sample:

- they were aged from 11-17 years of age at the time of the offence;
- many had been refused bail or had bail conditions imposed that were too onerous to meet;
- they shared a common background of homelessness and abandonment, with periods in refuges, on the streets, group homes and detention centres;
- most offended in the company of others, generally siblings, cousins or other residents of welfare group homes; and
- half were facing the court for property damage offences committed in foster care, or against the group home or other ‘specialist’ facility in which they lived.\textsuperscript{57}

35 The 2010 ALRC \textit{Inquiry into Legal Responses to Family Violence} identified a strong correlation between involvement in criminal activity, time spent in OOHC, and rates of reported child abuse or neglect, drawing a conclusion that a child who offends ‘is likely to have a history of abuse or neglect’.\textsuperscript{58} The final report cited a 2001 Victorian study of young people sentenced to a term of imprisonment over an 8-month period which found that 86\% had been in OOHC, with over half of these having experienced five or more care placements.\textsuperscript{59}

36 In 1996, the NSW Community Services Commission outlined ‘potential issues contributing to the drift from care to the juvenile justice system’, arising not directly from a child’s behaviour, but from the dynamics of management in care homes.\textsuperscript{60} Examples included care homes reporting minor offences to police that would likely have been dealt with as disciplinary matters within a family home; the issuing of warrants for a child by the Department of

Gough, \textit{The Drift from Care to Crime: A Legal Aid NSW Issues Paper} (Report, October 2011) 3; Australian Institute of Health and Welfare, \textit{Young People in Child Protection and Under Youth Justice Supervision 2014–15} (Data Linkage Series No 23, 2016) 11; New South Wales, \textit{Special Commission of Inquiry into Child Protection Services in NSW} (n 2) 556 [15.2].\textsuperscript{53}

Katherine McFarlane, ‘\textit{Care-Criminalisation: The Involvement of Children in Out of Home Care in the NSW Criminal Justice System}’ (PhD Thesis, University of New South Wales, 2015) 76.\textsuperscript{54}

Australian Institute of Health and Welfare, \textit{Young People in Child Protection and Under Youth Justice Supervision 2014–15} (Data Linkage Series No 23, 2016) 11.\textsuperscript{55}

New South Wales, \textit{Special Commission of Inquiry into Child Protection Services in NSW} (n 2) 556 [15.2].\textsuperscript{56}

Katherine McFarlane, ‘\textit{Care-Criminalisation: The Involvement of Children in Out of Home Care in the NSW Criminal Justice System}’ (PhD Thesis, University of New South Wales, 2015) 76.\textsuperscript{57}

Katherine McFarlane, ‘\textit{From Care to Custody: Young Women in Out-of-Home Care in the Criminal Justice System}’ (2010) 22 \textit{Current Issues in Criminal Justice} 345, 346–7.\textsuperscript{58}


Ibid, citing Department of Human Services (Vic), \textit{An Integrated Strategy for Child Protection and Placement Services} (Report, 2002) 52–3.\textsuperscript{59}

Erin Gough, \textit{The Drift from Care to Crime: A Legal Aid NSW Issues Paper} (Report, October 2011) 3, citing Community Services Commission (NSW), \textit{The Drift of Children in Care into the Criminal Justice System: Turning Victims into Criminals} (Discussion Paper, 1996) 16–20.\textsuperscript{60}
Community Services when an OOHC placement broke down; and other practices resulting in the criminalisation of behaviours that result from trauma or other factors. Similar findings were made in a 2011 study of clients of the Legal Aid NSW Children’s Legal Service between 2005 and 2010.

The practice of using the criminal justice system as a disciplinary tool for young people in care is an ongoing issue, as ‘staff or carers may call in the police to manage their behaviour, leading in many cases to charges being laid’. This phenomenon is particularly problematic in the residential care system, where children face ‘a greater likelihood of police involvement for minor matters or behavioural problems, and, in turn, are more likely to be arrested for such behaviour.’ The Queensland Family and Child Commission has acknowledged that children’s ‘exposure to the criminal justice system can come through many pathways, however, contact with the police is usually the first point of exposure.’

In 2019, the Victorian Sentencing Advisory Council acknowledged the link between the trauma experienced in care and contact with the criminal justice system:

A child’s experience of abuse and trauma can disrupt healthy brain development; it can ‘damage the brain’s crisis response system’, resulting in a child ‘remaining constantly in crisis mode, even when there is no threat’. Such a child ‘remains hyper-vigilant and overreacts to minor events’, and ‘feeling constantly threatened [they] can engage in frequent fight or flight behaviors’. Maltreated adolescents who start ‘acting out’ may be ‘less likely to receive sympathetic attention than younger children, and are more likely to run away, become homeless and engage in illegal and survival activities that bring them to the attention of police.’

Aboriginal and Torres Strait Islander Children

The risk of contact with the criminal justice system is increased for Aboriginal and Torres Strait Islander children, with Aboriginal and Torres Strait Islander children known to be disproportionately represented within both the child protection and criminal justice systems in all states and territories. At 30 June 2018, there were 20,421 Aboriginal and Torres Strait Islander children in OOHC, a rate 10.2 times that of non-Indigenous children. This disproportionate impact was identified in 1991 by the Royal Commission into Aboriginal
Deaths in Custody, and further highlighted in the 1997 Bringing Them Home report. In 2017, the ALRC noted a sense of ‘normalisation of incarceration in many Aboriginal families, and in particular those where children have been removed, or have been in juvenile detention’.73

**Treatment and Healing**

*Adult offenders*

Mental health issues arising from experiences of OOHC which find expression in post-traumatic stress disorder require psychiatric care and support. The Senate Community Affairs Reference Committee also noted that ‘deep feelings of anger are strongly held by care leavers’, which ‘seems to strengthen with age, as feelings of abandonment, and of being absolutely and totally alone in their life are intensified with the passing of the years’.75

*Children and young people*

Long-term care arrangements aim to establish stability of care, which is critical in reducing the likelihood of ‘cognitive problems, psychological and behavioural problems, and delays in development’ that can arise from ruptured attachment ties.76

The NSW Special Commission of Inquiry found that ‘research clearly identifies the need for children to have security and continuity of attachment in order to develop optimally’.77 It was also recognised that ‘maintaining safe contact between children and birth families and/or wider kinship networks is an important step towards continuity’.78

Family and Community Services (NSW) identifies additional support in the form of a ‘Behaviour Support Plan’ (BSP) as necessary for children who exhibit ‘more complex or concerning behaviours and psychological symptoms’.79 The aims of a BSP include understanding the causes of the presenting behaviour, including the effects of trauma.80

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73 Australian Law Reform Commission, *Pathways to Justice* 486 [15.5].
74 Senate Community Affairs References Committee, Parliament of Australia, *Forgotten Australians* 154 [6.22].
75 Ibid 156.
76 New South Wales, *Special Commission of Inquiry into Child Protection Services in NSW* (n 2) 614 [16.105].
77 Ibid [16.104].
78 Ibid 616 [16.114].
80 Ibid 20 [5.1].
Educational intervention programs are critical in addressing the increased risk of ‘poor educational achievement, unemployment, homelessness, substance abuse and mental health problems’ for children in OOHC.81

**Aboriginal and Torres Strait Islander Children**

In view of the impact of OOHC on compromising cultural transmission through family, the Australian Institute of Family Studies (‘AIFS’) has recognised that measuring the wellbeing of Aboriginal and Torres Strait Islander children in care should include cultural and spiritual dimensions as well as physical, emotional and social status. These should be considered in holistic terms in relation to the wellbeing of the Aboriginal and Torres Strait Islander child’s community.82

This includes creating a cultural plan to maintain an Indigenous child’s connections with their family and culture, and ensuring caseworkers, carers and residential workers are appropriately trained on matters of cultural importance.83 The AIFS also identified that Indigenous children and young people should be provided with culturally appropriate counselling to help them deal with the trauma of being separated from their birth parents and families.84

Associate Professor Terri Libesman, a legal specialist in OOHC for Indigenous children, has stated that ‘the most effective and significant way to maintain cultural connection is for children and young people to stay with or be returned to their families as soon as it is safe for them to do so’.85

The nationally recognised Aboriginal and Torres Strait Islander Child Placement Principle86 ‘outlines a preference for Aboriginal and Torres Strait Islander children to be placed with other Aboriginal and Torres Strait Islander people when they are placed outside their family’.87 The Healing Foundation has stated that the Indigenous Child Placement Principle is ‘a vital part of bringing the cycle of intergenerational trauma to an end’.88

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81 New South Wales, *Special Commission of Inquiry into Child Protection Services in NSW* (n 2) 620.
82 Nicholas Richardson, Leah Bromfield and Alexandra Osborn, *Cultural Considerations in Out-of-Home Care* (Research Brief No 8, 2007) 3.
83 Ibid 13.
84 Ibid 8.
85 Terri Libesman, *Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care* (Report, SNAICC Secretariat of National Aboriginal and Islander Child Care, August 2011) 53.
86 See *Children and Young Persons (Care and Protection) Act 1998 (NSW)* s 13.