Submission to the Select Committee into Child Development Services

Please accept this submission on behalf of Parkerville Children and Youth Care. In providing this submission we have illustrated points with current case or practice examples. To protect the privacy of those involved we have removed identifying details and provided pseudonyms. The notable exception to this rule is where locational disadvantage is the primary issue of concern and here we named the area/town.

Introduction

Parkerville Children and Youth Care (Parkerville CYC) welcomes the opportunity to make a submission to the Select Committee into child development services (CDS).

Many child health inequities start early in childhood and increase along a clear gradient, meaning that the greater a child's disadvantage, the worse their health, development, and well-being. These gaps widen across the life trajectory, resulting in adverse adult health, educational and vocational outcomes. This can have an intergenerational effect, with inequity passed on to the next generation (RACP, 2019).

However, early intervention to provide support for young children and their families can have profound economic, educational, health and social benefits. The returns from public spending on young children outstrip any other form of human capital investment (McCain et al., 2007). Poor outcomes result in costs to society in terms of remediation, social supports for families, mental and physical health assistance and treatment, policing, and justice services (ECU, 2013).

Child and Adolescent Health Service (WA's dedicated health service for infants, children, and young people; responsible for delivering CDS) data shows that demand for CDS continues to grow year on year, with 32,960 discipline referrals accepted during 2021-22, an increase of eight per cent on the previous year, and a 24 per cent increase over the past three years. During 2021–22, 32,982 children received allied services, up from 29,412 the previous year. The demand for an autism assessment has continued to grow, with 550 formal referrals received in 2021–22; a 12 per cent increase on the previous year, and an 82 per cent increase in the past five years. Children aged three to seven years account for the most children seen, in line with the focus on early intervention (CAHS, 2022).

Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that provides advocacy, services and supports to children, young people and families to reduce the impacts of child abuse and other adverse life experiences, and in doing so, help WA to become the safest place in the world to bring up children and young

1 Watertank Way, Midland 6056 | ABN 86 437 092 401
(08) 9235 7000 www.parkerville.org.au

people. We have been working alongside vulnerable children, young people, and their families for nearly 120 years, and every year, we support more than 10,000 people across WA through our child advocacy and multi-investigation support team services; integrated family services; early intervention and prevention, youth homelessness and supports; therapeutic foster and residential care programs; and education, employment and training programs. The future of those we serve depends on what we do in the present to support them to reach their potential.

In the past 12 months, Parkerville CYC has:

- Supported 1,280 children affected by child sexual abuse, through our MIST services that are delivered in partnership with the WA Police Child Abuse Squads in Armadale and Midland
- Helped 1,142 families through intervention support after experiencing abuse
- Supported 140 children and young people through Protective Behaviours Education
- Supported 417 children and young people with Therapeutic Services
- Provided a safe place to live to 222 children and young people in our Foster Care, Group Homes and Youth Accommodation
- Reunified 4 children and young people with their families
- Supported 123 children, young people and families through our outreach programs:
    - 58 families through the Support and Community Services program
    - 37 young people and families through the Reconnect program
    - 28 young people through the Moving Out, Moving on program
- Held 10,141 Early Intervention sessions at our Child and Parent Centres (CPCs)
- Supported 25 Education, Employment and Training students to graduate

Our support to children, young people and families is holistic, wrap-around, and responsive to individual/familial need. Below, we present evidence from the broad scope of our direct work, spanning out-of-home care, community outreach and youth homelessness services, and community-based early intervention services for families.

Key recommendations

1. Encourage consistent priority referral pathways for children in out of home care.
2. Urgently address the poor availability of mental health services, including CAMHS and child psychiatry, for children with complex mental health needs due to trauma and neglect.
3. Conduct an urgent review of the relationship between intellectual disability and neurodiverse diagnoses and school funding arrangements, in light of extensive clinical wait lists for assessment.
4. Undertake an urgent review of service provision in regional areas and/or areas where people experience locational disadvantage, to address the impact of poor availability of critical services for children.
5. Create priority referral pathways for families in crisis and/or recovering from trauma, who are likely not in a position to meet rigid appointment criteria: flex the system to meet children/families where they are, not where the system thinks they should be.
6. Design service responses that are agile, and willing to deliver outreach assessment and intervention to those people experiencing homelessness or other multiple and substantial barriers to service access.
7. Prioritise access to early education services for children experiencing homelessness or other structural barriers to accessing CDS, given the likelihood of missed early education participation, resulting developmental impact, and poor provision of treatment options and support.

8. Outreach-driven models of service should be considered for young people exiting OOHC services and/or are experiencing other challenges such as homelessness. Using human-centred codesigned processes with lived experience representation would result in a potentially much more user-friendly mode of service.
9. Design an enhanced service, to improve service provision for young people whose needs were not identified earlier and who are not prioritised by, or ageing out of, CDS. This can be achieved via partnership delivery models that leverage existing relationships.
10. Build more speech pathology and occupational therapy capacity into community-based early childhood services and/or integrated service access points, to help build parental capability and confidence.
11. Review service provision for child psychiatry, paediatrics and allied services in terms of

Out-of-Home Care: profile of need

At 30 June 2021, there were 5,344 children and young people in out-of-home care (OOHC) (defined as the provision of care arrangements outside the family home to children in need of protection and care) in WA, more than half of whom (57.2%) were Aboriginal. This is a decrease from 5,498 children at 30 June 2020. (CCYP, 2022).

Children in OOHC have faced significant and complex issues, with pre-care histories often including abuse and neglect, and high levels of social disadvantage (such as living in highly disadvantaged neighbourhoods, parental mental health, substance issues, or domestic violence) (Maclean, Taylor & O'Donnell, 2016).

A study by the Telethon Kids Institute used available outcome data to show that young people in Western Australia who have been in care are at high risk of a range of poor outcomes, even compared to other children who have experienced adversities. This includes adverse outcomes in the areas of physical health, mental health, and education, with Aboriginal children with child protection involvement even more likely to experience disadvantage and poorer outcomes (Lima, Maclean and O'Donnell, 2018).

Similarly, the RACP notes that children in out of home care have poorer physical, mental and developmental health compared to their peers, largely due to the adverse effects of neglect, abuse and trauma on neurodevelopmental and epigenetic and metabolic pathways, as well as the effects of disruption to attachment and family structures (RACP, 2019). The scale of mental health problems among children and young people in care has been described as, 'exceptional for a non-clinical population', and children in residential care have more mental health problems than those in family-type foster care or those in kinship care. Ensuring timely access to professional help for those children most in need is therefore paramount for the OOHC population (CHWS, 2011). Early intervention helps to shift the life trajectory and disrupt intergenerational cycles of disadvantage, reducing inequities in child health, well-being and development, particularly for disadvantaged children (RACP, 2019)

Routine, proactive, multi-disciplinary health screening to establish and address the complex effects of trauma on children in OOHC has been called for in the National Clinical Assessment Framework and the RACP's Statement on the Health of Children in OOHC, and the Royal Australian and New Zealand

College of Psychiatrists have called for priority access to multidisciplinary developmental and mental health services for children in out-of-home care (RANZCP, 2021).

Despite this, evidence from Parkerville's OOHC practice demonstrates significant gaps in the provision of services to children in OOHC, creating both short-term and lasting impacts.

Evidence from practice: key findings

Parkerville CYC is contracted to look after 32 children across 4 Tier 1 family group homes (FGH) in the Metro area and 4 FGH in the Murchison; each home houses 4 children. These Tier 1 FGHs are owned by the Department of Communities, and accommodate children aged 7-17 for up to 2 years. In addition, we support up to 21 children (usually sibling groups, without limits on length of care and from 0-17 years) in 5 FGHs owned by Parkerville CYC, and 39 children in foster care placements (26 in Metro and 13 in the Murchison). Finally, Parkerville CYC runs an intensive residential program for young people aged 12-17 currently under the care of the Department of Communities (Belmont Youth Program); the home accommodates up to 5 children.

1. Complex, multiple, and intersecting need

The children that we support often require more than one child development service, alongside (or because of) their experiences of trauma.

- ***Educational development*:** A significant majority of our children are educationally disadvantaged and not receiving the necessary support to engage with education and flourish at school. Many of our children have multiple and intersecting needs, but system complexities create major challenges with getting diagnoses, to enable schools to access funding for appropriate classroom support. This can result in significant gaps in educational provision to our children (see Case Study, below).
- ***Mental health support:*** Many of our children require medication that can only be prescribed by psychiatrists, but with very few available and extensive wait lists (and our experience of reluctance from psychiatry to take on children in OOHC, often because of delays to receiving payment from the Department), it is extremely difficult to access this service.

2. Referring responsibilities

The Department of Communities remains the legal guardians of the children in our care, with Parkerville CYC contracted to deliver the activities set out in their annual care plan. Whilst Parkerville can make recommendations, responsibility for referring to services sits with the Department, and they have 20 days to identify a preferred provider.

This can create significant delays if, for example, the Department takes time to action a referral or nominate a preferred supplier. Most child protection staff are excellent and work in partnership with us to ensure that children's needs are addressed. We find that they are often equally frustrated by the lack of service provision and/or extensive waiting lists, despite children in care prioritisation. However, system pressures mean that some children in our care have not seen their departmental case worker in up to a year, and others are unassigned for lengthy periods of time; all of which impacts upon the process to refer children to the services they (often urgently) need. Our OOHC teams, particularly in the Mid West where services are fewer, have developed strong relationships with paediatricians and work around system delays by reaching out directly, whenever possible.

3. Availability of services

The children in our care require support from a range of child development services, often in tandem. In addition to issues around wait lists and limited resources, there are specific barriers to accessing services that affect our children:

- ***Regional inequalities in provision*:** in some areas of our Mid West OOHC provision, there are no speech pathologists, no occupational therapists, and only a visiting paediatrician. Child development services prioritise children under 7; our team have found it very challenging for children in our care over the age of 7 to secure referrals or be accepted onto services, and if they do, wait times are long and appointments very few. In cases where urgent support is needed, this has resulted in children having to make regular trips to Perth (see Case Snapshot, below).

Recommendations

1. Encourage consistent priority referral pathways for children in out of home care.
2. Urgently address the poor availability of mental health services, including CAMHS and child psychiatry, for children with complex mental health needs due to trauma and neglect.
3. Conduct an urgent review of the relationship between intellectual disability and neurodiverse diagnoses and school funding arrangements, in light of extensive clinical wait lists for assessment.
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Community Outreach services for young people and families experiencing homelessness: profile of need

The child poverty rate in WA in 2015–16 was 17.0 per cent (compared to 17.2 per cent Australia-wide), equating to approximately 88,000 children and young people in WA aged 0 to 14 years who are living in poverty (Miranti *et al.,* 2018).

At 30 June 2021, 9,934 children and young people were on the public housing wait list, an increase from 7,469 at 20 June 2020 to 9,934 (33.4% of all applicants) (CCYP, 2022). On average, households waited 102 weeks to be housed (an increase from 94 weeks in 2019–20), attributed to very low private rental supply and unchanged public housing stock (Department of Communities, 2021).

In 2016, at least 1,949 WA children and young people were homeless (ABS, 2016), although this is likely an underestimation due to the often-hidden nature of youth homelessness. Young people often enter homelessness because of breakdowns in familial relationships (MacKenzie *et al.,* 2016). It is difficult to obtain figures on homelessness among children younger than 12; the Census estimates that 21% of Western Australian homeless people are aged 12–24 (Seivwright *et al.,* 2021), and in 2020–21, 7,102 children and young people aged 0 to 17 years presented at WA specialist homelessness services alone or with their families, the majority of whom (4,170) were under 10 years of age (AIHW, 2021a).

The single most common reason for children and young people to need housing and homelessness assistance is family and domestic violence (FDV) (AIHW, 2021b). Reported family violence offences have increased by more than 100 per cent in the past decade, with COVID-19 and associated lockdowns linked to increased reports of FDV, economic insecurity and social isolation (known contributors to family violence) (Seivwright *et al.,* 2021).

Evidence from practice: key findings

Children from families who are homeless, or at risk of homelessness, are some of the most vulnerable people in our community. Parkerville CYC provides holistic, wrap around case management to hold families through highly challenging experiences of trauma and insecurity. Our services include:

- Support and Community Services (SACS): funded by the Department of Communities, this service is for children aged 4-14 from families that are homeless, or at risk of homelessness and living in supported accommodation.
- Moving Out, Moving On (MOMO): funded by the Department of Communities, this service is for young people aged 15-21 who are homeless, or at significant risk of homelessness or transience.
- Reconnect: funded by the Department of Social Services, this is an early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.

1. Complex, multiple and intersecting needs

Children and young people in our Outreach services often require support in being referred to and accessing child development services. The near-constant process of managing previous and ongoing trauma, poverty, housing insecurity and vulnerability means that often, they have not been able to consider needs beyond immediate safety, much less access support without the focused and trauma-informed support of someone to navigate them through the system.

2. Inflexibility of system

The families that we work with are in a state of priority management, unsure of whether they will have a secure home, money for necessities, or be safe from violence.

This often means that they are transient, and their ability to engage with clinical services (with frequently fixed criteria and protocols, and a built-in expectation that those in need can navigate service pathways) fluctuates. This can lead to children's developmental needs falling between the cracks, as referrals go missing and appointments missed as families try to navigate multiple services during times of heightened stress and trauma (see Case Study below).

3. Need for holistic, flexible support

The children, young people and families in our Outreach services have had previous, and likely ongoing, involvement with public services, including possible engagement with child protection. As such, we find that there can be a high degree of discomfort about, and reluctance to re-engage with, these services. In some cases, much of our work may involve building trust and rapport in non-formal settings, helping children and families to feel comfortable, secure, and supported enough to seek a referral for occupational therapy, or attend a paediatric appointment – knowing that their case manager will walk alongside them and help to navigate the system and advocate for their needs.

Recommendations

1. Create priority referral pathways for families in crisis and/or recovering from trauma, who are likely not in a position to meet rigid appointment criteria: flex the system to meet children/families where they are, not where the system thinks they should be.
2. Design service responses that are agile, and willing to deliver outreach assessment and intervention to those people experiencing homelessness or other multiple and substantial barriers to service access.
3. Prioritise access to early education services for children experiencing homelessness or other structural barriers to accessing CDS, given the likelihood of missed early education participation, resulting developmental impact, and poor provision of treatment options and support.
4. Outreach-driven models of service should be considered for young people exiting of OOHC services and/or are experiencing other challenges such as homelessness. Using human-centred codesigned processes with lived experience representation would result in a potentially much more user-friendly mode of service.
5. Design an enhanced service, to improve service provision for young people whose needs were not identified earlier and who are not prioritised by, or ageing out of, CDS. This can be achieved via partnership delivery models that leverage existing relationships.

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Child and Parent Centres: profile of need

Research shows that 90 per cent of a child's brain develops by the age of three, so all the experiences they have during this time influences their success at school and in later life (Department of Education). Indeed, 'it is now understood that there is an interwoven and cumulative period of developmental vulnerability and potential that is early childhood' (Brooks-Gunn and Duncan, 1997). While genes provide the initial road map for brain development in children, positive early experiences are essential in ensuring that children get the best start in life, are school-ready and eager to learn, and build the skills necessary for healthy development, wellbeing, and lifelong learning. Child development research overwhelmingly supports the view that focusing on early childhood health and wellbeing leads to positive outcomes as children grow older, as well as reduced economic costs to governments and families (Department of Education, 2019).

Australian Early Development Index (AEDI) data for 2009-2010 shows a strong correlation between the level of disadvantage and the incidence of developmentally vulnerable children entering Western Australian schools: those living in the most socio-economically disadvantaged communities are twice as likely to enter school developmentally vulnerable as children living in medium to high socioeconomic index areas (ECU, 2013).

Parenting is complex and challenging, and this can be exacerbated for families isolated by cultural and language differences, physically isolated by lack of transport and income, pressured by work commitments, family estrangement, inter-generational parenting practices, cultural taboos, shame, depression, drugs and alcohol, FDV and reticence about seeking help. Some parents are not aware that their children have developmental challenges, and key to initiatives like CPCs is to help with identification, and to have them addressed early (Shelby Consulting, 2017). Targeted programs can carry stigma and thereby reduce families' willingness to engage; CPCs mitigate this stigma by offering access to all children and families in an area, and by being located on or near public schools to support families as they lay the foundations for their children's development and learning (ECU, 2013).

Building capacity and community through early intervention services for families

Parkerville runs two Child Parent Centres; one in Brookman and situated on the Brookman Primary School site, and one in Westfield Park and situated at Westfield Park Primary School. CPCs are located at schools to give families easy access to advice, programs, and services, and give schools the opportunity to work with families from a child's birth, through to starting school and beyond. The centres work to increase the capacity of families and help them provide appropriate experiences and a happy, healthy home environment.

Westfield Park CPC: key data

Westfield Park CPC is in Camillo, in the City of Armadale. Camillo has a higher proportion of low-income households than the City of Armadale as a whole (25.5% and 18.6% respectively) and lower. Camillo's Index of Relative Socio-Economic Disadvantage (IRSD) score is 912.0 (12th percentile, against the City of Armadale score of 994.0 (41st percentile) and 1026.0 (61st) for Greater Perth.

Key service delivery figures, January-June 2022:

- Average monthly attendance: 396
- Average monthly programs: 30
- Average monthly health appointments: 40
- Ethnicity: 36.5% Culturally and Linguistically Diverse (CALD)
- Age groups: 54% attending are 0-2 years, 36% are 3-4 years

Westfield Park CPC runs a variety of playgroups (including for babies, pre-kindy, young parents, and fathers/father figures). It hosts developmental services, including a Child Health Nurse (CHN), Speech Pathologist, lactation consultant, immunisation clinic, kindy screening and parenting groups and workshops.

Brookman CPC: key data

Brookman CPC is in Langford, in the City of Gosnells. Langford has a higher proportion of low-income households than the City of Gosnells as a whole (25.9% and 20.8% respectively). Langford's IRSD score is 924.0 (14th percentile), against 987.0 (37th) for City of Gosnells.

Key service delivery figures, January-June 2022:

- Average monthly attendance: 216
- Average monthly programs: 28
- Average monthly health appointments: 160
- Ethnicity: 74.65% CALD
- Age groups: 50% attending are 0-3 years

Brookman CPC runs a variety of playgroups (including for babies, pre-kindy, neurodiverse, and sensory music, and movement). It hosts developmental services, including a CHN, Occupational Therapist, Speech Pathologist, and parenting groups and workshops.

Evidence from practice: key findings

Our work with families who may have various vulnerabilities, including social isolation and socio-economic disadvantage, demonstrates the necessity for early intervention. We find that for vulnerable families, this is best achieved through a constellation of programs that build capacity and community;

removing any stigma around or reluctance to seek help by creating a safe, open environment that wraps early intervention support around families.

1. **Targeted support to families**
   Capacity and confidence to access support is not universal to all families in our community. Some local families distrust health and/or government organisations, and the CPC may be the only service with which they meaningfully engage (see Case Snapshot, below). For some families from CALD communities, counselling support is often associated with a stigma of weakness. We work with families to build their trust in us, and thereafter, trust in the benefits of accessing support to help them fully thrive with their families into the future. This requires an approach that is more flexible and individualised than the wider system generally allows.

2. **Flexible, wrap around care to support early intervention**
   Our CPCs create a flexible, multi-agency environment: the onsite CHN, Occupational Therapist and Speech Pathologist can sit in on sessions, observe children, and make referrals if required (the challenges around wait lists remain the same, however: up to 2 years to access OT services due to high demand and a shortage of practitioners, and up to 14 months for Speech Pathology appointments). Sessions that are responsive to need, such as frequent 15-minute drop-in speech pathology sessions in which families can discuss concerns about child speech development and ask about referrals, or neurodevelopmental groups supporting families with neurodiverse children, builds parental confidence to undertake home interventions, and holds families (who cannot access private assessments) in a safety net while they wait for appointments.

3. **Capacity building**
   We observe a notable degree of social isolation amongst families attending our CPCs, particularly for CALD and/or migrant families. We support these families by creating a social setting in which they can practise the skills they learn at the CPC without fear of judgment, prejudice, or the pressure of assessments. This contributes to building a sense of community, reducing isolation, and increasing parental confidence around proactive engagement with their child's development.

Recommendations

1. Build more speech pathology and occupational therapy capacity into community-based early childhood services and/or integrated service access points, to help build parental capability and confidence.
2. Review service provision for child psychiatry, paediatrics and allied services in terms of capacity to meet need for ASD and ADHD assessments at the early childhood level. While services like CPCs do outstanding work in providing holistic support to children and families, the extensive wait lists continue to prevent children from accessing the full support they require.

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Summary

In our work supporting vulnerable children, young people, and families, we are continually awed by the resilience they display in managing the impacts of abuse, trauma and/or other, often overlapping and intersecting, challenges.

We support children and young people who often require intensive, and in many cases, multiple developmental and/or health services. Across the range of our services, we have had great success when we have been able, through the agility and creativity of Parkerville practitioners and our partner agencies, to leverage relationships or find workarounds to access services. Nevertheless, for the most part our experience is that children and young people are being failed (as per the examples provided above) by a service system that can only be described as inflexible and under-resourced. This is even more true for children and young people who have been highly disadvantaged by abuse, trauma, and other adverse childhood experiences, whose often complex and multiple needs repeatedly fail to be accommodated, and who have little recourse to other support routes (such as private service provision). These children and young people require, and deserve, a system that supports them at the point of need to reach their full potential, despite the challenges they have faced.

Yours sincerely,

Kim Brooklyn
Chief Executive Officer

Contact details

For further enquiries on this submission please contact:

Dr. Sarah Priest
Senior Research, Policy and Project Officer
Sarah.priest@parkerville.org.au
0424 273 663

References

Australian Bureau of Statistics (2016). *Census of Population and Housing: Estimating homelessness, 2016* (cat no. 2049.0). http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0

Australian Institute of Health and Welfare (AIHW) (2021a). *Specialist Homelessness Services annual report 2020–21, Table Clients.1: Clients and support periods, by age and sex, 2020–21*, AIHW

Australian Institute of Health and Welfare (AIHW) (2021b). *Specialist Homelessness Services Collection data cubes 2011–12 to 2020–21, SHSC Demographics data cube*, AIHW

Brooks-Gunn and Duncan (1997). "The Effects of Poverty on Children", *The Future of Children* 7:2, 55-71

Child and Adolescent Health Service (CAHS) (2022). *Annual Report 2021-22*. Perth: Child and Adolescent Health Service

Child Health and Wellbeing Subcommittee (CHWS) of the Australian Population Health Development Principal Committee (2011). *National Clinical Assessment Framework for Children and Young People in Out-of-Home Care*

Commissioner for Children and Young People WA (2022). *Profile of Children and Young People in WA 2022*. Perth: CCYP

Department of Communities (2021). *Housing Authority: 2020–21 Annual Report*. Perth: Department of Communities

Department of Education. Child and parent centres - Department of Education, *accessed October 2022*

Department of Education (2019). *Early childhood development for children living in Western Australia by region: Australian Early Development Census 2018*. Commonwealth of Australia and WA Department of Education

Edith Cowan University (ECU) (2013). *Child and Parent Centres on Public School Sites in Low Socioeconomic Communities in Western Australia: A Model of Integrated Service Delivery*

Lima, F., Maclean, M., & O'Donnell, M. (2018). *Exploring outcomes for children who have experienced out-of-home care*. Perth: Telethon Kids Institute

MacKenzie, D., Flatau, P., Steen, A. and Thielking, M. (2016). *The cost of youth homelessness in Australia, Research Briefing*, Swinburne University, University of Western Australia, Charles Sturt University, The Salvation Army, Mission Australia, Anglicare Canberra and Goulburn

Maclean, M. J., Taylor, C. L., & O'Donnell, M. (2016). "Pre-existing adversity, level of child protection involvement, and school attendance predict educational outcomes in a longitudinal study", *Child Abuse and Neglect* 51, 120-131

McCain, M.N., Mustard, J.F. & Shanker, S. (2007). *Early Years Study 2: Putting Science Into Action*. Toronto: Council for Early Childhood Development

Miranti, R. *et al*. (2018). *Child Social Exclusion, Poverty And Disadvantage In Australia*. National Centre for Social and Economic Modelling, Institute for Governance and Policy Analysis (IGPA), University of Canberra

Royal Australasian College of Physicians (RACP) (2019). *RACP Submission to the Victorian Department of Health and Human Services consultation into Looking after Children's Health in Out-of-Home Care*. Sydney: RACP

Royal Australian and New Zealand College of Psychiatrists (RANZCP) (2021). The mental health needs of children in care or at risk of entering care | RANZCP, Position statement 59, *accessed October 2020*

Seivwright, A., Lester, L., Fairthorne, J., Vallesi, S., Callis, Z., Flatau, P. (2021). *Ending Homelessness in Western Australia 2021*, Perth: CSI UWA

Shelby Consulting (2017). *Evaluation of the Child and Parent Centre Initiative*