

Keeping families together through COVID-19: the strengthened case for early intervention in Victoria's child protection and out-of-home care system

Research Paper

August 2020

Funded by the Macquarie Group Foundation



Foreword

The year 2020 has been one that none of us imagined – even as we held subdued New Year celebrations with loved ones in the face of bushfires across many parts of Australia. The COVID-19 pandemic has created new challenges and adversities that have been confronting to all of us. At the same time, the Black Lives Matter movement in Australia has highlighted the continuing issue of inter-generational disadvantage and institutional racism that results in over-representation of Aboriginal and Torres Strait Islander peoples in the child protection, out-of-home care, justice and multiple other service systems.

The immediate and lasting impacts of the events in 2020 will not be felt equally across our community. It is the families, children and young people already facing barriers to being safe that have been impacted most by this pandemic.

Last year we emphasised the concerning state of the current child protection and out-of-home care system and the urgent need for sustained effort to reorient the child and family service system toward early intervention. The number of children in out-of-home care has been growing unsustainably at an average of 10% each year. The over-representation of Aboriginal and Torres Strait Islander children is also increasing, with Aboriginal and Torres Strait Islander children now making up 26% of children in out-of-home care in Victoria. Now 1 in 18 Aboriginal and Torres Strait Islander children are in out-of-home care.

The COVID-19 crisis makes the need for reform more urgent as the risk of families being separated and children entering care significantly worsen. This report makes it clear that while the future for the child protection system was already bleak, the COVID-19 pandemic has compounded these issues and will push families to breaking point, with a further 4,500 children potentially entering the out-of-home care system as a result of the COVID-19 pandemic. This could mean Victoria will have 27,500 children in out-of-home care by 2026, more than any other state or territory.

As governments are grappling with an economic recession and significant growth in expenditure simply to steward the community through this pandemic, they are rightly concerned about the most effective way to invest. This report makes it clear, investment in targeted early interventions that keep families safely together is the best investment.

The latest analysis by Social Ventures Australia highlights that to make a significant impact on the demands that are expected on the system as a result of COVID-19 there is a need to invest targeted early intervention now. By doing so, Victoria can prevent up to 14,600 children entering out-of-home care over the next ten years and save at least \$1.8 billion.

Investment in targeted early intervention programs that take a holistic approach to families and set them up for success will have broader impacts. A strong focus on supporting families to thrive will support employment and education engagement (particularly with employment for women and young people), health and wellbeing, social participation and community connectedness by family members now and into the future. Given the over-representation of children involved with the child protection system in the homelessness and justice systems, this investment can deliver significant savings to these systems through keeping families safely together and free from harm and trauma. Such social, human and economic capital will be essential for the Victorian community to recover from this pandemic.

In taking such action, we must embed self-determination of Aboriginal and Torres Strait Islander peoples at the centre. This includes investing in Aboriginal Community Controlled Organisations and communities to develop, implement and evaluate early intervention responses that are trauma informed and culturally based.

The child and family service system must, now more than ever, be a place where children, young people and families can thrive. We stand beside our colleagues from Aboriginal Community Controlled Organisations to demand that in reorienting the service system we must address the institutional factors, including continued systemic and institutional racism, that still result in Aboriginal and Torres Strait Islander children, young people and their families being significantly overrepresented in the out-of-home care and children protection systems.

Victoria's child and family services system must have strong complementary parts – a robust family services platform, culturally-appropriate interventions, trauma-informed interventions, evidence-informed early interventions, and a strong, safe protection system – that sit side by side, and are responsive to the different needs of the families and children they support. This includes ensuring all components of the system are integrated, are focused on supporting families to thrive and have adequate and ongoing funding to deliver real impact.

Significantly reorienting the child and family service system toward early intervention needs a sustained and collaborative effort. The economic value of investing in early intervention is underscored by this report – the long-term savings to Government are clear. We need decisive action now and an ongoing commitment to additional investment to seed change, start to improve outcomes for children and young people, and deliver long-term, economically sustainable results.

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The authors of this report would like to acknowledge and pay respect to the past, present, and emerging traditional custodians and Elders of this country on which we work. We also acknowledge the injustices and trauma suffered as a result of European settlement, the stolen generations, and other policies such as the forced removal of children from their families, communities, culture, and land. We respect the resilience of the Aboriginal and Torres Strait Islander community in face of this trauma and respect their right to and aspiration for self-determination and empowerment.

1. Introduction

The COVID-19 pandemic has had a significant impact on the Victorian community – individually, socially, and economically. After signs of early success in containing the spread, the number of cases in Victoria has accelerated in July 2020, prompting a return to increased distancing restrictions. Much of the real social and economic impact of the COVID-19 pandemic is still to be experienced and may not be known for some time. Predictions to date already suggest the economic impact will be significant.

The evidence emerging, and based on past significant economic and community disruptions, suggests that the social and economic impact is and will continue to be disproportionately felt by those children, young people and families in our community who are already facing adversities – including those involved with the child protection system.

Based on research undertaken by Social Ventures Australia (SVA) on behalf of Berry Street and the Centre for Excellence in Child and Family Welfare (the Centre) last year, there is a strong case for investment in early intervention to support families at risk of separation, and children entering out-of-home care. In the face of this most recent crisis, Berry Street and the Centre have again engaged SVA to examine:

- the emerging impact of COVID-19 on Victorian children, young people and families
- the potential implications of COVID-19 on children, young people and families and the child protection and out-of-home care systems
- the additional benefits of increased investment in early intervention in the context of COVID-19
- the opportunity for significant reform through early intervention.

This report details the findings of the research.

2. The underlying case for early intervention to keep families together

In 2019, Berry Street, in collaboration with the Centre and leading agencies across the child and families service sector commissioned an independent report by SVA to make the economic case for additional investment in early intervention in the child protection and out-of-home care systems in Victoria. Additional investment in effective early intervention supports across the systems is critical so more families can access assistance before the issues confronting families escalate, resulting in family breakdown and separation.

Our 2019 report highlighted that the number and rate of children entering out-of-home care was growing, and if unchecked would result in almost 26,000 children in out-of-home care by 2026 and cost \$2 billion each year to the child protection and out-of-home care systems alone.¹

To support better outcomes for children and families, modelling completed by SVA (based on the available 2017-18 financial year data) indicated that additional investment of approximately \$150 million every year in targeted early intervention programs would prevent up to 1,200 children entering out-of-home care or progressing to residential care every year. This investment would also deliver cumulative net savings of \$1.6 billion to the child protection and out-of-home care system alone over a ten year period.

In recent years, the Victorian Government has targeted investment toward the tertiary end of the child protection and out-of-home care systems, particularly in the child protection workforce, in an attempt to respond to the significant growth in service demand. There has also been limited investment in early intervention, with funding for the evidence-based programs coming to an end, just as they are showing positive and replicable results. The Section 18 reforms have also seen positive results for Aboriginal children and families. The combined effect of these efforts, as well as other factors, have seen the

¹ Cost benefit analysis based on FY17-18 data on the number of children in the child protection system and system costs. Projection of the number of children in care based on growth in the proportion of Victorian children in out-of-home care from FY12-13 to FY17-18 only, and includes children on third-party parental care orders in the number of children in out-of-home care.

growth rate of children entering out-of-home care slowing in the 2018-19 financial year. As a result, our revised projections indicate if the current trajectory continues, 23,000 children will be in out-of-home care by 2026. This suggests the investments to date have had a positive impact and must be continued and sustained over a longer time period.

While this is a promising trend the rate of Victorian children in care is still increasing. In 2018-19 there were almost 12,000 children in out-of-home care, representing 0.8% of Victorian children aged 0-17 years. Based on trend analysis, this proportion would still almost double to a rate of 1.4% of children by 2026².

Within this cohort, the over-representation of Aboriginal and Torres Strait Islander children would rise further. In the 2018-19 financial year, 26% of children in out-of-home care identified as Aboriginal and Torres Strait Islander, which constituted 11% of the Aboriginal and Torres Strait Islander population aged 0-17. The proportion of Aboriginal and Torres Strait Islander in out-of-home care continues to grow at 15% per year³.

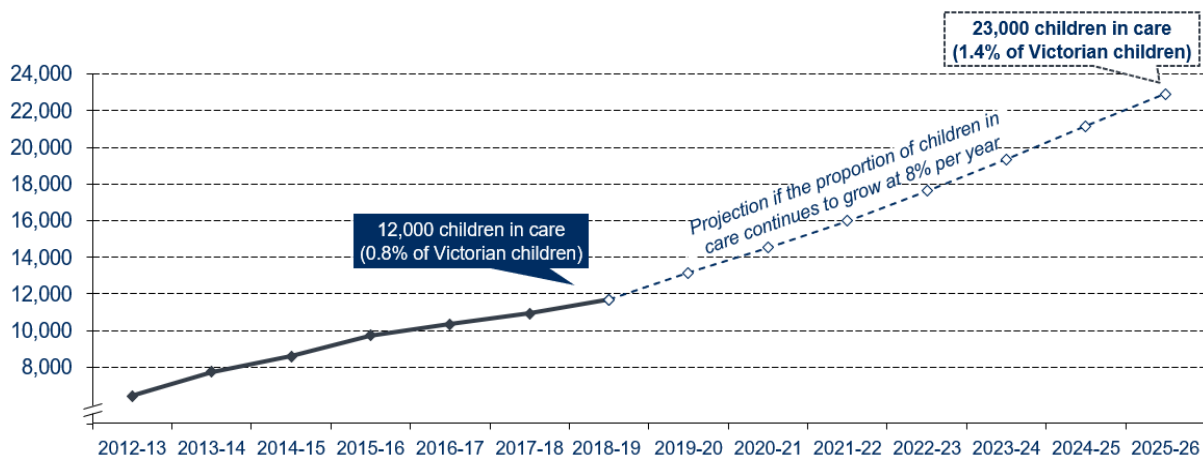


Figure 1: Historical and projected number of children in out-of-home care in Victoria (SVA analysis)

The cost benefit analysis updated with 2018-19 data indicates that additional investment of approximately \$180 million every year over a ten-year period would deliver cumulative net savings of \$1.8 billion to the child protection and out-of-home care systems. A key driver of the increased investment based on 2018-19 data is the higher number of children assumed to be engaged in early intervention programs, as a result of the increased numbers of children in the child protection system in 2018-19⁴. The savings ratio is unchanged: over ten years, every dollar invested in early intervention saves \$2 by preventing children and young people from entering out-of-home care. As demonstrated in the 2019 report, the savings are significant even when sensitivities in the modelling are tested by assuming the modelled evidence-based programs are less effective and/or the program costs are increased.⁵

The long-term social benefits of preventing children from entering out-of-home care are well established. Many young care-leavers are at increased risk of a range of poor social, educational and health outcomes including homelessness, mental illness, unemployment, substance misuse, contact with the justice system, early parenthood and low educational attainment⁶. In particular, there is a high degree of

² Figures represent the number of children in care at 30 June for each year and include children on third party parental care orders. Growth based on the proportion of children aged 0-17 in out-of-home care from FY12-13 to FY18-19.

³ Figures represent the number of Aboriginal and Torres Strait Islander children in care at 30 June for each year and include children on third party parental care orders. Growth based on the proportion of Aboriginal and Torres Strait Islander children aged 0-17 in out-of-home care from FY12-13 to FY18-19.

⁴ The cost benefit analysis updated with FY18-19 data assumes 7,700 children are engaged in early intervention programs per year, higher than the 7,000 based on FY17-18 data. Increased establishment costs during the first three years of program delivery have also increased the overall investment.

⁵ The cost-benefit modelling uses the evidence base from five programs as examples of the potential impact that additional investment in early intervention could have on Victoria's child protection and out-of-home care system. Sensitivity analysis on the effectiveness of the interventions have also been modelled - see Appendix 2 for further information.

⁶ See for example, evidence summarised by Campo, M., & Commerford, J. (2016). Supporting young people leaving out-of-home care (CFCA Paper No. 41), for the Australian Institute of Family Studies.

crossover between the child protection and youth justice systems, with 38% of children sentenced in the Children’s Court in 2016-17 known to child protection⁷. Studies have also demonstrated that children who have been in out-of-home care or who have had contact with the child protection system are more likely to use other social services and incur higher service costs in their lifetime⁸. These poor social outcomes for out-of-home care leavers as they transition to adulthood can perpetuate the inter-generational cycle of disadvantage, and for Aboriginal and Torres Strait Islander families, perpetuate the inter-generational trauma of child removal. An analysis of service usage in NSW showed that the children of care leavers are more than ten times more likely to also be placed in out-of-home care compared to the general population⁹, and in Victoria, about two in three children of care-leavers are known to child protection¹⁰.

Against this backdrop of the growing number of children entering out-of-home care and poor social outcomes for out-of-home care leavers, the child and families services sector has observed the devastating effect of the COVID-19 pandemic on many children and families, increasing the risks of child abuse and neglect and magnifying the impact of poor outcomes for care-leavers.

3. The emerging impact of COVID-19 on families

The COVID-19 pandemic requires a whole-of-community response, with significant social and environmental impacts felt by all Victorians. Increased social isolation and stress, poorer mental health, loss of employment and lack of access to social supports are current, and will likely remain ongoing, outcomes of the pandemic and the measures taken to limit the spread of the virus.

These, and other impacts of COVID-19 are known risk factors of child abuse and neglect. There are strong indicators that COVID-19 has increased many of the risk factors and reduced the protective factors that keep families together and children safe.

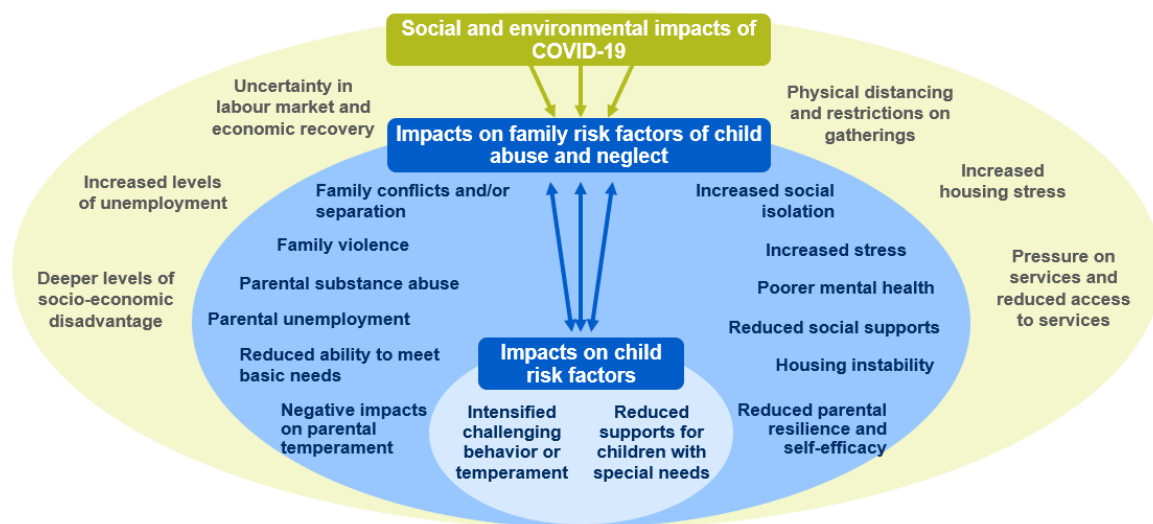


Figure 2: Impacts of COVID-19 on known risk and protective factors of child abuse and neglect (adapted from evidence review by Australian Institute of Family Studies, protective factors reframed as to reflect emerging impact of COVID)¹¹

⁷ Sentencing Advisory Council 2019, “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”

⁸ See for example: Deloitte Access Economics (2016), *Raising our children: Guiding young Victorians in care into adulthood*, commissioned by Anglicare Victoria; Forbes, C. and Inder, B (2006), *Measuring the cost of leaving care in Victoria*; Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. and De Bortoli, L. (2008), *The Cost of Child Abuse in Australia*, Australian Childhood Foundation and Child Abuse Prevention Research Australia; KPMG (2016), *An evidence-based continuum of care and support for child and family services, Final Report*.

⁹ Taylor Fry report for the NSW Office of Social Impact Investment 2019, “Analysis of future service usage for Out-of-Home-Care leavers”

¹⁰ Victorian Department of Health and Human Services, unpublished data.

¹¹ Adapted from AIFS, Literature review of identified risk and protective factors of child abuse and neglect. The factors listed are the risk factors heightened by COVID-19 and describes the protective factors which have been lessened.

These impacts have been felt more severely by families already facing a range of adversities and who have the least capacity to respond to increased risks and decreased supports – families who are isolated and have unmet support needs, families at heightened or intensified risk of family violence as a result of being locked down with family members, and families in lower socio-economic areas or employed in industries hardest hit by COVID-19 job losses and which are already more likely to be involved in substantiated reports of child abuse and neglect¹². The effects on Aboriginal and Torres Strait Islander families, many of whom experience existing adversities that will be further compounded by COVID-19, are of particular concern.

Although the full impacts of COVID-19 on families may not be known for some time, there is data that is at least illustrating some of the emerging impacts on risk factors. At the time of this report there are already indicators of increased risks to families, as listed in Table 1.

Table 1: Impact of COVID-19 on family and child risk factors – snapshot of reported indicators as of 6 July 2020

Family and child risk factors	Emerging impacts of the COVID-19 pandemic
Family conflicts or separation	<ul style="list-style-type: none"> The number of urgent applications to the Family Court of Australia to settle parenting disputes increased by 39% over a four-week period in March and April¹³ A survey by Relationships Australia found that people's relationships with their partners have struggled, with 42% finding isolation has negatively affected their relationship. The Separation Guide reported a 300% increase in the number of couples considering separation, and an increase in the number seeking psychological advice and end of marriage financial advice¹⁴.
Family violence	<ul style="list-style-type: none"> A Monash University survey of 166 Victorian family violence practitioners found that over half had observed an increase in the frequency and severity of family violence, and 42% reported an increase in 'first-time family violence' reporting by women¹⁵ 14% of family violence calls to Victoria Police in March-April were attributed to circumstances related to COVID-19¹⁶ Men's Behaviour Change Programs (providing support to 4,000 men in Victoria) were suspended as a result of restrictions on face to face delivery as a result of COVID-19, cutting off men from in-person support¹⁷ the Victorian Aboriginal Child Care Agency (VACCA) reported a tripling in calls from clients related to escalations in family violence in May, compared with May in the previous year¹⁸
Parental substance misuse	<ul style="list-style-type: none"> The Foundation for Alcohol Research and Education found that 20% of households reported buying more alcohol since the COVID-19 outbreak, and of these, 32% are concerned about the amount of alcohol they or a loved one is consuming¹⁹ Women's Safety NSW reported that there has been an increase in the involvement of alcohol in family violence situations since the COVID-19 restrictions were introduced²⁰.
Parental unemployment and financial stress	<ul style="list-style-type: none"> Overall, the incomes for 35% of working age Australians declined due to COVID-19, and 1 million Australians have lost their jobs. Victoria's unemployment rate rose from 5.2% in March to 7.5% in June²¹. The number of people receiving Department of Social Services unemployment payments has more than doubled since COVID-19²², and Centrelink applicants were more likely to

¹² AIHW Child Protection Snapshot, FY18-19. Children who were the subjects of substantiations were more likely to be from lower socioeconomic areas (36% were from the lowest socioeconomic area compared with 5.4% from the highest).

¹³ Family Court of Australia, Media Release, 26 April 2020.

¹⁴ Sydney Morning Herald, 'Number of couples seeking separation advice soars during lockdown', 7 June 2020 and Relationships Australia May Survey, 'COVID-19 and its Effects on Relationships'.

¹⁵ Monash University, 'Responding to the Shadow Pandemic - Practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions', 8 June 2020

¹⁶ ABC News, 'Family Violence campaign launched as Melbourne hospital's emergency presentations double', Rachel Clayton, 9 May 2020

¹⁷ The Age, 'Helpline calls by family violence perpetrators skyrocket amid isolation', Wendy Tuohy, 12 April 2020

¹⁸ VACCA, unpublished data

¹⁹ University of Melbourne, 'Australia's covid-19 relationship with booze', Rob Moodie and Tasmyn Soller, 1 May 2020

²⁰ Women's Safety NSW, Media Release 30 May 2020

²¹ ABS 6202.0 - Labour Force, Australia, June 2020; ABS COVID-19 Household Impact Survey taken 14-17 April and analysis reported by ABC News 'Almost one million Australian lose jobs due to coronavirus', 5 May 2020

²² Answer to Question on Notice SQ20-00425, supplied to Senate Committee on COVID-19, 2 June 2020. Reported by ACROSS, *Taking the Temperature* Briefing Paper 1: 5 June 2020

	<p>be residing in areas of higher socio-economic disadvantage and previously in lower skilled occupations²³. Additionally, over 28% of those who had lost their jobs reported that they were not eligible for any Centrelink benefits²⁴</p> <ul style="list-style-type: none"> • Women, especially sole parent mothers, have been more affected than men in terms of unemployment²⁵.
<p>Housing stress</p>	<ul style="list-style-type: none"> • Analysts have reported that rental and mortgage stress levels have risen, with data showing over 1.4 million Australian households are now in mortgage stress and 100,000 are close to defaulting on their loans. Young growing families are the most exposed²⁶. • An Australian National University (ANU) study found that the number of Australians who couldn't pay their rent or mortgage on time more than doubled between April and May. The level of housing stress is substantially higher for renters than mortgage holders, and among renters, people on low incomes were more than 4 times as likely to not be able to pay rent on time compared to the highest 20% of households²⁷.
<p>Ability to meet basic needs</p>	<ul style="list-style-type: none"> • Foodbank Australia, St Vincent de Paul Society, and the Salvation Army have all seen increases in the demand for their emergency relief services, with most of the increase from new clients who had not previously sought charitable assistance before. The Salvation Army in Melbourne has seen tripling in demand²⁸, while Foodbank Australia experienced a 78% increase in demand²⁹. Families and people who were newly unemployed have been among the largest groups served. • A survey by Energy Consumers Australia in June found that 20% of electricity bill payers had already contacted their retailer for help with their bills and another 21% expected they would have to soon³⁰.
<p>Mental health and exposure to stress</p>	<ul style="list-style-type: none"> • An ANU study reported that almost one in two Australians (47%) said they were more stressed because of the COVID-19 crisis³¹, while studies by both Melbourne and Monash Universities reported a rise in levels of anxiety and depression. For people who lost work during COVID-19, the rates of psychological distress were 4 times higher than typically seen in working age Australians. They also highlighted that those affected may be more reluctant to seek professional help due to also having increased stress about their finances³². • Lifeline Australia reported an unprecedented and sustained increase in calls throughout the pandemic, more than 50% of whom expressed significant concern about the effects of COVID-19 and anxiety about the future³³. Calls to Beyond Blue increased 66% in April, 60% in May, and 47% in June compared with the same months last year³⁴. • Highlighting the stresses for new parents, The Perinatal Anxiety and Depression Australia (PANDA) national helpline reported a 20% increase in calls during the pandemic, while the Gidget Foundation reported a 50% increase in the number of expectant and new parents reaching out for support³⁵.
<p>Ability to care for children with a disability</p>	<ul style="list-style-type: none"> • A Children and Young People with Disability Australia survey found that the pandemic has compounded the inequities faced by children and young people with disability and their families, with reduced access to food and basic essentials, including medication. One third of these people lost access to NDIS funded support workers or other services³⁶.

²³ Monash COVID-19 Work and Health Study, reported by ACOSS 'Taking the Temperature' Briefing Paper 2: 22 June 2020

²⁴ Monash COVID-19 Work and Health Study, reported by ACOSS, 'Taking the Temperature' Briefing Paper 1: 5 June 2020

²⁵ Reported by ACOSS, 'Taking the Temperature' Briefing Paper 1: 5 June 2020. Overseas studies have shown that cases of child abuse and neglect are more highly correlated with female unemployment than male unemployment (Elisabetta De Cao and Malte Sandner 2020, 'The potential impact of the COVID-19 on child abuse and neglect: The role of childcare and unemployment')

²⁶ Data from Digital Finance Analytics, as reported by ABC News 4 June 2020

²⁷ ANU, Number of Australians facing housing stress doubles, 30 June 2020

²⁸ Salvation Army, 'Newly vulnerable Aussies are turning to the Salvos during the COVID-19 pandemic', 19 May 2020

²⁹ St Vincent de Paul and Foodbank submissions to Senate Committee Inquiry into COVID-19, as reported by ACOSS, *Taking the Temperature* Briefing Paper 3: 6 July 2020

³⁰ Sydney Morning Herald, 'Millions of households seek help with power bills amid COVID downturn', 2 July 2020

³¹ ANU, 'Stress and finances worse off during pandemic', 8 July 2020

³² COVID-19 Work and Health Study and Melbourne Institute Applied Economic & Social Research at the University of Melbourne, 'Taking the Pulse of the Nation' survey results: 1-6 June, 11 June 2020

³³ Lifeline Australia submission to the Senate Committee on COVID-19, May 2020

³⁴ The Age 'Record calls to mental health services during second lockdown', 10 July 2020

³⁵ ABC News, 'New mums struggling to celebrate births while facing further isolation amid the coronavirus pandemic', 5 May 2020 and Royal Australian College of General Practitioners, 'Social distancing poses risk to wellbeing of new mothers', 8 May 2020

³⁶ Children and Young People with Disability Australia, More than isolated: COVID-19 compounds inequities for children and young people with disability, 28 May 2020

While not quantified, **increased social isolation** and **reduced access to social supports** have evidently been a direct result of the physical distancing measures put in place in response to the pandemic. The combination of factors – alongside unemployment, financial and housing stress, a lack of access to supports and ability to meet basic needs can have a flow on effect on other protective factors such as parental resilience, self-efficacy, and temperament. Unfortunately, these stresses and lockdown measures can also intensify the risk factors relating to children, such as exacerbating existing behavioral issues and the demands of caring for children with a disability and/or complex needs.

For **Aboriginal and Torres Strait Islander families**, the increased risk factors are even more concerning. Leaders have highlighted the increased impacts of COVID-19 on their communities due to over-crowding in existing housing, unemployment, poverty, higher prevalence of mental ill-health, poorer health outcomes that increase the risks of falling seriously ill from the virus, and that many Aboriginal and Torres Strait Islander families are not able to provide their children the support for home-schooling required during the COVID-19 lock down for a range of reasons³⁷. From a social and emotional wellbeing perspective, Aboriginal people thrive within their culture, family and community and imposed physical distancing diminishes their ability to remain connected and socially supported. The Black Lives Matter movement in Australia in the midst of the pandemic called attention to the over-representation of Aboriginal and Torres Strait Islander people in the justice system, deaths in custody, and the urgent need to address issues such as the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, particularly given the high degree of crossover with the youth justice system³⁸.

For out-of-home **care-leavers**, the impact of COVID-19 on youth unemployment rates mean that their poor employment outcomes are likely to be further magnified. Young people have fared worst in terms of job loss from COVID-19, with a 40% jump in youth unemployment rates³⁹. More than 1 in 4 are facing unemployment or withdrawal from the labour market⁴⁰.

The combination of the rise in these risk factors not only suggest that there will be greater need to provide support to families with children at risk of abuse or neglect, but that a family's support needs will be more complex, for both existing and new families in the child protection system.

These emerging indicators of the impact of COVID-19 on families in Victoria and the rest of Australia is not dissimilar to data from other countries⁴¹, and is consistent with research from previous economic recessions and experiences from other jurisdictions highlighting that during pandemics and states of emergency, children can be at heightened risk of abuse, neglect, exploitation and violence⁴². Further, anecdotal reports from child and family service workers in Victoria indicate that since the onset of the pandemic they have observed an increase in the complexity of cases and new families in the system who have previously not accessed their services.

The acceleration in the number of COVID-19 cases in Victoria in July and the return to Stage 3 restrictions imposed in Melbourne and the Mitchell Shire (announced on 7 July for a duration of at least six weeks⁴³) have propelled concerns that these risks will continue to rise. For example, prior research on the psychological impacts of quarantine have shown that mental health effects worsen with longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, and financial loss⁴⁴.

³⁷ NACCHO submission #64, Senate Committee on COVID-19, May 2020; SMH, "PM vows action but 'history war' panned", 13-14/6/20 ACOSS, 'Taking the Temperature' COVID-19 Update Briefing Paper 2: 22 June 2020; VACCA report on Impact of COVID-19 on Aboriginal families (unpublished).

³⁸ Sentencing Advisory Council 2019, "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"

³⁹ Cube Group, Response to Recovery 'The Waves of impact of the COVID-19 pandemic on Victoria's health and community services', June 2020

⁴⁰ ACOSS, 'Taking the Temperature' COVID-19 Update Briefing Paper 2: 22 June 2020

⁴¹ For example, increased reports of family violence have been recorded in the UK, Germany, Spain, Greece, China and Brazil. As reported in the Guardian 'Lockdowns around the world bring rise in domestic violence' 28 March 2020

⁴² See for example: UNICEF, 'Children of the Recession - the impact of the economic crisis on child well-being in rich countries', September 2014; Centre for Global development (2020), "Pandemics and Violence Against Women and Children." CGD Working Paper 528; Nous (2020), The impact of pandemics on vulnerable groups; and Ukaid, 'Impact of COVID-19 Pandemic on Violence against Women and Girls', Dr Erika Fraser, 16 March 2020

⁴³ Victorian Premier, Media Release 'Statement from the Premier', 7 July 2020

⁴⁴ Brooks, S et al, 'The psychological impact of quarantine and how to reduce it: rapid review of the evidence', 26 February 2020

The full trajectory of COVID-19 is not known. It is not known how long the public health crisis will last, how long the adverse social and economic impacts on families will last, and when and at what height they will reach their peak before a recovery is possible. What is known at this stage is that the COVID-19 pandemic is not over, and without a vaccine or elimination, COVID-19 remains an ongoing risk to Victorians – to our health, communities and the economy.

4. Three possible future scenarios of the impact of COVID-19 on the need for child protection

The COVID-19 pandemic is a global health and economic crisis with high degrees of uncertainty about how both the health and economic impacts will unfold. At the time of this report, Melbourne and the Mitchell Shire are under Stage 3 restrictions, re-imposed by the Victorian Government following a recent resurgence in case numbers and specifically the levels of community transmission. This is a reversal of the gradual lifting of social distancing restrictions throughout June, and contrary to the expectations of many that the heights of the pandemic were over and that the recovery period was beginning.

It is unclear how this recovery will play out. Many of the identified risk factors for families will potentially become further heightened in the second lock-down period. There is uncertainty at this stage about the number and duration of further lock downs, when - or even if - a vaccine will be available and the extent of economic impacts (including global impacts) during this period, and government decisions regarding further economic stimulus and supports for those affected.

Many indicators of the impacts on families are only now just emerging, and it is too early for data to be available and a reliable estimate of the resultant demand for child protection and out-of-home care services to be known. It was anticipated that due to the closure of schools in April, the shift to remote service delivery and children being less visible in the community, reports to child protection would initially fall, followed by a rise as schools reopened and social distancing restrictions were gradually lifted in June. Anecdotal evidence suggests a slight decline in child protection reports at the beginning of the pandemic, with reports returned to pre-COVID-19 levels in May and June. That the decline was only minor despite school closures and service disruption (schools usually being the source of 20% of child abuse notifications, 13% from non-profit organisations, and 10% from medical and health personnel⁴⁵) suggests that actual rates of child abuse and neglect could have already increased. The return to remote learning as a result of Stage 3 restrictions in July could have further consequences.

Given the uncertainty of the next 12-18 months and potentially longer, this report proposes three future scenarios to illustrate what could happen to the demand for child protection services in Victoria as a result of COVID-19. These scenarios are hypotheses of what the future for families could look like and have been developed to assist sector and government preparedness for how they may need to respond.

The future scenarios consider different possibilities relating to key uncertainties of the COVID-19 recovery and have been developed and modelled by other analysts. These uncertainties include: the trajectory of the pandemic, the shape of the economic recovery, and the success of government and societal actions that influence these paths⁴⁶. Each of these uncertainties will have different impacts on families and on the possible rise in cases of child abuse and neglect requiring child protection interventions. These scenarios are based on the most up to date thinking at the time of this report acknowledging that given the rapidly changing environment some elements are likely to shift.

⁴⁵ AIHW Child Protection Dataset 2018-19, based on sources of notifications to Child Protection that resulted in an investigation

⁴⁶ Based on forecasts by RBA, Economic Outlook May 2020; and drawing on modelling and scenarios by Deloitte Access Economics, "Economic scenarios for the COVID-19 recovery", Deloitte "The World Remade by COVID-19, Scenarios for resilient leaders", Grattan Institute "Shutdown: estimating the COVID-19 employment shock"; and The Cube Group "Response to Recovery: The Waves of impact of the COVID-19 pandemic on Victoria's Health and Community Services"

Lower impact scenario: Constrained pandemic and faster recovery

Health response and impact:

Rapid and effective containment measures result in a relatively short and sharp peak in cases, followed by a steady eradication of the virus in 2020 with gradual and careful lifting of physical distancing measures.

Economic recovery:

Economic recovery begins in 2020. Businesses have been effectively supported to retain their workforce and quickly adapt to new ways of working, and workers who lost their jobs are gradually re-hired.

Other community and institutional impacts: With the economy showing signs of recovery and the careful and measured lifting of physical distancing measures, the social and justice institutions across Victoria begin to resume a new normal in 2020. Backlogs in court cases (particularly family violence-related cases and child protection cases) are starting to return to more usual patterns. Community and social activities that provide informal protective barriers around families are starting to resume.

Impact on vulnerable families:

- While some parents have lost their jobs and experience greater levels of stress, they receive sufficient support payments to meet their basic needs. The unemployment rate peaks at 10% and some parents may return to the workforce quickly, but others may take up to two years to find employment. The Reserve Bank of Australia (RBA) has forecast in a 'faster recovery' scenario that the unemployment rate would peak at 10% and return to its pre-COVID level by mid-2022.⁴⁷
- Whether or not parents were employed, they are home with their children facing different levels of social distancing restrictions throughout 2020, and socially isolated from extended support networks. During this time there may have been a rise in family conflicts, more parents separating, and children may have been exposed to increased levels of stress or worsening of alcohol abuse of parents. This in turn could exacerbate existing challenges in managing a child's behaviour and parental temperament.
- Families in need of other social services may have been less able to access them - for example those living with a family member with a history of family violence will need to manage the increased risks on their own, and those caring for a child with a disability may have reduced access to supports.

Possible increase in demand for child protection: *Rises by 5% from 2018-19 rates, for a period of two years.*

Possible number of children in out-of-home care in 2026: *Approximately 24,000⁴⁸*

Medium impact scenario: Prolonged pandemic and slower recovery

Health response and impact:

Measures to contain the pandemic through enhanced testing and tracing are unsuccessful, and ongoing physical distancing measures are required to manage new outbreaks until a vaccine is produced some time from mid-2021, and gradually made available.

Economic recovery:

Economic activity is constrained until a vaccine is available. During this time of uncertainty, business confidence falls, and government stimulus is insufficient and over too short a time period to avoid ongoing high unemployment and falling prices.

Other community and institutional impacts: With the economy taking more time to recover and destabilising shifts between lockdown and less restrictive measures, the social and justice institutions across Victoria have been patchy in how they resume. The backlogs in court cases (particularly family violence-related cases and child protection cases) are starting to grow. Community and social activities that provide informal protective barriers around families are not resuming to the same levels as previously experienced across the community – resulting in more isolation and disadvantage amongst families hardest hit by the pandemic.

Impact on vulnerable families:

- Parents who have lost their jobs will take longer to find employment: on average up to three years (the RBA has forecast in a 'baseline recovery' scenario that the unemployment rate peaks at 10% but would still be above the pre-COVID level by mid-2022). This particularly hits families who were already experiencing socio-economic disadvantage prior to COVID.
- More families are in financial stress, worried about their futures and facing longer periods of isolation (12-18 months) all this time not knowing how long it will be before things can return to 'normal'. Parents and children are home spending almost all their time together, as some schools in hotspot areas or across the state need to stay closed while cases of coronavirus continue to be detected and infection rates are managed. During this time, family conflicts rise, more parents end up separating, and poor mental health and substance abuse is more common. These issues would be heightened for parents experiencing longer periods of unemployment and welfare dependence, who find it hard to provide for their child's basic needs.

⁴⁷ RBA, Economic Outlook May 2020

⁴⁸ Based on the rate of Victorian children in out-of-home care increasing 5% above projected figures in FY21 and FY22, then continuing to grow at historical rate of 8% per year

- Families struggle to support their children to adapt to new ways of life. They may lose contact with extended support networks and disengage from services that they used to access.

Possible increase in demand for child protection: *Rises by 10% from 2018-19 rates, for a period of three years*

Possible number of children in out-of-home care in 2026: *Approximately 25,000⁴⁹*

Severe impact scenario: *Severe and rolling pandemics, protracted recovery*

Health response and impact:

Measures to contain the pandemic through testing and tracing are unsuccessful, and a lack of compliance with physical distancing results in recurring outbreaks that continue to challenge health capacity and reinstate lockdown measures. A vaccine or effective treatment cannot be fast-tracked and is not widely available until 2022 or later.

Economic recovery:

Eagerness to restart the economy results in recurring waves of infections before vaccination is widespread. More businesses close as uncertainty rises, higher levels of unemployment become persistent, and more people leave the labour force. Global economic recovery is slow, as countries struggle to contain the virus and keep borders closed.

Other community and institutional impacts: The social and justice institutions across Victoria have been severely restricted in how they resume. Despite a range of actions to find a new way to engage, the backlogs in court cases (particularly family violence-related cases and child protection cases) which the government and courts, prior to the pandemic, had taken steps to manage are starting to significantly grow. Community and social activities that provide informal protective barriers around families have been significantly impeded - resulting in more isolation and disadvantage amongst families hardest hit by the pandemic.

Impact on vulnerable families:

- Many parents will lose their jobs as the unemployment rate exceeds 10%. Younger parents are particularly likely to be unemployed as youth unemployment rates continue to surge. Employment rates take longer to improve and may never return to pre-COVID levels, as businesses close and the skills and qualifications of the long-term unemployed are no longer matched to the jobs that do exist. (It has been observed from previous recessions that employment rates never truly recovered – while the official unemployment rate eventually settles to pre-recession levels, in reality many people have left the labour market and/or moved from full time to part time work⁵⁰).
- More families become dependent on government payments and disengage from the labour force over this time. They are impacted by even greater financial stress and isolation over a longer period, increasing family conflicts, taking a toll on the mental health of the whole family and exacerbating other issues. They don't seek help because of ongoing lockdown measures, or because services are overrun.
- Families that needed supports for example, to care for a child with a disability or manage a risk of family violence find it difficult to access help, disengage from services and this results in an increased risk to the safety of children.

Possible increase in demand for child protection: *Rises by 20% from 2018-19 baseline, for a period of five years*

Possible number of children in OOHC in 2026: *Approximately 27,500⁵¹*

Each of these scenarios result in more children and families having contact with the child protection system and further accelerate the rate of growth in the proportion of children being placed in out-of-home care, with 27,500 children in care by 2026 in the most severe scenario. The projections assume that the rate of children who are notified to child protection and are subsequently investigated, placed on a care and protection order and in out-of-home care is proportionate to the number of children at different points of the child protection system in 2018-19. As child protection notifications increase in the coming years as a result of COVID-19, the actual proportion of children taking different pathways through the system may differ, for example as a result of a higher proportion of complex cases leading to a higher proportion being placed in out-of-home care, and Government funding for different types of care affecting the placement type.

⁴⁹ ⁴⁹ Based on the rate of Victorian children in out-of-home care increasing 10% above projected figures in FY21 to FY23, then continuing to grow at historical rate of 8% per year

⁵⁰ Berkeley Institute for Research on Labour and Employment 2019, Ken Henry (former secretary of the Department of Treasury) as reported in The Guardian 26 March 2020, and The Cube Group "Response to Recovery: The Waves of impact of the COVID-19 pandemic on Victoria's Health and Community Services"

⁵¹ ⁵¹ Based on the rate of Victorian children in out-of-home care increasing 20% above projected figures in FY21 to FY25, then continuing to grow at historical rate of 8% per year

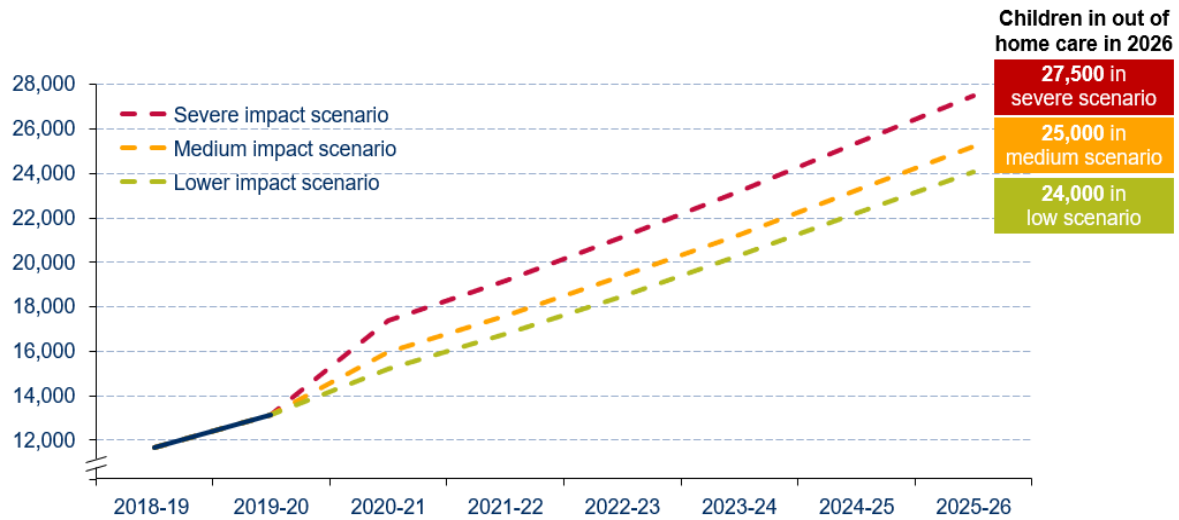


Figure 3: Projected number of children in out-of-home care in Victoria under three future scenarios (SVA analysis)

5. Additional benefits of increased investment in early intervention in a post-COVID-19 context

In all three scenarios, increased demand for child protection services is anticipated, across a range of 5%-20% over a two to five-year period.

As a result of the COVID-19 impact driving an increase in the projected number of children and families having contact with the child protection system, and children entering the out-of-home care system, the investment required to have the same proportional impact as the pre-COVID-19 modelling increases. However, with the increased investment the corresponding net savings over ten years are also increased. Based on the three scenarios of increased demand, the cumulative net savings over a ten year period would reach nearly \$2 billion where COVID-19 has a severe impact on Victoria’s health, economy and community and close to \$1.8 billion in the best-case scenario of lower-level impacts.

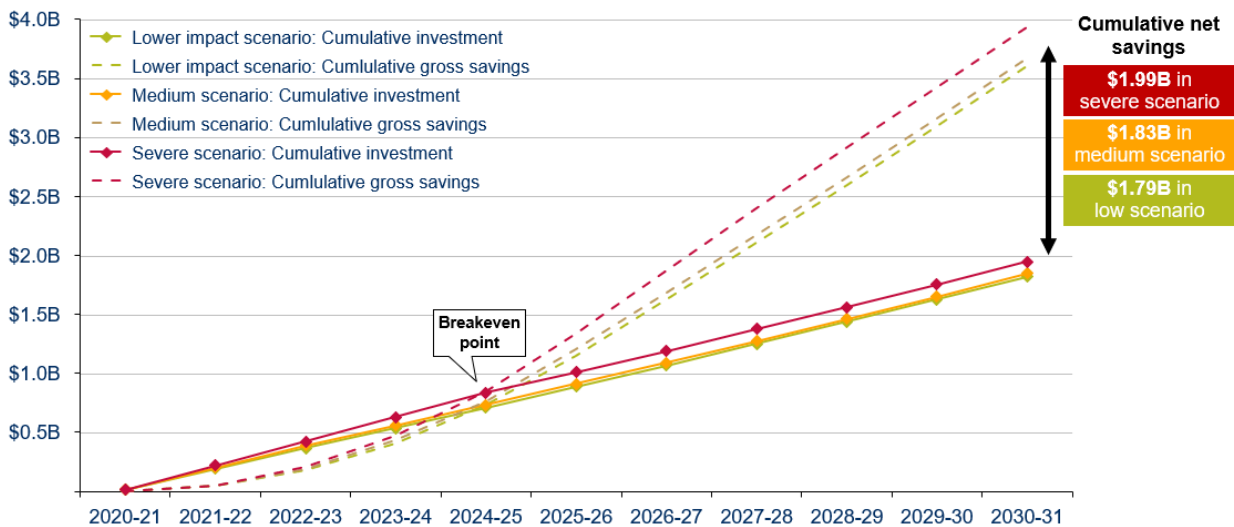


Figure 4: Savings from investment in evidence-based early intervention programs under three future scenarios

The emerging impacts of the COVID-19 pandemic suggest that there is an increasing and compounding complexity of need for families with adversities from COVID-19. The modelling does not account for such increased complexity in the needs of children and families notified to child protection in each scenario, however this could also lead to more intensive and higher cost interventions being required.

Under each scenario, more families would be supported by evidence-based early intervention programs to stay together and prevent children entering out-of-home care. Up to 1,460 children each year would avoid entry into out-of-home care or enter residential care in the severe impact scenario and 1,280 children each year in the lower impact scenario. As described in Section 2 and in the table below, supporting more children to avoid out-of-home care not only improves a broad range of future social outcomes for the child, but it would also lead to savings in the cost of other services.

Table 2: Benefits of investment in early interventions⁵²

	Lower impact scenario	Medium impact scenario	Severe impact scenario
Additional investment in early intervention programs, average per year over ten years	\$181M	\$183M	\$193M
Cumulative net savings in CP and OOHC system costs over ten years	\$1.79B	\$1.83B	\$1.99B
Improved outcomes: Additional families supported through evidence-based programs and children avoiding out-of-home care	8000 children in evidence-based programs per year 1280 prevented from entering OOHC or step up to residential care	8400 children in evidence-based programs per year 1340 prevented from entering OOHC or step up to residential care	9150 children in evidence-based programs per year 1460 prevented from entering OOHC or step up to residential care
Other benefits⁵³	<ul style="list-style-type: none"> • Greater engagement with education, training and employment by participants • Decreased risk of engagement with the youth justice system • Decreased risk of homelessness • Decreased risk of mental health and problematic drug and alcohol usage 		

Further benefits of the additional investment into early intervention programs is the creation of new jobs for case workers and practitioners working with the families, supporting more opportunities in the labour market through the economic recovery from COVID-19. Approximately **850 new jobs (FTE)** would be created in the severe scenario case, and **740 new jobs (FTE)** in the lower impact scenario to deliver the evidence-based programs. These jobs would be created in the first year of investment and would continue each year.

The cost benefit analysis is based on modelling of five evidence-based programs as examples of the potential impact that investment in early intervention could have on Victoria’s child protection and out-of-home care system. These programs were selected based on a set of criteria such as the strength of available evidence of efficacy and the extent to which they are already implemented in Australia. The analysis models the impact of each program on a child, based on available research evidence internationally demonstrating the reduction in the relative risk of the child entering out-of-home care. Sensitivity analysis was also conducted to test variations in the assumed efficacy and costs of each

⁵² Assumes a ten-year investment commencing in the second half of FY20-21 with an initial establishment period of 6 months. Service delivery of the additional early intervention programs is assumed to start in FY21-22 for a duration of ten years. Costs and savings are based on FY18-19 system costs and program costs in FY19-20 dollars indexed at 1.9% annually. Savings assume FY18-19 system costs are constant over the ten years, i.e. do not factor in any projected growth in the number of children or costs in the child protection and out-of-home care system over time.

⁵³ See for example, evidence summarised by Campo, M., & Commerford, J. (2016). Supporting young people leaving out-of-home care (CFCA Paper No. 41), for the Australian Institute of Family Studies

program, which also resulted in significant benefits. Further details about the selected programs and sensitivity analysis are in the Appendix of this report.

Given the growing over-representation of Aboriginal children in out-of-home care, there is a strong need for investment in effective early interventions that keep Aboriginal families safely together. However, evidence-based early intervention in the context of Aboriginal children and families must be approached with the additional lens of self-determination, acknowledging that Aboriginal Victorians hold the knowledge and expertise about what is best for themselves, their families, and their communities. Early intervention programs must also be centred on strengthening cultural connections and be reflective of the distinctive issues facing the Aboriginal community, in particular, the intergenerational experiences of trauma and disadvantage. Victoria's Aboriginal Community Controlled Organisations have expressed a strong desire to build an evidence base for the application of cultural healing approaches in early intervention. Several agencies are currently involved in developing and delivering early intervention programs for Aboriginal families, and sufficient investment is required to help build the evidence base of these programs.

6. The opportunity for significant reform through early intervention

The number and rate of children having contact with the child protection system and entering out-of-home care is growing. Additional, sustained and consistent investment in early intervention programs can provide more families with assistance before issues escalate resulting in family breakdown and separation, and children entering out-of-home care. This investment leads to savings in the overall cost of child protection and out-of-home care, as well as in other services due to improved social outcomes for the child. These outcomes, including improved participation in education and employment, are an important contributor to ending the inter-generational cycle of vulnerability.

The COVID-19 pandemic has exacerbated many of the risk factors for families that can lead to child abuse and neglect. This means that more children and families will need child protection interventions, and increase the complexity of need requiring support. While the extent of the impact is uncertain, across all the modelled future scenarios for the trajectory of the pandemic and shape of the economic recovery, the demand for child protection interventions will increase and more children will be at risk of entering out-of-home care.

The pandemic strengthens the existing case for additional investment in early intervention to keep families together, building on the foundational reforms made by the Victorian Government in recent years. The needs of vulnerable families are even greater as a result of COVID-19, requiring additional supports from Government to keep families together and children safe. The investment will also drive immediate job creation in early intervention services, as well as set up more children, young people and families to thrive through the period of economic recovery into the future. Importantly, this investment must sit alongside ongoing reforms aimed at strengthening the foundations and addressing gaps in the child and family services system, including family services, kinship care and leaving care supports.

As noted in our 2019 report, the implementation of additional early intervention programs needs to be purposeful and planned by both Government and the child and family services sector for it to be set up for success. This includes the need for coordinated planning of recruitment, training, and capacity building of the workforce, a managed approach to ramping up service delivery, and putting in place robust monitoring and evaluation mechanisms. It also needs Aboriginal organisations and communities to shape how early intervention is approached as well as investment in developing the evidence base for cultural healing approaches that support more Aboriginal children and families to stay safely together.

This investment in implementation will be required in both the sector and in the relevant Government agencies, such as the Victorian Department of Health and Human Services. Further, there may be a need to support cultural change across the child protection and out-of-home care workforces to better respond to children and families experiencing adversity. Existing structures and actions, such as the Centre for Excellence in Child and Family Welfare's Outcomes Practice Evidence Network, Sector

Capability Framework and the Child and Family Services Industry Plan 2018-2021, could provide a basis for implementation efforts in these areas.

It is beyond the scope of this research to comprehensively document all the critical implementation activities. Further work is required to fully understand and plan for a successful shift towards early intervention and implementation of evidence-based programs in the Victorian context. Importantly, this will enable Government and the sector to successfully capture the opportunity presented by this cost-benefit analysis to better support children and families experiencing vulnerability, and who are in even greater need of support as a result of the COVID-19 pandemic.

Appendices

Appendix 1. Selected early intervention programs

Five evidence-based and evidence-informed programs were selected to model as examples of the potential cost benefit that could be achieved through investment in these types of programs. These programs are SafeCare®, Functional Family Therapy – Child Welfare (FFT-CW), Multi-Systemic Therapy (MST), Multi-Systemic Therapy – Child Abuse and Neglect (MST-CAN), and Treatment Foster Care Oregon – Adolescents (TFCO-A).

They were selected based on:

- The strength of available evidence on their effectiveness, specifically that each program has demonstrated an impact on the relative risk of a child entering care or requiring more intensive levels of care.
- The applicability of programs to families at different points in the system, including supporting children and families at low-risk and at high-risk of entering out-of-home care, and programs that support children in care.
- Support for different cohorts across the five programs (including programs that target children aged 0-5 and programs that target adolescents).
- Prior implementation of each program in Australia.

International research evidence was reviewed for each of the programs to identify studies that demonstrated the impact of the program on reducing the relative risk of a child entering care or requiring more intensive levels of care. The analysis then modelled the impact of each program on a child, based on available research evidence demonstrating the reduction in the relative risk of the child entering out-of-home care. International evidence was used in the modelling given that this level of research evidence is not yet available in the Australian setting.

These programs are all currently being delivered in some form in Australia with promising reports by service providers that they have been effective in supporting vulnerable children and families at different key points in the system, including preventing children from entering out-of-home care and/or building the capacity of parents and families. Learnings from implementation are showing that while the programs were developed and evaluated overseas, they have applicability to the Australian setting.

While the examples of evidence-based programs draw on those developed abroad (based on strength of evidence and availability of the data) there is a growing evidence base for early intervention programs developed in Australia, such as Rapid Response (delivered by Anglicare Victoria), Resilient Families (The Benevolent Society in NSW), and Newpin (New Parent and Infant Network, delivered by Uniting, in NSW, ACT and Queensland).

As stated in Section 5, evidence-based early intervention in the context of Aboriginal children and families must be approached with the additional lens of self-determination. This requires supporting Aboriginal organisations and communities to own and direct what early intervention looks like, drawing on their expertise about what is best for themselves, their families, and their communities, and investing in understanding and building the evidence base for what works to help strengthen and keep Aboriginal families together.

Organisations such as VACCA have started to build new programs that are strongly rooted in cultural therapeutic ways, and others have expressed a strong desire to build an evidence base for the application of cultural healing approaches for early intervention. While Aboriginal organisations are currently involved in developing and delivering early intervention programs, additional investment is needed to help build the evidence base of these programs.

Appendix 2. Cost benefit modelling

A summary of the key assumptions and results of the cost benefit analysis are presented in this appendix, reflecting the updated modelling based on 2018-19 data and the proposed post-COVID scenarios. The full methodology of the cost-benefit analysis is described in our 2019 report available at <https://www.berrystreet.org.au/our-work/speaking-out-childhood/advocacy/early-intervention>.

Application of evidence-based programs and effect size based on evidence

Program	Target cohort and assumed treatment size	Modelled impact on risk of entering care
Safecare®	<u>Target cohort:</u> Parents with children up to 5 years of age who are at risk or have been reported for child abuse and neglect (assumed as children aged 0-5 who are the subject of investigations). <u>Proportion treated:</u> 20% of eligible cohort	Research evidence suggests SafeCare can reduce the likelihood of a child being re-reported by a factor of 3, by comparing Safecare families with a control group (from 46% to 15% in a matched comparison study). (Gershater-Molko, Lutzker & Wesch, 2002).
Functional Family Therapy – Child Welfare (FFT-CW)	<u>Target cohort:</u> Families with children from 0-18 years who are referred to child welfare services for indicated or suspected child abuse or neglect (assumed as children who have had neglect or abuse substantiated). <u>Proportion treated:</u> 20% of eligible cohort	Research evidence suggests FFT-CW can reduce the likelihood of entering care by a factor of 4.5 for the target cohort, by comparing families treated with FFT-CW with a control group (Robbins & Rowlands, 2012).
Multi-Systemic Therapy (MST)	<u>Target cohort:</u> Young people aged 12 to 17 years with possible substance abuse issues, who are at risk of OOHC due to antisocial or delinquent behaviours and/or involvement with the juvenile justice system (assumed as young people aged 12-17 who have had neglect or abuse substantiated). <u>Proportion treated:</u> 10% of eligible cohort	Research evidence suggests MST can reduce the likelihood of entering care by a factor of 2.4 for the target cohort, by comparing families treated with MST with families in a control group. (Letourneau, 2009).
MST-Child Abuse and Neglect (MST-CAN)	<u>Target cohort:</u> MST-CAN is reserved only for very high-risk cases for children aged 6 to 17 years old (assumed as children and young people aged 6-17 who have had neglect or abuse substantiated). <u>Proportion treated:</u> 5% of eligible cohort (the highest risk cases)	Research evidence suggests that MST-CAN can reduce the likelihood of entering care by a factor of 2.1, by comparing young people treated with FFT-CW with a control group. (Swenson et al, 2010).
Treatment Foster Care Oregon – Adolescents (TFCO-A)	<u>Target cohort:</u> Young people aged 12 to 17 years old in foster care at high risk of entering residential care, or young people in residential care (assumed as young people aged 12-17 in foster or residential care) <u>Number treated:</u> Assumed that TFCO-A is implemented among only 37 young people annually. This is based on having 1 TFCO-A team in each DHHS division and each team completing 9.3 interventions per year.	Research evidence suggests that for young people treated by TFCO-A, approximately 70% would move to long-term home-based care or return to living with their families, and only 30% would transition to or remain in residential care (KPMG 2016).

Baseline case (non-COVID scenario)

Based on 2018-19 rates of children and system costs (with indexation at 1.9%)

With indexation, \$ Millions	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Baseline system cost	\$ 1,171	\$ 1,193	\$ 1,215	\$ 1,239	\$ 1,262	\$ 1,286	\$ 1,311	\$ 1,335	\$ 1,361	\$ 1,387	\$ 1,413
EBM investment - Establishment	\$ 10.3	\$ 16.1	\$ 9.9	\$ 7.4	\$ 6.3	\$ 6.4	\$ 6.5	\$ 6.7	\$ 6.8	\$ 6.9	\$ 7.0
EBM investment - Delivery	\$ -	\$ 158	\$ 161	\$ 164	\$ 167	\$ 170	\$ 173	\$ 177	\$ 180	\$ 184	\$ 187
EBM investment - Total per year	\$ 10	\$ 174	\$ 171	\$ 171	\$ 173	\$ 177	\$ 180	\$ 183	\$ 187	\$ 190	\$ 194
EBM investment - Cumulative	\$ 10	\$ 184	\$ 355	\$ 527	\$ 700	\$ 877	\$ 1,057	\$ 1,240	\$ 1,427	\$ 1,618	\$ 1,812
Gross savings from 2020/21 EBM investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Gross savings from 2021/22 EBM investment	\$ 43	\$ 88	\$ 89	\$ 91	\$ 93	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94
Gross savings from 2022/23 EBM investment		\$ 44	\$ 89	\$ 91	\$ 93	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94
Gross savings from 2023/24 EBM investment			\$ 45	\$ 91	\$ 93	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94
Gross savings from 2024/25 EBM investment				\$ 45	\$ 93	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94	\$ 94
Gross savings from 2025/26 EBM investment					\$ 46	\$ 94	\$ 96	\$ 98	\$ 100	\$ 102	\$ 102
Gross savings from 2026/27 EBM investment						\$ 47	\$ 96	\$ 98	\$ 100	\$ 102	\$ 102
Gross savings from 2027/28 EBM investment							\$ 48	\$ 98	\$ 100	\$ 102	\$ 102
Gross savings from 2028/29 EBM investment								\$ 49	\$ 100	\$ 102	\$ 102
Gross savings from 2029/30 EBM investment									\$ 50	\$ 102	\$ 102
Gross savings from 2030/31 EBM investment										\$ 51	\$ 102
Gross savings realised per year	\$ -	\$ 43	\$ 131	\$ 223	\$ 318	\$ 417	\$ 472	\$ 481	\$ 490	\$ 500	\$ 509
Gross savings - Cumulative	\$ -	\$ 43	\$ 174	\$ 398	\$ 716	\$ 1,133	\$ 1,605	\$ 2,086	\$ 2,577	\$ 3,076	\$ 3,585
New system cost (Net of EBM investment and savings)	\$ 1,181	\$ 1,324	\$ 1,255	\$ 1,187	\$ 1,117	\$ 1,046	\$ 1,018	\$ 1,038	\$ 1,057	\$ 1,078	\$ 1,098
Net savings per year (New vs baseline system cost)	-\$ 10	-\$ 131	-\$ 39	\$ 52	\$ 145	\$ 240	\$ 292	\$ 298	\$ 303	\$ 309	\$ 315
Net savings - Cumulative	-\$ 10	-\$ 141	-\$ 181	-\$ 129	\$ 16	\$ 256	\$ 548	\$ 846	\$ 1,150	\$ 1,459	\$ 1,774

Sensitivity analysis – modelled in the baseline case

Two key sets of assumptions about the selected evidence-based programs are used in the modelling which particularly drive the savings: a) assumptions made about the ‘effectiveness’ of the programs in reducing the risk of a child entering care, drawing from available research evidence; and b) assumptions about the cost of the programs.

Three alternate analyses were also modelled to assess the impact of varying these assumptions:

1. **Reducing the assumed effectiveness of the programs:** Safecare, MST, MST-CAN, and TFCO-A are assumed to be 20% less effective than demonstrated in the research evidence. As FFT-CW is an emerging adaptation of FFT with a lower evidence base, it is assumed in this scenario that FFT-CW is 50% less effective.
2. **Increasing the delivery costs of the programs:** All are assumed to cost 20% more, in both establishment and delivery costs
3. **Reducing the assumed effectiveness of the programs AND Increasing the delivery costs of the programs (combination of the assumptions above)**

Under all scenarios, the investment would result in net savings over ten years:

Cumulative cost benefit over ten years (\$m indexed)	With modelled assumptions	1. Reducing the assumed effectiveness of the programs	2. Increasing the delivery costs of the programs	3. Reducing the assumed effectiveness AND increasing the delivery costs of the programs
Program investment	\$1,812	\$1,812	\$2,174	\$2,174
Gross savings	\$3,585	\$2,736	\$3,585	\$2,736
Net savings	\$1,774	\$925	\$1,411	\$562

Results of COVID scenarios

Lower impact scenario– 5% increase in demand (CP notifications) in 2021 and 22

With indexation, \$ Millions	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Baseline system cost	\$ 1,229	\$ 1,252	\$ 1,215	\$ 1,239	\$ 1,262	\$ 1,286	\$ 1,311	\$ 1,335	\$ 1,361	\$ 1,387	\$ 1,413
EBM investment - Establishment	\$ 10.8	\$ 16.9	\$ 9.9	\$ 7.4	\$ 6.3	\$ 6.4	\$ 6.5	\$ 6.7	\$ 6.8	\$ 6.9	\$ 7.0
EBM investment - Delivery	\$ -	\$ 165	\$ 161	\$ 164	\$ 167	\$ 170	\$ 173	\$ 177	\$ 180	\$ 184	\$ 187
EBM investment - Total per year	\$ 11	\$ 182	\$ 171	\$ 171	\$ 173	\$ 177	\$ 180	\$ 183	\$ 187	\$ 190	\$ 194
EBM investment - Cumulative	\$ 11	\$ 193	\$ 364	\$ 535	\$ 709	\$ 885	\$ 1,066	\$ 1,249	\$ 1,436	\$ 1,626	\$ 1,821
Gross savings from 2020/21 EBM investment		\$ -	\$ -	\$ -	\$ -	\$ -					
Gross savings from 2021/22 EBM investment		\$ 45	\$ 92	\$ 93	\$ 95	\$ 97	\$ 49				
Gross savings from 2022/23 EBM investment			\$ 44	\$ 89	\$ 91	\$ 93	\$ 94	\$ 48			
Gross savings from 2023/24 EBM investment				\$ 45	\$ 91	\$ 93	\$ 94	\$ 96	\$ 49		
Gross savings from 2024/25 EBM investment					\$ 45	\$ 93	\$ 94	\$ 96	\$ 98	\$ 50	
Gross savings from 2025/26 EBM investment						\$ 46	\$ 94	\$ 96	\$ 98	\$ 100	\$ 51
Gross savings from 2026/27 EBM investment							\$ 47	\$ 96	\$ 98	\$ 100	\$ 102
Gross savings from 2027/28 EBM investment								\$ 48	\$ 98	\$ 100	\$ 102
Gross savings from 2028/29 EBM investment									\$ 49	\$ 100	\$ 102
Gross savings from 2029/30 EBM investment										\$ 50	\$ 102
Gross savings from 2030/31 EBM investment											\$ 51
Gross savings realised per year	\$ -	\$ 45	\$ 136	\$ 227	\$ 323	\$ 421	\$ 474	\$ 481	\$ 490	\$ 500	\$ 509
Gross savings - Cumulative	\$ -	\$ 45	\$ 181	\$ 408	\$ 731	\$ 1,152	\$ 1,626	\$ 2,108	\$ 2,598	\$ 3,098	\$ 3,607
New system cost (Net of EBM investment and savings)	\$ 1,240	\$ 1,390	\$ 1,251	\$ 1,183	\$ 1,113	\$ 1,041	\$ 1,016	\$ 1,038	\$ 1,057	\$ 1,078	\$ 1,098
Net savings per year (New vs baseline system cost)	-\$ 11	-\$ 137	-\$ 35	\$ 56	\$ 149	\$ 245	\$ 294	\$ 298	\$ 303	\$ 309	\$ 315
Net savings - Cumulative	-\$ 11	-\$ 148	-\$ 183	-\$ 127	\$ 22	\$ 267	\$ 561	\$ 859	\$ 1,162	\$ 1,471	\$ 1,786

Medium impact scenario– 10% increase in demand (CP notifications) from 2021 to 23

With indexation, \$ Millions	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Baseline system cost	\$ 1,288	\$ 1,312	\$ 1,337	\$ 1,239	\$ 1,262	\$ 1,286	\$ 1,311	\$ 1,335	\$ 1,361	\$ 1,387	\$ 1,413
EBM investment - Establishment	\$ 11.3	\$ 17.6	\$ 10.9	\$ 7.4	\$ 6.3	\$ 6.4	\$ 6.5	\$ 6.7	\$ 6.8	\$ 6.9	\$ 7.0
EBM investment - Delivery	\$ -	\$ 173	\$ 176	\$ 164	\$ 167	\$ 170	\$ 173	\$ 177	\$ 180	\$ 184	\$ 187
EBM investment - Total per year	\$ 11	\$ 191	\$ 187	\$ 171	\$ 173	\$ 177	\$ 180	\$ 183	\$ 187	\$ 190	\$ 194
EBM investment - Cumulative	\$ 11	\$ 202	\$ 389	\$ 561	\$ 734	\$ 911	\$ 1,091	\$ 1,274	\$ 1,461	\$ 1,652	\$ 1,846
Gross savings from 2020/21 EBM investment		\$ -	\$ -	\$ -	\$ -	\$ -					
Gross savings from 2021/22 EBM investment		\$ 47	\$ 96	\$ 98	\$ 100	\$ 101	\$ 52				
Gross savings from 2022/23 EBM investment			\$ 48	\$ 98	\$ 100	\$ 101	\$ 103	\$ 53			
Gross savings from 2023/24 EBM investment				\$ 45	\$ 91	\$ 93	\$ 94	\$ 96	\$ 49		
Gross savings from 2024/25 EBM investment					\$ 45	\$ 93	\$ 94	\$ 96	\$ 98	\$ 50	
Gross savings from 2025/26 EBM investment						\$ 46	\$ 94	\$ 96	\$ 98	\$ 100	\$ 51
Gross savings from 2026/27 EBM investment							\$ 47	\$ 96	\$ 98	\$ 100	\$ 102
Gross savings from 2027/28 EBM investment								\$ 48	\$ 98	\$ 100	\$ 102
Gross savings from 2028/29 EBM investment									\$ 49	\$ 100	\$ 102
Gross savings from 2029/30 EBM investment										\$ 50	\$ 102
Gross savings from 2030/31 EBM investment											\$ 51
Gross savings realised per year	\$ -	\$ 47	\$ 144	\$ 240	\$ 336	\$ 435	\$ 486	\$ 486	\$ 490	\$ 500	\$ 509
Gross savings - Cumulative	\$ -	\$ 47	\$ 191	\$ 431	\$ 767	\$ 1,201	\$ 1,687	\$ 2,173	\$ 2,663	\$ 3,163	\$ 3,672
New system cost (Net of EBM investment and savings)	\$ 1,299	\$ 1,456	\$ 1,380	\$ 1,170	\$ 1,100	\$ 1,028	\$ 1,005	\$ 1,033	\$ 1,057	\$ 1,078	\$ 1,098
Net savings per year (New vs baseline system cost)	-\$ 11	-\$ 144	-\$ 43	\$ 69	\$ 162	\$ 258	\$ 306	\$ 302	\$ 303	\$ 309	\$ 315
Net savings - Cumulative	-\$ 11	-\$ 155	-\$ 198	-\$ 130	\$ 33	\$ 291	\$ 596	\$ 898	\$ 1,202	\$ 1,511	\$ 1,826

Severe impact scenario– 20% increase in demand (CP notifications) from 2021 to 25

With indexation, \$ Millions	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Baseline system cost	\$ 1,405	\$ 1,431	\$ 1,459	\$ 1,486	\$ 1,515	\$ 1,286	\$ 1,311	\$ 1,335	\$ 1,361	\$ 1,387	\$ 1,413
EBM investment - Establishment	\$ 12.3	\$ 19.2	\$ 11.9	\$ 8.9	\$ 7.5	\$ 6.4	\$ 6.5	\$ 6.7	\$ 6.8	\$ 6.9	\$ 7.0
EBM investment - Delivery	\$ -	\$ 188	\$ 192	\$ 195	\$ 199	\$ 170	\$ 173	\$ 177	\$ 180	\$ 184	\$ 187
EBM investment - Total per year	\$ 12	\$ 207	\$ 204	\$ 204	\$ 207	\$ 177	\$ 180	\$ 183	\$ 187	\$ 190	\$ 194
EBM investment - Cumulative	\$ 12	\$ 220	\$ 423	\$ 628	\$ 834	\$ 1,011	\$ 1,191	\$ 1,375	\$ 1,562	\$ 1,752	\$ 1,946
Gross savings from 2020/21 EBM investment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					
Gross savings from 2021/22 EBM investment	\$ 51	\$ 104	\$ 106	\$ 108	\$ 110	\$ 56					
Gross savings from 2022/23 EBM investment		\$ 52	\$ 106	\$ 108	\$ 110	\$ 112	\$ 57				
Gross savings from 2023/24 EBM investment			\$ 53	\$ 108	\$ 110	\$ 112	\$ 115	\$ 58			
Gross savings from 2024/25 EBM investment				\$ 54	\$ 110	\$ 112	\$ 115	\$ 117	\$ 59		
Gross savings from 2025/26 EBM investment					\$ 46	\$ 94	\$ 96	\$ 98	\$ 100	\$ 51	
Gross savings from 2026/27 EBM investment						\$ 47	\$ 96	\$ 98	\$ 100	\$ 102	
Gross savings from 2027/28 EBM investment							\$ 48	\$ 98	\$ 100	\$ 102	
Gross savings from 2028/29 EBM investment								\$ 49	\$ 100	\$ 102	
Gross savings from 2029/30 EBM investment									\$ 50	\$ 102	
Gross savings from 2030/31 EBM investment										\$ 51	
Gross savings realised per year	\$ -	\$ 51	\$ 156	\$ 266	\$ 379	\$ 487	\$ 535	\$ 527	\$ 518	\$ 509	\$ 509
Gross savings - Cumulative	\$ -	\$ 51	\$ 207	\$ 473	\$ 852	\$ 1,339	\$ 1,874	\$ 2,401	\$ 2,919	\$ 3,429	\$ 3,938
New system cost (Net of EBM investment and savings)	\$ 1,417	\$ 1,588	\$ 1,506	\$ 1,425	\$ 1,342	\$ 975	\$ 956	\$ 992	\$ 1,029	\$ 1,068	\$ 1,098
Net savings per year (New vs baseline system cost)	-\$ 12	-\$ 156	-\$ 47	\$ 61	\$ 172	\$ 311	\$ 355	\$ 343	\$ 331	\$ 319	\$ 315
Net savings - Cumulative	-\$ 12	-\$ 169	-\$ 216	-\$ 155	\$ 17	\$ 328	\$ 683	\$ 1,027	\$ 1,358	\$ 1,676	\$ 1,992

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