# Annual Report to the Council of Australian Governments 2011–12

Protecting Children
is Everyone’s Business

National Framework for Protecting
Australia’s Children 2009–2020

An initiative of the Council of Australian Governments

# Foreword

It is with pleasure that I submit this report to the Council of Australian Governments and the Australian community. This is the third in the current series of three annual reports and outlines progress in implementing the National Framework for Protecting Australia’s Children 2009–2020 (the National Framework) and the First Action Plan 2009–2012 (First Action Plan).

When the Council of Australian Governments endorsed the National Framework in March 2009, it was the first time all Australian governments had agreed to work together to reduce child abuse and neglect in Australia. The National Framework introduced a shared agenda for change, with national leadership and a common goal. It also introduced a key message: that the protection of children is everyone’s responsibility.

This Third Annual Report tracks our progress towards delivering on these important goals. It describes the solid foundation that has been established in the first three years through the significant achievements delivered in the First Action Plan up to the middle of 2012. It also tells a story of collaboration, of how the Australian and State and Territory governments and the non-government sector—through the Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children—have worked together to deliver better outcomes for children and to build the momentum for change.

The National Framework is a long-term, national approach to protecting all Australia’s children, and its objective is an ambitious one.

While we are still in the early years of implementation, this Annual Report represents a significant milestone in the life of the National Framework: the completion of the First Action Plan and the commencement of the Second Action Plan 2012–2015, endorsed by the Standing Council on Community and Disability Services on 17 August 2012. This Annual Report provides an opportunity to recognise our significant achievements, acknowledge the challenges that still lie ahead and refocus our efforts. In the next phase of implementation, we will build on the outcomes and lessons learned during the first three years as we deliver on National Priorities from the First Action Plan. We will continue to drive collaborative action in these areas, to improve the lives of vulnerable children and their families and to explore new opportunities to integrate the National Framework, with a number of significant national social reform agendas. This will strengthen the focus of these agendas on keeping Australia’s children safe and well.

Contributions to this report have been provided by the Australian and State and Territory governments, the Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children and the Australian Institute of Health and Welfare. It includes national reporting on two additional measures under the National Standards for Out-of-Home Care. The data provided is the most up to date available on issues of child health, development, wellbeing and protection. Over time, we will be able to use these data sets to demonstrate trends and to measure progress towards the National Framework’s high-level target of a substantial and sustained reduction in child abuse and neglect in Australia. An evaluation of the National Framework, using an agreed Evaluation Plan and implemented over the life of the National Framework, will also be conducted at regular intervals, to help measure our success.

Once again, I warmly thank the Community Services Ministers, other Ministers who have responsibility for implementing actions under the National Framework, respective administrations and the Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children for their contributions and cooperation in compiling the information in this report. Together with those who work at the frontline of family support and child protection every day, they deserve our gratitude for their continued commitment to the safety and wellbeing of Australia’s children, young people and their families.

The Hon. Cassy O’Connor MP
Chair, Standing Council on Community and Disability Services 2013
Minister for Human Services
Minister for Community Development
Minister for Climate Change
Minister for Aboriginal Affairs
Tasmania
April 2013

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# Executive Summary

The National Framework for Protecting Australia’s Children 2009–2020, Protecting Children is Everyone’s Business, was endorsed by the Council of Australian Governments (COAG) in April 2009. Its high-level outcome is: Australia’s children and young people are safe and well. It aims for ‘a substantial and sustained reduction in child abuse and neglect in Australia over time’. In the context of increasing numbers of children in the statutory child protection system, it sets out to turn that trend around.

The Chair of the Standing Council on Community and Disability Services (SCCDS) is required to report annually to COAG, describing progress against the National Framework. This Annual Report 2011–12 summarises activity against the agreed strategies and indicates whether the more than 70 actions foreshadowed in the plan have been delivered. It concludes that, while there is still much work to be done, significant progress has been made, laying a solid foundation for our continuing efforts.

Chapter one outlines the context in which the National Framework was developed. Child abuse and neglect is an urgent issue, with rates remaining high. Substantiations have risen again since a slight fall in 2010–11. The rate of children in out-of-home care increased gradually between 2008 and 2012—from 6.3 to 7.7 per 1000 children. In 2011–12, Aboriginal and Torres Strait Islander children were nearly eight times as likely as non-Indigenous children to be the subject of a child protection substantiation and 10 times as likely as non-Indigenous children to be in out-of-home care. These patterns have remained consistent since 2010 and must be addressed as a matter of urgency.

The National Framework uses a model from public health to guide the development of linkages to deliver the joined-up services that work most effectively to support children, young people and families. At its base are the vital primary or universal support systems available to all families, such as health and education, supporting the prevention of child abuse and neglect. Where families are particularly vulnerable, more intensive secondary services are available as an early intervention and prevention factor. In the cases where abuse or neglect still occurs, we rely on statutory child protection services to address the issues; these are a last resort and are seen as the least desirable option for both families and governments.

All levels of government, along with non-government organisations (NGOs) within the community, have responsibility for the wellbeing of children and families. Accordingly, the National Framework brings together all these key players in child protection: states and territories, which have statutory responsibility for protecting children and which also deliver universal services and family support; the Australian Government, which funds and administers many national programs that support families and communities and target the most disadvantaged; and the NGO sector, which engages in service delivery and advocacy (represented by the Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children—the NGO Coalition).

Recognising that there are no quick solutions, this ground-breaking partnership agreed to collaborate on designing and delivering a series of goals, strategies and activities for a twelve-year period. Working constructively within the formal mechanism of the National Framework Implementation Working Group (NFIWG), the partnership has held solidly through the implementation of the first three-year action plan and has demonstrated the benefits to be gained from collaboration and mutual support.

The First Action Plan identified 12 national priority actions under the National Framework that would be a major focus for the Australian, state and territory governments and the non-government sector in the first three years:

* Joining up service delivery
* Closing the Gap
* Seeing early warning signs and taking early action
* Improving support for carers
* Developing national standards for out-of-home care
* Building capacity and expertise
* Enhancing the evidence base
* Filling the research gaps
* Transitioning to independence
* Responding to sexual abuse
* Advocating nationally for children and young people
* Sharing information.

Appendix B sets out the status of agreed actions to achieve each of these priorities; all actions are completed or on track.

As many of these priorities are linked or overlap, six overarching outcomes were identified:

* Children live in safe and supportive families and communities.
* Children and families access adequate support to promote safety and intervene early.
* Risk factors for child abuse and neglect are addressed.
* Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.
* Indigenous children are supported and safe in their families and communities.
* Child sexual abuse and exploitation is prevented and survivors receive adequate support.

Achievements against each of these outcomes are reported in Chapters four to nine and are summarised in Appendix A.

## Achievements

The first three years of the implementation of the National Framework have been intensive and also rewarding. Chapter two summarises some of the principal achievements and provides an overview of each jurisdiction’s activities over this period. Contributions by the NGO Coalition are also outlined. A brief summary of some of the highlights of the last three years is set out below, beginning with national achievements.

National Standards for Out-of-Home Care

The development, endorsement and implementation of National Standards for Out-of-Home Care (the National Standards) have been achieved through extensive collaboration between state and territory governments and the NGO Coalition. The National Standards commenced operation on 1 July 2011 and will drive nationally consistent improvements in the quality of out-of-home care. Appendix D examines reporting on the National Standards and details findings against each of the measurements currently available for them.

National Children’s Commissioner

Legislation to establish the position of a National Children’s Commissioner commenced on 1 July 2012 and represented the culmination of many years’ advocacy, particularly by the NGO sector. The National Children’s Commissioner will be the first dedicated advocate for children and young people at the federal level. The first National Children’s Commissioner is expected to be appointed in early 2013.

Nationally consistent approach to Working with Children Checks

States and territories have been working constructively together towards a nationally consistent approach to Working with Children Checks, beginning with situations where a paid or volunteer worker is required to cross a state border for child-related work purposes. Arrangements have now been made to implement a consistent approach to that situation. Jurisdictions have also undertaken a range of reforms and implemented program revisions on an individual basis.

Transitioning from out-of-home care to independence

Supporting vulnerable young people through their transition to independence has been a particular focus. Two online resources, drawn from good practices across all states and territories and from research, have been released: Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning (in October 2011) and Transitioning to independence from out-of-home care: a discussion paper (in March 2012). The Australian Government also provided additional funding to increase the Transition to Independent Living Allowance from $1000 to $1500, at a cost of $5.3 million over four years; this came into effect on 1 July 2009.

Information sharing

A formal Information Sharing Protocol, which facilitates the sharing of information between Centrelink, Medicare Australia, the Child Support Agency and state and territory child protection services, commenced from January 2009. Work is continuing to streamline the processes and to expand the protocol to cover other agencies.

Prioritising Indigenous children

On 21 October 2011, SCCDS agreed to a National Plan to support Indigenous children and to ensure that they are at the forefront of future service planning throughout the life of the National Framework. The commitment includes specific reporting on outcomes for Indigenous children in each annual report, specific Indigenous priority actions, an ongoing focus on the needs of Indigenous children and the development and enhancement of web-based resources sharing best practice.

National Research Agenda

SCCDS Ministers agreed to provide $600 000 over three years for the inaugural National Research Agenda for child protection, with agreed research priorities developed after extensive consultation. Expressions of interest have been sought, and a shortlist developed, in two broad priority research categories: Promoting Safe Communities and Protecting Indigenous Children.

Implementing the Common Approach to Assessment, Referral and Support (CAARS)

A Taskforce was established in May 2009 to develop the model for a common assessment tool. The final report of the Taskforce was endorsed by Community and Disability Services Ministers in June 2010, and the CAARS tool has been trialled in four locations across four states. A report on the outcomes of the trial will be presented to Ministers in 2013.

Addressing sexual abuse

The first national study on Australia’s response to sexualised or sexually abusive behaviours in children and young people has been completed, and a learning resource to support carers and residential service staff to respond to concerning sexual behaviours has been developed and published. Additional funding has been allocated to organisations supporting survivors of sexual abuse.

## Australian Government

The initial Australian Government funding commitment to support the National Framework’s First Action Plan was $63.0 million over four years.

The Australian Government has reviewed programs for children and families, under the umbrella of the Family Support Program (FSP), to improve their effectiveness and their interactions.

Communities for Children

All Communities for Children sites have been realigned and transitioned under the Family Support Program, to provide effective and comprehensive services to vulnerable families and children at risk of entering the child protection system. The 52 Communities for Children Facilitating Partner sites received $67 million for 2011–12.

Indigenous Parenting Support Services

A total of 98 new Indigenous Parenting Support Services (which are now known as Communities for Children—Indigenous Parenting Services) have been established, to promote positive outcomes for vulnerable Indigenous families with young children. The 98 Communities for Children Indigenous Parenting Service sites received $37.7 million for 2011–12.

Child and Family Centres

The National Partnership Agreement on Indigenous Early Childhood Development provides Australian Government funding of $292.62 million to establish 38 Child and Family Centres across Australia by June 2014. These are being implemented in partnership with states and territories. All 38 Centres are scheduled to be completed and operating before June 2014.

Mental Health Reform

The National Partnership Agreement Supporting National Mental Health Reform, between state and territory mental health agencies and the Australian Government Department of Health and Ageing, commenced; this includes projects responding to the needs of children and their families who are at risk of homelessness.

Support for carers

A landmark research report that explores the payments and services available to carers, including an analysis of gaps and inequities in support, has been published (McHugh & valentine 2011). Twenty-five ‘MyTime for Grandparents’ peer support groups and six Centrelink Grandparent Advisors have been introduced in selected locations nationally.

Workforce

A National Analysis of Workforce Trends in Statutory Child Protection has been completed, to inform priorities to further develop the capacity and expertise of the statutory child protection workforce.

## States and territories

The following paragraphs provide a very brief summary of some of the intensive work being done in states and territories; more detail is in Chapter two.

Australian Capital Territory

The Australian Capital Territory (ACT) has established a new Child, Youth and Family Services Program that provides an integrated suite of programs including a central intake service, network coordination, case management, youth engagement, group and therapeutic services for vulnerable children, young people and their families. The Youth Support and Transition Team has also been established, with funding of $2.07 million over four years, to support young people who are transitioning from out-of-home care to adulthood and to provide extended support to young people up to 25 years of age who have left care. The Working with Vulnerable People (Background Checking) Act 2011 was passed during 2011–12; it requires people who engage in regulated activities or services with vulnerable people to be registered.

New South Wales

The New South Wales (NSW) Government is working towards the full transfer of statutory out-of-home care services to the NGO sector. Under this arrangement, most of the carers for non-Aboriginal children and young people in statutory foster or relative kinship care placements will be engaged and supported by an NGO within the next five years; responsibility for Aboriginal children in statutory foster or relative kinship care will be transferred to Aboriginal out-of-home care NGOs over the next 10 years. The transfer will enable Family and Community Services (Community Services) (FACS (CS)) to spend more time working with children and families who are at risk and prevent children from entering the child protection system.

Northern Territory

The Northern Territory (NT) Government, working within the Safe Children, Bright Futures 2011–2015 strategic framework to reform child protection in the NT, has developed the Child Safety and Wellbeing Plan 2012. NT has also undertaken a major review of the Care and Protection of Children Act 2007. Additional funding was given to existing family support services in Alice Springs, Katherine and Darwin and to child and adolescent mental health services in the NT. Counterpunch, an innovative program which uses boxing and psychological strategies to increase resilience and encourage positive choices in youth aged 10 to 25, has assisted 80 young people and will be expanded in 2013.

Queensland

The Queensland (QLD) Government, in partnership with Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and the CREATE Foundation, has developed the Blueprint for Implementation strategy to reduce the over-representation of Aboriginal and Torres Strait Islander children in Queensland’s child protection system. Implementation of the Helping out Families (HOF) initiative has also continued, in three locations; HOF is designed to intervene earlier with at-risk families, in order to reduce the number of child protection reports and the number of children entering out-of-home care. HOF services engage with families to identify their strengths, needs and support requirements and to make appropriate referrals with their consent. Services work in collaboration with other local service providers under a shared practice framework.

South Australia

The South Australian (SA) Government has brought education, child protection and some health services together to form the Department for Education and Child Development, in order to deliver more integrated services and improved service pathways. A review of Families SA Services for Aboriginal and Torres Strait Islander people in the Adelaide Metropolitan Area made 20 recommendations to develop the competence and capacity of Families SA to deliver services to Aboriginal people. The 2011–12 South Australian State Budget provided $69.2 million over four years to strengthen alternative care services and develop targeted responses to reunifying children with their families. The Directions for Alternative Care 2011–15 provide the plan for driving improvements across alternative care services, in order to deliver quality, needs-led services in kinship, relative, foster and residential care arrangements.

Tasmania

The Tasmanian Early Years Foundation has funded a Learning and Development Strategy for Child and Family Centres until June 2013, with Victoria’s Murdoch Children’s Research Institute contracted to develop and implement this strategy. As a part of the Learning and Development Strategy, each Child and Family Centre community, through its Local Enabling Group, is to be provided with opportunities to work in a facilitated process to develop a shared philosophy, a multidisciplinary team approach, shared leadership and management and consistent ways of working.

Victoria

The Victorian (VIC) Government is responding to the report of the Protecting Victoria’s Vulnerable Children Inquiry. The first phase of the response is included in the Victoria’s Vulnerable Children – Our Shared Responsibility Directions Paper, which was released in May 2012. A key focus of the Directions Paper is for all parts of government to improve the way they work together to help vulnerable children and families. In addition, $20 million has been allocated over four years to establish three additional multidisciplinary centres (MDC), which co-locate police, sexual assault support and child protection to provide a rapid and coordinated intervention in instances of sexual assault or child abuse. Legislation to establish a Commission for Children and Young People, which will include a Commissioner with special responsibility for Aboriginal children and young people, is being prepared.

Western Australia

The Department for Child Protection has undergone fundamental reform since a review in 2007, encompassing its organisation, resources, practice and support for its people, all underpinned by the ethos of working in partnership with families, the community sector and other government agencies. This has been achieved through a raft of developments, most importantly including the implementation of Signs of Safety as the Department’s child protection practice framework and the Foster Care Partnership. Central to the Signs of Safety practice framework is the use of specific practice tools and processes for professionals and family members to work constructively with each other to address risk and danger for children and, together with the families’ personal and professional networks, build safety for the children. The Foster Care Partnership is the foundation for child protection workers, foster carers and specialist support staff to work together to sustain the foster care placement as a place of healing for a child. The Department has also played a key role in leading across government strategies such as the Family and Domestic Violence Prevention Strategy to 2022, which sets out a 10-year plan for a comprehensive and coordinated interagency response to family and domestic violence.

## NGO Coalition

The NGO Coalition provided important coordination, leadership and secretariat services to its membership—now over 120—and, as part of NFIWG, contributed extensively to development processes in a wide range of areas, including the National Standards for Out-of-Home Care, the National Children’s Commissioner, the National Research Agenda and the development of the Second Action Plan. Significant NGO input has also been invaluable in working groups on ‘Closing the Gap’ and on performance and data monitoring. The Common Approach to Assessment, Referral and Support (CAARS) and Building Capacity, Building Bridges projects have also benefited substantially from NGO Coalition input through advisory roles.

In the next action plan, it will be important to build on the knowledge and goodwill that has been generated so far and continue to strengthen the partnerships and linkages between and across the government and NGO sectors.

## Data collection and reporting

Chapter three focuses on ways of measuring progress under the Framework. Improving and harmonising data collection has been a critical focus over the past three years. Considerable efforts have been made to ensure that there will be evidence to monitor our progress and guide our actions over the next nine years.

There is significant work underway to improve the national consistency of child protection data collection. The approval of the National Framework by COAG in 2009 provided the impetus for ongoing discussions between the Australian Institute of Health and Welfare (AIHW) and states and territories to progress development of the Child Protection National Minimum Data Set. The aim of this work is to develop a person-level national database for child protection, covering as many of the statutory child protection processes as possible; once finalised, it will replace selected National Framework indicators over time. It represents a considerable investment by states and territories in improving the dataset.

Drawing on the expertise of AIHW, the first-hand experience of NGOs and the knowledge and good will of jurisdictions, significant work has been undertaken to refine and develop appropriate indicators of change (indicators) against which progress can be monitored and reported at a national level.

Some of these indicators exist and some are still being developed. This work is building on the initial set of indicators identified in the National Framework. The National Framework included 28 indicators of change, including 12 where data were not being collected at the time the First Action Plan commenced. The 28 measures and associated national reporting provide the basis for driving improvement in the quality of care provided to children and young people across Australia. This work is in partnership with state and territory governments and non-government agencies. A table showing the status of the National Framework indicators of change against each supporting outcome is in Appendix C.

Some of the indicators measure progress against the high-level outcome of the National Framework, that Australia’s children and young people are safe and well; these fall into four main groups, and Chapter three details the findings against them.

Other indicators measure the National Framework’s supporting outcomes. Chapters four to nine detail the work being done across all jurisdictions and in the community sector to progress towards achieving each of the six supporting outcomes.

As outlined in Chapters four to nine, some of the indicators reported against in 2011–12 are showing positive trends, while others provide continuing evidence of the significant work that needs to be done over the life of the National Framework to better protect Australia’s children.

## Case studies

Case studies have been included throughout this report, to demonstrate the work of Framework Partners in action. Families caught up in the child protection system often face multiple barriers to wellbeing, and it is important to address all their issues in a holistic way. This involves services working together with multiple support organisations, listening carefully to family members and advocating for their needs. While some of these stories may be confronting, they represent the reality of people’s lives and showcase the good work that is being done, by families and by their supporters, to turn those lives around.

## Second Action Plan

Chapter ten summarises progress and looks to the next steps. All parties are strongly committed to the Second Action Plan, which embeds national priorities from the First Action Plan and introduces new priorities. It will focus on improving and streamlining access to support services for vulnerable children and their families; on developing and implementing strategies to reduce risk factors for child abuse and neglect, including mental illness, domestic and family violence and substance abuse; on developing strategies that particularly focus on reducing abuse and neglect of Indigenous children; and on building partnerships to deliver local solutions for at-risk children, including children leaving out-of-home care. It will further integrate the National Framework with a number of significant national social reform agenda (including early childhood, disability, health and mental health).

We must also acknowledge, and learn from, the mistakes made in the past. The Royal Commission into Institutional Responses to Child Sexual Abuse will inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse and related matters. The Royal Commission will investigate where organisations and institutional systems have failed children and will make recommendations on how to improve laws, policies and practices to prevent, and better respond to, child sexual abuse.

Work under the Second Action Plan has already commenced. Child Aware Approaches funding totalling $5.7 million has been awarded by the Australian Government to 43 organisations, which are due to report in 2012–13. The Australian Government is also funding a Conference in April 2013, to be hosted by NGO Coalition convener Families Australia, to ensure that the learnings from these projects are not lost.

The momentum continues with the National Framework. Protecting children is indeed everyone’s business, and our joint activities will give them the best chance, keeping national attention and national efforts firmly focused on their safety and wellbeing into the future.

# Chapter one:What is the National Framework?

## What is the National Framework for Protecting Australia’s Children?

Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009–2020 (the National Framework) is Australia’s first long-term plan to promote and enhance the safety and wellbeing of Australia’s children.

When the Council of Australian Governments (COAG) endorsed the National Framework in April 2009, its members committed to an ambitious new approach to protecting Australia’s children, working collaboratively with the non-government sector.

The National Framework acknowledges through its key message that protecting children requires everyone to work together: Protecting Children is Everyone’s Business.

The National Framework also acknowledges that the reasons children may need protecting are not simple. To address the complex causes of risks to children and young people, the National Framework uses a model from public health to guide the development of linkages that can deliver the joined-up services that work most effectively to support children, young people and families.

Figure 1: A system for protecting children



This model has at its base the importance of having national (or universal) support systems available to all families. Health and education are particularly important universal support systems in identifying, preventing and tackling abuse and neglect.

More intensive services are available as an early intervention for those vulnerable families where risk factors have been identified that can lead to abuse and neglect.

Where early intervention and targeted services have not been able to address the issues, the statutory child protection services are a last resort and the least desirable option for both families and governments.

Australia is a signatory to the United Nations’ Convention on the Rights of the Child. The National Framework is therefore underpinned by the following principles:

* All children have a right to grow up in an environment free from neglect and abuse. Their best interests are paramount in all decisions affecting them.
* Children and their families have a right to participate in decisions affecting them.
* Improving the safety and wellbeing of children is a national priority.
* The safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments.
* Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children.
* Children’s rights are upheld by systems and institutions.
* Policies and interventions are evidence based.

## Why was the National Framework needed?

A number of factors, including the following, influenced the decision to establish the National Framework:

* increasing national concern about the growing number of children suffering abuse and entering out-of-home care
* a recognition, in 2008–09, that all governments were engaged in a range of initiatives to review and improve child protection services, and that collaboration would enhance their effectiveness
* a recognition that strengthening families and communities is the best approach to preventing child abuse and neglect
* agreement that services for families and children would be most effective if a unified national approach, involving the non-government sector as well as all jurisdictions, was taken
* a recognition that state and territory early intervention programs would be more effective if they were coordinated with the wide range of Australian Government programs, policies and payments for families.

## Working Together

COAG recognised that the most effective approach to addressing neglect and abuse of children and young people throughout Australia would be to develop a nationally consistent strategy that harnessed the effort of the three key sectors—the Australian Government, state and territory governments and the NGO sector—working together.

The Australian Government is working in partnership with state and territory governments and with the non-government sector, through the Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children (NGO Coalition), to implement the National Framework through a series of three-year action plans. This partnership has become central to the development and implementation activities within the National Framework and involves senior officials from all of the jurisdictions working alongside executive members of the NGO Coalition on the implementation of the action plans. The action plans link together activities undertaken by all three sectors and monitor outcomes according to agreed indicators of progress.

Child protection services are managed by state and territory governments. However, many of the programs supporting children in out-of-home care, and children and families identified as being at risk of abuse or neglect, are delivered in communities through the NGO sector.

The First Action Plan 2009–2012 (First Action Plan) was endorsed by the Community and Disability Services Ministers’ Conference (CDSMC)—now known as the Standing Council on Community and Disability Services (SCCDS)—on 11 September 2009. The focus of the First Action Plan was to commence work against each of the National Priorities identified in the National Framework:

* Joining up service delivery
* Closing the Gap
* Seeing early warning signs and taking early action
* Improving support for carers
* Developing national standards for out-of-home care
* Building capacity and expertise
* Enhancing the evidence base
* Filling the research gaps
* Transitioning to independence
* Responding to sexual abuse
* Advocating nationally for children and young people
* Sharing information.

As many of these priorities are linked or overlap, six overarching outcomes were identified and, in this report, achievements against these outcomes are reported in Chapters four to nine.

| Outcome | National Priorities |
| --- | --- |
| 1. Children live in safe and supportive families and communities
 | Advocating nationally for children and young people |
| 1. Children and families access adequate support to promote safety and intervene early
 | Seeing early warning signs and taking early actionJoining up service deliverySharing information |
| 1. Risk factors for child abuse and neglect are addressed
 | Seeing early warning signs and taking early actionBuilding capacity and expertise |
| 1. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing
 | Enhancing the evidence baseFilling the research gapsDeveloping national standards for out-of-home careTransitioning to IndependenceImproving support for carers |
| 1. Indigenous children are supported and safe in their families and communities
 | Closing the GapBuilding capacity and expertise |
| 1. Child sexual abuse and exploitation is prevented and survivors receive adequate support
 | Responding to sexual abuse |

Each outcome includes a number of actions and indicators developed to measure progress.

## Funding

The Australian Government is taking a national leadership role in the protection of Australia’s children via the implementation of the National Framework.

The Australian Government, state and territory governments and the non-government sector, through the NGO Coalition, worked together to implement the actions and national priorities identified in the First Action Plan.

The initial Australian Government funding commitment to support the National Framework’s First Action Plan was $63.0 million over four years, including:

* $10 million for a number of ‘key national leadership projects’
* $10 million initially for Communities for Children Plus, followed by an additional $9.8 million
* $37.7 million for enhanced access to quality child care for children at risk (Special Child Care Benefit)
* $5.3 million towards increased assistance for young people leaving care (Transition to Independent Living Allowance).

## Measuring progress

The First Action Plan identified four broad groupings of actions to be undertaken in the first three years:

* National priorities—addressing areas of need and laying the foundations for future work through building the evidence base
* Major reforms—relating to the broad social agenda that underpin actions in this complex area
* Ongoing initiatives—strengthening and supporting activities already underway
* Community initiatives—activities undertaken outside the government sector by community-based organisations.

In setting out its ambitious agenda for change, the First Action Plan notes that a long-term approach is needed to measure progress and that evidence of change stemming from the implementation of the National Framework may take several years to be reflected in data. Two groups of indicators to measure progress have been agreed: high-level indicators and specific outcome indicators.

The high-level indicators chosen to measure whether a substantial reduction in child abuse and neglect in Australia is being achieved are:

* Trends in national indicators of children’s health, development and wellbeing
* Trends in hospital admissions and emergency department visits for neglect or injuries to children under three years
* Trends in substantiated child protection cases
* Trends in the number of children in out-of-home care.

There are 28 specific outcome indicators to report against the six outcomes of the National Framework. These indicators are set out in Appendix C and include 12 indicators where data were not being collected at the time the First Action Plan commenced.

Since the release of the National Framework in 2009, significant work has been undertaken to refine and develop appropriate indicator measures to enable reporting at a national level. This has involved substantial collaboration across the Australian, state and territory governments and expert representatives from non-government organisations from the NGO Coalition. Improving the reporting of agreed national indicators has been a priority in the first three years of the National Framework, and this work continues on an ongoing basis, recognising that the National Framework contains a diverse range of indicators with complex measurement challenges. There has been significant investment in a range of information development projects, carried out on an annual basis, that have focused on filling high-priority information and data gaps across the National Framework’s six supporting outcome areas.

In February 2012, a national workshop, with representatives from all jurisdictions and the NGO Coalition, was held to discuss how best to progress the development of indicators to report on implementation of the National Framework. As a result of the collaboration and commitment of all jurisdictions and NGO representatives, this workshop delivered a refined set of indicator measures, agreed by Community and Disability Services Ministers in August 2012, to be reported under the Second Action Plan (2012–2015). The 2012–13 report to COAG (to be released in 2014) will be the first to use this refined list of indicators to report on the status of each outcome area.

The Australian Government is also working with state and territory governments to improve the quality and consistency of child protection data and provide a more comprehensive and accurate picture of child abuse and neglect in Australia. A new Child Protection National Minimum Data Set is being developed, and a ‘dress rehearsal’ will commence in November 2012, with the first reporting of these data planned for AIHW’s Child Protection Australia 2014 report.

## What has been achieved after three years?

The First Action Plan included a large number of activities that were implemented by the Australian and state and territory governments working alone, together or with the group of non-government organisations that have formed the NGO Coalition. The NGO Coalition is made up of a diverse cross-section of major community sector organisations as well as research partners. The NGO Coalition has grown from an initial handful of major NGO and research members to more than 120 organisations and now includes professional associations. Families Australia provides secretariat support to the NGO Coalition and hosts an annual meeting which brings together major cross-sector members who share a common purpose: Australia’s children are safe and well.

The conclusion of the First Action Plan in 2012 provides an ideal time to take stock and consider how far we have come.

Key achievements in the First Action Plan include:

* National Standards for Out-of-Home Care, which seek to drive improvements in the quality of care so that children and young people in out-of-home care have the same opportunities as other children and young people to reach their potential in life, have been developed and implemented.
* Legislation to establish the first National Children’s Commissioner within the Australian Human Rights Commission, to promote the rights, wellbeing and development of children and young people in Australia, has been passed. The announcement of the first Commissioner will be made early in 2013, following a selection process.
* Transitioning from Out-of-Home Care to Independence: A Nationally Consistent Approach to Planning, which encourages consistency across jurisdictions by outlining best practice in leaving care planning, has been developed.
* The position paper, Toward a Nationally Consistent Approach to Working with Children Checks, which will guide future cross-jurisdictional action on Working with Children Checks, has been developed and agreed.
* A 12-month pilot of the National Exchange of Criminal History Information for People Working with Children, to evaluate its utility in providing more comprehensive information across jurisdictions to strengthen Working with Children Checks, has been established.
* The Transition to Independent Living Allowance has been increased from $1000 to $1500. A cross-portfolio review of the program has been completed and will contribute to improving outcomes for young people leaving care.
* A National Plan to support Indigenous children, which prioritises Aboriginal and Torres Strait Islander children in all future national priority projects throughout the life of the National Framework, has been developed and agreed.
* Fifty new Indigenous Parenting Support Services (which are now known as Communities for Children—Indigenous Parenting Services) have been established, to promote positive outcomes for vulnerable Indigenous families with young children.
* The first national study on Australia’s response to sexualised or sexually abusive behaviours in children and young people has been completed.
* A learning resource to support carers and residential service staff to respond to concerning sexual behaviours has been developed and published.
* A Common Approach to Assessment, Referral and Support to help practitioners better to identify and refer children at risk, to increase consistency among jurisdictions and to promote information sharing, has been developed and trialled.
* A landmark research report that explores the payments and services available to carers and includes an analysis of gaps and inequities in support has been published.
* Twenty-five ‘MyTime for Grandparents’ peer support groups and six Centrelink Grandparent Advisors have been introduced in selected locations nationally.
* Building Capacity, Building Bridges (BCBB) workshops and training programs have been developed and rolled out. BCBB is a cutting-edge project that aims to boost the capacity of community service workers to identify, and respond effectively to, at-risk children and families.
* A National Analysis of Workforce Trends in Statutory Child Protection has been completed, to inform priorities to further develop capacity and expertise of the statutory child protection workforce.
* A National Research Agenda for Protecting Children has been developed, to identify research priorities and opportunities that will inform future policy and service delivery.
* A funding commitment has been made for research under the National Research Agenda on prevention, protection and therapeutic responses, care, systems and maltreatment types.
* A biennial survey of children and young people in out-of-home care, which will be used to monitor and report on a number of the National Standards as part of each jurisdiction’s case management process, has been developed. The pilot survey will be undertaken and evaluated in partnership with jurisdictions in 2012–13.
* An information sharing protocol between state and territory child protection agencies and the Australian Department of Human Services (encompassing Medicare Australia, the Child Support Agency and Centrelink) has been approved and implemented; more than 35 000 requests for information had been received under this protocol as at June 2012.
* All Communities for Children sites have been realigned and transitioned under the Family Support Program, to provide effective and comprehensive services to vulnerable families and children at risk of entering the child protection system.
* The National Partnership Agreement Supporting National Mental Health Reform, between state and territory mental health agencies and the Australian Government Department of Health and Ageing, commenced; this includes projects responding to the needs of children and their families who are at risk of homelessness.

These achievements are the result of significant collaboration between the Australian, state and territory governments and the NGO Coalition and are discussed in greater detail in Chapters two to nine.

## Building the evidence base

The First Action Plan saw a significant investment in the evidence base, collecting and tracking data to develop a stronger national picture of the state of child wellbeing in Australia. This has improved our understanding of the areas that require particular attention and has been of benefit in identifying priorities for the future.

The approval of the National Framework by COAG in 2009 provided the impetus for ongoing discussions between AIHW and states and territories and the NGO Coalition in order to progress development of the Child Protection National Minimum Data Set. This has led to considerable investment by states and territories in improving the dataset.

## Who oversees the National Framework?

The National Framework is a joint effort between all jurisdictions, the NGO sector and the community.

Committees are the mechanism through which the National Framework and other national policies are overseen by governments. The purpose of the committees and working groups is to engage governments and the non-government organisations that deliver services and advocate for children and families in constructive discussions about how best to meet the ambitious goals that the National Framework has set.

As the body that endorsed the National Framework, COAG is the most senior committee charged with overseeing the National Framework. It is supported by a number of committees, including SCCDS, which is made up of Community and Disability Services Ministers from the Australian, state and territory governments.

SCCDS in turn is supported by several committees:

* the Standing Council on Community and Disability Services Advisory Committee (SCCDSAC), which is composed of Chief Executive Officers from the Australian and state and territory Community and Disability Services Departments
* the Children, Youth, Community Services, Policy and Research Working Group (CYCSPRWG), a sub-committee of SCCDSAC, which is made up of the senior Australian, state and territory government Officials with direct responsibility for implementing government services and programs
* the National Framework Implementation Working Group (NFIWG), which is the tripartite committee involving senior Australian, state and territory government officers, together with leading members of the NGO Coalition.

Figure 2: Partnership arrangement

|  |  |  |
| --- | --- | --- |
| AUSTRALIAN CHILDREN AND FAMILIES | FAMILIES HAVE THE PRIMARY RESPONSIBILITY FOR RAISING THEIR CHILDREN, GIVING THEM LOVING CARE AND ENSURING THEY ACCESS SERVICES THEY NEED TO SUCCEED IN LIFE | WORKING TOGETHER TO IMPROVE THE SAFETY AND WELLBEING OF AUSTRALIA’S CHILDREN |
| MINISTERIAL INVOLVEMENT | COAGRELEVANT MINISTERIAL COUNCILS | SCCDSMINISTERIAL FORUMS |
| NATIONAL FRAMEWORK OVERSIGHT | SCCDSACStanding Council on Community and Disability Services Advisory Council | CYCSPRWGChildren, Youth, Community Services, Policy and Research Working Group  | NATIONAL FRAMEWORK IMPLEMENTATION WORKING GROUP | OTHER WORKING GROUPS |
| COMMUNITY ENGAGEMENT | NATIONAL PRIORITIES | MAJOR REVIEWS | ONGOING INITIATIVES FOR CHILDREN AND FAMILIES | COMMUNITY INITIATIVES |
| Including specific workshops, structured consultative forums and issuesbased forums |

## Purpose of this report

Following implementation of the National Framework, the Chair of SCCDS is required to report annually to COAG, describing progress against the National Framework.

The Annual Report of 2009–10 focused on the implementation of the National Framework and steps taken to identify gaps and develop appropriate responses.

The focus of the Annual Report of 2010–11 was on data and reporting against the individual actions being undertaken through the First Action Plan.

This Annual Report of 2011–12 will combine these approaches and focus broadly on reporting the first three years’ activities, identifying achievements, and also areas where progress has been slower than anticipated, and setting the scene for the developments that the Second Action Plan will bring.

Appendix B contains a detailed table showing progress against each of the National Priorities. The range of activities across each priority varies, as does the timeline for achieving final outcomes.

## Next steps

As the First Action Plan came to a conclusion, the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) took the lead to work with the states and territories and the NGO Coalition to develop a Second Action Plan 2012–2015 (the Second Action Plan). This plan was endorsed by SCCDS on 17 August 2012.

The NGO Coalition developed and presented comprehensive proposals to governments in a paper, From Crisis Response to Prevention: Proposals to Commonwealth, State and Territory Governments for the second three-year action plan under the National Framework. This paper was prepared on the basis of consultations open to all NGO Coalition members. The NGO Coalition is the country’s largest grouping of non-government organisations working on child protection national policy matters. In developing the Second Action Plan, it is important to build on the knowledge and goodwill generated so far and continue to strengthen partnerships and linkages between and across government and NGO sectors.

Development of the Second Action Plan is a significant milestone in the life of the National Framework and is the result of strong collaboration between the Australian Government, state and territory governments and the non-government sector. If anything, it puts forward an even more ambitious work plan than the First Action Plan.

The theme of the Second Action Plan is ‘working together to improve the safety and wellbeing of Australia’s children through strengthening families, early intervention, prevention and collaboration through joining up service delivery with mental health, domestic and family violence, drug and alcohol, education, health and other services’. This work will be progressed within the child protection system as well as across other sectors, including those that are not traditionally thought of as child centred.

Development of local partnerships for local solutions to improve outcomes for Australia’s diverse communities, including Indigenous and culturally and linguistically diverse families and communities, is emphasised across the Second Action Plan.

The capacity to achieve these ambitious goals grew out of the significant investments and the relationships that were established and strengthened between the Australian, state and territory governments and the NGO Coalition during the First Action Plan.

# Chapter two:The National Framework in Action; Highlights from 2011–2012

The third year of the First Action Plan has seen the culmination of many of the projects that commenced in years one and two, bringing the list of achievements, detailed in Chapter one, to their conclusion or to their next significant milestone.

Many of these projects will form the basis for work that will continue, or be further developed, under the Second Action Plan.

Development of the Second Action Plan highlighted the strong working relationships that have developed over the life of the First Action Plan between the three sectors committed to the delivery of the National Framework: the Australian Government, state and territory governments and NGOs, represented by the NGO Coalition.

The collaboration and support developed between the three sectors is itself a significant achievement of the First Action Plan. The continuation of this collaboration will be a key factor in delivering further achievements as subsequent action plans are developed and implemented.

Many of the achievements listed in Chapter one have been accomplished through the collaboration of jurisdictions working together, with the Australian Government and/or with the NGO Coalition, to develop and implement consistent approaches to the range of challenges faced across child protection services nationally.

## National Standards for Out-of-Home Care

The development, endorsement and implementation of the National Standards for Out-of-Home Care (the National Standards) is a key early action under the National Framework, achieved through extensive collaboration between state and territory governments and the NGO Coalition. The purpose of the National Standards is to drive nationally consistent improvements in the quality of out-of-home care, so that children and young people in care have the same opportunities as other children and young people to achieve their potential.

The National Standards commenced operation on 1 July 2011, following their endorsement by Community and Disability Services Ministers. Development of measures to report on the implementation of the National Standards has been continuing, and significant progress has been made, with seven measures reported against for the first time in this report. A full list of the measures for the National Standards is contained in Appendix D. Additional measures are being introduced progressively. In 2011–12, extensive work has continued on the development of these measures, including work on a national data collection on the educational outcomes of children in child protection services. By 2015, it is anticipated that there will be 22 measures, describing progress against the full set of National Standards. The measurement of, and reporting on, outcomes is a major feature of the refinement and improvement of the National Standards that will continue over the long term.

## Child Aware Approaches

Activity under the Second Action Plan commenced prior to the conclusion of the First Action Plan, with the announcement of the Child Aware Approaches Grant Round. The Australian Government provided $5.7 million to 43 organisations to improve the management of child abuse and neglect and deliver more targeted services for children.

The Child Aware Approaches funding will improve community understanding of child abuse and neglect, with new resources and research to identify what works and why it works and to help other services to make use of this knowledge. The results of the funded projects will be shared through the Child Aware Approaches Conference, to be held in Melbourne on 11–12 April 2013. The NGO Coalition researchers and practitioners will lead the conference.

The conference will bring together people from government, non-government and research sectors to share innovative practices and resources and contribute to the national campaign to make the wellbeing and safety of Australia’s children everyone’s business—a shared responsibility. The organisations will come from a range of different non-government sectors, including the disability, domestic and family violence, mental health, research, welfare, child, youth and adult sectors. It will provide an opportunity to advance thinking and showcase promising and innovative practice, and it will help to chart directions in four key areas:

* Child and family wellbeing and safety
* Responding to risk factors: family violence, health, mental health and substance misuse
* Service delivery to families and children, including place-based solutions
* Embedding child awareness in everyone’s business.

## National Children’s Commissioner

Legislation to establish the position of a National Children’s Commissioner commenced on 1 July 2012 and represented the culmination of many years’ advocacy, particularly by the NGO sector.

The National Children’s Commissioner will be located within the Australian Human Rights Commission. The National Children’s Commissioner will be the first dedicated advocate for children and young people at the federal level.

The Children’s Commissioner will promote public discussion and awareness of issues affecting children, conduct research and education programs, and consult directly with children and representative organisations. The Children’s Commissioner will examine relevant Commonwealth legislation, policies and programs that relate to children’s rights, wellbeing and development, as well as national or cross-jurisdictional matters that would benefit from national leadership.

## Nationally consistent approach to Working with Children Checks

Community and Disability Services Ministers also agreed, in December 2010, to work towards a nationally consistent approach to Working with Children Checks, and states and territories are now endeavouring to achieve full implementation. One of the areas of difficulty identified concerned situations where a paid or volunteer worker is required to cross a state border for child-related work purposes. States and territories worked together with the Australian Government to develop a consistent approach, and arrangements have now been made to implement that approach in all states and territories.

## Transitioning from out-of-home care to independence

When they turn 18 years of age, young people in out-of-home care are declared independent. All states and territories have arrangements in place to assist with the transition of these young people to an independent life, but it was recognised that much could be gained from an examination of the approaches in each jurisdiction, with the aim of developing a nationally consistent approach to supporting vulnerable young people through this transition period.

Community and Disability Services Ministers agreed to release an online resource, Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning, in October 2011. This document, drawn from best practices across all states and territories, outlines some effective ways of planning for a smooth transition.

A further online resource, Transitioning to independence from out-of-home care: a discussion paper, was released in March 2012. It identifies key actions in improving support for young people, to enable them to make a successful transition.

These initiatives complement the commitment made by the Australian Government to provide additional funding to increase the Transition to Independent Living Allowance; this came into effect on 1 July 2009.

## Information sharing

The first year of the First Action Plan saw agreement reached on a range of information sharing procedures that were incorporated into a formal Information Sharing Protocol (the protocol), which facilitates the sharing of information between Centrelink, Medicare Australia, the Child Support Agency and state and territory child protection services. From the implementation of the protocol in January 2009 to the end of June 2012, over 34 000 requests for information were received.

An independent review of the operation of the protocol was publicly released in August 2011. It reported that all users of the protocol found that the information provided through it was effective in advancing the care and protection of children, and it made recommendations to further enhance the protocol’s effectiveness. One of the review recommendations was to streamline the processes associated with the application of the information sharing protocol. The states and territories are examining their processes and developing new streamlined procedures for information sharing between organisations and governments.

The independent review has also led to the current work underway on exploring the inclusion of relevant information held by the Department of Immigration and Citizenship in information sharing in the future. The Attorney-General’s Department is also examining how collaboration can be improved between the family law system and child protection systems.

## Prioritising Indigenous children

Following a national workshop in December 2009, a plan was developed in collaboration with work underway through Closing the Gap—the commitment by COAG to improve the lives of Indigenous Australians and particularly to provide a better future for Indigenous children—to ensure that Indigenous children are at the forefront of future service planning.

On 21 October 2011, SCCDS agreed to a National Plan to support Indigenous children throughout the life of the National Framework, consisting of three elements:

* an ongoing approach to work under the National Framework that includes
* specific reporting on outcomes for Indigenous children in each annual report
* a unique Indigenous priority action in each three-year action plan
* work in every national priority area to identify a specific focus relating to Indigenous children
(e.g. National Standards, Carers)
* harnessing the efforts of current and future Whole-of-Government activities aimed at improving outcomes for vulnerable Indigenous children under relevant Closing the Gap National Agreements, partnerships and strategies
* development and ongoing enhancement of an up-to-date web-based resource to share knowledge and awareness of best and promising practice to protect the wellbeing of Indigenous children.

## National Research Agenda

At its October 2011 meeting, SCCDS agreed to provide $600 000 over three years for the inaugural National Research Agenda for child protection. Following extensive consultation with researchers and non-government organisations working with children and families, Ministers agreed to the following research priorities for the next three years:

* Prevention—the effectiveness of responses in preventing child maltreatment
* Protection and therapeutic responses—the effectiveness of preventative initiatives in protecting children and young people, along with the effectiveness of responses when maltreatment has occurred
* Care—alternative out-of-home care arrangements
* Systems—how to make joined-up service delivery across agencies, the workforce and organisations more effective
* Maltreatment types—the prevalence of various forms of child maltreatment and how types of maltreatment interact.

In September 2012, expressions of interest will be sought under the National Research Agenda in two broad priority research categories: Promoting Safe Communities and Protecting Indigenous Children. The Expressions of Interest will be the first stage of a two-stage procurement process, and the shortlisted respondents from this Expressions of Interest process will be invited to submit more detailed proposals, including costings. A decision regarding successful projects to be funded will be finalised by the end of March 2013.

## Implementing the Common Approach to Assessment, Referral and Support

A CAARS Taskforce was established in May 2009 to develop the model for a common assessment tool. The final report of the Taskforce was endorsed by Community and Disability Services Ministers in June 2010.

The CAARS tool has been trialled in four locations—Elizabeth (South Australia), Lismore (New South Wales), Gippsland (Victoria) and Kwinana (Western Australia)—with the trial concluding in August 2012. A report on the outcomes of the trial will be presented to SCCDS in 2013.

## Implementing Working with Children Checks

In March 2012, SCCDS agreed to continue working towards 30-day exemptions for paid and volunteer workers who are required to cross borders in the course of their work with children. Implementation of the exemption commences from 2012–13.

In addition to the major achievements delivered by the states and territories working collaboratively, each jurisdiction has also undertaken a range of reforms and implemented program revisions to progress the Working with Children agenda from the First Action Plan.

## Australian Capital Territory

The Australian Capital Territory’s new Child, Youth and Family Services Program, has been established to provide an integrated suite of services and supports for children, young people and their families who are vulnerable or at risk or engaging with the tertiary service system. These services and supports include a central intake service, network coordination, case management, youth engagement, group and therapeutic services. Typically, young adults in need of this type of support will be transitioning from out of care, youth detention or homelessness services.

The Child, Youth and Family Services Program aims to decrease complexity in the range of services being delivered; improve the capacity of service providers to meet the needs of children, young people and families; improve the promotion of services; provide a range of services that meet specific needs; and use data to inform service improvement.

Care and Protection Services may refer lower-risk families to the Child, Youth and Family Services Program as part of a differential response to child concern reports received. Care and Protection Services also participates in a Connecting Families Panel, established as part of the program. This is a multi-agency meeting to facilitate the engagement of children, young people and families in the appropriate pathway to services needed, as determined by their level of need and/or risk. This frees up Child Protection Services to address priority access to services for children who are at serious risk of abuse and neglect.

Establishing a service that uses a case management approach to work closely with young people exiting care was a priority in the ACT, and $2.07 million over four years was provided by the ACT Government to support young people who are transitioning from out-of-home care to adulthood. The service known as the Youth Support and Transition Team, commenced operations in January 2012, following a period of consultation to develop the service model. Staff from this service provide extended support to young people transitioning from out-of-home care up to 25 years of age, including access to brokerage funding, supported assistance to access personal records and documents and ongoing emotional and practical support.

The Working with Vulnerable People (Background Checking) Act 2011 was passed during 2011–12 and commenced operation on 8 November 2012. The Act requires people who engage in regulated activities or services with vulnerable people to be registered. This will serve to provide a centralised background checking and risk assessment system for people working with vulnerable people, to reduce the risk of sexual, physical, emotional or financial harm or neglect.

## New South Wales

NSW is currently working towards the full transfer of statutory out-of-home care services to the NGO sector. The NSW Minister for Family and Community Services endorsed the Out-of-Home Care Transition Implementation Framework in January 2012. Under this Framework, most of the carers for non-Aboriginal children and young people in statutory foster or relative kinship care placements will be engaged and supported by an NGO within the next five years.

Responsibility for Aboriginal children in statutory foster or relative kinship care will be transferred to Aboriginal out-of-home care (OOHC) NGOs over the next 10 years. The transfer will enable Family and Community Services (Community Services) (FACS (CS)) to spend more time working with children and families who are at risk and prevent children from entering the child protection system.

FACS (CS) is implementing further reforms to build capacity in the child protection system. Our aims are to ensure that fewer children and young people are vulnerable to abuse and neglect and that those considered at risk have a better future. To achieve this, we are creating a stronger, more flexible and responsive child protection sector with more emphasis on prevention and improved early assistance strategies. By doing so, we will be able to engage families before problems escalate.

We will first examine the effectiveness of existing reforms and then address the gaps in the Prevention and Early Intervention, Family Preservation and Restoration and Strengthening Families programs. Reform entails removing the barriers preventing caseworkers from engaging families earlier and putting children and young people at the centre of their work. It also involves:

* transforming casework practice to deliver better outcomes
* strengthening work with families to stop problems becoming crises
* developing clearer referral pathways
* working more collaboratively with our partners in other government and community agencies.

The end result should be more timely and accessible services for families and less need for the statutory reporting of children.

NSW is trialling Practice First, an innovative model of working with families that is seeking to effect a shift in practice by:

* articulating a culture that is founded on principles of practice
* providing for the ongoing skill development of child protection caseworkers to work with families to change in a responsive way post assessment, that relies on clear role definition and positions practice leadership as the most important aspect of management
* building on a clear mandate that gives legitimacy to family work, shares risk and decision making and frees casework time from administration.

FACS (CS) is also undertaking Pathways of Care, a large-scale representative longitudinal study that will follow children and young people aged 0 to 17 years entering OOHC on Children’s Court orders for the first time. The aim of the study is to provide the knowledge needed to strengthen the OOHC service system in NSW in order to improve the outcomes for children and young people in OOHC. These outcomes include children’s and young people’s permanency, safety and wellbeing (including their physical health and socio-emotional and cognitive/learning development).

## Northern Territory

Safe Children, Bright Futures 2011–2015 is the Northern Territory (NT) Government’s strategic framework for reforming child protection in the NT. The Child Safety and Wellbeing Plan 2012 sits under this framework and sets out the key strategies and actions being taken in the NT and the commitment to cross-agency collaboration to protect children and support vulnerable families. The Plan is underpinned by the following principles:

* When a decision involving a child is made, the best interests of the child are the paramount concern.
* Protecting children is a shared responsibility of the whole-of-government, the non-government sector and the community.
* Families have primary responsibility for the safety and wellbeing of children and young people, with the community sharing in this responsibility.
* Support is provided where it is needed through government and non-government funded agencies.
* Government-funded and delivered services should be oriented towards promotion of capable parenting and supporting high-risk families, with the wellbeing of children and young people as the paramount concern.
* Government-funded services and policies, as relevant to Aboriginal and Torres Strait Islander children, young people and families, are framed by cultural considerations.
* Key elements of this include input from the community and Strong Aboriginal Families, Together (SAF,T) as the key peak body.

In response to the recommendations from the Board of Inquiry into the Child Protection System in the Northern Territory, the NT is reviewing the Care and Protection of Children Act 2007.

The legislative reform proposal will seek to introduce a new system of child protection orders, with a distinction between short-term orders aimed at reunification, and long-term orders aimed at stability for the child while maintaining the child’s connection to family; therapeutic orders to enable admission to secure care facilities; permanent care or special guardianship orders; and provisions enabling information sharing, receipt of notifications and investigations for unborn children.

This process of reform will provide an opportunity for the Northern Territory to lay the groundwork for a modern child protection system that delivers better outcomes for children and families.

Development of referral pathways and service models continues to provide appropriate responses to vulnerable children, young people and families across the NT. Existing family support services in Alice Springs, Katherine and Darwin were provided with additional funding to strengthen targeted services to vulnerable children, young people and families.

The NT Government provided funding to expand child and adolescent mental health services in the NT. An additional $1 million in 2011–12, and $2 million recurrent from 2012–13, was allocated to expand the capacity of specialist child and adolescent mental health services to respond to increased demand for services by young people in both urban and remote areas.

The Mental Health Program has implemented Counterpunch, an innovative program which uses boxing and psychological strategies to increase resilience and encourage positive choices in youth aged 10 to 25. To date, 80 young people have participated in the program. There has been significant interest in Counterpunch from regional and remote communities, and the program will be expanded in 2013.

## Queensland

In partnership with Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and the CREATE Foundation, the Queensland (QLD) Government has developed the Blueprint for Implementation strategy to reduce the over-representation of Aboriginal and Torres Strait Islander children in Queensland’s child protection system. The strategy will work on three levels—state, regional and local.

The strategy is to implement the plan, Together keeping our children safe and well: Our comprehensive plan.
The four priority areas identified in the plan are:

* Sharing a common vision and commitment
* Providing the right services at the right time
* Ensuring the existence and application of sound legislation, policy, practice and procedures
* Building a robust network of Indigenous service providers.

The Blueprint for Implementation includes reviewing the Department of Communities, Child Safety and Disability Services’ policies, procedures and practice for working with Aboriginal and Torres Strait Islander children and their families, including the Child Placement Principle and procedures for provisional approvals and unborn children.

Implementation of the Helping out Families (HOF) initiative has continued in three locations—Logan, Beenleigh and the Gold Coast. HOF is designed to intervene earlier with at-risk families, in order to reduce the number of child protection reports and the number of children entering out-of-home care. The HOF Initiative includes the following elements:

* a more efficient Child Safety Regional Intake Service (RIS), assessing intakes using established risk and structured decision-making tools
* a Family Support Alliance (FSA) Service in each of the three sites, receiving referrals from RIS and other agencies, engaging families, doing a needs identification and referring families to appropriate family support services; the FSA also coordinates local family support services
* enhanced Intensive Family Support services, for needs assessment and case management
* increased Domestic and Family Violence services
* both universal and targeted Health Home Visiting services, for families with children from birth to three years, through Queensland Health.

The HOF services engage with families to identify their strengths, needs and support requirements and to make appropriate referrals with their consent. The initiative provides family support through intensive case management, and services work in collaboration with other local service providers under a shared practice framework to ensure consistency for clients.

## South Australia

The creation of a new Department for Education and Child Development, as part of Machinery of Government changes in South Australia (SA) in October 2011, brought together education, child protection and some health services into one agency, focused on supporting South Australian children and families so that all children have the opportunity to achieve their best. Creation of the new department positions the South Australian Government to deliver more integrated services and improved service pathways that take into account all of the child’s needs, not just those that pertain to a particular service delivery system.

South Australia has conducted a Review of Families SA Services for Aboriginal and Torres Strait Islander people in the Adelaide Metropolitan Area (the Review). The Review made 20 recommendations to develop the competence and capacity of Families SA to deliver services to Aboriginal people, covering three broad areas:

* Workforce and Human Resources
* Service Delivery and Practice
* Organisational Structure and Planning.

Oversight of implementation of the Review recommendations is being coordinated through the Families SA Aboriginal Programs and Service Development Unit, who, in conjunction with the Keeping on Track Steering Committee, will develop a detailed implementation plan.

Aboriginal Cultural Identity Plans, which assist Families SA staff to ensure that children reconnect and maintain connection with their family, community, country and culture, are being revised in line with the Review recommendations to make them easier to use and to incorporate them into case plans.

The 2011–12 South Australian State Budget provided $69.2 million over four years to strengthen alternative care services and develop targeted responses to reunifying children with their families. Funding has been provided for:

* extra resourcing for children needing alternative care arrangements
* construction of new community residential care facilities
* increasing the level of reunification of children in state care with their families.

In 2011, South Australia launched its Directions for Alternative Care 2011–15. The Directions provide the plan for driving improvements across alternative care services, in order to deliver quality, needs-led services in kinship, relative, foster and residential care arrangements. The Directions will guide:

* the development of new alternative care services
* decision making about the services provided
* the monitoring of practice outcomes.

## Tasmania

Outcomes for children and families can improve when workers provide services in a more collaborative and integrated way. In Tasmania (TAS), Child and Family Centres have been set up to achieve this. To support this shift towards integrated service delivery, the Tasmanian Early Years Foundation has funded a Learning and Development Strategy for Child and Family Centres until June 2013.

Victoria’s Murdoch Children’s Research Institute has been contracted to develop and implement this strategy. The strategy supports all participating staff to recognise and respond appropriately to the uniqueness of all the families they encounter, and it is available to support Child and Family Centre communities planning for integration. As a part of the Learning and Development Strategy, each Child and Family Centre community, through its Local Enabling Group, is to be provided with opportunities to work in a facilitated process to develop a shared philosophy, a multidisciplinary team approach, shared leadership and management and consistent ways of working.

Outcomes to date have included:

* agreements on how services will work together at each centre
* community development and engagement
* local vision and action planning (Local Outcomes Framework development)
* working with diverse family structures and communities
* increasing understanding in the community of child development in the early years
* understanding of early childhood service integration and different forms of integration
* collaboration and leadership
* identification of evidence-based services for children and families
* development of local governance arrangements
* implementation of reflective practice.

## Victoria

There have been significant developments in Victoria (VIC) following the release of the report of the Protecting Victoria’s Vulnerable Children Inquiry on 28 February 2012. The first phase of the Victorian response to this report is included in the Victoria’s Vulnerable Children – Our Shared Responsibility Directions Paper (the Directions Paper), which was released in May 2012. The Directions Paper identifies five key action areas to improve support for vulnerable children and families:

* building effective and connected services
* enhancing education and building capacity
* making a child friendly legal system
* providing safe, stable and supportive out-of-home care
* introducing accountability and transparency.

A key focus of the Directions Paper is for all parts of government to improve the way they work together to help vulnerable children and families. The Directions Paper commits to deliver a less adversarial justice system, through:

* expansion of Family Group Conferencing, to increase opportunities to divert matters from court, and the introduction of Child Safety Conferences, to be held prior to court applications being issued, are under consideration
* statewide implementation of New Model Conferencing, to resolve issues of dispute under consideration of the Children’s Court
* children in the Family Division of the Children’s Court no longer being required to attend court
* consideration being given to the range of court orders, and the number of conditions imposed by these orders, being simplified and reduced
* improvements to case allocation processes in the Children’s Court, which will assist with the timely progress of matters and their consideration by magistrates with specialist training—for example, in relation to sexual offence victims.

The 2012–13 State Budget allocated $20 million over four years to establish three additional multidisciplinary centres (MDC), which co-locate police, sexual assault support and child protection to provide a rapid and coordinated intervention in instances of sexual assault or child abuse. MDCs are currently operating in three locations (Frankston, Mildura and Geelong).

The Victorian Government is also preparing legislation to establish a Commission for Children and Young People, which will include a Commissioner with special responsibility for Aboriginal children and young people. The Commission will ensure that sustained attention is paid to vulnerable children and will have a role in overseeing and monitoring the implementation of a vulnerable children and families strategy.

## Western Australia

2011–12 was a year of consolidation across a number of areas for the Department for Child Protection (the Department). Some of the highlights are outlined below.

Practice growth in the use of the Department’s central practice framework, Signs of Safety, continued with the second Signs of Safety Gathering held in Western Australia, as well as learning and development activities delivered centrally and in districts.

* An internal evaluation and staff survey conducted in April 2012 indicated that knowledge about the practice framework is solid and is being applied in all aspects of case practice. There is also evidence that a high percentage of staff believe that Signs of Safety has increased or continues to increase their job satisfaction.
* Over a five-year period (2007–08 to 2011–12), despite significant increases in notifications (93%) and safety and wellbeing assessments (177%), there have been proportionately lower increases in protection applications being granted (10%) and children coming into care (5.8% increase, down from the four-year average of 11%), and a substantial increase in cases managed by intensely supporting the family with the children remaining at home (213%).
* In 2013, the Department will continue to support staff in developing greater confidence and competence in facilitating Signs of Safety meetings.

An independent evaluation of the pilot for Pre-Birth Meetings and Pre-Hearing Conferences was completed in June 2011. This model combines the best elements of the Signs of Safety Child Protection Practice Framework and Legal Aid’s family dispute resolution model. Some of the key findings from the evaluation included:

* Families are attending, engaging and feeling supported and heard; they are receiving clarity about their situation and the concerns of the decision makers.
* Professionals perceive an improvement in their ability to work in a team and share decision making with each other.
* Fewer Court events mean time savings; fewer matters proceed to trial.
* The judiciary has confidence that constructive meetings are happening away from Court.

The Department will strengthen this approach by focusing on areas such as increasing the participation of Aboriginal families, enhancing the ‘child’s voice’ and the use of debriefing, and expanding the initiatives to regional and remote WA.

The recruitment and retention of staff has seen districts and other work units reach effectively full capacity for the first time in recent years, with turnover rates among the lowest in the country.

Through the implementation of the across-government framework, Rapid Response, children in care receive exemption from paying Technical and Further Education (TAFE) fees and have continued to benefit from more coordinated health and education planning, as well as expanded access to sport and recreation opportunities.

The Family Support Network in Armadale commenced operation in April 2012, which provided early access for vulnerable families to appropriate services, through a common entry point to an alliance of community sector agencies and the Department.

The Department has reorientated its Parent Support program to better target young people who are behaving in a criminal and/or antisocial way and truanting, by integrating it with youth justice services and developing Parenting Agreements.

The Leaving Care and Transitioning to Independence project delivered clearer practice guidance and simpler processes for accessing leaving care funds, and identifiable leaving care contacts were established in each district.

Western Australia’s (WA) Family and Domestic Violence Prevention Strategy to 2022 was developed by an across-government Senior Officers’ Group and sets out a 10-year plan for a comprehensive and coordinated interagency response to family and domestic violence.

Implementation of the Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF) commenced in 2011–12 and includes provision of a two-day training program, information sessions, resources and tools and targeted support for agencies to change policy and practice. The CRARMF supports integrated responses to family and domestic violence by setting minimum standards about screening and assessment, management and monitoring of risk, including interagency collaboration, information sharing and common language.

A statutory review of the Working with Children (Criminal Record Checking) Act 2004 was undertaken in 2011–12. The review proposed 23 recommendations to improve the implementation of the Act, including an increased focus on other child safeguarding strategies in recognition of the fact that the Working with Children Check is only one component in a suite of safety strategies.

## NGO Coalition highlights

The NGO Coalition played a major role in implementing the National Framework, the nation’s first-ever policy roadmap to tackle child abuse and neglect. The NGO Coalition provided coordination, leadership and secretariat services to over 120 members.

The NGO Coalition developed and provided comprehensive proposals to governments to assist in developing the Second Action Plan. Other NGO Coalition activities included participation in, and coordination of, inputs to a range of committees established to implement the National Framework. These included the high-level National Framework Implementation Working Group of senior Australian, state and territory government officials and NGO Coalition representatives, and working groups on ‘Closing the Gap’ and performance and data issues.

The NGO Coalition’s substantial contributions to the advancement of the National Framework in 2011–12 included:

* NGO Coalition representatives continued to play an important role in developing Australia’s first set of National Standards for Out-of-Home Care, presenting, in 2012, a retro-fit Program Logic to assist in reviewing the Standards as the Framework enters its second stage of development. NGO Coalition representatives’ inputs helped to ensure that the standards were both aspirational and practical. NGO Coalition representatives ensured, for example, that the Standards highlighted the need to listen to the voices of children, to take a broader children’s wellbeing perspective and to feature the Aboriginal and Torres Strait Islander Child Placement Principle.
* NGO Coalition representatives continue to help shape the national research agenda, including through participating in the selection of two future national research projects.

The following National Projects are also being implemented under the National Framework with significant NGO input in various advisory capacities, although they do not directly report to the NGO Coalition Steering Group: CAARS; and Building Capacity, Building Bridges.

Conclusions and the way ahead

As evidenced by the latest national figures (AIHW 2013a), Australia is yet to see clear signs of a turnaround in rates of child abuse and neglect. Still greater effort is urgently required by all parties—governments, the NGO sector and the community at large—in order to make a sustained and substantial improvement in the situation for children.

Some distance has been travelled in the first three-year action plan under the National Framework, building on the momentum generated in the preceding decade. The next action plan needs to start showing—and must be seen to show—clear and substantial signs of improvement in the situation for children and young people at risk of, or experiencing, abuse and neglect.

The National Framework is based on a belief that a paradigm shift is required in the nation’s strategies for protecting and nurturing children. This means a shift towards greater partnership amongst the key governmental and NGO players. It means a shift towards greater emphasis on anticipating and responding early to the needs of at-risk or vulnerable families and children.

It means enhancing public awareness about the rights and needs of children and young people and implementing the most effective ways to uphold and meet those rights and needs.

In the next action plan, it will be important to build on the knowledge and goodwill that has been generated so far and continue to strengthen the partnerships and linkages between and across the government and NGO sectors.

The NGO Coalition remains strongly committed to the National Framework and looks forward to continuing to work closely with all governments, and with the broader Australian community, to produce real improvements in the safety and wellbeing of all Australian children and young people.

# Chapter three:The First Three-Year Action Plan, 2009–2012

At the time it was endorsed by COAG on 30 April 2009, the National Framework was recognised as an ambitious, longterm approach to ensuring the safety and wellbeing of Australia’s children. Under the National Framework, protecting children is everyone’s business.

In its first three years, the National Framework has delivered a number of significant achievements through the first threeyear Implementation Plan, the First Action Plan 2009–2012 (First Action Plan), which have been described in Chapters one and two.

While the majority of this report focuses on the achievements that have been delivered through the First Action Plan, the quiet achievement has been the development of the working relationships between governments and the NGO sector.

When COAG endorsed the National Framework, it recognised that progressing such an ambitious agenda would require much closer collaboration between governments and the organisations, usually funded by government, which provide the majority of non-statutory services that support families and children and young people at risk of abuse or neglect.

The National Framework Implementation Working Group—NFIWG—was established to bring the three sectors together and to facilitate the growth in understanding and collaboration that would be necessary for the National Framework to succeed.

## Measuring progress

The National Framework is designed to achieve a single outcome—Australia’s children and young people are safe and well. Our target is a substantial and sustained reduction in child abuse and neglect in Australia over time. But how will we know when we are there? How will we monitor that we are on track? Where is the evidence?

Progress on the National Framework is measured through the use of indicators, some existing and some still being developed.

Some of the indicators used in this report measure whether Australia’s children and young people are safe and well. Others, reported in Chapters four to nine, measure the National Framework’s supporting outcomes. The indicators in these Chapters may appear similar, but they measure different outcomes.

High-level outcome: are Australia’s children and young people safe and well?

There are four groups of indicators measuring progress towards the National Framework’s high-level outcome:

* Key national indicators of children’s health, development and wellbeing
* Hospital admissions and emergency department visits for neglect and for injuries to children under
three years
* Substantiated child protection cases
* Number of children in out-of-home care.

Information in the following pages brings together these groups of indicators to paint a picture of the safety and wellbeing of our children now. Much of this information is publicly available, and existing reports are acknowledged throughout this publication. This 2011–12 Annual Report of the National Framework brings the data together for a comprehensive view of progress.

It is of course still early in the life of the National Framework, and much of the data reported in this chapter precedes the National Framework. It is difficult to draw many conclusions about whether or not the Framework is making a difference at this time. Indeed, it may not be possible to judge the impact of the National Framework for several years. Nonetheless, it is important to begin gathering data and reporting as early as possible, and to continue measuring the same aspects of children’s lives year after year, so that trends can easily be observed.

## Trends in key national indicators of children’s health, development and wellbeing

This section reports on data against the eight key national indicators of children’s health, development and wellbeing.

### Children’s health: Infant mortality

Infant mortality

High infant mortality rates are linked to high socioeconomic disadvantage and generally indicate poor social and environmental conditions in which children are developing. The mortality rate is used throughout the world as an indicator of population and child health (AIHW 2011c).

In 2011, there were 1140 infant deaths, of which 56 per cent were males. Since 1990, the number of infant deaths has decreased by 47 per cent, from 2145 to 1140, with the number and rate of infant mortality remaining relatively stable from 2007 to 2011. Australia has shown significant progress in reducing infant and child deaths, particularly through the work of neonatal intensive care units, increased community awareness of the risk factors for sudden infant death syndrome (SIDS), and reductions in vaccine-preventable diseases through national childhood immunisation programs.

Table 1: Infant mortality, 1990 to 2011 (selected years)

|  | 1990 | 2000 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Number |  |
| Males | 1224 | 725 | 714 | 727 | 655 | 702 | 728 | 738 | 638 |
| Females | 921 | 565 | 588 | 535 | 548 | 524 | 533 | 491 | 502 |
| Persons | 2145 | 1290 | 1302 | 1262 | 1203 | 1226 | 1261 | 1229 | 1140 |
|  | Infant mortality rate(a) |  |
| Males | 9.1 | 5.7 | 5.4 | 5.3 | 4.5 | 4.6 | 4.8 | 4.8 | 4.1 |
| Females | 7.2 | 4.7 | 4.7 | 4.1 | 3.9 | 3.6 | 3.7 | 3.4 | 3.4 |
| Persons | 8.2 | 5.2 | 5.0 | 4.7 | 4.2 | 4.1 | 4.3 | 4.1 | 3.8 |

(a) Infant deaths per 1000 live births

Source: ABS 2012.

Indigenous infant mortality

Since 2005–2007, Indigenous infant mortality rates (IMRs) have fallen among all jurisdictions for which data are available; however, the Indigenous rates remain much higher than non-Indigenous rates. In NT, the difference is more than three times as high. Improvements in antenatal care, sanitation and public health conditions, better neonatal intensive care and the development of immunisation programs have contributed to significant reductions in Indigenous infant mortality in recent decades (Australian Government 2012). The fluctuation in infant mortality rates is partially due to the relatively small number of infant deaths registered.

Table 2 : Infant mortality(a,b) by Indigenous status, 2005–2007 to 2009–2011

|  | 2005–2007 | 2006–2008 | 2007–2009 | 2008–2010 | 2009–2011 |
| --- | --- | --- | --- | --- | --- |
| NSW |  |  |  |  |  |
| Indigenous | 8.9 | 7.7 | 6.8 | 5.2 | 4.5 |
| Non-Indigenous | 4.5 | 4.3 | 4.1 | 4.1 | 3.9 |
| QLD |  |  |  |  |  |
| Indigenous | 9.1 | 7.9 | 7.6 | 8.8 | 8.4 |
| Non-Indigenous | 4.8 | 4.7 | 4.7 | 4.7 | 4.7 |
| WA |  |  |  |  |  |
| Indigenous | 10.2 | 9.5 | 7.1 | 7.7 | 7.0 |
| Non-Indigenous | 3.4 | 3.1 | 2.8 | 3.1 | 2.9 |
| SA |  |  |  |  |  |
| Indigenous | 8.9 | 6.4 | 6.7 | 4.6 | 5.4 |
| Non-Indigenous | 4.0 | 3.4 | 3.5 | 3.4 | 3.3 |
| NT |  |  |  |  |  |
| Indigenous | 15.7 | 13.6 | 12.2 | 11.4 | 13.0 |
| Non-Indigenous | 4.2 | 3.8 | 3.9 | 3.7 | 3.6 |

(a) Infant deaths per 1000 live births. The fluctuation in infant mortality rates is partially due to the relatively small number of infant deaths registered.

(b) Data are for NSW, QLD, WA, SA and NT only, based on state or territory of usual residence.

Source: ABS 2012.

### Children’s health: Dental health

Dental decay, which is linked to socioeconomic disadvantage, has been shown to affect children’s growth and cognitive development and can be minimised by the use of dental services (Kilpatrick et al. 2009).

In 2007, the majority (61 per cent) of Australian 12 year olds had no dental decay (Mejia et al. 2012). Among all children aged 12 years, the average number of decayed, missing or filled teeth (DMFT) was 1.0. These scores have remained relatively stable in the past decade; however, longer-term trends reveal a marked decline over the past 30 years (from 4.8 in 1977) (Mejia et al. 2012).

Table 3: Decayed, missing or filled teeth (DMFT) among 12 year olds, 2007

|  | Mean (average) DMFT |
| --- | --- |
| Boys | 0.9 |
| Girls  | 1.0 |
| All children | 1.0 |

Note: 2007 results exclude Victoria, as data were not available.

Source: AIHW 2012a.

### Children’s health: Immunisations

Immunisation coverage needs to exceed 90 per cent to protect the community adequately from vaccine-preventable diseases (Lister et al. 1999). For highly infectious diseases, such as measles, a higher coverage may be required to achieve the necessary level of immunity among the population.

For the 12-month period ending 30 June 2012, 92 per cent of 1 year olds and 93 per cent of 2 year olds were fully immunised; coverage at 5 years of age is 90 per cent, which, while it is a considerable increase from 80 per cent in 2009, is lower than that for younger age cohorts.

Table 4: Children fully immunised 1 July to 30 June, 2009 to 2012 (per cent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | 2008–09 | 2009–10 | 2010–11 | 2011–12 |
| 1 year (12–<15 months) | 91.4 | 91.6 | 91.5 | 91.8 |
| 2 years (24–<27 months) | 92.6 | 92.1 | 92.8 | 92.6 |
| 5 years (60–<63 months) | 80.3 | 84.6 | 89.6 | 90.0 |

Source: Medicare Australia (Australian Government Department of Human Services) 2012.

### Children’s development: Literacy and numeracy

Literacy and numeracy skills are important building blocks within a child’s education. Children’s proficiency in literacy and numeracy is a strong indicator of their likelihood of continuing on to further education and participating fully in Australian society as they become adults.

Children in the care of child protection services generally have low educational performance. This could be a reflection of the abuse or neglect they may have experienced, as well as the influence of their socioeconomic circumstances. This is discussed further in Chapter seven under Indicator 23.

In 2012, among Year 5 students, 92 per cent met the reading, and 93 per cent met the numeracy, national minimum standards. Reading rates have been selected for use in this report as they provide the closest measure for broader literacy skills. The proportions have remained relatively stable since 2009. A higher proportion of females met the reading standards in 2012 (94 per cent compared to 90 per cent for males); however, numeracy results were similar for males and females (93 per cent and 94 per cent respectively). A slightly lower proportion of students with a language background other than English (LBOTE) met the standards for reading (89 per cent) and numeracy (91 per cent) than their non-LBOTE counterparts in 2012 (93 per cent and 94 per cent respectively).

Table 5: Year 5 students who achieved at or above the national minimum standards for reading and numeracy, 2009 to 2012 (per cent)(a)

|  | Reading |  | Numeracy |
| --- | --- | --- | --- |
|  | 2009 | 2010 | 2011 | 2012 |  | 2009 | 2010 | 2011 | 2012 |
| All children | 91.7 | 91.3 | 91.5 | 91.6 |  | 94.2 | 93.7 | 94.4 | 93.3 |
| Male  | 89.6 | 89.3 | 89.5 | 89.5 |  | 94.0 | 93.4 | 94.1 | 92.6 |
| Female  | 93.9 | 93.4 | 93.5 | 93.9 |  | 94.3 | 94.0 | 94.6 | 94.0 |
| Indigenous(b) | 66.7 | 66.2 | 66.4 | 64.7 |  | 74.2 | 71.4 | 75.2 | 69.2 |
| Non-Indigenous(b) | 93.1 | 92.7 | 92.9 | 93.1 |  | 95.3 | 95.0 | 95.5 | 94.6 |
| LBOTE(c) | 89.7 | 89.4 | 89.1 | 89.0 |  | 92.9 | 92.1 | 92.9 | 91.4 |
| Non-LBOTE (English only)(c) | 92.4  | 92.0 | 92.3 | 92.5 |  | 94.6 | 94.3 | 94.9 | 93.9 |

(a) Exempt students do not sit the test/s and are counted as not meeting the national minimum standard. Students who were absent or withdrawn do not sit the test/s and are excluded from the calculations.

(b) A student is considered to be ‘Indigenous’ if he or she identifies as being of Aboriginal and/or Torres Strait Islander origin. Students for whom Indigenous status was not stated are not included in these calculations. The method used to identify Indigenous students varies across jurisdictions.

(c) ‘LBOTE’ refers to Language background other than English. A student is considered to be ‘LBOTE’ if either the student or parents/guardians speak a language other than English at home.

Sources: ACARA 2009, 2010, 2011, 2012.

In 2012, Year 5 Indigenous students were less likely to have achieved the reading (65 per cent) and numeracy (69 per cent) minimum standards than non-Indigenous students (93 per cent and 95 per cent, respectively)—a difference of 28 and 26 percentage points.

Figure 3: Year 5 students achieving at or above the national minimum standards, by Indigenous status, 2009 to 2012

Source: Table 5.

### Children’s wellbeing: Teenage births

Statistically, teenage motherhood is associated with poorer health and wellbeing outcomes for both mother and baby throughout life. Teenage mothers face significantly higher physical and psychological risks while having their children. They are also more likely to be socioeconomically disadvantaged and to have lower levels of education, and are less likely to attend antenatal classes, than older mothers (AIHW 2012b).

In 2009, there were almost 11 700 infants born to teenage mothers in Australia—a rate of 16.1 live births per 1000 females aged 15 to 19 years. Teenage mothers represented 4 per cent of all women who gave birth in Australia (Li et al. 2012). The teenage birth rate declined from the mid-1990s (22 per 1000) to 2003, when the rate stabilised around 16–17 per 1000 (AIHW 2011c).

Table 6: Live births to teenage mothers aged 15–19 years, 2006 to 2009

|  | 2006 | 2007 | 2008 | 2009 |
| --- | --- | --- | --- | --- |
|  | Rate per 1000 females |
| Indigenous mothers | 79.6 | 75.5 | 77.5 | 72.2 |
| Non-Indigenous mothers | 14.7 | 14.3 | 14.2 | 13.6 |
| Total birth rate  | 17.3 | 16.8 | 16.8 | 16.1 |
|  | Number |
| Total number of births | 11 903 | 11 810 | 12 063 | 11 692 |

Source: AIHW 2012a.

### Children’s wellbeing: Overweight and obese children

Overweight and obese children risk suffering from serious health conditions, such as asthma, cardiovascular conditions and Type 2 diabetes, in both the short and long term. In 2007–08, an estimated 430 000 children aged 5 to 14 years, or over one-fifth (23 per cent) of the child population, were overweight or obese. This comprised 17 per cent of children who were overweight (but not obese) and 6 per cent who were obese. The difference between boys (24 per cent) and girls (22 per cent) was not statistically significant (AIHW 2011c).

Estimates from the 2007–08 National Health Survey (ABS 2009) suggest that measured overweight and obesity only increased slightly among children aged 5–12 years, from 21 per cent in 1995 to 22 per cent in 2007–08 (AIHW 2011c).

Table 7: Overweight and obese children aged 5–14 years, 2007–08

|  | Number | Per cent |
| --- | --- | --- |
| Sex |  |  |
| Boys | 223 700 | 23.8 |
| Girls | 206 200 | 22.3 |
| Age |  |  |
| 5–9 years | 194 900 | 21.3 |
| 10–14 years | 235 000 | 24.7 |
| Total children | 429 900 | 23.1 |

Source: AIHW 2011c.

### Children’s wellbeing: Family economic situation

For most families, regular and adequate income is the single most important determinant of their economic situation. Children living in families without an adequate income are at a greater risk of poor health and educational outcomes, both in the short and long term, and are more likely to have insufficient resources to support the minimum standard of living (AIHW 2011c).

In 2009–10, the mean equivalised disposable household income for low-income households with children aged 0 to 12 years was $439. This is an increase of $6, in current price terms, since 2007–08.

Table 8: Mean equalised disposable household income among low-income households with dependent children aged 0–12 years, 2007–08 to 2009–10 ($ per week) (a,b,c)

| Age of eldest child | 2007–08 | 2009–10 |
| --- | --- | --- |
| 0–4 years  | 437 | 441 |
| 5–12 years | 435 | 440 |
| Total 0–12 years (d) | 433 | 439 |

(a) Low-income households are based on the 2nd and 3rd income deciles. Deciles are formed
using equivalised disposable household income of all households.

(b) Data for 2007–08 are in 2009–10 dollars, adjusted using changes in the Consumer Price Index.

(c) Households in collection districts defined as very remote were excluded, accounting for about
23% of the population in the NT.

(d) Refers to all low-income households with children aged 0–12 years.

Source: AIHW 2012a.

### Children’s wellbeing: Injuries

Injury is a leading cause of death and hospitalisation among children in Australia (AIHW 2012a). In the period from 2008 to 2010, injuries contributed to 662 deaths of children aged 0 to 14 years—a rate of 5 per 100 000 children. Young children (0 to 4 years) had the highest rate of injury death (9 per 100 000). Injury death rates among children have been decreasing over time—by 50 per cent between 1997 and 2010, from 10 to 5 deaths per 100 000 children (AIHW 2012b).

Road transport accidents, accidental drowning and assault (homicide) were the leading causes of injury deaths for 0 to 14 year olds in 2008–2010. Similar to the overall trend, the injury death rates for each of these causes have halved in the past 10 to 15 years (AIHW 2012b).

Table 9: Injury deaths for children aged 0–14 years, 2008–2010

| Age | Deaths per 100  000 children |
| --- | --- |
| 0–4 years | 8.6 |
| 5–9 years | 3.3 |
| 10–14 years | 3.9 |
| Total 0–14 years (rate) | 5.1 |
| Total number (persons) | 662 |

Source: AIHW 2012a.

### Trends in hospital admissions and emergency department visits for neglect and injuries to children under three years

Injury is a leading cause of death and hospitalisation among Australian children (AIHW 2011c). Hospital separations data provide an indication of the incidence of the more severe injuries that require hospitalisation. However, many injuries are attended to in primary care settings (such as by general practitioners) or do not receive medical treatment. As a result, hospital separations comprise a small proportion of all injury occurrences among children. The AIHW National Non-admitted Patient Emergency Department Care database does not include information on diagnosis, preventing data on ‘emergency department visits for neglect and injuries’ from being presented.

Exposure to one type of harm (such as neglect) increases the risk of exposure to other forms of harm (such as physical or sexual abuse). In a child protection context, if children suffer a number of injuries, this may serve as a warning that there are other issues of a potentially neglectful nature (Scott, Higgins & Franklin 2012).

In 2010–11, among children aged 0 to 2 years, there were around 12 400 hospital separations for injury—a rate of 14 per 1000 children. The number and rate of injury hospital separations remained fairly steady between 2008–09 and 2010–11. Over this period, boys had higher rates of hospital separations for injury than girls. These data include injuries sustained from a wide range of causes, including (but not limited to) transport accidents, falls, burns and scalds, accidental poisoning and assault.

Table 10: Injury hospital separations(a) among children aged 0–2 years, 2008–09 to 2010–11

|   | 2008–09 | 2009–10 | 2010–11 |
| --- | --- | --- | --- |
|  | Number of separations |
| Males | 6920 | 7129 | 7088 |
| Females | 5381 | 5405 | 5  313 |
| Persons | 12 301 | 12 534 | 12 401 |
|  | Separations per 1000 children |
| Males | 15.8 | 15.9 | 15.8 |
| Females | 12.9 | 12.7 | 12.5 |
| Persons | 14.4 | 14.4 | 14.2 |

(a) Includes ICD-10-AM principal diagnosis codes of S00-T75 or T79 and mode of admission other than ‘admitted patient transferred from another hospital’. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. Patients in these settings may be admitted subsequently, with the care provided to them as admitted patients being included in the National Hospital Morbidity Database.

Source: AIHW National Hospital Morbidity Database (unpublished data).

In 2010–11, among children aged 0 to 2 years, there were 166 hospital separations due to assault—a rate of 0.2 per 1000 children. The rate of assault hospital separations has remained steady between 2008–09 and 2010–11.

Table 11: Assault hospital separations(a) among children aged 0–2 years, 2008–09 to 2010–11

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2008–09 | 2009–10 | 2010–11 |
| Number of separations(b) | 177 | 174 | 166 |
| Separations per 1000 children(b) | 0.2 | 0.2 | 0.2 |

(a) Includes ICD-10-AM principal diagnosis codes of S00-T75 or T79 and first external cause code of X85-Y09 or Y35-Y36 and mode of admission other than ‘admitted patient transferred from another hospital’. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. Patients in these settings may be admitted subsequently, with the care provided to them as admitted patients being included in the National Hospital Morbidity Database.

(b) Numbers and rates are two-year moving averages.

Note: Assault hospital separations are likely to be a significant underestimate of all separations due to abuse or neglect.

Source: AIHW National Hospital Morbidity Database (unpublished data).

### Trends in substantiated child protection cases

Child abuse and neglect can negatively affect a child’s development, including physical, psychological, cognitive, behavioural and social aspects. It can result in attachment difficulties, trauma, physical health problems and learning difficulties (Lamont 2010). The negative effects of child abuse and neglect can be long lasting; young people and adults who were abused or neglected during childhood commonly experience mental health problems, and there is a strong association between sexual abuse and substance abuse (Lamont 2010).

A substantiation of a notification is the conclusion (following an investigation) that a child has been, is being,
or is likely to be, abused, neglected or otherwise harmed.

Between 2007–08 and 2010–11, the rate of children who were the subject of substantiations declined slightly (from 6.5 to 6.1 per 1000 children). In 2011–12, 37 781 children were the subject of a substantiation of a notification, increasing the rate to 7.4 per 1000 children.

In 2011–12, children aged under 12 months were most likely to be the subject of a substantiation (13.2 per 1000 children), and children aged 15 to 17 years were least likely (3.2 per 1000 children). This reflects a similar pattern from recent years (AIHW 2013a).

Aboriginal and Torres Strait Islander children accounted for just over one-quarter (27 per cent) of children subject to substantiations in 2011–12 and are almost eight times as likely to be subject to substantiations than non-Indigenous children (41.9 per 1000 children, compared to 5.4 per 1000 children).

Table 12: Children aged 0–17 years subject to substantiation of a notification, by Indigenous status, 2009–10 to 2011–12

|  Indigenous status | 2009–10 | 2010–11 | 2011–12 |
| --- | --- | --- | --- |
|  | Number of children |
| Indigenous | 8334 | 8 231 | 10 058 |
| Non-Indigenous | 22 335 | 22 144 | 26 183 |
|  | Rate per 1000 children |
| Indigenous | 35.3 | 34.6 | 41.9 |
| Non-Indigenous | 4.6 | 4.5 | 5.4 |

Notes

1. This table reports the number of children subject to substantiation of a notification, not the number of substantiations.

2. ‘Non-Indigenous’ excludes children whose Indigenous status was unknown (626 children in 2009–10; 1152 in 2010–11; and 1540 in 2011–12).

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

Between 2009–10 and 2011–12, the substantiation rate increased for both Indigenous and non-Indigenous children (though to a lesser extent for non-Indigenous children). It is not possible to directly compare data prior to 2009–10, as non-Indigenous children were previously included with children of unknown Indigenous status in the category ‘other children’.

Although a real change in the incidence of abuse and neglect may contribute to the observed increase, enhanced public awareness and changes to policy, practice and legislation in jurisdictions are also contributing factors.

Figure 4: Children aged 0–17 years subject to substantiation of a notification, by Indigenous status, 2009–10 to 2011–12 (number per 1000 children)

Notes

1. This figure reports the number of children subject to substantiation of a notification, not the number of substantiations.

2. ‘Non-Indigenous’ excludes children whose Indigenous status was unknown.

Source: Table 12.

Out-of-home care is provided across Australia for children and young people who are unable to live with their families, generally because of child abuse or neglect or because their family is unable to care for them.

There are different kinds of out-of-home care, including foster care (living with a family), residential care (living in a staffed house with other children) and kinship care (living with a relative). The vast majority (90 per cent) of children in out-of-home care are living with foster or relative/kinship carers (AIHW 2013a).

At 30 June 2012, there were 39 621 children in out-of-home care—a rate of 7.7 per 1000 children. Since 2008, the number of children in out-of-home care has increased by 27 per cent (from 31 166 children).

The increases may reflect the cumulative impact of children being admitted to, and remaining in, out-of-home care. Increases in the number of children in out-of-home care may also be related to the increasingly complex family situations of children associated with parental substance abuse, mental health and family violence (Dawe et al 2008).

Table 13: Children aged 0–17 years in out-of-home care at 30 June, 2008 to 2012

| Indigenous status(a)  | 2008 | 2009 | 2010 | 2011 | 2012 |
| --- | --- | --- | --- | --- | --- |
|  | Number of children |
| Indigenous | 9070 | 10 512 | 11 468 | 12 358 | 13 299 |
| Non-Indigenous | 21 539 | 23 374 | 24 279 | 24 929 | 26 127 |
| Total | 31 166 | 34 069 | 35 895 | 37 648 | 39 621 |
|  | Rate per 1000 children |
| Indigenous | 41.3 | 44.8 | 48.4 | 51.7 | 55.1 |
| Non-Indigenous | 4.5 | 4.9 | 5.0 | 5.1 | 5.4 |
| Total | 6.3 | 6.7 | 7.0 | 7.3 | 7.7 |

(a) ‘Non-Indigenous’ excludes children whose Indigenous status was unknown. Totals include ‘Indigenous’, ‘non-Indigenous’ and ‘unknown’.

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

The rates of children in out-of-home care since 2008 illustrate the increasing over-representation of Indigenous children.

Figure 5: Children in out-of-home care at 30 June, by Indigenous status, 2008 to 2012
(number per 1000 children)

Source: Table 13.

# Chapter four:Outcome 1—Children live in safe and supportive families and communities

Communities are child friendly. Families care for children, value their wellbeing and participation and are supported in their caring role.

Strategies to support Outcome 1:

* 1. Strengthen the capacity of families to support children
	2. Educate and engage the community about child abuse and neglect and strategies for protecting children
	3. Develop and implement effective mechanisms for involving children and young people in decisions affecting their lives.

Overview

Since the implementation of the First Action Plan in 2009, significant steps have been taken against Outcome 1 to provide a wide range of effective support services for children, families and carers.

Through the Indigenous Early Childhood Development National Partnership Agreement, the Australian Government is working with states and territories to establish Child and Family Centres that are integrated and meet the needs of individual communities. Child and Family Centre service providers are facilitating linkages with other service providers and the community (including non-government organisations) to determine areas of need and the most effective ways to deliver integrated services at or through Child and Family Centres. In order to highlight the opportunities for collaborative service delivery options, Child and Family Centres are engaging with stakeholders in a number of ways, including open days at the Child and Family Centres, participation in community events and community tours through facilities. Construction of four Centres has been completed, and these are operational (West Belconnen, ACT; Whittlesea, VIC; Halls Creek, WA; and Bridgewater, TAS).

Construction has commenced at a further eight sites (Bairnsdale, VIC; Geeveston, TAS; Fitzroy Crossing and Kununurra, WA; Pukatja, SA; Doomadgee, Mareeba and Mornington Island, QLD). Services are being delivered from interim premises at 16 sites (Bairnsdale, VIC; Geeveston, TAS; Pukatja, SA; Mt Druitt, Campbelltown and Ballina, NSW; Maningrida, Ngukurr, Yuendumu and Gunbalanya, NT; Mornington Island, Doomadgee, Mareeba, Cairns, Ipswich and Mt Isa, QLD.)

State and territory governments are managing the establishment of the Centres and remain committed to the project.

Following extensive consultations with states and territories and non-government organisations, the position of National Children’s Commissioner has been established through legislation, and an appointment is expected to be announced in early 2013 following a selection process.

The objective of giving young people a greater voice in the legal system has progressed on three key fronts:

* assisting children dealing with the separation of their parents to have a greater voice in decisions that affect them
* providing support to enable children and young people living in foster care to have a greater voice in decisions affecting them
* encouraging greater participation in alternative sentencing options, including dispute resolution and diversion conferencing within jurisdictional court settings.

The actions taken by each jurisdiction are described in detail below.

### Australian, state and territory government activities

Australian Government

The Australian Government has combined and refocused community programs within FaHCSIA to enhance support for families and parenting. The Family Support Program (FSP) has been reviewed and realigned at a cost of $299.125 million in the 2011-12 financial year.

Child and Family Centres continue to be supported and established in each jurisdiction.

The National Partnership Agreement on Indigenous Early Childhood Development provides Australian Government funding of $292.62 million to establish 38 Children and Family Centres across Australia by
June 2014. All 38 Centres continue to be supported and established in each jurisdiction and are scheduled to
be completed and operating before June 2014.

The Australian Government has continued to support National Child Protection Week over the first three years of the National Framework, committing $300 000 per year. The National Association for the Prevention of Child Abuse and Neglect (NAPCAN) was also given $175 000 in 2009 to conduct an online survey of community attitudes to protecting children, and results are available on the NAPCAN website. A key concern was the fact that respondents showed a reluctance to take definitive formal or informal action in circumstances where they might be concerned about a child’s safety and wellbeing; however, most of the respondents viewed child abuse and neglect as a serious problem, and nearly half perceived that the community in general did not share this concern.

These findings imply that community education and improving awareness of the shared responsibility for child safety and wellbeing depend upon continued acknowledgement that parents require the support of the community as a whole to assist in the raising of healthy and happy children. While there is substantial acceptance of the primary role of schools, child protection authorities and police in children’s wellbeing and safety, there is a need to increase awareness of the responsibility of other societal groups, particularly the media, neighbours and businesses. Campaigns will need to ‘spell out’ how and why these groups have a responsibility.

Legislation to establish a National Children’s Commissioner was passed by Federal Parliament in June 2012.
The position was publicly advertised on 5 July 2012, and the appointment is expected early in 2013.

An information booklet for children entering foster care was produced in 2010–11 by the Australian Childhood Foundation, with funding from the Australian Government.

Realigned FSP Family Law services provide alternatives to formal legal processes for families who are separated, separating or in dispute, to help them improve their relationships in the best interests of children.

#### Australian Capital Territory

The ACT Government is committed to strengthening the capacity of families to support children which is part of the Government’s strategic focus on early intervention and prevention services.

The ACT Government delivered a range of therapeutic, counselling, case management, child health and parenting services through the Gungahlin, Belconnen and Tuggeranong Child and Family Centres that are part of the ACT Government’s focus on early intervention and prevention services. Such services reduce the entry into and escalation along the statutory/tertiary system. Many of these programs were delivered in partnerships between government and the community sector. These services included:

* group work programs
* community development activities
* programs for children with disability.

The ACT Children’s Plan 2010–2014 places children’s views at the centre of decisions that affect them and has the goal of building Canberra as a child-friendly city.

When children and young people come into contact with the child protection system, case conferencing is one part of the suite of services that aims to work with the broader service system to better support children young people and their families and, wherever possible, prevent children from entering the child protection system.
An important part of the process is for the child’s or young person’s voice to be heard and for their views considered when making decisions about their lives.

Children’s views

On my first day is a collection of messages from ACT Kindergarten and Year One students about starting school. Through their own words and drawings, the children offer insights into how children from Kindergarten and Year One feel about their first day of school, and what they think is important for other children to know.

On my first day has been made available to parents to enable them to talk with their children about what they can expect at school and to address any concerns children may have.

The Children and Youth Services Council advises the Minister for Community Services on services for children and young people and on anything relating to the operations of the Children and Young People Act 2008, including ways of supporting participation of children in decision making. In addition, the Youth Advisory Council provides young people with a voice in the ACT Government. The 15 members of the Youth Advisory Council reflect the diversity of young people residing in the ACT. Council members conduct community consultations and participate on a number of government committees, working parties and taskforces and in several agencies.

#### New South Wales

Ensuring that children and families can access the prevention, early assistance and support services they need at the right time is one of NSW’s main priorities. A range of family support services to strengthen families and improve outcomes for children and young people are provided, which are summarised below:

* Sustaining NSW Families is an integrated, high-intensity, sustained health home visiting service that strengthens relationships between children, parents and/or carers, builds parenting capacity and enhances child development, wellbeing and health in vulnerable families. The program is now established in five locations across NSW. The number of families accessing the program is increasing steadily as the program attains greater visibility.
* Families NSW is a whole of NSW Government prevention and early assistance strategy that supports families expecting a child or with children up to 8 years old. The initiative focuses on prevention and early intervention strategies to give children the best possible start and prevent problems from arising later in life. Families NSW is delivered by NSW Government Departments (Family and Community Services, NSW Health and Education and Communities) in partnership with parents, community organisations and local government. Families NSW programs include
* family projects that help parents learn skills to help their children’s development
* home visits by child health nurses to mothers with new babies
* supported playgroups to give both parents and children a break
* Positive Parenting Program.
* Positive Parenting Program (Triple P) assists parents with children aged 3 to 8 years and is delivered by Families NSW. Triple P is a system of easily implemented, proven parenting solutions that help solve current parenting problems and prevent future problems before they arise. Recurrent funding to support the delivery of free parenting programs to families in NSW was provided for the first time in 2011–12.
As at 30 June 2012, the number of practitioners trained in Triple P has increased to 1230, with 250 practitioners trained in Indigenous Triple P.
* Community Builders is a program to strengthen communities across NSW, particularly the disadvantaged groups within them. It is based on evidence that suggests that community strengthening is an effective way of reducing inequality and disadvantage and that NGOs are best placed to deliver community-building activities. In 2011–12, the program funded a total of 437 recurrent services, valued at $40.6 million.

In 2011–2012, NSW delivered over 50 multicultural information sessions to recently arrived migrant and refugee community groups, providing information on the child protection system, the role of FACS (CS) in child protection and effective parenting practices in the Australian context. NSW has engaged with African communities through the African Learning Circle in Western Sydney, building trust with the communities and developing appropriate service models, such as the African Foster Carer recruitment project.

NSW continues to improve the care and protection system in order to facilitate increased direct participation by children and families in decisions about child protection matters. Initiatives to improve the system in NSW have focused on developing Alternative Dispute Resolution (ADR) processes that involve children and young people in the decisions that affect their lives. ADR has a range of positive features, such as:

* including (and empowering) children and families in decision making
* assisting the early resolution of child protection matters
* producing child protection decisions that are better informed and more responsive
* fostering collaborative (rather than adversarial) relationships between FACS (CS) and families
* producing care plans and other child protection measures that are supported by all parties and are therefore more likely to be implemented.

A number of ADR projects have been implemented in NSW. Dispute Resolution Conferences (DRC) were launched in February 2011 and continue to operate successfully. The purpose of a DRC is to provide the family with an opportunity to participate directly in the decision-making process about their child’s care and to resolve, or narrow, the issues in dispute. Conferences are conducted by a Children’s Registrar using a conciliation model and take place within courthouse accommodation. An additional four Children’s Registrars and a Senior Children’s Registrar have been recruited to support the program. In 2011–12, 1178 conferences were conducted across NSW. Outcomes recorded for 849 DRCs during 2011–12 revealed that, in 50 per cent of matters, the issues in dispute narrowed, and in 31 per cent, all the issues were resolved.

The Australian Institute of Criminology recently completed an independent evaluation of the program (along with the external care and protection mediation pilot). The evaluation is both a process and outcomes evaluation that includes an assessment of the effectiveness of ADR in resolving contact disputes and, therefore, the level of demand for appropriate review mechanisms for contact order disputes where this cannot be resolved through ADR. The evaluation report is expected to be released in 2013.

The external care and protection mediation pilot was launched in September 2010, with matters referred from Bidura Children’s Court in Sydney. The mediations have a similar purpose to the DRCs. Mediations are conducted by a skilled, neutral mediator drawn from a panel of specialist care and protection mediators and using a mediation model. Conferences take place at Legal Aid NSW’s mediation facility in Haymarket. By 26 September 2012, Bidura had referred 173 matters to the pilot, of which 155 mediations were held. Of the 155 mediations held, 38 per cent (59) reached full agreement, and 29 per cent (45) reached partial agreement.

The NSW Department of Attorney-General and Justice (DAGJ) contracted the Australian Institute of Criminology (AIC) to undertake a process and outcome evaluation of the new model of DRC and the external care and protection mediation pilot in March 2011. The evaluation report was released in December 2012, and the results of the evaluation are positive.

The Family Group Conferencing Pilot was launched in February 2011. Family Group Conferences (FGC) provide an opportunity for the parent(s) and extended family to take ownership of child protection concerns identified by FACS (CS) and to develop family-centred strategies (Family Plans) to address those concerns. Conferences can occur at various points within the child protection system but are primarily intended as a pre-court intervention, with the aim of diverting the case from future Children’s Court proceedings. The pilot was conducted in the Metro-Central and Northern (Ballina and Clarence Valley) regions. Fifty-nine families were referred to the Family Group Conferencing Pilot during the year, and 29 conferences were held, with encouraging results. In 90 per cent of matters that proceeded to conference, a family plan was developed, with the majority of the actions identified being implemented. This minimised the stress for families, by avoiding court intervention, and focused all parties on deciding what was in the best interests of the child or young person.

FACS (CS) contracted the Australian Institute of Criminology in June 2011 to undertake a process and outcome evaluation of the pilot. The evaluation report was released in December 2012. The findings from the evaluation were positive, identifying some important outcomes that had been delivered through the introduction of FGC. These included high levels of satisfaction with the way conferences were run and the content of family plans, a high proportion of conferences that resulted in a family plan being developed and actions being implemented by the family, and evidence of improved working relationships between some families and FACS(CS).

#### Northern Territory

The Office of Children and Families is undertaking a major review of the Care and Protection of Children Act 2007. A discussion paper has been prepared, exploring a change in the model of child representation in care and protection proceedings.

A Charter of Rights for Children and Young People in Care is currently being developed under the guidance of a working party that comprises representatives of the NGO sector and departmental officers. The working party’s consultations with children and young people will be completed by 30 December 2012. CREATE Foundation NT has facilitated initial consultations with children and young people in care, and further consultations will take place in urban and remote settings.

The Indigenous Parenting Support Services are being delivered through the Families as First Teachers program. Approximately 1700 families are engaged in early learning (birth to 3 years), parent capacity building, literacy and numeracy at home and transition to preschool strategies in 21 townships and in 24 smaller communities through a mobile service.

Service integration is in progress at the Child and Family Centre sites of Maningrida, Yuendumu, Ngukurr, Gunbalanya and Palmerston. Construction tendering is ready to commence for Maningrida, Ngukurr and Yuendumu.

The Remote Early Childhood Workforce Pilot Program commenced at Yuendumu, Gunbalanya, Maningrida and Ngukurr. The purpose of the Pilot Program is to support workforce requirements for Child and Family Centres.
The Community Engagement consultancy for Palmerston Child and Family Centre commenced in May 2012.

The NT Mental Health Child and Adolescent Team (C&AT) works closely with Student Services, schools and other organisations to support children, families and teachers where inclusion is at risk because of developmental, mental or behavioural disorders.

#### Queensland

Implementation of the Referral for Active Intervention (RAI) program continues in 11 sites across Queensland. RAI provides a family-focused intervention to families with children aged 0 to 18 who are referred by child safety services, schools, Queensland Health and other government and non-government agencies.

In 2011–12, the Child Connect Initiative operated in two locations, Ipswich and Townsville, linking children with a disability (0 to 8 years) and their families with specialist disability supports and mainstream services.
Child Connect provides an outreach service linking socially isolated and hard-to-reach families (including those from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds) to community-based supports and services.

A pre-prep early learning program across 35 Aboriginal and Torres Strait Islander communities is helping to lay strong foundations for early learning and to support smooth transitions to school. This Program works with families and communities to plan and implement quality early learning experiences for Aboriginal and Torres Strait Islander children aged 3.5 to 4.5 years and is supported by the Foundations for Success: Guidelines for extending and enriching learning for Aboriginal and Torres Strait Islander children in the kindergarten year.
The Program is delivered through community kindergartens, child care centres, 28 state schools and one non-state school.

Extra funding is being provided to support kindergarten participation by vulnerable families, including those with a Health Care Card, those living in disadvantaged areas and families with three or more children, through integrated support services.

Integrated service delivery in action

Four Early Years Centres at North Gold Coast, Caboolture, Browns Plains and Cairns provide services in 13 communities for children aged from pre-birth to eight years and their families. The services provide access to integrated early childhood education and care, parenting and family support and child and maternal health services in one location.

Services are provided by multidisciplinary staff such as early childhood educators, family support workers and child health nurses. Targeted services can be delivered or brokered for vulnerable families, or referrals made to specialist or intensive services, as required. Joint planning for integrated early childhood development services occurs at central and community levels to maximise responses to local needs.

Children with disability are being supported at kindergarten services and have free access to specialised resources, equipment and professional advice to support their full participation in kindergarten.

Free access is being provided to interpreter support for families contacting the ‘Kindy’ Hotline, and a translation service is available for kindergartens. Translated parent resources are provided on the Department of Education, Training and Employment website.

Targeted support is being provided to increase the participation of Aboriginal and Torres Strait Islander children in kindergarten programs; this includes professional development for services and educational leaders, community-based Elder and family engagement and support programs and early childhood teaching scholarships.

The CREATE Foundation, the Department of Communities, Child Safety and Disability Services and Legal Aid Queensland have joined with the Brisbane Children’s Court to develop a pilot project aimed at raising awareness of, and compliance with, the statutory obligations placed on the Department and the Court to facilitate the participation of children and young people in child protection proceedings. The pilot project is being trialled in Brisbane for 12 months from 1 January 2012.

Other initiatives designed to improve court services for children include:

* an integrated domestic and family violence response model (being trialled in Rockhampton)
* a web page and review resources on the criminal justice system targeted to children, young people and their parents/carers, to be developed by Victim Assist Queensland
* funding for Protect All Children Today (PACT) to provide the Witness Support Scheme
* funding for PACT to develop culturally appropriate court support networks for children on Thursday Island, in collaboration with Victim Assist Queensland.

The Human Services Quality Framework (HSQF) provides a streamlined quality framework administered by the department for non-government organisations funded to provide human services, including child protection services. An important feature of the HSQF is the inclusion of the views of service users, including children and young people using child protection services.

Queensland has made considerable strides in ensuring that children’s voices are being heard, through new adoption legislation that enables Child Safety Services or a court to appoint a person to support or represent a child in proceedings regarding his or her proposed adoption.

A Children and Young People’s Participation Strategy 2008–2011 incorporates a vision and framework for the participation of children and young people in decision making, further ensuring that children’s voices and opinions are being heard and considered.

The Indigenous Youth Leadership Program (IYLP), funded by the Queensland Government and Xstrata Coal Queensland Pty Limited, sponsors an annual five-day event that provides a platform for engaging Aboriginal and Torres Strait Islander young people in leadership activities and in the Indigenous Youth Parliament.

#### South Australia

Children’s Centres for Early Childhood Development and Parenting deliver early childhood and parenting services for young children up to 8 years of age, and their families, in 34 locations across the state. An additional four Aboriginal Child and Family Centres are being established in partnership with the Australian Government.

Children’s Centres are implementing a Health and Wellbeing Framework for Aboriginal and Torres Strait Islander children’s services. Regionally based Aboriginal Health Promotion Officers enable health services operating within Children’s Centres to provide culturally appropriate health and wellbeing programs and services for Aboriginal families.

The Families SA Reunification Initiative is strengthening the capacity to reunify children with their birth families where it is safe to do so. The introduction of a multidisciplinary approach in child protection teams, through the co-location of drug and alcohol services, mental health clinicians and financial counsellors, means that families will be able to access an integrated approach and improved service pathways through one agency. Reunification Review Meetings are being trialled, led by a Judicial Officer from the Youth Court and involving parents, service providers and Families SA.

The Building Family Opportunities Program provides an intensive case management service and practical assistance that enable members of jobless families to gain the confidence and ability to access and use programs and services that address barriers to employment.

Listening to children and young people

In March 2012, the Child and Youth Friendly City Forum was hosted by Council for the Care of Children, the Integrated Design Commission, 5000+ Strategy, the Urban Renewal Authority and Department for Education and Child Development. The Forum demonstrated the value of consulting with children and young people regarding the built environment and the benefits of including principles that are child and youth friendly in planning and development processes. Following the Forum, the children reported that they benefited from the professional coaching provided prior to being interviewed, they felt special and they enjoyed having the opportunity to be involved and to have adults listen to their opinion and ideas.

Project partners worked closely with children from three different primary schools in Adelaide, using the Spaceshaper 9–12 community engagement tool developed by the Commission for Architecture and the Built Environment in the UK. Twelve children from two of the primary schools joined a panel conversation with the Chief Executive of the Department for Education and Child Development. The Council also invested in the personal development of the 12 children by providing them with professional coaching sessions.

The Mount Barker Office of Families SA has initiated an advisory Council of Young People that provides an ongoing forum for young people to contribute their views and drive decision making regarding specific activities at a local level. The Council comprises ten young people aged from 12 to 20 who are, or have recently been, under the Guardianship of the Minister. The Council is supported by a reference group comprising representatives from the Department for Education and Child Development, The Office of the Guardian for Children and Young People, and CREATE SA.

South Australia is replacing older-style Community Residential Care (CRC) units for children and young people with new CRC units. The Council for the Care of Children undertook a consultation process with children and young people who were living, or who had previously lived, in CRC units, in order to determine and document their views of their experiences within CRC units.

The Architecture of Care Report of the views of children and young people, with its attendant recommendations and areas for improvement, was presented to the Minister for Education and Child Development in April 2012. After submitting the report, the Council interviewers met again with the young participants to provide them with a summary of the report.

Families SA has developed a position within the Courts Interface Team to ensure that all young people under the Guardianship of the Minister are adequately supported in young offender matters and are given the opportunity to have their views put before the Court.

Family by Family

The Australian Centre for Social Innovation (TACSI) is an Adelaide-based organisation dedicated to developing effective approaches to persistent social problems. Among the programs developed by TACSI is a program called Family by Family.

Unlike many not-for-profit programs developed to meet a need identified by government departments or funding bodies, Family by Family was developed and largely funded by the non-government sector, gaining support and assistance from private and other not-for-profit entities such as Uniting Communities and the Wyatt Foundation.

Family by Family’s aim was to address the problem of too much demand on crisis services and too few families with the supports to manage chronic stress and isolation. Rather than developing a ‘top-down’ program dictated by professionals, Family by Family was built ‘bottom-up’, co-designing the program with the families it aimed to assist. Focusing on families’ aspirations and realities, rather than with the public or social sector’s constructs and ideas, enabled Family by Family to identify families’ priorities and motivations in order to shape and enable what families want and value.

Starting in Marion in 2010 and then expanding to Playford in 2012, Family by Family set out with the vision ‘To see all Australian families thrive, not just survive’. Thriving families move towards what they want, they try new things, plan for the future, connect family members to new opportunities and offer positive feedback and mutual support. They are less likely to require future government support services and are less likely to have children removed from the home and placed into state care.

So how does Family by Family work?

Family by Family finds and coaches families who have been through tough times and have come out the other side. Professionals, coaches, take an indirect role: motivating, prompting and problem solving with family link up pairs, rather than assessing, diagnosing or directing change.

Family by Family does not ask the question: who is eligible for Family by Family, but rather: who is attracted to Family by Family. This results in grouping families in terms of their motivations and goals instead of their professionally assessed risks or needs. The four types of seeking families attracted to Family by Family are families who are stuck; families in and out of crisis; families moving on after crisis; and families wanting more.

Family by Family believes that families are the experts and enablers of change. Sharing families are able to connect and build relationships with their linked seeking families in a way that professionals can’t. Change is created by:

* Increasing choice and control
* Strengthening attachment between parents and children
* Enabling behaviour modelling
* Facilitating goal setting, accountability and reflection
* Increasing reciprocity

Over the course of a year to mid-2012, Dr Gill Westhorpe from Community Matters undertook an evaluation of the Family by Family program, focusing not just on whether Family by Family creates change for families but on how it creates change.

The report’s key findings include:

* Family by Family recruits families in genuine need of support—62.5% were categorised as ‘stuck’ or ‘in and out of crisis’ and a further 30% as ‘moving on after crisis’.
* Family by Family improves family interaction and health.
* Outcomes for families improve over time—90% said things were ‘better’ or ‘heaps better’.
* Family by Family’s strongest impact is in factors that are ‘internal to the individual’—self-esteem, believing that one’s choices make a difference, and having a positive orientation to the future.

Family by Family has the potential to create significant savings for government by facilitating a critical shift from remediation to prevention. According to the Report On Government Services 2012 report from the Productivity Commission, the marginal cost of emergency care is often more than $300 000 per child per year. The average cost of care in South Australia, including foster care, relative and kinship care and residential care, is $56 000 per child per year.

A recent cost/benefit analysis undertaken by Simon Molloy, Director at Systems Knowledge Concepts for TACSI, using the average costs set out above, indicates that the net present value of the direct savings to government from the Family by Family program is in the order of $95 million over ten years for a three-site model with six coaches and 90 sharing families supporting 240 families a year.

Family by Family is one response to family stress and crisis; it complements, rather than replaces, existing professional services and community development activities. There are many services that work with families to reduce risk and develop resilience. Family by Family focuses on the next step—thriving.

Since Family by Family began in 2010, the program has won multiple awards and received widespread praise from experts in the area of child protection. Family by Family is currently in conversation with a range of stakeholders to determine the most effective way to scale Family by Family nationally.

#### Tasmania

Responding to the 2011 Midterm Review into the reformed family support service system (Gateway and Integrated Family Support Services) led providers working within the NGO sector and with Child Protection Services to increase the robustness of service coordination, provide a seamless client interface and formalise processes for an ongoing and shared approach to workforce development.

Tasmania is establishing 11 Child and Family Centres, with nine funded by the Tasmanian Government and two by the Australian Government. The sites for the Child and Family Centres were chosen following extensive quantitative research to identify communities with both the need for, and potential capacity to support, a centre. The centres are on track to be fully established by mid-2013.

A subsequent Review of the Gateway and Integrated Family Support Services (IFSS) has found a gradual slowing of the increase in children in care since implementation of Gateway and IFSS that may be indicative of the diversionary effect of those programs, and hence their representing value for money for government.

#### Victoria

From March 2012, an additional $5 million per year was provided to five Child and Family Centre alliances experiencing very high demand. The number of referrals to family services statewide remained steady between 2010–11 and 2011–12 after increasing by 22 per cent between 2009–10 and 2010–11.

The Early Childhood Development Pilot Project was established to strengthen the partnerships between family services and early years services. An evaluation of the Pilot Project was completed in early 2012, and funding was provided to continue early childhood development workers in eight high-needs rural child and family services alliances. The remaining family services alliances have prepared sustainability plans to help embed the gains of the project in building and maintaining relationships across the two sectors after the project comes to an end.

The Inquiry into Protecting Victoria’s Vulnerable Children (PVVC) made recommendations for making the legal system friendlier, and the resulting Directions Paper of May 2012, Victoria’s Vulnerable Children, identified actions to deliver a less adversarial system, including, for example, establishing an additional court and expanding New Model Conferencing, to try to resolve most protective concerns by negotiation, before entering adversarial procedures.

Victoria (Southern Division) is undertaking a pilot of the survey of children and young people, using the Viewpoint ACASI (audio computer assisted self interviewing) tool, as part of obtaining feedback about their out-of-home care experience and to inform the biennial survey that will be introduced as part of the monitoring and improvement of the National Out-of-Home Care Standards, endorsed by all jurisdictions in December 2010.

Berry Street ELF (Early Learning is Fun) Program

Experience over several decades of working with the State’s most vulnerable children and families tells us that universal Early Years services often struggle to reach families and children who are most in need of their support. Knowing that the very early years [birth to 3 years] are the most critical in terms of brain development and social functioning, and informed by what the organisation has learned about barriers to service access, Berry Street has established the ELF Program to engage vulnerable families with children aged from birth to 3 years.

Early Learning is Fun [ELF] is a demonstration of Berry Street’s Vision that ‘all children should have a good childhood, growing up feeling safe, nurtured and with hope for the future’.

Initially conceived in 2003 as a statewide community education campaign designed to promote community and family awareness about the importance of learning and literacy in the early years, ELF has evolved to become both a universal and a targeted early intervention and engagement program.

Emphasising the importance of play and learning in the Early Years, ELF provides high-quality, research-based, community-oriented and culturally specific resources and activities such as Play and Learn Groups targeted at vulnerable communities in Victoria, including former refugee communities. Resources and group-based activities are designed to engage and assist vulnerable families with young children to transition competently and confidently towards accessing universal preschool and
school-based services.

ELF Resources

ELF resources are designed to support parents and carers to create nurturing relationships with their children in the earliest years. We know that, when the relationship is right, learning will follow. And we know that, when we ‘read, talk, sing and play with our children every day’, we create a nurturing relationship.

We also know that, when early years and family support services are inclusive and easy to reach and use, we achieve better outcomes for children, families and society. Inclusive services acknowledge people’s shared humanity, celebrate diversity and promote acceptance, belonging and participation. It’s about relationships.

The ELF Community Education Campaign Tool Kit is a resource guide for communities to develop and deliver activities, such as reading days and book swap boxes, that support young children’s learning in a range of family and community settings.

ELF Parent/carer booklets convey important but simple messages about developmental activities for parents/carers that support nurturing relationships:

* in the first 12 months with... Welcoming your baby
* in the second and third years with ...Living and Learning together
* in the fourth and fifth years with... Ready, set, go!

Beginning early with books encourages developing language and literacy skills from birth through everyday loving interactions.

ELF Play and Learn Sheets have been produced in English, Pashto and Dari, Sudanese Arabic and the Karen language. Content material for the sheets was developed by Afghan, Sudanese and Karen Advisory Groups in collaboration with ELF Program staff.

Play and Learn sheets reflect the traditional cultural practices and customs of raising children in Afghan, Sudanese and Karen communities.

For parents and carers, these sheets confirm the link between everyday activities that build relationships and the learning that becomes literacy and numeracy.

For early years and family support services, these Play and Learn Sheets provide an opportunity to build inclusive practice and personalise relationships through the sharing of cultural knowledge.

ELF Play and Learn Groups

ELF Play and Learn Groups partner with local community Early Years service providers to both co-facilitate and co-locate ELF groups with other local services such as schools and Maternal and Child Health Services, providing a seamless link to other universal and specialist services.

ELF Play and Learn Groups are modelled on traditional community-managed Playgroups and based on universal precepts of self-determination and mutual/reciprocal support that apply across all socioeconomic groups and diverse communities. ELF Play and Learn Group facilitators work with parents/carers, supporting the relationship of parents/carers as their child’s first teacher. Importantly, ELF draws on the emerging body of knowledge from Infant Mental Health practitioners that can describe the subjective experience of the infant, interpreting the world from the infant’s perspective. This work is strengths based, building on social and emotional competencies consistent with the practice principles of the Early Years Framework for Australia and the Victorian Early Learning and Development Framework.

ELF Play and Learn Groups are now operating in five communities in Victoria, successfully engaging vulnerable families with young children in weekly group-based activities. In working with former refugee families, bicultural workers use first languages spoken at home to facilitate the ELF Afghan, Karen and Sudanese Groups, overtly connecting development and identity to family culture, custom and history.

ELF Evaluation

ELF has evolved in response to the available research evidence that indicates that economic and social disadvantage adversely affect the early development of children. The Australian Early Development Index [AEDI], which measures five domains of children’s development, reported in 2009 that ‘There are children in Australia who are developmentally vulnerable as they enter school...Children living in the most socio-economically disadvantaged Australian communities are more likely to be developmentally vulnerable on each of AEDI domains’ (p.11). A number of long-term research studies have demonstrated the contextual variable of parents’ (particularly mothers’) educational level upon their children’s levels of school achievement.

Attachment theory and trauma research and a renewed understanding of the importance of infant mental health have informed an approach for ELF that emphasises relationships and the role of parents as their child’s first teacher. Research studies have shown the economic as well as social benefits of supporting parent–infant relationships.

Berry Street has commissioned the Murdoch Children’s Research Institute as our evaluation partner to independently evaluate the ELF Play and Learn Groups and ensure that the ELF Program contributes to the evidence base on early years programs that successfully engage vulnerable and marginalised families.

#### Western Australia

The establishment of Child and Family Centres is being led by the Office of Early Childhood Development and Learning, with the support and collaboration of other government agencies and the Western Australian Council of Social Service. The Child and Family Centres co-locate a range of parenting, child care, early learning and development services in the one location, making these important services easier to access for parents and their children. Halls Creek and Fitzroy Child and Family Centres are operational. The site works at Kununurra Child and Family Centre are progressing. Both the Swan and Roebourne Child and Family Centres are in the final stages of the design development and quantity survey and were put out for tender to build these centres in late 2012.

The Armadale Secondary Family Support Network, established in April 2012, is a formal alliance of local family support service providers and includes the provision of a common entry point for clients to alliance services. The network aims to integrate services that support families and children, to maximise or promote the developmental needs, safety and wellbeing of at-risk young people and children, and address the risks and crises that children and families may experience.

Following amendments to the Liquor Control Act 1988 in October 2011, the Department for Child Protection’s Director General, as well as property owners and tenants, can apply to the Director of Liquor Licensing to have premises declared liquor restricted. The declarations limit the effects on children of excessive alcohol use in the home.

The Department for Child Protection has successfully implemented the Viewpoint tool statewide, for use by children in care as part of the care planning process. The computer-based, self-interviewing tool provides an interactive approach for consulting with each child aged 4 to 17 years, through a series of age-related questionnaires that focus on their views, concerns, experiences and wishes.

In 2011–12, the Western Australian Mental Health Commission announced the development of a Court Diversion initiative for adults and children, which will be piloted for 20 months, commencing in 2012–13. The initiative is aimed at providing opportunities for people whose offending is linked to their mental illness to access services to improve their mental health and address their offending. Through this initiative, mental health clinicians will be located in the Children’s Court to support children, and a dedicated magistrate and a clinical team will be based in the Perth Magistrates Court to support adults.

WA Health’s Child and Adolescent Mental Health Services are building consumer and carer participation in the planning and delivery of child and adolescent mental health services, with a strong emphasis on youth services.

The Department for Communities is leading a collaborative approach to policy and practice development in the middle years (9 to 14 years). The approach will ensure initiatives in the middle years are grounded in an understanding of the holistic continuum from early childhood through the various developmental stages leading to adolescence and transition into adulthood. Examples of initiatives include: the production of Middle Years Strategic Directions 2012-2014; production of a Parenting Guide on sexualisation of children and young people in the media; and partnering with the Commissioner for Children and Young People and the Australian Research Alliance for Children and Youth to host the 2012 Middle Years Program.

As part of Child Protection Week 2011, the Department for Child Protection (DCP) implemented a successful media campaign to raise awareness of child abuse and neglect and the responsibility that the community has to protect children. Guest speakers were engaged to present on a range of topics of interest, in print and radio media.

DCP introduced a number of new initiatives in 2011–12 as part of the Culturally and Linguistically Diverse Services Framework 2010–2012, including the development of community education and information resources on child protection laws and services for refugee communities.

## Measuring progress

### Indicator 4: Hospitalisations for injury and poisoning

Injury is a leading cause of death and hospitalisation among Australian children (AIHW 2011c).

Hospital separations data provide an indication of the incidence of the more severe injuries that require hospitalisation. However, many injuries are attended to in primary care settings (such as by general practitioners) or do not receive medical treatment. As a result, hospital separations comprise only a small proportion of all injury occurrences among children.

During 2008–09 to 2010–11, there were over 59 000 hospital separations for injury among children aged 0 to 4 years (based on data from New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory only). Over this period, Indigenous children had a higher rate of injury hospital separations than other children—22.6 and 14.1 separations per 1000 children, respectively. These data include injuries sustained from a wide range of causes, including (but not limited to) transport accidents, falls, burns and scalds, accidental poisoning and assault.

Table 14: Injury hospital separations(a) among children aged 0–4 years, 2008–09 to 2010–11

|  | Indigenous Australians | Other Australians | Total |
| --- | --- | --- | --- |
| Number of separations(b) | 4429 | 55 057 | 59 486 |
| Separations per 1000 children(b) | 22.6 | 14.1 | n.a. |

(a) Includes ICD-10-AM principal diagnosis codes S00–T75 or T79 and mode of admission other than ‘admitted patient transferred from another hospital’. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. Patients in these settings may be admitted subsequently, with the care provided to them as admitted patients being included in the National Hospital Morbidity Database.

(b) Data are aggregated for a three-year period as a more robust measure than single year data.

Note: Due to jurisdictional differences in data quality, analysis by Indigenous status is based on state of usual residence and includes data from New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory only. Data from these jurisdictions are not necessarily representative of excluded jurisdictions.

Source: AIHW National Hospital Morbidity Database (unpublished data).

# Chapter five: Outcome 2—Children and families access adequate support to promote safety and intervene early

All children and families receive appropriate support and services to create the conditions for safety and care. When required, early intervention and specialist services are available to meet the additional needs of vulnerable families, to ensure children’s safety and wellbeing.

### Strategies to support Outcome 2:

1. Implement an integrated approach to service design, planning and delivery for children and families across the lifecycle and spectrum of need
	1. Develop new information sharing provisions between Australian Government agencies, State and Territory agencies and NGOs dealing with vulnerable families
	2. Ensure consistency of support and services for all children and families
	3. Enhance services and supports for children and families to target the most vulnerable and protect children ‘at-risk’
	4. Provide priority access to services for children who are at serious risk of abuse and neglect.

### Overview

The National Framework recognises that one of the major challenges for vulnerable families is being able to access the range of services they may need to work with them and support them during and following a difficult period.

‘Joining up’ services to provide integrated delivery ensures that appropriate Australian Government services are accessed together with state/territory and NGO services, to support families and children. Coordination of these services is being facilitated through a range of initiatives in all states and territories. These are described below and demonstrate that a range of approaches is effective in achieving results for vulnerable families.

The draft National Framework for Universal Child and Family Health Services has been agreed by the Child Health and Wellbeing Standing Committee as a resource to help local planning and implementation of child and family health services in partnership with local care providers. The draft framework is due to be considered by the Community Care and Population Health Principal Committee in early 2013 before progressing to the Australian Health Ministers’ Advisory Council.

The Medicare Benefits Schedule Healthy Kids Check has been developed and implemented. An enhanced Healthy Kids Check is scheduled to commence in 2014.

In 2009, the Australian and state and territory governments agreed to reforms to lift the quality of early childhood education and care to give all Australian children the best start in life. The National Quality Framework for Early Childhood Education and Care commenced on 1 January 2012 for long day care, family day care, preschool and outside schools hours care services. Under the National Quality Framework, early childhood education and care services have responsibility for supporting the health, safety and wellbeing of all children.

The National Quality Standard is a key aspect of the National Quality Framework and sets a new national benchmark for the quality of education and care services. The National Quality Standard was informed by research about best practice and the way in which high-quality education and care contributes to positive outcomes for children. It brings together the seven key quality areas that are important to outcomes for children. Quality Area 2—Children’s health and safety includes a requirement that each child is protected. Educators, coordinators and staff at early childhood education and care services are required to be aware of their roles and responsibilities to respond to every child at risk of abuse or neglect.

The Australian Government funds the KidsMatter and MindMatters initiatives, which aim to support schools and early childhood education and care centres to improve the mental health, resilience and wellbeing of students.

Funding of $37.5 million (GST exclusive) for the period January 2012 to June 2014 is provided for the delivery of the KidsMatter suite of initiatives. Funding of $12.3 million (GST exclusive) for the period January 2011 to December 2013 is currently provided for the implementation of the MindMatters initiative from January 2011 to December 2013.

### Australian, state and territory government activities

#### Australian Government

Under the expanded Communities for Children program, all 49 existing Communities for Children sites have been realigned to target the most disadvantaged communities. Eight Communities for Children Plus sites are operational. As at 30 June 2012, there are 52 Communities for Children Facilitating Partner (CfC FP) sites; three additional sites (Bankstown in NSW, Greater Shepparton in VIC and Rockhampton in QLD) were implemented in October 2011 as part of the ‘Building a Better Workforce’ measure.

Locations for 38 Australian Government-funded Child and Family Centres have been announced, and they will be established by June 2014.

The Information sharing protocol between Centrelink and state and territory child protection agencies has been developed and extended to Medicare Australia and the Child Support Agency.

The CAARS Taskforce, established by the Australian Research Alliance for Children and Youth (ARACY) and supported by the Australian Government, developed and endorsed an agreed model for a common assessment tool. A trial of the CAARS tool in four locations is underway and was completed late August 2012.

In March 2008, Australian and state and territory governments agreed to fund jointly a National Perinatal Depression Initiative (NPDI) over five years (Australian Health Ministers’ Advisory Council, 2009); the Australian Government committed $30 million over five years towards the initiative (2008–09 to 2012–13).

The Australian Government has instigated and considered a number of reviews and evaluations of family law. In response to these, the Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011 was enacted (commencing on 7 June 2012) to create a safer and fairer family law system by prioritising the safety of children and ensuring that violence is reported and addressed.

An independent evaluation of the Australian Government’s trial of child protection and voluntary income management in Perth and the Kimberley, commissioned by FaHCSIA, was undertaken in 2010. Also in 2010, FaHCSIA commissioned a consortium, consisting of the Social Policy Research Centre (University of New South Wales), the Australian National University and the Australian Institute of Family Studies (AIFS), to evaluate the impact of New Income Management (NIM) in the Northern Territory. The first Evaluation Report, dated July 2012, builds on the independent Northern Territory Emergency Response Evaluation Report 2011, which found that income management was supported by many people in communities, who believed that it was bringing about positive outcomes, especially for children. The Government will receive the final evaluation report of income management in the Northern Territory in 2014.

The Intensive Family Support Service (IFSS) commenced in April 2011 and is part of the Australian Government’s response to the Growing them strong, together report by the NT Board of Inquiry into the child protection system. Total funding in 2011-12 was $4.478 million. IFSS services work with parents whose children are identified as vulnerable or at risk of neglect to help them develop better parenting and household management skills. Priority is given to parents referred to income management by NT Department of Children and Families child protection workers. IFSS offers support in a range of areas, such as home visits and face-to-face and group sessions, designed to develop life and parenting skills, such as understanding child development, keeping children safe and preparing nutritious meals.

The Early Years Learning Framework is Australia’s first national early childhood curriculum framework, the first significant step in delivering the Australian Government’s commitment to providing high-quality early childhood education and care throughout Australia. The Early Years Learning Framework describes the principles, practices and outcomes essential to supporting and enhancing young children’s learning from birth to 5 years of age, as well as their transition to school. The Framework has a strong emphasis on play-based learning; play is the best vehicle for young children’s learning, providing the most appropriate stimulus for brain development. The Framework also recognises the importance of communication and language (including early literacy and numeracy) and social and emotional development.

The 2011–12 National Mental Health Reforms (an investment of $2.2 billion over five years) included a strengthened focus on prevention and early intervention, especially for children and young people, through creating partnerships between family support and health services and expanding, on a significant scale, proven models of mental health care such as headspace. The initiatives work to build the resilience of young people and to promote protective factors which reduce the likelihood of suicide.

Since July 2012, the Australian Government has paid $11.1 million in Medicare Benefits Schedule (MBS) rebates to patients for Healthy Kids Check services that were provided to four year old children by general practitioners. The Healthy Kids Check is an assessment of a child’s physical health, general wellbeing and development, promoting early detection of lifestyle risk factors, delayed development and illness. It provides the opportunity to introduce guidance for healthy lifestyles and early intervention strategies. The Healthy Kids Check is completed in conjunction with the 4-year-old immunisation.

#### Australian Capital Territory

Consistency of support services

The ACT Government is implementing many initiatives to ensure consistency of support and services for all children and families. One of the initiatives implemented is a case management service that works closely with young people who are transitioning from out-of-home care to adulthood and provides extended support to young people, up to the age of 25 years, who have left care. The Youth Support and Transition Team commenced operations in January 2012, following a period of consultation to develop the service model. Staff from this service continue to provide support to young people following their transition from care, including access to brokerage funding, assistance to access personal records and documents and ongoing emotional and practical support. Staff also support young people to access mainstream supports and services, in particular housing, training, education and employment.

Supporting vulnerable children and families

The new Child, Youth and Family Services Program provides targeted services to vulnerable children, young people and their families. The primary goal is to improve the lives of the most vulnerable members of the ACT to enable them to reach their potential, make a contribution and share the benefits of the ACT community. The program enhances service delivery and support by providing a centralised intake service and referral to a series of networks across the ACT.

The ACT Government continues to meet the objectives and outcomes of the Healthy Kids Check initiative, by improving and embedding practice to align health check processes with this initiative through Maternal and Child Health clinics and the kindergarten health check program. The ACT met all its obligations under the Healthy Kids Check Implementation Plan and submitted its final report to the Australian Government in June 2012.

Responding to needs

The Listening to Families project is a unique co-design project involving the ACT Government, community services and families currently accessing the ACT service system, supported by independent consultants Think Place. The project walked with a small number of vulnerable families to better understand their unique journeys through the ACT service system. The objective was to identify what could be done better to enable all families in our communities to live their lives successfully and with dignity.

#### New South Wales

CAARS is a package of resources used to identify early signs that a child or family is in need of additional support and to help link the family to appropriate services before problems escalate into crisis. A 12-month trial of CAARS at four sites nationally included the Interrelate Family Centre in Lismore. Resources were developed to enable universal service providers to identify vulnerabilities in families more easily and to establish connections with secondary services. This in turn helps to prevent escalation of issues within families and greater involvement by the child protection system.

The CAARS pilot in Lismore has now concluded, and the trial of both its internal and external application was successful. The tool continues to be used in the region, most notably within Brighter Futures and Summerland Early Intervention.

Brighter Futures is an early intervention program aimed at building the resilience of families and children who are considered to be at high risk of entering the statutory child protection system. Since 2003–04, the program has provided early intervention services and support to vulnerable families who have children aged less than 9 years or who are expecting a child. At 30 June 2012, there were 2521 families with 6153 children in the Brighter Futures program. As part of the NSW reforms, Brighter Futures has been delivered wholly by 16 community organisations since January 2012.

Brighter Futures offers quality children’s services for children according to their identified needs and, on average, families can access up to two days of quality child care per week. Quality children’s services include centre-based child care services, preschools, mobile services in rural and remote areas, family day care and home-based services, to improve child developmental outcomes such as cognitive, language, behavioural and social development. Quality children’s services have been shown to enhance maternal outcomes with improved social networks, increased confidence as a parent and positive parenting practices.

Priority access to the Brighter Futures program is provided for:

* families with children under 3 years of age
* Aboriginal families, including those families receiving services through the NSW Health Aboriginal Maternal and Infant Health Service (AMIHS) and the Building Stronger Foundations (BSF) for Aboriginal Children, Families and Communities Program
* pregnant young women or young parents in out-of-home care or leaving out-of-home care.

The NSW Government has also been working on finding new innovative ways to increase the number of early intervention services available to older children. To this end, $10 million per annum has been transitioned from FACS (CS) to the non-government sector to trial innovative early intervention approaches for older children and young people aged 9 to 15 years, over a four-year period. This trial has been informed by an examination of the evidence base on early intervention for vulnerable 9 to 15 year olds, undertaken in 2010–11.

The Early Intervention Council comprises Brighter Futures lead agencies, non-government peaks and other agencies. In 2011–12, the role of the Council expanded to:

* provide advice and oversee the implementation of the revised Brighter Futures program and the newly established Strengthening Families program
* provide advice on options for improving the service system, which contributes to the NSW Government’s targets of reducing the proportion of children reported at risk of significant harm, reducing the proportion of children in OOHC and increasing the proportion of children who are developmentally on track
* advise on, and lead, the building of the whole-of-government and community collaboration required to improve outcomes for those children at risk of entering or re-entering the statutory child protection system and/or OOHC.

When there is a safety or wellbeing concern, Child Wellbeing Units (CWU) help families, children, and young people get the help they need sooner. CWUs also contribute to building a more integrated service system. The role of CWUs is to:

* advise, support, and educate relevant government agencies’ mandatory reporters as to whether there is a risk of significant harm and, if so, ensure that such matters are reported to the NSW Child Protection Helpline
* in other cases, identify potential responses by the agency or other services to assist the child or family
* lead better alignment and coordination of agency service systems.

Between 1 July 2011 and 30 June 2012, CWUs received a total of 48 272 contacts. This was 4 per cent higher than the number of contacts received over the previous 12 months. An independent Review of the Implementation of Child Wellbeing Units was finalised in August 2011 and found that implementation of the CWU has been largely successful.

Identified Aboriginal positions, including assessment officers, have been strategically located in CWUs to advise CWU staff and agency mandatory reporters, particularly in relation to appropriate service responses for Aboriginal families, and to link those families with the support services.

From 30 March 2012, access to the NSW Health CWU was extended to include all employees of Aboriginal Community Controlled Health Organisation (ACCHO) services and Affiliated Health Organisations. Affiliated Health Organisations include large non-government providers of public health services in NSW. On the same date, a 12-month trial of general practitioner and practice nurse access to the Health CWU commenced in certain areas of NSW. These changes recognise important partnerships across health services for improving outcomes for vulnerable children and young people in NSW.

Family Referral Services (FRS) (regional intake and referral services) provide information and referrals to link children, young people and their families to a range of support services in their local area. There are currently eight services operating across NSW, with an additional four services expected to be operational by April 2013. The four new services will complete the statewide rollout of the FRSs. Some FRSs have a specific focus on Aboriginal families, and others focus on people from culturally and linguistically diverse communities.

Strengthening Families was launched on 1 January 2012 and is a child protection response focused on improving the safety and wellbeing of children, from unborn to under 9 years, who are assessed as being at risk of future abuse or neglect, where parents have at least one vulnerability and have no children in OOHC, and all children in the household are safe enough to remain at home. The program focuses on improving the long-term safety and wellbeing of children and will increase the number of children who receive face-to-face help from FACS (CS) and give families a higher level of support in caring for their children at home.

The Intensive Family Support (IFS) and Intensive Family Preservation (IFP) programs were introduced after July 2011 and, in the continuum of child protection responses, are positioned between Strengthening Families and placement in OOHC. IFS and IFP target families whose children or young people (0 to 15 years) are at risk or at imminent risk of removal. Intensive casework is provided to address the immediate situation and includes on-call support 24 hours a day, seven days a week for an initial period of 12 weeks. Following this, the family receives up to 40 weeks of continuous, multi-faceted and individually tailored assistance, consistent with their individual needs. IFS and IFP services are provided by contracted NGOs.

The Short Term Court Order, Family Preservation and Restoration project aims to keep children with their families or to restore them as soon as possible to family care, thus avoiding long-term care placements. Funding of $7.5 million has enabled NSW to run a pilot program, working with up to 235 families from April 2011 to 31 March 2013. An external evaluation of the pilot will be conducted over two years and will run for the duration of the pilot and for a period of 12 months post pilot, to ensure that information on sustained preservation/restoration and child and family functioning can be collected.

An improved response to vulnerable teenagers, through the Child Protection Adolescent Response (CPAR), is being established across NSW. In some regions, this will comprise discrete adolescent teams, whereas in other regions, the approach is planned to be integrated into generalist child protection teams. In order to provide an enhanced response to troubled adolescent 12 to 17 year olds, the core functions of CPAR caseworkers will include provision of primary case management for adolescents who are the subject of risk of significant harm reports or a request for assistance, and provision of specialised consultative advice to colleagues to assist in effective work with the teenagers and their families. Whilst the structure of CPAR will vary across the regions, CPAR strategies are all intended to improve outcomes for vulnerable adolescents, such as preventing entries into OOHC.

The Getting It Together Program (GIT) is an early intervention program aimed at assisting vulnerable children and young people, to prevent them from entering the statutory child protection and/or juvenile justice systems.  GIT links vulnerable young people to drug and alcohol programs and provides a range of other diverse supports tailored to their individual needs, for example, assistance with housing, training and employment. There are currently 15 GIT services in NSW (four in inner Sydney, four in suburban Sydney and seven in non-metropolitan areas). Priority is given to young people under 18 years of age. In 2011, the NSW Government extended funding for the 15 GIT services for an additional three years, to 2013–14.

Information sharing

NSW has been working to implement the information sharing protocol with the Australian Government Department of Human Services, Child Support Agency. FACS (CS) has been an active participant in a project led by the Australian Government Attorney General’s Department to improve collaboration between the family law and child protection systems across all states and territories. A key task has been developing a ‘best practice framework’ for formal agreements, to improve information sharing between the federal family law system and the state and territory child protection systems. Other initiatives are also being explored to enhance information sharing between child welfare agencies and federal family courts.

NSW has engaged directly with the Family Court and Federal Magistrates Court to develop streamlined procedures for information sharing in response to the recent family violence amendments to the Family Law Act, 1975 (Cth). These amendments are likely to result in an increase in the number of notifications of child abuse and in the number of Family Court orders for information and/or intervention in parenting proceedings by FACS (CS).

#### Northern Territory

The Integrated Family Services Working Group is leading the integration of Child and Family Centre services in the Territory Growth Towns (TGT). Seven of the eight TGTs have child and family leaders who are responsible for working with community and service providers to develop a place-based, integrated service model that will build on existing service provision and address gaps in services. Child and family leaders are employed at Groote Eylandt, Gunbalanya, Ngukurr, Ntaria, Maningrida, Galiwinku and Yuendumu.

Families as First Teachers programs provide integrated services for families with young children through collaborative delivery with a range of agencies, community organisations and non-government organisations.

Supporting vulnerable families and children

Child Health programs (Healthy Under 5 Kids (HU5K), Healthy School Age Kids) and opportunistic assessment, risk identification, appropriate referrals and follow-up of any mental health, oral health and immunisation requirements continue to be part of the provision of a primary health care service in remote communities. Work continues towards standardising the HU5K Program across the NT by expanding the Program from remote health centres into urban health centres, as well as regarding use of the HU5K Program by ACCHOs.

The development of quality assurance processes for registered community-based child and family services and OOHC services is currently being monitored through service agreements which specify the agreed level of service required by the department and are subject to regular review.

Supporting children and families

All families with children are advised of the NT Crisis Assessment Telephone Triage and Liaison Service—a free 1800 number accessible for mental health support. Immediate contact is made with the Office of Children and Families if a child is at serious risk. Concerns are documented electronically and manually, and information is shared with all involved professionals. Children at serious risk or lower risk of abuse and neglect are identified and management plans enacted. The NT Mental Health Child and Adolescent Team attends case conferences with families and involved stakeholders.

Management plans are instigated for children identified at lower risk of abuse and neglect, to support parents in the community setting, and these are actively followed up. Referrals are made as appropriate. The Child and Adolescent Team continues to support the family, address children’s mental health concerns and monitor management plans.

Improving family support

The Australian Early Development Index (AEDI) identified high levels of developmental vulnerability in the Tennant Creek region, leading to the allocation of family support funds to the NT. In 2011–12, funding was provided to develop new services and expand existing services to strengthen the child and family support service system in Tennant Creek. The focus of this funding injection is to:

* strengthen family-friendly, play-based community services targeting children who are too young for school, and their families and carers
* expand services for at-risk adults, particularly those affected by domestic and family violence or drug and alcohol concerns, to respond to the parenting support needs of adults and to the needs of their children
* establish a family support service to work intensively with vulnerable and at-risk children and families
* provide wraparound workforce and capacity building support to develop professional practice and improve child-focused and intensive family support services.

The Northern Territory Department of Health’s (DoH) Aged and Disability Program and Office of Children and Families (OCF) work together to streamline the pathway into the child protection system for children with disabilities who are identified as being at risk of contact with the child protection system or who are identified as being in informal care arrangements where guardianship arrangements may be ambiguous.

Children’s Development Teams and Disability Service Teams have commenced regular meetings to discuss place-based interagency approaches to supporting children with disabilities who are identified as being at risk of contact with the child protection system.

The development of referral pathways and service models continues to provide appropriate responses to vulnerable children, young people and families across the NT. Existing family support services in Alice Springs, Katherine and Darwin were provided with additional funding to strengthen targeted services to vulnerable children, young people and families.

An evaluation of the NT Targeted Family Support Service has been completed by Charles Darwin University.
The evaluation findings and recommendations will be used to further develop the model of services.

#### Queensland

Under the Indigenous Early Childhood Development National Partnership Agreement, the Queensland Government oversees delivery of 10 Child and Family Centres in areas with high Aboriginal and/or Torres Strait Islander populations. The Child and Family Centres deliver integrated early childhood education and care, maternal and child health and family support services that are culturally responsive and targeted to Aboriginal and Torres Strait Islander families with children aged from birth to 8 years of age. Child and Family Centres are providing services in Doomadgee, Mareeba and Mornington Island. Services are also being provided from temporary premises in Cairns, Ipswich, Logan, Mackay, Mount Isa, Palm Island and Rockhampton, with all permanent facilities due for completion by mid-2013.

Integrating service delivery

Child and Family Support Hubs (the Hubs) are multi-functional, highly flexible services delivering a range of integrated child and family support services. These may include combinations of parenting education, links to,
or delivery of, early childhood education and care services, family support, child health services, resource libraries, information and referral services and prenatal and postnatal health care. Twenty-five Hubs have been funded across Queensland. Hubs focus on activities for families with young children as a universal entry point, with wraparound family support services.

The National Quality Framework (NQF) was introduced on 1 January 2012 and was developed in collaboration with other jurisdictions as an integrated approach to regulate and quality assess early childhood education and care services. Additionally, Queensland has provided extensive training and support to the early childhood sector to support the implementation of the NQF.

The Aboriginal and Torres Strait Islander Child Safety Taskforce has been established to advise on the development of a comprehensive plan to address the delivery of culturally appropriate and responsive child protection services for Aboriginal and Torres Strait Islander children, young people and their families and address the over-representation of Indigenous children in the child protection system.

Six Child and Family Support Services (CAFS) have been funded under the Remote Area Aboriginal and Torres Strait Islander Child Care program. The CAFS workers provide family support activities aimed at improving the wellbeing and resilience of children and families and may be co-located with a child care centre or a Hub.

Parenting and family support programs are integrated into the suite of services delivered by universal early childhood development programs. Specifically, the Targeted Parenting Program works alongside four Hubs to deliver parenting programs with a particular emphasis on supporting Aboriginal and Torres Strait Islander families to promote the development and wellbeing of their children. The Targeted Parenting Program is located in Mackay, Pormpuraaw, Aurukun and Mount Morgan.

Information sharing

Legislative amendments are currently being considered to implement the recommendations agreed by all jurisdictions to enable people who work with children to cross state borders for participation in national and inter-jurisdictional activities on a short-term basis (30 days in a 12-month period), providing they hold a current Working with Children Check in their home jurisdiction. A key consideration is development of a risk management strategy to ensure that children’s safety remains at the forefront of any policy changes.

Prioritising serious risk

Breaking the Cycle of Domestic and Family Violence is a collaborative initiative being trialled in Rockhampton. The objectives of this initiative are to:

* improve the safety and wellbeing of victims of domestic and family violence
* hold the perpetrators of violence accountable for their behaviour
* integrate the human and justice service systems through better information sharing and coordinated service delivery to provide timely and holistic responses to those affected by domestic and family violence.

Youth Justice Services deliver a range of programs to support vulnerable children and their families in the justice system, including:

* bail support programs, which assist young people to comply with bail conditions by engaging them in educational, vocational and community activities, and finding them stable accommodation
* Young Offender Support Services, which assist young people to prevent offending and re-offending by addressing assessed risk factors. This program supports and equips young people’s families with skills to help reduce the risks associated with offending and reoffending
* Employment Project Officers, who assist young people subject to youth justice orders with specialist employment and education activities
* two specialist counselling services—the Griffith Youth Forensic Service and Mater Youth and Family Counselling Service—for the rehabilitation of young people who have sexually offended
* two Safe Youth – Safe Communities initiatives to provide a coordinated response from government and community organisations to assist young people who are at high risk of offending or who are displaying violent behaviour, and their families, in Woorabinda and the Logan-Ipswich corridor.

Two youth ‘Boot Camp’ programs are being trialled, targeting 80 young people who are at a high risk of being placed in youth detention. The program will be a whole-of-government response and will use a family-inclusive approach, seeking to break the crime cycle through rehabilitation, follow-up mentoring and supervision and by instilling values, discipline and respect.

The Queensland Ambulance Service continues to provide vulnerable client education to new staff. This education provides paramedics with a better understanding of the challenges faced by disadvantaged people and increases their awareness of available support services.

#### South Australia

South Australia’s Family Safety Framework incorporates Family Safety Meetings, providing an integrated case response to high-risk families when domestic violence is occurring. Family Safety Meetings now operate across metropolitan Adelaide and in seven country regions. In March 2012, rollout to a further five sites commenced, and statewide coverage will be achieved by the end of 2013.

Families SA and the Northern Regional Office for Schools are implementing a trial to help schools develop the knowledge and skills to better support children in need. A social worker is working with a cluster of three
schools to explore ways schools can better identify children in need and provide them with appropriate
community-based support.

The Allied Health in Children’s Centres Program provides speech pathology and occupational therapy services on site in 14 Children’s Centre locations across South Australia and is targeted to communities with high Aboriginal populations and with high developmental vulnerability rates according to the AEDI.

South Australian Safe Infant Sleeping Standards, Best Practice Indicators for Health, Families SA and Childcare Staff have been developed to guide staff and increase family and community awareness of key infant care practices to reduce the risk of infants dying while asleep. The Standards are intended as a practical resource and outline safe infant sleeping practices and environments. They are informed by the evidence about risk factors in the safe sleeping environment, as well as current professional practice and consumer needs, and apply to all families with infants from birth to 12 months of age.

The 2011–12 South Australian State Budget provided $69.2 million over four years to strengthen alternative care services and develop targeted responses to reunifying children with their families. Funding has been provided for:

* extra resourcing for children needing alternative care arrangements
* construction of new community residential care facilities
* increasing the level of reunification of children in State Care with their families.

South Australia is undertaking a strategic reform project to improve access to the range of housing products and services available to households on low incomes. Through the Access Project, the Department for Communities and Social Inclusion: Housing SA will design a new housing register which will combine the existing public and Aboriginal housing waiting lists and the Community Housing Customer Register to provide a single point of entry and application process for households interested in a range of housing options. Systems and processes will be established to identify households with high needs for housing and link them with tenancy and other support services that will assist them to access and maintain accommodation.

The Together 4 Kids Program provides professional development, training and advice for the homelessness and domestic violence sectors regarding engagement with children and children’s services. This child-focused support program assists services to deliver group work to children and provides individual therapy and case management for children with complex needs.

Protecting children from abuse and neglect

South Australia’s Intervention Orders (Prevention of Abuse) Act 2009 (the Act) seeks to protect children from abuse or potential abuse through the provision of Intervention Orders. These Orders replace restraining orders and place restrictions on a person with regard to their actions. The Order may be issued for the protection of any child who may hear, witness or otherwise be exposed to the effects of an act of abuse against another person.

Women’s Safety Contact Officers provide dedicated support for women and children experiencing domestic violence who have sought a legal Intervention Order under the Act. Women’s Safety Contact Officers operate from metropolitan Domestic and Family Violence services and form part of a broader risk management and intervention response model working in conjunction with the Courts Administration Authority and the Department for Correctional Services.

The Families SA High Risk Infant Program provides an early intervention response for infants where it has been identified that they may be at risk of future harm. A review of the High Risk Infant Program during 2011–12 identified that working with high-risk infants and their families requires concepts in interagency, multidisciplinary, preventative, early intervention and integrative approaches to be firmly embedded in practice. In response, the program is expanding multi-agency infant protective networks and contributing to the development of an interagency protocol which will apply to Families SA and all South Australian birthing hospitals.

Northern Footprints brings together government and non-government agencies in South Australia to identify pathways for service provision and support for infants and families identified as at risk. It is about agencies working together to safeguard infants, who are widely recognised as the most vulnerable members of the community. Northern Footprints organisations aim to build the skills, capacity and resilience of both parents and infants and to reduce, over time, the number of families in crisis and/or entering the statutory system.

South Australia has developed a common management and discharge process for high-risk infants as a collaboration between birthing services, Child and Family Health Services and Families SA. The process describes key elements and principles to be observed when infants at risk are discharged from the birthing hospital to the community; they will be implemented through a multi-agency approach.

South Australia’s Women’s and Children’s Health Network Child Protection Service chairs high-risk infant interagency meetings as part of the Strengthening Links Program. The objective is to provide a pathway during pregnancy for women who are in situations that pose potentially high or very high risk to their babies during pregnancy and after birth. These meetings involve a range of health professionals from mental health services, drug and alcohol services, Women’s and Children’s Hospital midwives and social workers, community services and Families SA, focusing on early assessment to help inform timely and effective intervention and prevention of harm to these infants.

Families SA implemented the Structured Decision Making® (SDM®) Screening Criteria and Response Priority Assessment Tools at the Child Abuse Report Line in April 2012. Implementation of SDM® aims to increase the consistency, validity and transparency of assessments of notifications of alleged abuse and neglect. It complements the other SDM® tools used by Families SA to target system resources to children and families who are most at risk.

South Australia’s Stronger Families Safer Children (SFSC) program provides services to children, young people and families to improve family functioning, help to prevent family breakdown, decrease the occurrence of child abuse and neglect and reduce the likelihood of children entering out-of-home care. The Stage 2 Report of the Evaluation of SFSC confirmed the value of early intervention and the importance of engaging families before problems escalate or become entrenched. During 2011–2012, 626 children were provided with support through the SFSC program.

Information sharing

South Australia’s Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families (ISG) is a statewide protocol for information sharing that applies to both government agencies and NGOs funded to provide family services. The ISG is being adopted progressively by government and NGOs, particularly in the domestic violence, drug and alcohol, homelessness and mental health service sectors. SA Health has developed a suite of online training tools for staff and continues with implementation of the ISG through its staff induction training. The Office of the Guardian for Children and Young People has released an audit tool to enable agencies to self-assess the quality of their implementation.

Supporting carers

A Protocol between Families SA and Centrelink, in relation to Australian Government payments and services for children, birth parents, carers and alternative care service providers, was initially piloted for 12 months, commencing in 2011, and has been extended for a further two years. The Protocol enables Families SA to provide fortnightly data to Centrelink for each child or young person placed in, or leaving, out-of-home care. Centrelink ensures that the correct benefits and services are received by children and young people, parents and carers.

The Step by Step South Australia carer assessment tool has been implemented across the out-of-home care sector in South Australia. Carer assessment staff have been provided with familiarisation training regarding use of the tool. Step by Step and the associated Shared Stories Shared Lives carer training package will provide consistency of carer assessment and training across all agencies delivering family-based care services.

#### Tasmania

In Tasmania, Child and Family Health Nurses are working within the new Child and Family Centres and have been exploring new ways of working so that clients experience integrated service delivery; for example, new Child Health and Parenting Service (CHAPS) clients are shown around the Child and Family Centre by the Child and Family Health Nurse and introduced to other key members of the Child and Family Centre team.

CHAPS managers have been working with Child and Family Centre Leaders to develop a paper that will give Child and Family Centre communities options for the way their local Child and Family Health Nurse could work without compromising the nurse’s main role. This work is nearly complete.

The Agenda for Children and Young People was launched by the Tasmanian Government on 7 July 2011. It provides a key strategic framework for the next 10 years for all services working with Tasmanian children. This Agenda will provide a strong framework for service providers across government and non-government organisations to work together to address complex and entrenched issues.

Children and Youth Services (CYS) have recently finalised new Models of Care for CHAPS, Child Protection, Family Violence Counselling and Support Service, Out-of-Home Care and Youth Justice in Tasmania. These Models provide an integrated and holistic model of operation for the services provided for vulnerable young people and their families, support improved outcomes and ensure connections between the various elements of the children and youth service system.

Information sharing

The development of the Kids Intelligence Data System (KIDS), a cross-sectoral information capability created using contemporary business intelligence and data integration technologies, has improved the availability of key client information at strategic and operational levels. This solution provides a seamless view of government services involved in supporting clients with complex needs, thereby enabling improved collaboration as part of a multidisciplinary approach.

Currently, the KIDS solution provides for reporting on engagement with a range of services, including Youth Justice, Child Health and Parenting, Education, Acute Health, the Australian Child Immunisation Register and Family Violence Counselling and Support Services. It is anticipated that future development will provide for reporting on involvement with other services, including Oral Health, Housing, Mental Health and Drug and Alcohol Services.

Supporting vulnerable children and families

The HEARTS collaborative approach was developed to support the health and wellbeing needs of vulnerable children who have involvement with CYS; it is coordinated by the Community Paediatrician.

The acronym HEARTS stands for the linked themes:

* Health and wellbeing
* Education—primary/secondary/tertiary
* Activities—extracurricular and social
* Records
* Tracking
* Supports

Each theme is supported by a working group of internal and external stakeholders. Although there were no additional funds attached to the HEARTS project, it has proven particularly useful, as the multiple ‘themed’ working groups have allowed for interagency communication channels to operate in a new and unique way.

In April 2011, the first oversight meeting of the HEARTS group was convened, with the key stakeholders including the Commissioner for Children along with representatives of the Department of Education, Department of the Premier and Cabinet and partners from within the Department of Health and Human Services, including CYS (which comprises Child Health and Parenting, Family Violence and Child Protection services), mental health, disability services, primary health and hospitals.

In addition to these government stakeholders, the community sector has been involved, including General Practice Tasmania, the Salvation Army, Australian Childhood Foundation, Anglicare, Glenhaven, Kennerley and Life without Barriers. The CREATE Foundation has also been involved and has facilitated the involvement in each of the working groups of a young person who is in care.

The vision of the HEARTS Collaborative Approach is to develop a child-focused, child-centred, multi-agency, multidisciplinary approach to the case management of children and young people in out-of-home care to enable them to achieve their best potential.

In addition to accessing HEARTS health screenings through a client’s Child Protection worker, young people in the age group 14 to 17 years will be offered health assessments through headspace Hobart. This service is considered more appropriate than the paediatric clinic for many young people in out-of-home care.

As well as accessing medical care, if required, young people attending headspace can access mental health, sexual health, drug and alcohol and employment services. They can continue to access these services into young adulthood, after they are officially out of departmental care. headspace has agreed to invite children in out-of-home care in the 14 to 17-year-old age group to attend for a voluntary health assessment and to be provided with information about the other services available.

The Tasmanian Government has established a Cabinet Subcommittee—Children, Young People and their Families—which will progress projects that have been identified in the Select Committee on Child Protection’s Final Report 2011.

The new CHAPS Model of Care has identified that the service needs to focus on engaging vulnerable families who have previously found it difficult to access their services. This includes recommendations to develop creative strategies that will help to strengthen the engagement of hard-to-reach families, a stronger focus on targeting services for communities of ‘most disadvantage’, and increased participation within Child and Family Centres and other children’s services to enhance collaborative practice, provide more flexible services and increase access opportunities for vulnerable clients.

The recommendations for the new model of care include a range of strategies to strengthen support for vulnerable young children and their families. These are at different stages of implementation and include:

* a focus on strategies to improve the reach of the universal child health assessments—particularly for vulnerable children
* continuation of cu@home—a sustained, nurse-led home visiting program for first-time teen parents
(15 to 19 years)
* creating capacity for local Child and Family Health Nurses to carry small caseloads to improve support for families with greater needs
* improving the coordination of care for families with complex needs.

During 2012–13, CHAPS will participate in a Sustained Nurse Home Visiting Trial in collaboration with ARACY, the Centre of Healthy Equity Training Research and Evaluation and the Centre for Community Child Health. This trial will support vulnerable and at-risk families in their parenting role through home visits from Child and Family Health Nurses from the birth of their child up to 2 years of age.

Developing a consistent approach

The Community Sector Quality and Safety Team supports compliance among funded organisations to a whole-of-agency Quality and Safety Standards Framework. Team members visit and work with organisations to ascertain compliance and maintain evidence of a continuous quality and improvement approach to services.

The Quality Assurance processes and frameworks are currently under review, including agreements and reporting requirements to further support organisations. Out-of-home care will increasingly be included in the quality improvement cycle associated with the implementation of the Quality and Safety Framework for CYS.

The new model for the Out-of-Home Care Implementation Plan requires that all activity within the system conform to the 13 National Standards for Out-of-Home Care. This will include a training package for staff, and National Standards will be incorporated into staff induction packages as well as individual performance development plans. In addition, a comprehensive review of all related service provider contracts is underway, with the intention of strengthening and refocusing the quality assurance contractual requirements and key performance indicator reporting processes, in line with the National Standards.

Healthy Kids Checks have been an important component of the universal schedule of child health and developmental checks undertaken by CHAPS. The uptake of these checks has steadily increased since they were introduced in 2009, and they have provided opportunities for early identification, referral, assessment and intervention for health and developmental problems before children start school. Healthy Kids Checks are delivered by Child and Family Health Nurses, general practitioners and Practice Nurses across jurisdictions. Consistent Australian Government policy has been important in ensuring that parents are provided with reliable advice and information at these checks.

CHAPS was reviewed in 2011, and the recommendations are being implemented. The Draft National Framework for Universal Child Health Services, being developed through the Child Health and Wellbeing Standing Committee of the Australian Health Ministers’ Advisory Council (AHMAC), is influencing this development. One key aim is to increase the rate of attendance at the Healthy Kids Check.

The Targeted Youth Support Service (TYSS) is delivered throughout Tasmania, with Anglicare providing the service in the North and North West, and Mission Australia (servicing the South East) the lead agency for the southern regions, in partnership with Baptcare (servicing the South West). The targeted population for TYSS is young people aged 10 to 18 years who are identified as having significant and/or multiple risk issues. Without intensive support, it is likely that these young people would be the subject of notification to child protection or
entry and/or escalation within the youth justice system.

The TYSS model allows for a flexible, innovative approach to respond to the self-identified and assessed needs of individual TYSS clients, many of whom are often resistant to engagement with government services. TYSS Workers emphasise a collaborative approach to working with individual young people, focusing on their achievements and aspirations and building on their strengths and resources.

TYSS has been operational since the middle of 2010 and is currently undergoing a mid-term review, to evaluate the program against the objectives of the original funding model.

Prioritising services for children and families with serious risk factors

CYS is currently undertaking a project to examine the continuum of supports in place for children and young people within the youth justice spectrum. In addition to Tasmania’s statutory service system, CYS is examining the links between services in other government agencies and the non-government community sector. By undertaking this project, CYS hopes to identify gaps in service delivery and best practice programs and to streamline the model of service delivery to children and young people.

#### Victoria

One of the five action areas in Victoria’s Vulnerable Children – Our Shared Responsibility Directions Paper
(the Directions Paper) to improve support for vulnerable children and families is ‘building effective and connected services’. Some preliminary work has commenced in this area, including more integrated planning and service responses as part of a new Department of Human Services (DHS) approach known as Services Connect. The Services Connect model has started with testing a new way of delivering case management trials in three Victorian sites.

Integrated service delivery

During 2012, the focus of catchment planning in the 24 child and family services alliances across the state was on strengthening the relationship between alliance partners, particularly between family services community service organisations (CSOs) and child protection. Evidence demonstrating improvements in these relationships comes from a 66 per cent increase in the number of referrals from child protection to family services between 2009–10 and 2011–12. It is expected that the introduction of the new Child Protection Operating Model in late 2012 will further improve the links between child protection and family services at the local area level.

Victoria has agreed to finalise all actions under the First Action Plan by late 2012 and has endorsed the Working with Children Check national exemption definitions and key communication messages as part of the process for managing the national exemption for people crossing state borders for work-related purposes.

DHS’s Operating Framework: Supporting integrated practices was published in April 2012. It articulates a collaborative disability and child protection approach to responding to children with disabilities and their families. Regional training packages have been delivered to support staff to implement this framework.

A work plan has been developed across disability and child protection services to support working with parents with a disability; it includes training for child protection workers and easy-to-read information sheets.

In consultation with Child Protection, the Department of Health issued the Chief Psychiatrist’s Guideline: Priority access for out-of-home care in August 2011, to improve access to mental health services for children placed in out-of-home care. Monitoring arrangements have been put in place to track referrals and services received from public mental health services.

Stronger Families (including the Aboriginal Stronger Families service) is an integrated and coordinated placement prevention and reunification service system response for children and their families involved with Child Protection, which currently operates seven programs (four mainstream and three Aboriginal-specific programs) in four high-needs catchment areas across Victoria.

Stronger Families was developed in 2009–10 as part of the out-of-home care reforms in Victoria to provide an alternative pathway for children and young people at imminent risk of entering out-of-home care for the first time and/or to support safe reunification for first-time entrants into out-of-home care.

Over 146 families (including approximately 375 vulnerable children) have been supported through this service in the last 12 months. The service prioritises children aged 0 to 2 years, adolescents 10 to 15 years and Aboriginal children of all ages. An evaluation of Stronger Families is being undertaken, with early indications showing that the service is achieving its aims of:

* reduced demand for first-time entry into out-of-home care, with 80 per cent of children receiving the services prevented from entering the out-of-home care system
* reduced time spent in care for first-time entrants into out-of-home care, with 80 per cent of children who receive the service and who are in out-of-home care successfully reunified without re-entering out-of-home care during the period of the pilot.

In 2012–13, the Victorian Government committed to continuing the existing Stronger Families programs in the current four locations on an ongoing basis and expanding this initiative to an additional two catchment areas.

Developing consistent approaches

The second cycle of external reviews against Victorian Standards is underway for all registered Victorian out-of-home care and community-based Child and Family Services. The DHS Standards were implemented on 1 July 2012. The Standards respond to an assessment by funded organisations that DHS’s former approach, using program-based standards and undertaking multiple reviews, affected the amount of time staff could work with clients. The Victorian Government is committed to reducing red tape by streamlining accreditation, monitoring and evaluation processes.

The Standards are a single set of service delivery quality standards for service providers. The Standards and the review process are designed to ensure that people experience the same quality of service, no matter what service they are accessing. The Standards have a human rights focus to ensure that the rights of the client are paramount.

The program requirements for a number of Children, Youth and Family Services have been developed and distributed for a six-month implementation period with the NGO sector. All documents will be reviewed and finalised in March 2013. The program requirements are for the following services:

* residential care
* home-based care
* family and early parenting
* Aboriginal child specialist advice and support service (ACSASS)
* Aboriginal family decision making
* Aboriginal family preservation and restoration
* cultural support planning.

Supporting vulnerable children and families

The Directions Paper contains a summary of new actions, programs and reforms. The reforms include first year initiatives, longer-term commitments and areas for further consideration in the development of a vulnerable children strategy and performance framework. The Directions Paper emphasises that protecting vulnerable children and young people is a shared responsibility involving governments, community, service providers and individuals.

There is a commitment to focus more efforts on particular areas and specific communities in Victoria where disadvantage is significant and entrenched. Some fundamental shifts will include:

* changing models of service to be more child and family centred
* providing tailored and flexible outreach services to vulnerable children and families where they live
* providing comprehensive and connected services in geographical areas where there is clear evidence of significant need and vulnerability.

#### Morgan’s story: Supporting recovery within whole-of-family change

Morgan (not his real name) was a four-year-old boy from a migrant family. He was referred to children’s counselling by his mother after being physically assaulted by his father. At the time of the assault, Morgan’s mother had contacted the police for assistance. As a result, an Intervention Order was obtained, the father was removed from the family home, and Child Protection took on the key practitioner role with the family. Morgan had been exposed to family violence between his parents, as well as between his mother and the extended family, involving financial control, social isolation and verbal and physical violence. Morgan’s mother, along with the children, was a victim of the violence. Morgan had been physically abused by his father since he was six months of age, including being pinched and smacked. Staff at Morgan’s kindergarten reported that he did not appear to be coping. Morgan was not socialising or learning, was isolating himself and was acting aggressively towards other children. He also presented with a number of anxiety symptoms.

#### Working with the family

Play therapy was used in the counselling sessions with Morgan. The children’s counsellor who worked with Morgan was from the same cultural background as the family, which enabled her to bring a shared cultural understanding to the therapeutic work. For the first 11 sessions, Morgan attended individually. Often, when Morgan arrived at a session, he would immediately engage in his imaginative world. He played out fear, anxiety, ‘frozen state’ and anger by acting out different characters such as ‘dinosaur’ or ‘monster’—hiding, attacking and being very still. He used puppets and the doll house, engaging in repetitive play as he worked through traumatic and somatic memories.

During this time, Morgan’s mother attended some individual sessions with the children’s counsellor. The counsellor gave her feedback regarding Morgan’s progress and helped her better understand the impact of family violence on Morgan. During these sessions, Morgan’s mother was also provided with parenting strategies that she was able to use at home in support of Morgan’s recovery.

During the following nine sessions, Morgan’s mother and his two-year-old brother joined in the sessions with Morgan. Morgan and his mother gradually managed to rebuild their relationship. His mother learned to read, respond, guide and support her children through their play. The sibling relationship also improved.

Morgan’s mother also attended ‘Tuning into Kids’, a parenting program facilitated by MacKillop Family Services aimed at enabling parents to better understand their children’s emotions and increasing their own parenting and communication skills. Morgan’s mother engaged well with a range of services, including Child Protection, seeking support when needed, and was honest about the difficulties her family was experiencing.

Morgan’s father was referred to, and completed, a men’s behaviour change program at Relationships Australia, where he also received individual counselling. The involvement of police and the court system had proved to be a strong motivating force for Morgan’s father, both in terms of his accepting responsibility for his violence and his willingness to engage with services to change his behaviour.

Once Morgan’s father had completed the men’s behaviour change program, the family also attended the ‘Dads on Board’ therapeutic group program (run as part of The Royal Children’s Hospital’s Addressing Family Violence Program), aimed at enabling fathers to develop healthy, safe and developmentally appropriate relational skills when interacting with their infant children.

The group facilitator from this program provided the children’s counsellor with ongoing feedback regarding the family’s experience within the group context. This feedback was then used by the children’s counsellor in her individual sessions with Morgan. The family has been reunified.

All Child and Family Services alliances undertake catchment planning at a Child FIRST catchment level in a three-year cycle, with annual reviews against plans. They target priorities and use service resources more effectively to enhance the family service system responses to vulnerable children and their families.

In April 2012, the Victorian Government established six new Cradle to Kinder/Aboriginal Cradle to Kinder programs (antenatal and postnatal support programs for young, vulnerable, pregnant women and their families, providing support until the child reaches 4 years of age) in high-needs areas across Victoria. An additional four programs will be implemented across the state in early 2014.

Cradle to Kinder (including Aboriginal Cradle to Kinder) builds on existing child and family service options available within the established Child FIRST catchment areas and uses the local Child FIRST to refer expectant mothers and their families to the programs. Cradle to Kinder/Aboriginal Cradle to Kinder is aligned and, where possible, integrated with local family services, early parenting services, maternal and child health services and placement and other support services, including services provided by ACCHOs.

The Victorian Government is preparing legislation to establish the Commission for Children and Young People, which will include a Commissioner with special responsibility for Aboriginal children and young people. The Commission will ensure that sustained attention is paid to vulnerable children and will have a role in overseeing and monitoring the implementation of a vulnerable children and families strategy.

#### Western Australia

The Department for Child Protection (DCP) contributed to the Leadership and Partnership Forum, which was designed to strengthen partnerships with the community sector in the areas of sustainable funding and contracting with the not-for-profit sector, delivering on outcomes-based approaches and capitalising on the benefits of social enterprises.

Integrated service delivery

The Armadale Family Support Network (AFSN) commenced service delivery on 2 April 2012. Parkerville Child and Youth Care, as the lead agency, works with its non-government alliance partners and DCP to deliver secondary family support services to vulnerable children, young people and families in the Armadale district.

A child protection worker is also based at Parkerville as part of the common entry point referral team, creating strong linkages with tertiary child protection. Ten agencies have partnered with Parkerville Children and Youth Care to provide services as part of the AFSN; these include Centrecare, Coolabaroo, the DCP’s Armadale district, Mission Australia, Minnawara House, Drug Arm, Ruah Community Services, Relationships Australia, Starrick and Wanslea Family Services.

The AFSN has created strong linkages with specialist secondary service providers such as mental health and drug and alcohol services, as well as with primary service providers, including education and health. The FuSioN database used by network agencies will collect data to inform the evaluation of the AFSN, which is expected to be completed in March 2013.

DCP is continuing to engage local agencies in the development of local family support service network arrangements in other locations. This is being supported with a view to leveraging off existing relationships in future development of the secondary family support networks.

The Best Beginnings program for at-risk parents with young children is a recognised exemplar of an integrated and co-located model, delivered by DCP and community child health staff.

#### Armadale Family Support Network

An Aboriginal single mother contacted the AFSN requesting family support services. The mother had heard of the AFSN through her friend and walked into the centre asking if any support could be offered. The mother was seen by an Assessment and Support Officer (ASO) from the Common Entry Point Team, who completed an initial screening with the mother at the time of walk in and arranged a meeting for a stage 1 assessment to be carried out. The mother was concerned about her teenage son’s behaviours, including his verbal and physical aggression towards the mother and his siblings and his antisocial behaviours at school. The son had been racially abused at school until recently and, since this was resolved at school, he had begun acting out at home.

The mother was caring for a number of her own children (ranging from primary school age to adults) and also for her nieces and nephews on a full-time basis. The mother had prior contact with the DCP. The mother consented to the ASO’s consulting with Leader Child Protection (within the Common Entry Point Team) to gain additional information.

The mother stated that she felt overwhelmed and needed help to avoid a ‘breakdown’ like she had experienced a few years ago. She also indicated that, if the situation did not improve, she would not be able to continue caring for her teenage son, as his behaviours were affecting the other children. She was also concerned that DCP may deem this an unsuitable home for her nephews and nieces.

A stage 2 assessment was also completed by the ASO, including liaison with the school and conversations with some of the children to gain their view of their situation and how they would like to be supported.

A recommendation summary was compiled in consultation with the family and presented at the fortnightly Operations Group meeting, which involves representatives from the Common Entry Point Team, the AFSN’s 13 Partner Agencies and the Leader Child Protection. A number of suggestions were made at this meeting regarding possible supports available, and time frames were given for when the services could commence. The ASO took this information back to the mother, who was able to confirm which services she would like to access.

The mother felt that she would benefit from a single service response; she was offered Aboriginal-specific services, but she did not want these. The mother requested that she and the children access the same counselling service for ease of contact; therefore, the family was linked into an agreed Partner Agency, with services commencing immediately.

Extensive support was offered to the family by the Partner Agency, and this led to the situation’s becoming more stabilised and less stressful for the entire family unit. The service support also maintained and strengthened the care arrangement between the mother and her nieces and nephews and, therefore, DCP did not need to become involved.

The mother was positive about the services she received and has suggested to others in her community that they might seek help from the AFSN. The service and case have both now been closed by AFSN, and the family are aware that they can seek assistance in the future if any additional support needs arise.

Supporting vulnerable children and families

Project planning is underway for the establishment of 10 Child and Parent Centres located on public school sites in low socioeconomic areas. The Departments of Education, Health, Communities and Child Protection, WA Council of Social Service and non-government organisations will work together to deliver services at Child and Parent Centres.

The Mental Health Commission, along with mental health representatives from the Australian Government and each jurisdiction, commenced the development of the National Mental Health Service Planning Framework, which will establish targets for the mix and level of a full range of mental health services, underpinned by innovative funding models. This will include integrated approaches to service design, planning and delivery for children and families.

A statutory review of the Working with Children (Criminal Record Checking) Act 2004 was undertaken in 2011–12. The reviewer made 23 recommendations to improve the implementation of the Act, including an increased focus on other child safeguarding strategies in recognition of the fact that the Working with Children Check is only one component in a suite of safety strategies.

DCP has established a working group with representatives from funded out-of-home care services to explore consistent foster care assessment and training processes. This will result in greater consistency across all out-of-home care services within DCP and the community sector.

A new National Quality Framework for children’s education and care services was launched in 2012, with a staged implementation taking place across all education and care services over the next few years.

DCP completed a review of secondary family support programs, which has resulted in a restructuring of current funding programs, enabling a more integrated, strategic approach to funding across this range of services.

The Responsible Parenting Services and the Best Beginnings programs have been expanded to all regional areas.

In 2011–12, DCP provided an additional $1.4 million ($5.84 million over four years) to the community sector for the provision of tertiary family preservation services. These are specialist services working in partnership with DCP’s statutory child protection services to prevent children from coming into care. The increased capacity of these services provides for support to an additional 80 families each year.

#### Joint work between child protection agency and family preservation services

The Department for Child Protection (the Department) referred an Aboriginal mother to Djooraminda IFSS for parenting support and to address isolation and drug and alcohol issues. The mother is the sole carer of four primary school-aged children. She has also recently given birth to a newborn girl. The mother has limited support from her extended family members. Ongoing family disputes have caused high levels of anxiety and stress. The mother has had previous experience with a number of service providers and at times disengaged from services when she felt overwhelmed by having to attend numerous appointments.

Upon further assessment by the IFSS, several other issues were identified, including lack of supervision for the children, difficulty in developing a secure attachment with them and managing the children’s behaviours. Appropriate relationship building was a prominent concern, as the mother had a long history of family dysfunction, alcohol and other drug issues, as well as family violence in her family of origin and other relationships.

Collaborative work between the Department, an alcohol and drug service provider, a women’s health service and the IFSS has provided a secure support network and has assisted the mother to develop skills in managing healthy relationships and understanding and meeting her children’s needs. The mother developed confidence in initiating contact with the worker when feeling stressed. This has been achieved through coordination, joint planning, and regular communications between services and the mother.

As a result of services provided, this young mother has been able to keep her newborn at home, and the Department has revoked the protection order (time limited) for her older children.

The Mental Health Commission funds Integrated Services Centres at two Perth primary schools where there is a high number of children from refugee families. Child and Adolescent Mental Health Services provide culturally appropriate and holistic services to support children and families with psychological, social and community needs.

Through the 2012–13 State Budget, the Department of Health received additional funding for child health services of $58.5 million statewide over four years. This funding will target families living in disadvantaged communities and will deliver an increased number of intensive, targeted services for children.

Supporting children and young people at serious risk

The Rapid Response Framework and its Action Plan have been implemented across government to address the specific and complex needs of children and young people in care, or those who have been in care. The aim is to prioritise access to services and collaborative and consistent case management.

The Young People with Exceptionally Complex Needs project, established in early 2012, aims to provide effective and coordinated support from across the full range of government services to young people who have the most complex needs, which includes those who pose a significant risk of harm to self or others.

The child and adolescent community health Enhanced Aboriginal Child Health Schedule is aimed at supporting children aged 0 to 5, and their families/carers, who are considered to be at risk of poorer health and developmental outcomes. It complements the existing universal community child health schedule. The schedule is being implemented at WA Health sites across the state. The policy has been shared with other
non-government service providers working in Aboriginal child health, including ACCHOs and Medicare Locals.

## Measuring progress

### Indicator 6: Low birth weight

A baby may be born small through being born early (preterm) or may be small for its gestational age.
It is generally accepted that infants born with a low birth weight have an increased risk of health, learning and behavioural problems. Factors that may contribute to low birth weight include:

* maternal experiences of illness, trauma or injury during pregnancy
* inadequate prenatal care
* alcohol and drug use (including tobacco)
* poor maternal nutrition, physical and mental health.

In 2010, 6 per cent of live-born babies had a low birth weight (<2500 grams), including 1 per cent with very low birth weight (<1500 grams).

The proportion of low birth weight babies among Aboriginal and Torres Strait Islander mothers was 12 per cent, around twice that of babies of non-Indigenous mothers (6 per cent) and all mothers (6.2 per cent) (Li et al. 2012).

There has been very little change in the proportion of low birth weight babies over the 10 years to 2010 (Li et al. 2012).

Table 15: Live birth babies, by birth weight and Indigenous status, 2010

|  | Indigenous mothers |  | All mothers |
| --- | --- | --- | --- |
| Birth weight (g) | Number | Per cent |  | Number | Per cent |
| Less than 2500 | 1385 | 12.0 |  | 18 522 | 6.2 |
| Less than 1500 | 265 | 2.3 |  | 3120 | 1.0 |
| 1500–2499 | 1120 | 9.7 |  | 15402 | 5.2 |
| 2500 and over | 10 126 | 88.0 |  | 278 835 | 93.8 |
| Total  | 11 511 | 100.0 |  | 297 357 | 100.0 |

Note: ‘2500 and over’ includes birth weight not stated (which accounted for less than 0.1% of all live births).

Source: Li et al. 2012.

### Indicator 7: Child protection notifications

A child protection notification is a report made to an authorised department about possible child abuse or neglect, child maltreatment or harm to a child. When a child protection service receives a notification, it will assess the situation—usually under legislative guidelines—and may act in one or more of the following ways:

* initiate a formal investigation
* refer the child or family to another service
* close the case if no action is warranted.

Due to differences in state/territory policy and practice, notifications are not a strong indicator of child abuse or neglect. However, they are a useful indicator of the number of children about whom individuals or professionals within the community have expressed concern. They may also provide an opportunity for some families to be brought into contact with support services.

In 2011–12, 173 502 children were the subject of a child protection notification—a rate of 34.0 per 1000 children. The notification rate has been declining in recent years, from a peak of 41.2 per 1000 children in 2008–09. However, between 2010–11 and 2011–12, the notification rate increased from 31.9 to 34.0 per 1000 children.

The 2008–09 peak and 2011–12 increases may have resulted from legislative/reporting practice changes during the period or from enhanced public awareness as a result of awareness campaigns or inquiries into child protection processes.

Table 16: Children who were the subject of a child protection notification(a), 2007–08 to 2011–12

|  | Number of children | Rate per 1000 children |
| --- | --- | --- |
| 2011–12 | 173 502 | 34.0 |
| 2010–11 | 163 767 | 31.9 |
| 2009–10 (b) | 187 314 | 36.8 |
| 2008–09 | 207 462 | 41.2 |
| 2007–08 | 195 387 | 39.3 |

(a) These data count the number of children subject to a notification, not the number of substantiations.

(b) Data for 2009–10 for Western Australia are not comparable with other years, due to the introduction of a new client information system in March 2010. Proxy data were provided for that year.

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

### Indicator 8: Intensive Family Support Services

Intensive Family Support Services (IFSS) offer early intervention (working with families whose children have not been put into care) when child protection concerns are identified, helping to avoid the need for out-of-home care. These services are also provided to help reunite families after a child has been removed. The rate of children who commence with IFSS is a proxy indicator of the support children and families are receiving to allow children to live safely in their home environment.

In 2011–12, 19 742 children commenced IFSS. Almost half (47 per cent) of the children commencing services were aged less than 5 years. Children aged 15 to 17 years were least likely to be commencing services (5 per cent).

Table 17: Children commencing intensive family support services(a), 2011–12

| Age group (years) | Number | Per cent(c) |
| --- | --- | --- |
| 0–4 | 9001 | 47.2 |
| 5–9 | 5467 | 28.7 |
| 10–14 | 3542 | 18.6 |
| 15–17 | 1056 | 5.5 |
| Total children | 19 742(b) | 100.0 |

(a) Excludes Tasmania and the Australian Capital Territory.

(b) Total includes 676 children whose age was unknown. This includes all children commencing services in South Australia, as SA was not able to provide an age breakdown.

(c) Percentages exclude children of unknown age.

Source: AIHW Child Protection Data Collections.

### Indicator 9: Antenatal visits

Antenatal care is important for the safety and wellbeing of infants. Women who do not receive antenatal care are more likely to have adverse pregnancy outcomes, including preterm birth, post-partum haemorrhage, babies with low birth weight and perinatal death. These adverse birth outcomes can have long-term negative impacts on the mental and physical wellbeing of both children and their mothers, and this, of course, can affect parenting capacity.

The National Framework indicator for this outcome is Indicator 9: Proportion of pregnant women who receive perinatal care. As data for this indicator are not available, a proxy measure is used: Proportion of women who gave birth by number of antenatal visits.

The National Indigenous Reform Agreement sets a benchmark of at least five antenatal visits during pregnancy. Data on the number of antenatal visits during pregnancy were available for Queensland, South Australia, Tasmania, Australian Capital Territory and the Northern Territory. During 2010, almost all (96 per cent) of women who gave birth had at least one antenatal visit, and 90 per cent had five or more visits. Only 0.2 per cent had no antenatal visits. Between 2008 and 2010, there was very little change to the proportion of women who gave birth by number of antenatal visits.

Table 18: Women who gave birth, by number of antenatal visits, 2010

| Number of antenatal visits | Number of women | Per cent |
| --- | --- | --- |
| None | 231 | 0.2 |
| At least 1 | 89 780 | 96.1 |
| 1 | 798 | 0.9 |
| 2–4  | 4543 | 4.9 |
| 5 or more | 84 439 | 90.4 |
| Not stated | 3377 | 3.6 |
| Total | 93 388 | 100.0 |

Note: In 2010, data on the number of antenatal visits during pregnancy were only available for Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.

Source: Li et al. 2012.

### Indicator 10: Australian Early Development Index

Children’s wellbeing and future opportunities are increased by a healthy start to life and good early development. For this reason, the proportion of children who are developmentally vulnerable is a useful indicator of children in need of intervention to meet developmental milestones. The AEDI is a population measure of children’s development, based on the scores from a teacher-completed checklist in their first year of formal schooling. It is measured across the following five domains:

* physical health and wellbeing
* social competence
* emotional maturity
* language and cognitive skills
* communication skills and general knowledge.

The AEDI was first completed in 2009, with data to be collected every three years. Results from the 2012 collection are not yet available.

The majority of Australian children are doing well, with around three-quarters of children on track across all domains of the AEDI in 2009. However, 24 per cent of children are developmentally vulnerable on one or more domains at school entry, and 12 per cent are vulnerable on two or more domains.

Indigenous children were more than twice as likely as non-Indigenous children to be developmentally vulnerable on one or more domains (47 per cent compared with 22 per cent), and two or more domains (30 per cent compared with 11 per cent).

Table 19: Children developmentally vulnerable on one or more AEDI domains, 2009

|  | Developmentally vulnerable on one or more domains |  | Developmentally vulnerable on two or more domains |
| --- | --- | --- | --- |
|  | Number | Per cent |  | Number | Per cent |
| Indigenous children | 11 190 | 47.4 |  | 11 181 | 29.6 |
| Non-Indigenous children | 235 231 | 22.4 |  | 235 692 | 11.0 |
| All children  | 246 421 | 23.6 |  | 246 873 | 11.8 |

Source: CCCH & TICHR 2009.

### Indicator 13: Mental health

Mental health problems can affect perceptions, emotions, behaviour and social wellbeing. The onset of mental health problems in children can be a result of many factors, including genetics, temperament, poor social skills and low self-esteem (AIHW 2009). Other factors such as experiencing abuse, neglect, bullying or trauma can also contribute to poor mental health among children (AIHW 2009).

Children with poor mental health may experience a number of adverse outcomes, including general suffering, functional impairment, low educational achievement, drug and alcohol abuse, self-harm and suicide. These issues often extend into adulthood and affect job prospects and relationships.

The most recent, reliable national data on children’s mental health are from the Child and Adolescent component of the 1998 National Survey of Mental Health and Wellbeing (Sawyer et al. 2000). At that time, an estimated 14 per cent of children aged 4 to 14 years had mental health problems.

Table 20: Children aged 4–14 years with mental health problems, 1998 (per cent)

| Mental health problems | Per cent |
| --- | --- |
| Internalising problems | 12.9 |
| Externalising problems | 12.9 |
| Total problems | 14.3 |

Source: AIHW 2005.

# Chapter six:Outcome 3—Risk factors for child abuse and neglect are addressed

Major parental risk factors that are associated with child abuse and neglect are addressed in individuals and reduced in communities. A particular focus is sustained on key risk factors of mental health, domestic violence and drug and alcohol use.

### The strategies that support Outcome 3 are:

1. Enhance alcohol and substance abuse initiatives to provide additional support to families
2. Enhance programs which reduce family violence
3. Increase services and support for people with mental illness
4. Expand housing and homelessness services for families and children at-risk
5. Increase capacity and capability of:
6. adult-focused services to identify and respond to the needs of children at-risk
7. child-focused services to identify and respond to the needs of vulnerable families
8. the broader system to identify children at-risk.

### Overview

In the 2011–12 Budget, the Australian Government announced an investment of $2.2 billion over five years (2011–12 to 2015–16), including $1.5 billion in new measures, for the Delivering National Mental Health Reform package. This package included several significant initiatives to support children and young people at risk and their families.

The Delivering National Mental Health Reform package is a cross-sector reform package that recognises the diverse impact of mental illness throughout a person’s lifetime and will build resilient kids, support teenagers and families dealing with the challenge of mental illness, improve access to primary care and target more community-based services to people living with severe mental illness and their families.

The reform package covers the spectrum of actions, from prevention and early intervention to initiatives for those with severe and persistent mental illness, and also initiatives to help understand what is working well and inform future decisions.

The Australian Suicide Prevention Advisory Council, in collaboration with the Department of Health and Ageing, has developed the National Suicide Prevention Action Framework to guide the Australian Government’s strategic directions and priorities in suicide and self-harm prevention for the period 2011–2014. The Framework includes initiatives to support local community-based suicide prevention projects.

The 2011–12 Budget announcement also included funding of $208.3 million over five years for an additional 425 new community mental health workers—Personal Helpers and Mentors, increasing the range of services and supports available to people with mental illness and their children and families.

In May 2012, the Menzies School of Health Research was appointed to develop an Indigenous-specific Suicide Prevention Strategy. Community consultation forums to inform the Strategy’s development have been completed. A draft Strategy is expected to be delivered to the Australian Government in early 2013.

A significant focus in the last 12 months has been developing services to address homelessness and children and families at risk of homelessness. In 2008, the Australian Government White Paper, The Road Home: A National Approach to Reducing Homelessness was released. The high-level goal of that Paper was to halve the rate of homelessness by 2020, with interim goals falling due in 2013.

The programs related to homelessness include:

* the Partners in Recovery Initiative ($549.8 million), which will facilitate coordinated support and flexible funding for people, including those who are homeless, with severe mental illness and complex multi-agency support needs
* the Access to Allied Psychological Services program, which has been expanded to provide services to an additional 180 000 people from hard-to-reach groups, including children, Indigenous peoples and those in lower socioeconomic areas, including people who are experiencing, or at risk of, homelessness
* the National Partnership Agreement Supporting National Mental Health Reform, which will help states and territories fill gaps in mental health and related support services for people living with mental illness and includes projects responding to the needs of children and their families who are at risk of homelessness.

#### Workforce development

In October 2011, SCCDS agreed to fund the first national analysis of workforce trends of child protection workers. The final report, prepared by the Australian Catholic University, was delivered in late June 2012 and is informing development of further activities under the Second Action Plan.

The Productivity Commission released its research report on the early childhood development (ECD) workforce on 1 December 2011. In undertaking the report, the Commission was asked to consider and provide advice on:

* the current and future demand for ECD workers, and the mix of knowledge and skills required within the workforce to meet quality objectives
* the current and future supply of the ECD workforce, and the impact of quality objectives on that supply
* the structure of the ECD workforce, and its efficiency and effectiveness
* ECD workforce planning and development in the short, medium and long term
* institutional arrangements impacting on the ECD workforce.

The research examined issues such as attracting, retaining and training Indigenous staff and bringing Indigenous-focused early childhood education and care services for Indigenous children within the scope of the National Quality Framework. An interim response to the Productivity Commission report was released on 1 December 2011.

### Australian, state and territory government activities

#### Australian Government

As part of the Child Aware Approaches grants, the Australian Government provided 43 organisations with $5.7 million in new funding for projects to help protect and safeguard children. The funding focuses on holistic prevention and early intervention strategies to reduce the impact of the experience of, exposure to, or risk of exposure to domestic/family violence, mental illness and sexual abuse, recognising that substance abuse issues may intersect with these risks to children and young people. It will assist organisations to better manage the impact of child abuse and neglect and to deliver more targeted services for children. By focusing on children and prevention and early intervention approaches, the Australian Government aims to build the resilience of children and their families by reducing the impact of risk factors.

The Australian Government is providing $71.8 million over four years from 2009–10, under the Healthy Communities Initiative (HCI), to support local government areas in delivering effective community-based physical activity and healthy eating programs, as well as developing a range of local policies that support healthy lifestyle behaviours.

The Kids in Focus program began as part of the FSP in July 2010 and is provided in all jurisdictions around Australia, funding of $4.772 was provided in 2011-12. Kids in Focus – Family Drug Support is an early intervention, family-focused component of the wider national drug strategy. The strategy consists of a range of other measures implemented through the health and justice portfolios and is administered by the Australian Government Department of Health and Ageing. Kids in Focus assists with support, advice, information, referral and intensive counselling services to families with members coping with, or at risk of, illicit drug use and substance misuse.

The Australian Government provided $2.24 million, over three years, for the development and rollout of Building Capacity, Building Bridges, an accredited training program to boost the capacity of community service workers to identify and respond to families and children who are at risk; it is being trialled across 12 sites.

#### Fostering collaboration through partnership between the Protecting and Nurturing Children: Building Capacity, Building Bridges Initiative and Communities for Children.

In a significant growth corridor outside of Melbourne, the Cardinia Communities for Children Plus Site, auspiced by Anglicare Victoria, works with the local community to enhance the service system in responding to children and their families. In 2010, the Cardinia Communities for Children (CfC) initiative was selected as a site for the Protecting and Nurturing Children: Building Capacity, Building Bridges (BCBB) Initiative—a strategy to:

* Build capacity: enhancing the knowledge and skills of practitioners in child and family-focused and adult-focused services to support parents to meet the needs of children in their care
* Build bridges: Strengthen collaboration between adult-focused and child and family-focused services to change the way families with multiple needs experience the service system.

This case study describes the process of building capacity within services and building bridges between them to better address the needs of children.

As part of their strategic plan, the Cardinia CfC develop a common vision for safety and wellbeing of children. In this rapidly expanding community, a range of new and established services were responding to the needs of children and adults, but opportunities for collaboration were limited. The BCBB initiative provided the impetus and opportunity to harness the potential for collaboration in the region. At an initial BCBB collaboration workshop, managers from drug and alcohol, family violence, mental health and child and family services identified that services did not necessarily know who was working in their local region, and that there were significant barriers for adult services who wished to connect with child and family services to access support for their clients.

To better enhance understanding of each other’s services and roles in protecting children, a ‘speed dating’ workshop was held, with Emeritus Professor Dorothy Scott as keynote speaker; this also served as a conduit to interagency child and family-sensitive practice workshops provided by BCBB, which were held within weeks of the speed dating event to cement the interest, commitment and shared vision of the various agencies.

These occasions provided an opportunity to learn, talk and share and weave a common language and a common approach to working with children and their families. Protecting and Nurturing Children: Building Capacity, Building Bridges has provided a catalyst for change, demonstrating that the link between the vision of the community and the policy of the National Framework can be used to leverage commitment for change. The information provided, and awareness created, through the support of BCBB has led to joint service design, enhanced community collectiveness around responsibilities for the protection of children (including the establishment of a family violence network in the region) and enhanced support to families (for example, when there is a complex family needing assistance, a call goes out through the communication channels established through this process, to identify community-based resources which could potentially help the family).

The clear message from Cardinia is: ‘Without BCBB we wouldn’t be at this point yet.’

BCBB is partnering with 12 Communities for Children sites across Australia and has conducted workshops promoting child and family-sensitive and collaborative practice with more than 1000 practitioners from over 250 organisations. In most communities, this has been the first opportunity for child and family services and adult-focused services to come together in the spirit of learning. Working together on case scenarios over two days provides the opportunity to learn more about what each service provides. The workshop format creates the space for the practitioner to discuss what their service could contribute to making a difference for children and their families.

The Australian Childhood Foundation was funded $341 000 to produce an information booklet for traumatised children, along with resource guides for schools and early childhood services to improve their response to traumatised children, especially those who have experienced sexual abuse. The resources were released in July 2010 and are available from the website2.

In March 2008, a National Binge Drinking Strategy was announced. Australian Government funding of $53.5 million was provided for early intervention services, community-level initiatives and communication campaigns designed to address the problem of binge drinking among young people.

The Personal Helpers and Mentors Program (PHaMs), which aims to provide increased opportunities for recovery for people whose lives are severely affected by mental illness, has been fully implemented, with a focus on disadvantaged communities and vulnerable groups (including homeless people, humanitarian entrants, adult survivors of child abuse in care and Aboriginal and Torres Strait Islander people). PHaMs also delivers specialist remote services that have a strong focus on cultural, mental and physical healing for Indigenous people. An additional $208.3 million has been provided over five years for an additional 425 new PHaMs workers.

In collaboration with the Australian Government Department of Health and Ageing, The Australian Suicide Prevention Advisory Council has developed the National Suicide Prevention Strategy Action Framework, to guide the Australian Government’s strategic directions and priorities in suicide prevention and self-harm for the period 2009–2011. In September 2011, the Australian Government announced the development of an Indigenous Suicide Prevention Strategy.

The Helping Children with Autism (HCWA) and Better Start for Children with Disability measures have provided $196.1 million since the commencement of HCWA in 2008–09, enabling 32,578 children with disability to access vital early intervention therapy services.

The Australian Government has worked in partnership with state, territory and local governments and in consultation with people with disability to develop the National Disability Strategy 2010–2020, which was endorsed by COAG in February 2011. In addition, the Australian Government implemented an $11 million package of community participation initiatives which support the objectives of the Strategy:

* $1 million over three years to promote liveable housing design
* $0.5 million over four years to improve cinema access for people who are deaf, blind or visually or hearing impaired
* $0.5 million over two years for a national disability portal
* $3 million over four years to support leadership development for people with disability
* $6 million to assist local governments to make communities more accessible for people with disability (including library access).

The Strategy’s first report and implementation plan—National Disability Strategy 2010–2020: Report to the Council of Australian Governments 2012—was presented to COAG by the SCCDS in January 2013.

The National Partnership on Social Housing provided an extra $400 million in Australian Government funding over 2008–10 to increase the supply of social housing and to stimulate the building and construction industry. The National Partnership delivered around 1900 new social housing dwellings to 30 June 2011.

The National Plan to Reduce Violence against Women and their Children aims to make a real and sustained reduction in the levels of violence against women through attitudinal and behavioural change at the cultural, institutional and individual levels, with a particular focus on young people. It is the first plan to coordinate action across jurisdictions. The Australian Government has committed $86 million towards initiatives under the National Plan.

The National Plan has been built from an evidence base of new research and extensive consultation with experts and the community. The National Plan is unprecedented in the way it focuses on preventing violence by raising awareness and building respectful relationships in the next generation.

#### Australian Capital Territory

The ACT has made considerable progress in the last 12 months in addressing homelessness and risk factors for homelessness. The National Affordable Housing Agreement has informed the funding arrangements of homelessness services across the ACT and placed greater emphasis on social inclusion and skills development to sustain housing and increase independence, not just provide accommodation.

The ACT Government is committed to the three priorities outlined in the Australian Government White Paper on Homelessness:

* Turning off the Tap
* Improving/expanding services
* Breaking the cycle of homelessness.

Under the National Partnership Agreement on Homelessness (NPAH), a number of new services have been implemented in the ACT. The new services include the Supportive Tenancy Service, which assists families experiencing housing stress to sustain their tenancies and prevents them from entering homelessness. First Point is a central intake service for homelessness accommodation and support services. It assesses the needs of people at risk of, or experiencing, homelessness and refers them to appropriate support services.

The ACT Government has also reformed the service delivery model of youth homelessness services. This reform shifts the focus of the youth homelessness system from being primarily accommodation based to a system that is focused on a full continuum of support—Prevention, Early Intervention, Crisis Intervention, Stabilisation and Maintenance. Our Place provides supported accommodation for young people aged between 16 and 21 years. Young people accommodated in this program are supported to engage in education and training.

The Social Housing Initiative, under the Nation Building Economic Stimulus Plan, was designed to assist low-income Australians who are at risk of homelessness or struggling in the private rental market. The initiative provided a boost to public and community housing, creating more options for people to access secure housing. Approximately 330 new social housing properties, funded in a partnership between the Australian and ACT Governments, were constructed in the ACT during 2010–2011.

Capacity building

The ACT Government Learning and Community Engagement Service delivers a regular program of core training to educate care and protection staff, mandated reporters and other providers of adult and children’s services about risk factors and the impacts of child abuse and neglect. A Risk Assessment Framework is under development, in consultation with Care and Protection Services and community stakeholders.

A Practice Framework and Common Assessment Tool have been developed for use by service providers operating under the Child, Youth and Family Services Program for vulnerable children, young people and families. These clearly distinguish the continuum of roles and responsibilities for workers according to the levels of need and risk existing within a family.

#### New South Wales

Keep them Safe Whole Family Teams (KTS-WFT) are tertiary specialist health services targeting families where there are drug and alcohol and/or mental health problems and child protection concerns. From July to December 2011, 90 families had participated in the KTS-WFT pilot.

Preventing domestic and family violence

NSW continues to work towards its priority to reduce the incidence and impact of domestic and family violence.

NSW is developing integrated strategies and frameworks, including the NSW Domestic and Family Violence Reforms. This is a series of whole-of-government reforms of the current response to domestic and family violence that aims to produce stronger and better integrated policies and practices across government to help minimise trauma for victims and support them to feel safe, so that they do not have to return to violent situations. The reforms are being developed in close consultation with the non-government sector and will be available for consultation in mid-2013.

The NSW Domestic Violence Justice Strategy is an operational framework that outlines the approaches and standards justice agencies in NSW will adopt to improve the criminal justice system’s response to domestic violence. Its fundamental objectives are to make victims safer, hold perpetrators accountable and prevent domestic violence from recurring. The Strategy commits justice agencies and victim support services to work together to provide an effective and integrated response. NSW is also delivering and expanding domestic and family violence programs with our stakeholders.

The Domestic Violence Proactive Support System (DVPASS) brings services to victims who previously had to seek out services themselves. This approach is particularly suitable for victims of domestic violence, because the victims are often fearful and suffering psychologically and may be unable to take action. The system facilitates early assistance and access to a range of services. Under DVPASS, police get consent from domestic violence victims to give their details to a specialist domestic violence support service. The service then follows up the referral within 72 hours. DVPASS has recently expanded to 11 locations across NSW, with the most recent location being Penrith. The evaluation of DVPASS will assist with identifying best practice for police referral of domestic violence victims and offenders of both genders to support services.

Staying Home Leaving Violence (SHLV) enables more women and children to remain safely in their homes rather than having to flee to escape a violent partner. Under SHLV, police assist in removing the perpetrator of violence rather than the victims, thereby ensuring that the victims are less likely to be subjected to further violence. Assistance is provided to women and children to find lasting solutions to domestic violence. The program was recently expanded, with three further sites established. In 2011–12, 1234 women with 1679 children received specialist case management services, including risk assessment, safety planning and security upgrades. The results of the SHLV program show that:

* 82 per cent of children were able to stay in the same school, while the rest settled in successfully to a
new school
* 98 per cent of women said that they felt safer
* 67 per cent were able to stay safely in their original home
* 29 per cent had secured other long-term accommodation.

Integrated Domestic and Family Violence Services Program is a multi-agency, integrated and coordinated response to prevent the escalation of domestic and family violence among high-risk target groups and in targeted communities. In 2011–12, NSW delivered and expanded a number of projects to prevent the escalation of domestic and family violence, using case management and coordination to help ensure seamless referral to other services, such as crisis support and perpetrator or men’s education programs. The six projects, made possible with funding of $3.4 million, were run in 10 locations.

The domestic and family violence funding grants program was revised in 2012 and will support four key areas of work:

* 1. effective prevention and early intervention
	2. men’s behaviour change
	3. investing in the service sector and supporting existing workers in domestic and family violence
	4. investing in evidence-based initiatives to ensure better results.

The NSW Government also allocated $600 000 in 2011–12 to establish a service to support men’s behaviour change. The service, the first of its kind in NSW, includes a dedicated telephone counselling, information and referral service for men who are concerned about their behaviour.

NSW Health has conducted routine screening of female clients for domestic violence since 2001 in antenatal, early childhood health, mental health and drug and alcohol services across NSW. The Domestic Violence Routine Screening (DVRS) program is an early intervention strategy to increase the disclosure of domestic violence, refer victims to specialised health services, including counselling, promote awareness of the health impacts of domestic violence, ask questions about the safety of the patients and their children, and provide information and referrals to a range of services provided by Health, other government agencies and the non-government sector.

NSW Health Aboriginal Family Health Workers are funded to deliver projects under the NSW Health Aboriginal Family Health Strategy. The aim of the Strategy is to reduce the incidence and prevalence of family violence within Aboriginal communities and to strengthen families and communities.  The core role of the Aboriginal Family Health Workers includes a mix of individual and family support focused activities, including initial crisis support, advocacy and referral to other services.  Their work also comprises broader community development and education strategies, with a focus on prevention and early intervention. Aboriginal Family Health Workers work on initiatives which aim to respond to local needs and contexts, actively engage local communities including Elders and other community leaders and relevant government agencies, and incorporate healing and promotion of Aboriginal independence and empowerment.

In addition, NSW is building a robust evidence base so that our programs can get it right. Major research has been commissioned on under-reporting of intimidation offences and mapping of crime statistics.

The NSW Health Education Centre Against Violence (ECAV) is a statewide unit responsible for training programs in the areas of adult and child sexual assault, domestic and Aboriginal family violence and physical and emotional abuse and neglect of children across NSW. ECAV training and resources are formally evaluated and have been demonstrated to be of high quality. ECAV provides a range of courses which explore the interface between child abuse and domestic violence, including providing interagency training through courses such as ‘Domestic Violence and Child Protection: Developing good practice responses to a complex problem’ and ‘Working with young people in the context of domestic and family violence’.

In 2011–12, domestic violence training packages and related resources were developed to assist FACS (CS) child protection caseworkers to undertake safety assessment and planning within the Structured Decision Making framework. Over 350 training sessions were delivered to frontline workers on drugs and alcohol, mental health, and domestic violence.

Supporting children or parents with disabilities

Improving support for people with disability, their families and carers is central to the NSW Government’s 10-year plan, Stronger Together – a new direction for disability services in NSW 2006–2016. This year was the first of the second five-year phase of the plan—Stronger Together 2.

Under Stronger Together 2, NSW is:

* improving support for young people with challenging behaviours in Years 6 to 10 who have Autism Spectrum Disorder or an intellectual disability and who are at risk of suspension or expulsion from school (Stay Connected)
* funding, as part of the broader commitment to supporting children with Autism Spectrum Disorder,
SDN Children and Family Services to establish SDN Beranga as a demonstration, autism-specific service that integrates early childhood intervention and mainstream early childhood education. Over 60 families have received outreach support
* funding the first eight of 40 EarlyStart–Diagnosis support workers, who were employed to give additional, time-limited support to families when their child is diagnosed with a disability or developmental delay. Assistance includes emotional support, information, links to community networks and referrals to local mainstream and specialist services.

To maximise opportunities for people with disability, families and carers to provide input into the development of an approach to implementing self-directed supports and individualised budgets in NSW, Living Life My Way consultations were held in 2011–12 with people with disability, families and carers, service providers and other stakeholders throughout NSW. The process included targeted consultations with Aboriginal people, people from culturally and linguistically diverse communities and people with intellectual disability. More than 4000 people attended over 350 consultations that were held throughout NSW. A total of 168 written submissions from individuals and organisations were also received. Feedback from the Living Life My Way consultations is informing the planned expansion of individualised funding arrangements from 1 July 2014.

Supporting the mental health of vulnerable children and families

The NSW Government assists mothers, supports parental wellbeing and enhances parenting skills through the SAFE START program. SAFE START identifies women, infants and their families who have psychosocial difficulties (including postnatal depression) and offers appropriate care and support. The new online SAFE START Response Training, Giving Children a Safe Start, targeting the mental health and drug and alcohol workforce, will be released in 2013.

Perinatal depression screening is an element of SAFE START through the Families NSW Supporting Families Early Package. An independent evaluation is underway, and the findings will stimulate improvement to the quality and safety of perinatal depression screening (SAFE START processes) throughout all NSW Health Services. The SAFE START processes being evaluated include:

* screening
* referral for follow-up support and care
* training, mentoring and supervision of staff undertaking perinatal depression screening (and psychosocial assessment).

School-Link is a long-established, formal collaboration that provides for early identification and early access mental health supports in schools and TAFE. School-Link Coordinators equip school and TAFE staff to more confidently identify emerging mental health problems in their students and facilitate referrals to specialist services where required. These Coordinators work closely with school and TAFE counsellors as well as mental health services to support the mental health and wellbeing of these young people and families through prevention and early intervention programs. The Justice and Forensic Mental Health Network (J&FMHN) is also involved in the School-Link initiative, which is implemented in Juvenile Justice Centres.

Getting on Track in Time – Got It! is a new school-based mental health early intervention service that aims to reduce the frequency, and prevent the development, of severe behaviour problems, such as conduct disorder in children at selected schools from Kindergarten to Grade 2. It also aims to improve schools’ capacity to respond to children with conduct disorders. Got It! is a short-term, multi-level program delivered in schools over two consecutive terms. The program is being piloted in three sites: Dubbo, Newcastle and Mt Druitt. The delivery of the program in school-based settings provides excellent opportunities for staff from both education and mental health to work collaboratively with children and parents to intervene early and prevent behaviour from progressing to more severe difficulties, thus decreasing the risk of future adverse outcomes for children, families and the community.

FACS (CS) child protection caseworkers are able to access expert information, training, resources and support when working with families where mental health, drugs and alcohol, and domestic violence are present, from a Clinical Issues Unit in FACS (CS). In 2011–12, the Unit provided caseworkers with over 4400 individual clinical consultations via email, face-to-face, or telephone, and 372 training events.

Improving housing and homelessness services

During 2011–12, NSW has continued to implement a range of strategies and programs to respond to homelessness and support children, young people and families in finding long-term accommodation appropriate to their needs.

The Joint Tenancy Assistance Program is an interagency partnership program involving Juvenile Justice that provides housing and support to homeless young people aged 16 to 19 years who have complex needs and are in contact with the juvenile justice system. It has been operating in the Central Sydney Region since 1997 and involves a partnership approach between government and the NGO sector.

Start Safely provides short or medium-term financial assistance for up to 24 months to assist women (with or without children) who are homeless, or at risk of homelessness, to escape domestic or family violence. The scheme is aimed at those who can demonstrate a capacity to afford the same private rental property at the end of the subsidy period. Where needed, Start Safely applicants will be referred to support services, including domestic violence services.

The Safe Houses program provides Aboriginal women and children escaping violence in western NSW with short-term crisis accommodation, as well as transitional and long-term housing. In 2011–12, the number of safe houses increased, with the completion of a complex comprising two crisis accommodation units, two transition units and two exit houses plus counselling and office accommodation.

Going Home Staying Home (GHSH) is a reform initiative following on from the NSW Homelessness Action Plan (2009–14) that aims to make specialist homelessness services easier for clients to access and to achieve a better balance between early intervention, crisis and post-crisis support. The reform will be finalised by June 2014.

Specialist Homelessness Services (SHS) provide a wide range of accommodation and support services to people who are homeless or at risk of homelessness, including families in crisis, women and children affected by domestic violence, young people and single adults. The SHS integrated approach focuses on case management, incorporating accommodation and specialist support such as counselling, health and legal services as well as financial and employment assistance. In 2011–12, the Australian and NSW Governments jointly contributed $129.2 million to 345 SHSs across NSW.

The Youth Housing Project aims to help prevent and reduce youth homelessness in NSW by identifying appropriate, evidenced-based housing models. In 2011–12, the project compiled evidence through:

* the Youth Homelessness Forum for service providers funded under the National Partnership Agreement on Homelessness, to focus on what is working well for young people, what needs to change and the future directions for addressing youth homelessness
* research by the Australian Housing and Urban Research Institute (AHURI) on local and international research on youth housing models
* a roundtable which brought together 24 specialists in the youth and housing fields, including researchers, practitioners, peak body representatives and relevant staff from government agencies.

From this process, a Youth Housing Report has been prepared and is being used to develop effective approaches for addressing youth housing issues across NSW.

There is also a range of initiatives underway under the NPAH, targeting families and young people, including:

* The Young People Exiting Juvenile Justice Centres project provides support and accommodation to young people with complex needs exiting a Juvenile Justice facility or who are at risk of entering custody while on community-based orders due to homelessness in Greater Western Sydney, Riverina Murray and Northern NSW, with priority given to Aboriginal young people and culturally and linguistically diverse young people.
* The Nepean Youth Homelessness Project works with young people sleeping rough and transitions them into long-term accommodation with support through the provision of early intervention packages, post-crisis support and case management with tenancy support and accommodation.
* The Young Aboriginal Parents Project provides long-term accommodation and support in Dubbo
(Western NSW) to young Aboriginal parents, including those who are under the age of 18 years, to maintain existing tenancies and to minimise Aboriginal overcrowding by enabling new parents to move into their own accommodation.
* The Rapid Rehousing Pilot targets Aboriginal and Torres Strait Islander and single parent families living in Penrith, Coffs Harbour and Mt Druitt who are at risk of homelessness, with clients who have been assisted with Temporary Accommodation up to four times being referred to funded support agencies who provide assistance for four months with housing and other support. The Inner City Supportive Housing and Support for Young People Project builds on the successful Kings Cross at Risk initiative, which provides coordinated case management and supportive housing for young people, aged 12 to 25 years, who are homeless or at risk of homelessness.
* The Central Coast Homeless Family Brokerage Project provides a brokerage model of support, including long-term accommodation (such as social housing and private rental), integrated case management, material support for families and early intervention support to homeless families and families at risk of homelessness, in a manner that supports the shift from a crisis response focus.

#### Northern Territory

Throughout 2012, the Top End Mental Health Service (TEMHS) actively promoted the Child and Adolescent Team (C&AT) Service in rural and remote locations. TEMHS visited numerous communities, including Borroloola, Maningrida, Wadeye, Daly River, Batchelor, Tiwi, Melville, Bathurst Island, Jabiru, Gunbalanya, Groote Eylandt, Nhulunbuy, Katherine and Pine Creek, to build relationships with local service providers, existing health services and centres. C&AT undertakes assessment of children, supports schools and teachers and provides education and capacity building for parents and other agencies.

The C&AT is also working collaboratively with government and NGO stakeholders to screen and identify developmental disabilities in young children in an effort to support the necessary early interventions required. C&AT addresses access and equity issues by ensuring that appropriate referrals are made to the relevant agencies supporting families financially. An electronic service is currently being established between Darwin, Katherine and East Arnhem to provide weekly consultations with case managers and to discuss acute care cases as required.

Supporting mental health to reduce risk

The NT Government provided additional funding to expand child and adolescent mental health services in the NT. An additional $1 million in 2011–12 and $2 million recurrent from 2012–13 has been allocated to expand the capacity of specialist child and adolescent mental health services to respond to increased demand for services by young people in both urban and remote areas. In 2011–12, this funding enabled a child and adolescent psychiatrist to be employed in Central Australia, and additional clinical positions in both Alice Springs and Darwin were created, including speech therapist, psychologist, mental health nurse and Aboriginal mental health worker positions.

This funding also enabled specialist perinatal services (for mothers who are pregnant or in the first year following the birth of their baby) to be expanded to Central Australia.

A Remote Intensive Therapy Service for Children with Disabilities was implemented, with regular meetings held with all participating agencies to discuss place-based interagency approaches to supporting children with disabilities who are identified as being at risk of contact with the child protection system.

Housing and homelessness services

Under the National Partnership on Homelessness (NPAH), the NT funded a number of new services aimed at assisting children and families affected by homelessness. Darwin Transitional Accommodation provides transitional accommodation in Darwin for women and children escaping domestic and family violence or at risk of homelessness. This program assists families to become ready to move into long-term public housing through the provision of medium-term accommodation, counselling, advocacy and life skills training.

The Julalikari Youth Service provides accommodation services to assist young Indigenous people to access secure accommodation, attend school or training, remain engaged with family and receive the necessary support to build life skills.

The Moving On program assists young people leaving the care system, and those who have previously left the care of OCF, to gain independence, by linking the young people to employment, education, housing and other support services in accordance with legislative requirements. The support available to young people leaving care includes a range of programs and services that relate to accommodation, education and training, employment, legal and health services and counselling.

Supporting housing needs

Several NGOs are funded to deliver the A Place to Call Home (APTCH) program across the NT and the Tenancy Sustainability Program. These programs assist individuals and families to maintain public housing tenancies.

Katherine Youth Accommodation and Support Service provides crisis and short-term supported accommodation in the Katherine area and coordinates a range of services to ensure that young people are linked to support such as education, training, alcohol and other drugs services, living skills and counselling. The service also actively seeks to reunify young people with their families.

The Youth Housing Options and Pathways Program provides medium to long-term transitional accommodation and case management services to youth aged 15 to 19 years in Darwin and Palmerston. In addition, Wadeye and Gunbalanya Safe Houses support women and children affected by domestic and family violence.

Increasing workforce capabilities

CAARS is being adapted by a cross-portfolio working group for use in the remote and regional Northern Territory Indigenous context and to trial the CAARS tools. Trialling the CAARS tools in the NT will involve focusing on learning from the use of the tools and enabling their further development through practice-based evidence. This will result in the development of a product specific to the Indigenous context that may be used in the NT and other Australian jurisdictions. The CAARS tools will provide practical mechanisms for identifying and responding to indicators of need and will engage service providers to focus on identifying and linking strengths and needs to focus on early prevention, rather than protection.

Work across the community and with other key partners, such as community elders and policemen, was undertaken through development and training of key personnel to deliver the Keeping Safe: Child Protection Curriculum. A three-day course, using a ‘train the trainer’ model, develops a joint understanding of protective behaviours and how these can be embedded across communities. Keeping Safe: Child Protection Curriculum training was delivered to 56 schools.

In addition, Strategies for Managing Abuse Related Trauma (SMART) has been offered via CDROM to 40 schools, and a number of other schools are accessing the online SMART training provided through the Australian Childhood Foundation.

Culturally appropriate Indigenous story books have been sourced to support the implementation of child protection strategies and training in schools. OCF has also developed an information booklet for professionals, Reporting Child Abuse and Neglect: It’s everybody’s responsibility, which is available on the departmental website.

NAPCAN was contracted to deliver Keeping Kids Safe Together training sessions across the NT, to increase the awareness of staff in non-government, government and community agencies about preventing child abuse. An information session about child abuse/neglect and mandatory reporting of domestic/family violence is included as a core element in monthly Departmental Orientation sessions attended by new staff commencing with OCF and the Department of Health.

Two e-learning tools were developed, to raise awareness of the NT’s mandatory reporting requirements under the Care and Protection of Children Act 2007 and the Domestic and Family Violence Act 2007. The target audiences include government and non-government service providers, as well as the general public. The tools are available through the NT Government’s OCF web site.

#### Queensland

Social housing resources are currently being reviewed to ensure their most effective use by as many people in need as possible, for the duration of their need. As part of the reform to social housing, three-year, fixed-term tenancy agreements have been introduced for all new tenants and identified undeclared household members from 1 July 2012. In addition, undeclared household members are being identified.

In 2011–12, under the Nation Building – Economic Stimulus Plan: Social Housing Initiative, 994 dwellings were constructed in Queensland, bringing the total completed to date under this Initiative to 3748 dwellings. These dwellings were allocated to eligible people from the Housing Register, with 56 per cent of dwellings allocated to households that were homeless or at risk of homelessness.

Further reform initiatives now being considered include:

* reviewing how public housing stock is used
* reviewing the current rent policy
* reducing administrative and maintenance costs
* leveraging the extensive asset base, worth over $15 billion, to facilitate redevelopment and/or additional housing
* creating a stronger role for non-government housing providers
* getting tougher on those who abuse social housing assistance
* addressing under-occupancy of social housing.

#### Responding to homelessness

A Place to Call Home (APTCH) is a statewide initiative of the Queensland National Partnership Agreement on Homelessness. The locations chosen for the program have a particular focus on prevention and early intervention, supported by initiatives such as Referral for Intervention, Helping Out Families and also the Aboriginal and Torres Strait Islander Family Support Services. APTCH provides support for up to
12 months to families who are homeless or at risk of homelessness and in contact with the child protection system, to enable them to commence a tenancy in a social housing dwelling.

In 2011–12, the program housed and supported 127 individuals in 31 purchased dwellings. Twelve families had a member identified as a victim of domestic violence, and eight had an Indigenous member.

A Post-Implementation Practice Review report, finalised in May 2012, identified numerous achievements and challenges for responding to the housing and support needs of referred families. The report is awaiting endorsement.

Building bright futures 2010–2013, an action plan for children with a disability, aged from birth to 8 years, and their families, focuses on increasing their access to all available supports and services, to maximise developmental opportunities and promote achievement of developmental milestones.

The collaborative Evolve Interagency Services delivers intensive therapeutic and behaviour support services to children and young people in care (including those with a disability) who have severe and complex behavioural problems. Evolve offers a range of services, including the Evolve Behaviour Support Service, which provides positive behaviour support for children and young people with a disability and severe and complex behavioural and psychological issues, who are in the care of the state; and the Evolve Behaviour Support Service – Early Intervention, which provides early intervention behaviour support to families of children with a disability who have challenging behaviours and who are at risk of relinquishment into the child protection system.

The Specialist Disability Assessment (SDA) service provided by Evolve Behaviour Support Services has been expanded to strengthen supports to families at risk of relinquishing their child to statutory care. SDA may be provided for children and young people with a disability at risk of entering, or at entry to, statutory care; in statutory care; or returning home to their birth family from statutory care. The aim of SDA in this context is to use a family-centred practice framework to make recommendations to enhance the capacity of the family to be able to continue to care for the child/young person in the family home.

A range of information resources are available on the risk factors for, and impacts of, child abuse and neglect, to be provided to child and adult-focused services and professions. The suite of operational policies, procedures and practice resources that guides departmental staff in the delivery of child safety services is also made publicly available for access by other professionals and the broader public.

#### South Australia

South Australia’s Baby Steps Parenting Program works with mothers with mental health issues, including severe and chronic mental illness, depression and borderline personality disorder, where there is an identified concern about their attachment with their baby. The women are provided with a repertoire of child-centred activities they can use at home. The sessions are also a therapeutic intervention to enhance the women’s emotional and social wellbeing, offering them the chance to consider how their own background affects their current parenting. Baby Steps helps parents to develop their relationship with their infants and increases their understanding of their infants’ needs.

A community sector-funded step down program, Bigger Steps, offers women the opportunity to remain connected to supports and to integrate learning from the program into their day-to-day interactions with their infant.

The Better Pathways Project aims to improve engagement, transition and post-school outcomes for young people with disabilities and mental health issues. The project focuses on improving outcomes for young people living in families with complex social issues and on reducing the gaps for disadvantaged population groups, by providing advocacy, coaching, mentoring and personalised support for young people, as well as coordinating better connections between families, schools, community services and agencies.

Support for people with disabilities

Disability Services continues to deliver Sleepwise, a comprehensive approach to managing sleep problems in young children with disabilities. A research program to extend the Sleepwise program to older children and young people (conducted in conjunction with Monash University) was completed in 2011. The final results demonstrated significantly improved outcomes for children and young people with sleep disorders.
Sleepwise parent education workshops will continue to be offered, with specific workshops for parents of older children and young people.

The Healthy and Safe Parenting Program is also being implemented for parents with cognitive disabilities. This structured training program supports parents to identify a range of child health and safety issues and develop and implement appropriate responses to provide a safer environment for their children.

Disability Services has also piloted a therapeutic group program for adolescent boys with Asperger’s syndrome or high-functioning autism with violent and aggressive behaviour. The program focuses on building social skills, managing difficult emotions, developing identity, respectful behaviour and positive family relationships. Evidence from the pilot evaluation has revealed high levels of participation and engagement, and further development of the group will occur in 2013.

Families SA has led the development of a resource to assist in supporting parents and carers of children with disability: Protecting children and young people with Disability: a booklet for parents and carers. A companion booklet, A guide to protecting children and young people with disability and preventing sexual abuse: for parents and carers, was produced by the Ministerial Advisory Committee: Students with Disabilities. The booklets raise awareness about the safety and wellbeing of children with disability and highlight where parents and carers can go for advice. They include information on why children with disability are more vulnerable to abuse and neglect, and practical help about what parents and carers can do to protect their child.

#### South Australian Children’s Centres for Early Childhood Development and Parenting

Michelle (not her real name) lives with her five children, aged from 5 to 14 years. Michelle had left her husband after experiencing a history of domestic violence that her children also witnessed. Michelle and her children initially sought refuge at a friend’s house. When she enrolled her children into the local school, Michelle was able to seek support from the Family Services Co-ordinator at the Children’s Centre located on the school grounds.

Following advice from the Family Services Co-ordinator, Michelle sought an Interim Intervention Order preventing her husband from having any contact with her or the children. Temporary housing was arranged for Michelle and her children in local domestic violence accommodation. The Family Services Co-ordinator then advocated for Michelle to receive a public housing transfer to accommodation closer to the school and Children’s Centre.

Since then, Michelle and her children have continued to access support through the Children’s Centre. Individual counselling has been made available to Michelle, including support with parenting strategies for managing the children’s trauma response behaviours.

Referrals have been made for all the children to the local Division of General Practice, which provides outreach from the Children’s Centre Site. Michelle’s eldest child was referred to a Youth Worker from headspace. Linking the family with local community supports, for practical assistance and long-term financial counselling, enabled them to plan for their independent future.

Michelle was also referred to the local Domestic Violence Unit and Family Violence Unit for ongoing support for domestic violence issues.

The interventions put in place for the children are continuing, and the assistance provided to the family now means that the children are in a safe and secure home and engaged with education and support services.

South Australia has reformed its service model for inner-city youth and young family crisis accommodation and support services. The Department for Communities and Social Inclusion: Housing SA has replaced two gender-specific inner-city shelters with a new 30-apartment complex, youth110. youth110 is located within the mixed tenancy community of UNO Apartments, with case management and support services delivered by St John’s Youth Services. Four family-specific, self-contained apartments offer a more flexible accommodation model for different family configurations, including couples with children and single fathers and their children.

South Australia has expanded its Young Family Support Program, which provides short to long-term self-contained accommodation and case management support for young families experiencing homelessness. The launch of Findon Family Housing provides the program with an additional 10 dwellings. An additional 262 housing and support packages for families (including those experiencing domestic violence) have been provided through the Department for Communities and Social Inclusion: Housing SA Homeless Supportive Housing Program.

Families SA, in collaboration with the Department for Communities and Social Inclusion College for Learning and Development, has developed new Guidelines for mandated notifiers and information for organisations. This publication assists people who have contact with children and are required by law to report concerns of child abuse and/or neglect, to understand their obligations as a mandated notifier. A section has been introduced to provide information for organisations that are required by law to develop policies and procedures to establish and maintain child-safe environments and to assist them to meet these obligations.

South Australia has designated key staff members as Child Protection Advisors across the Women’s and Children’s Health Network, to provide a strong network of professionals able to identify risk and protective factors for children receiving services in the acute and community sectors and to respond appropriately with early intervention where possible. Hospital-based nurses have been provided with increased access to professional training and development. This will be developed further next year, to include other health professionals in the acute care setting.

Country Health SA Local Health Network Early Childhood services has trained 70 per cent of Early Childhood clinicians in attachment theory, with a focus on engaging and supporting vulnerable families.

Drug and Alcohol Services South Australia (DASSA) has introduced a new assessment procedure for all non-pharmacotherapy services, to determine whether adult clients have children and whether there has been contact with child protection agencies. The approach is currently being introduced into pharmacotherapy assessments. DASSA is developing systems to record this information on the client database, to ensure that appropriate child and family support linkages can be made.

DASSA is also working with the Australian Centre for Child Protection to develop a modified version of the Building Capacity Building Bridges training program for more extensive implementation across DASSA. This aligns with broader South Australian Government efforts towards closer collaboration between adult-focused services and child protection services.

Strategies for managing abuse related trauma (SMART)

South Australia’s Department for Education and Child Development is developing personalised SMART plans as part of Individual Education Plans for young people in out-of-home care. SMART promotes trauma-informed classroom practice to improve educational outcomes. Workshops and online training are available to all educators and Families SA staff.

Strategies for managing abuse related trauma = educational reform (SMART=ER) provides information and support to school teams to conduct action research in their schools with a focus on inclusive pedagogy. In 2012, the program has focused on adolescents and Aboriginal young people and the development of positive teacher-student relationships as the foundation for engagement with schooling.

#### Tasmania

Tasmania is working with the Australian Government to prepare for the launch of the NDIS in Tasmania in July 2013. The launch will enable all young people with disability aged between 15 and 24 to move to the new scheme and will provide them with greater choice and control over the support services they receive, together with increased understanding and certainty about the support they will receive over their lifetime.

Increasing workforce capability

Tasmania has also produced a new handbook, The Role of Advocacy Services in the Tasmanian Disability Sector, to support advocacy organisations and to advise families regarding the support they may require.

There has been substantial capital development in the social and affordable housing arena during the current period of the National Affordable Housing Agreement (NAHA), encompassing the Nation Building – Economic Stimulus Plan, the National Partnership on Remote Indigenous Housing and the NPAH. Tasmania has just reached the target of 1400 new homes/places provided since the commencement of these agreements in 2008.

Responding to homelessness

Within this general effort directed towards low-income Tasmanian families and people at risk of homelessness, supported accommodation facilities provide permanent solutions. There are five such facilities now tenanted or being tenanted in Tasmania, and one of these (Thyne House in Launceston, which has 30 beds) is specifically directed towards young people aged 18 or over.

In mid-September, Tasmania announced a new model for support and accommodation. Based on the Support and Accommodation Assistance Review (SAAR) conducted by consultants KPMG, the model will see intake services streamlined into one front door with multiple virtual entry points, while a continuum of case management and support is provided by a separate service type. Shelters will continue to provide short-term crisis accommodation and support. Within this model, it is acknowledged that special streams for young people will need to be managed and that transitional housing should continue to be available for young people in particular. The review recommended that people under the age of 16 should not be accommodated in shelters, although it is acknowledged that sometimes there is no alternative.

In parallel, a process to establish alternative ways of managing the accommodation needs of young people at risk is being progressed through the U16 shelter project, which is evolving a solution to the problem long recognised but reconfirmed by the SAAR Review. The SAAR project raised the issue of young people under the age of 16 being accommodated in Immediate Emergency Accommodation in Tasmania. A joint project between the Commissioner for Children, CYS and Housing Tasmania was established to further examine these issues.
While there is in-principle agreement that shelters are not an ideal environment for children under 16 years of age, it is recognised that some young people will continue to find themselves in circumstances where they require an emergency bed.

The aim of the joint project has been to define improved supports for young people, based around the existing youth shelters. Key features of the service response are: clear child protection pathways, the use of facilitated family meetings to better link adolescent and family support services, and the provision of accommodation support to assist young people to gain stability in an appropriate living situation. Such a coordinated response will be underpinned by updated protocols: Sharing Responsibility for the Care and Protection of Homeless, Unsupported Young People Under Eighteen Years of Age.

It is anticipated that the proposed response will allow homelessness agencies, family support services, statutory child protection services and other organisations to work collaboratively to minimise the amount of time a young person remains in emergency accommodation without unnecessarily drawing the young person into the out-of-home care system.

A number of options for the provision of accommodation support that follows a young person out of emergency accommodation are being considered. Support to this client group is also a consideration of the current mid-term review of the TYSS. It is expected that an agreed accommodation support model will be ready for a July 2013 implementation.

The newly created workforce professional development continuums for CYS specify the mandatory training and development requirements for CYS staff, noting the mandatory requirements to be met prior to working with vulnerable children and their families. These documents will continue to be developed as their implementation proceeds.

#### Victoria

The DHS Operating Framework: Supporting integrated practices was published in April 2012. It articulates a collaborative disability and child protection approach to responding to children with disabilities and their families. A regional training package has been delivered to support staff to implement the Framework.

A work plan has been developed across disability and child protection services to support working with parents with a disability, including training for child protection workers and easy-to-read information sheets.

In consultation with child protection, the Department of Health issued the Chief Psychiatrist’s Guideline: Priority access for out-of-home care in August 2011, to improve access to mental health services for children placed in out-of-home care. Monitoring arrangements have been put in place to track referrals and services received from public mental health services.

The three Victorian Early Parenting Centres have been funded through the National Perinatal Depression Initiative to provide additional psychological services to support new mothers and their young children where mental health issues are identified.

Young, pregnant, vulnerable women who have an intellectual disability that may impact on their ability to parent, and safely care for, their child, make up one of the priority criteria for access to the Cradle to Kinder or Aboriginal Cradle to Kinder programs.

The May 2012 Directions Paper recognises that traditional approaches of single-issue, cohort-specific services have not met the needs of vulnerable children. The Paper emphasises moving to a new approach where adult specialist services (such as mental health):

* take a family-centred approach to vulnerability
* recognise the impacts of parental problems on vulnerable children and adopt a therapeutic approach where appropriate
* build understanding, connection and accountability across programs and organisational boundaries.

In 2012, three new specialist practice resources were published, expanding upon the suite of resources launched in 2010. The new publications are: Best interests case practice model – summary guide (revised), Children and their families and Families with multiple and complex needs. Work is underway to finalise the remaining publications. The additional publications will focus on stability, working with families experiencing family violence and working with families experiencing sexual abuse.

#### Western Australia

The Count me in Framework is a major WA policy platform aimed at improving community inclusion and participation of children and parents with disability. Achievements delivered through Count me in include the development of a range of new initiatives, such as the Family Living Initiative, which supports families with a child with disability to build on and maintain healthy and stable relationships, undertake typical family activities and roles, be active in the community, develop and maintain friendships and support networks, prepare for key times of change for an individual and their family, create opportunities and achieve goals.

To provide more integrated and accessible services to support the needs of schools and students, previous services for students with disability and mental illness have been reformed into three enhanced services for students with special educational needs.

DCP, in partnership with the Disability Services Commission, is currently reviewing a Memorandum of Understanding (MoU) to improve the development and delivery of services to children and parents with disability where there are child protection concerns.

The WA Mental Health Commission announced the development of a Court Diversion Initiative for both adults and children, which will be piloted for 20 months commencing in 2012–13. The initiative will provide opportunities for people whose offending is linked to their mental illness to access community mental health services, to improve their mental health and address their offending. Through this initiative, mental health clinicians will be located in the Children’s Court to support children, and a dedicated magistrate and a clinical team will be based in the Perth Magistrates Court to support adults.

The Mental Health Commission has significantly increased investment in community-based public mental health services for children and young people. Consultations undertaken by the Mental Health Commission identified that the 15 to 24 years age group was a high-risk group with unmet mental health needs. Based on that advice, the 2011–12 public mental health services growth funding is targeting support to this age group. The Mental Health Commission also funds three non-government organisations to provide support for children whose parents live with a mental illness.

The Mental Health Commission is funding the development of integrated and sustainable community-based infant mental health models in two locations in metropolitan Perth. These models of care will make it easier for families of infants to access timely, responsive and appropriate levels of support and service.

The Disruptive Behaviour Management Strategy has been implemented to address public concern about antisocial behaviour by tenants in public housing. Three reports of antisocial behaviour (‘strikes’) in 12 months will result in termination of the tenancy. Information sharing protocols have been developed to manage situations where families with children are at risk of eviction (at ‘first strike’). In this situation, DCP works with these families to identify support the family may need to reduce the likelihood of further ‘strikes’ or eviction.

The Mental Health Commission provided funding to the Department of Housing for their front key staff to undertake two-day Mental Health First Aid training, to assist staff to improve their knowledge and their ability to understand signs and symptoms of mental health problems.

Family and Domestic Violence Co-location Model: Senior Child Protection Workers—Family and Domestic Violence are co-located with WA Police across the state to provide a joint response to incidents of domestic violence where there are concerns about child abuse or neglect.

Seventeen Family and Domestic Violence Case Management and Coordination Services are operating across WA. The role of the Coordinators is to facilitate multi-agency case management of families and children at high risk due to domestic violence and to document and report local and regional barriers to victim safety and perpetrator accountability. The barriers recorded are responded to where possible and/or are used to inform future planning.

Implementation of the Family and Domestic CRARMF commenced in 2011–12 and included provision of a two-day training program, information sessions, resources and tools and targeted support for agencies to change policy and practice. The CRARMF supports integrated responses to family and domestic violence by setting minimum standards about screening and the assessment, management and monitoring of risk, including interagency collaboration, information sharing and common language.

Western Australia’s Family and Domestic Violence Prevention Strategy to 2022 was developed by a cross-government Senior Officers’ Group and sets out a 10-year plan for a comprehensive and coordinated interagency response to family and domestic violence.

Responding to homelessness

Through NAHA and NPAH, targeted support is provided to assist children and families who are homeless. NPAH Support for Children in Family Homelessness Accommodation services provides support to children who are accompanying their parents into specialist homelessness accommodation services and assists them in addressing issues associated with their homelessness. The focus of this service is to prevent a lifetime of disadvantage that may include long-term homelessness as an adult.

Domestic violence child support workers provide child-centred responses to children in domestic violence accommodation services, to improve linkages with mainstream services, including schools, child care and health professionals. This initiative is a key strategy to improve the support provided for children who are homeless, including supporting them to maintain contact with the education system.

Five youth accommodation services have received additional funds to support young parents to meet the needs of their children through direct service provision, advocacy and referral to other community resources. Parents develop an increased confidence in their ability to provide a supportive and developmentally appropriate environment for their children, and children receive the services they need for optimal development at age-appropriate levels.

The Mental Health Commission also funds a dedicated homeless youth facility in Fremantle that provides accommodation and support for young people with mental illness.

Support needs of regional locations are being explored through Human Services Regional Management Forums, which have membership from a range of government and non-government agencies. Based on the feedback received, the Forums are developing and progressing Regional Homelessness Action Plans.

Addressing abuse and neglect

DCP continues to collaborate with other relevant agencies to deliver training in the metropolitan and regional/remote communities for mandatory reporters. Workshops for residents and professionals in communities in Derby and East Kimberley are being developed in relation to aspects of child sexual abuse and to address the issue of consent. These workshops are arranged with local agencies at the request of the community.

The Mental Health Commission has invested in workforce initiatives to build the capacity of the mental health sector to support people with mental health problems and/or mental illness, their families and carers. These initiatives are specifically focused on children and young people and include funding to address a shortage of advanced Child and Adolescent Psychiatry training positions and for scholarships to enable government and non-government employees to undertake studies in infant mental health.

The DCP and Child and Adolescent Mental Health Services have agreed to strengthen collaborative and flexible approaches to service delivery, promote exchange of information and increase knowledge and skills of staff to manage health issues in the context of abuse and neglect.

## Measuring progress

### Indicator 14: Homelessness

Homelessness has a detrimental effect on children’s health and wellbeing, which can persist beyond the period of homelessness. The causes of homelessness are complex and may include economic factors such as poverty, unemployment and increased housing costs. An unstable home environment caused by domestic violence, child abuse and neglect, family conflict, mental illness and drug and alcohol problems may also lead to homelessness (AIHW 2012b).

Specialist Homelessness Services deliver support to people who are homeless or at risk of homelessness. In 2011–12, over 67 000 children (13 per 1000 children) were assisted by these services. Most children (58 per cent) were under 10 years of age.

Aboriginal and Torres Strait Islander children were over-represented in the data; the rate for Indigenous children was nine times the rate for non-Indigenous children (73 and 8 per 1000 children, respectively).

Around one-sixth (16 per cent) of children presented alone to homelessness services, while the majority presented in a group as part of a ‘person with children’ (69 per cent) or a ‘couple with children’ (12 per cent).

The national SHS data collection was implemented on 1 July 2011 (replacing the previous Supported Accommodation Assistance Program national data collection). For this reason, trend data are not yet available.

Table 21: Children aged 0–17 years assisted by specialist homelessness services, 2011–12

| Age group (years) | Indigenous children | Non-Indigenous children | All children |
| --- | --- | --- | --- |
|  | Number of children |
| 0–4 | 6668  | 13 168  | 22 580  |
| 5–9 | 4502  | 9714  | 16 276  |
| 10–14 | 3394  | 8247  | 13 475  |
| 15–17 | 2928  | 9925  | 14 945  |
| Total 0–17 | 17 492  |  41 053  |  67 277  |
|  | Rate per 1000 children |
| 0–4 | 92.8 | 9.4 | 15.4 |
| 5–9 | 69.8 | 7.3 | 11.7 |
| 10–14 | 52.1 | 6.3 | 9.8 |
| 15–17 | 75.4 | 12.0 | 17.3 |
| Total 0–17 | 72.8 | 8.4 | 13.2 |

Notes:

1. ‘All children’ includes 8732 children whose Indigenous status was unknown (13.0% of all children).

2. Data are weighted to adjust for non-sampling error (details provided in AIHW 2012c). Categories may not add to total due to rounding.

Source: AIHW Specialist Homelessness Services data collection (unpublished).

### Indicator 15: Adult abuse of alcohol or other drugs

The abuse of alcohol or drugs can compromise parents’ ability to provide a safe environment for children and can interfere with their ability to respond adequately to a child’s emotional needs (Dawe 2007).

To support a habit, parents may become involved in illegal activity such as theft and prostitution that can place children at further risk (Dawe, Harnett & Frye 2008). High rates of child maltreatment have been reported in families with parental substance misuse (Dawe 2007).

The 2010 National Drug Strategy Household Survey (AIHW 2011a) found that 13 per cent of parents with children aged 0 to 14 years had used either an illicit substance (such as marijuana or ecstasy) or a licit substance for non-medical purposes (such as pain killers) in the previous 12 months. This is similar to 2007 (12 per cent).

Similar results were found among adults without children; the proportion that had used either an illicit substance or a licit substance for non-medical purposes was 15 per cent in 2007, and 16 per cent in 2010.

Overall, a slightly higher proportion of adults without children used an illicit substance or a licit substance for non-medical purposes in 2010 (16 per cent compared to 13 per cent for adults with children).

Table 22: Substance use in the past 12 months among parents with children aged 0–14 years,
2007 and 2010 (per cent)

|  | Adults with children(a) |  | Adults without children(a) |
| --- | --- | --- | --- |
|  | 2007 | 2010 |  | 2007 | 2010 |
| Used a licit substance for non-medical purposes | 2.9 | 3.1 |  | 4.2 | 4.7 |
| Used any illicit substance  | 10.2 | 11.1 |  | 11.8 | 13.1 |
| Used any illicit substance or licit substance for non-medical purposes | 12.4 | 13.1 |  | 14.5 | 16.0 |

(a) Adults are persons aged 18 years or more. Children includes dependent children aged 0–14 years.

Source: National Drug Strategy Household Survey (unpublished).

### Indicator 18: Joblessness

Children living in poverty face a range of challenges, including a higher risk of low birth weight, lower school readiness rates, poorer literacy skills and the corrosion of family relationships due to the stress associated with poverty (Smart et al. 2008; CCCH 2009).

While most children living in poverty do not experience abuse or neglect (Guterman 2000; McSherry 2004; Crosson-Tower 2005), family poverty can be a key factor for child abuse and neglect. This is probably related to other risk factors for abuse and neglect, such as substance misuse, mental illness and homelessness, which are also associated with poverty (Guterman 2000). People who are jobless are at high risk of poverty (ACOSS 2009).

A jobless family is a family where neither the parents nor any dependants over 15 are employed. In June 2011, there were 526 000 children aged 0 to 14 years living in jobless families, representing 12 per cent of all children under 15 in families. Two-thirds (65 per cent) of these children lived in jobless lone parent families.

The number of children aged 0 to 14 years living in jobless families has decreased slightly, by 3 per cent (or 18 500 children) since June 2009. Most of this decline (10 300 children) occurred among couple families.

Table 23: Children aged 0–14 years in jobless families, June 2009 to 2011 (number)

|  | 2009 | 2010 | 2011 |
| --- | --- | --- | --- |
| Children in jobless couple families | 192 900 | 180 900 | 182 600 |
| Children in jobless lone parent families | 351 500 | 351 000 | 343 300 |
| Total children in jobless families | 544 400 | 531 900 | 525 900 |

Source: ABS 2011.

# Chapter seven:Outcome 4—Children who have been abused or neglected receive the support and care they need for their safety and wellbeing

Children and young people who have been abused (or are at risk of abuse) receive timely, high-quality child protection and other support services to secure their safety and promote their long-term wellbeing.

### The strategies that support Outcome 4 are:

Enhance access to appropriate support services for recovery where abuse or neglect has occurred

1. Support grandparent, foster and kinship carers to provide safe and stable care
2. Improve support for young people leaving care
3. Support enhanced national consistency and continuous improvement in child protection services.

### Overview

One of the major achievements of 2011–12 has been the development and agreement of a national approach to planning for the transition from out-of-home care to independence. This has been reflected in the wide range of initiatives now in place, or in advanced development, in each jurisdiction. These initiatives were further supported through the provision of funding of $300 000 over three years to the CREATE Foundation to engage a Project Officer whose work will include supporting improvements in transition planning for young people leaving out-of-home care.

The Australian Government has also provided an additional $1.5 million over three years to the CREATE Foundation to expand the CREATE Your Future program to Perth, Darwin and the Hunter region, to improve transition to independence planning and reduce the risk of young people leaving out-of-home care into homelessness.

The Australian Government is undertaking a review of the Transition to Independent Living Allowance, which increased from $1000 to $1500 in 2009–10 under the National Framework.

The National Partnership Agreement on Indigenous Early Childhood Development was signed in 2009 and provides Australian Government funding to establish 38 Child and Family Centres across Australia by June 2014. Locations for all 38 Child and Family Centres have now been agreed and announced. Thirty-seven specific sites have been identified and agreed, with only the Palmerston NT site outstanding. Many of the services at these Centres are targeted to addressing the needs of Indigenous families, including grandparent and kinship carers, and their children.

#### CREATE Foundation – National Youth Advisory Council

From 10 to 13 November 2012, CREATE Foundation hosted the 4th National Youth Advisory Council (NYAC) Summit. This forum for young people with an out-of-home care experience gave them the opportunity to come together to discuss issues important to them with each other and key decision makers. Representing every state and territory, the 22 NYAC Delegates spent four days at the University of New South Wales, CBD campus, participating in workshops and activities around advocacy.
The Summit culminated in the NYAC Forum, attended by key decision makers in the child protection system, giving the NYAC delegates an opportunity to discuss the key issues they identified in a campaign on connectedness and belonging, ‘Connect 4!’.

CREATE Foundation recognises in its core principles that participation is the cornerstone of best practice. In fulfilling the mission of creating a better life for children and young people in care, CREATE offers opportunities for young people with a care experience to provide feedback that informs messages on how the child protection system can be improved. As the national peak body for over 37 000 children and young people with a care experience, CREATE utilises several strategies that promote direct dialogue with, and participation by, children and young people in care. One of these forums has included the National Youth Advisory Council.

The 2012 National Youth Advisory Council comprised three youth delegates from each state and territory. Each of these delegates had been involved in CREATE Youth Advisory Groups (YAG)—open groups in each state and territory that meet monthly to discuss issues related to the child protection system, explore solutions, and provide feedback. NYAC delegates provided feedback to CREATE at a high level to help inform advocacy and policy priorities, including the development of the Connect 4! Advocacy campaign.

Connect 4! developed out of discussions between NYAC delegates about the issues they felt were the most important to children and young people in out-of-home care. Here are some of the comments that arose during discussions regarding the need for children and young people to feel a sense of connectedness and belonging:

* ‘Family are often like strangers by the time a young person transitions from care.’
* ‘Young people need to have access to information about their rights about not contacting family.’
* ‘The system needs to look at the big picture of what family is in regards to visitation: it’s not just about siblings and parents, but aunties and uncles, grandparents and cousins.’
* ‘Children and young people in care often don’t feel like they’re part of anything.’
* ‘Children and young people need to feel connected—if not to family, then to community.’

CREATE supported the delegates to discuss issues through monthly teleconferences, which resulted in the formation of a campaign on the importance of connectedness and belonging, with four main areas of focus. The NYAC delegates determined the key themes of Connect 4! to include:

* connection with family
* placing siblings together
* a sense of home
* connection to community.

Connect 4! provided the basis for discussion at the NYAC Forum between the delegates and key decision makers from child protection agencies, foster care associations, and statutory authorities. The discussions at the NYAC Forum took place in the form of café conversations, with all participants in the forum having the opportunity to discuss each of the four areas. Julie McCrossin facilitated the Forum, drawing out wisdom and knowledge from the crowd, particularly that of the NYAC delegates. Many participants remarked on the benefit of being able to discuss these issues with young people with a care experience, especially in the context of a campaign developed by NYAC.

The young people involved in the forum reported a great sense of achievement in being involved in the development of the campaign and then discussing key issues, as well as an excitement about what initiatives may be explored as a result of the ideas raised at the Forum.

‘Every young person I met in Sydney was so passionate and it was amazing to see how they have used their story, even if it wasn’t so good, to help make a change for our future children and young people in care.
They all had a dream and it was amazing to see.

‘There was lots of work done and on the second last day we had a forum (this was my favourite and we sat there with major stakeholders in child protection and had a conversation). We as young people got to see where they were coming from and they as workers got to see where young people were coming from.
I believe it was a useful day.’

–Angela, Queensland

The discussions at the NYAC Forum resulted in a long list of ideas about how to promote the importance of connectedness and belonging for children and young people in care. CREATE has worked some of the ideas into the Connect 4! Action plan and will implement them throughout the coming 12 months.

### Australian, state and territory government activities

#### Australian Government

Several measures were introduced to assist grandparent carers. Five new Centrelink Grandparent Advisors complement the original Grandparent Advisor in WA. Four of 57 playgroups currently operating under the Supported Playgroup Program specifically target grandparent and other carers, while a further six include grandparent carers as part of their secondary target groups. Twenty-five ‘MyTime for Grandparents’ peer support groups were introduced in selected locations nationally.

In July 2009, the Australian Government increased the Transition to Independent Living Allowance (TILA) for young people leaving care, from $1000 to $1500. The increase will assist young care leavers to cover some of the costs of moving to independence.

In March 2012, Ministers endorsed the production and public release of an online resource, developed by the Australian Government in partnership with states and territories and the non-government sector. The Supporting young people transitioning from out-of-home care to independence in Australia: good practice in 2011–12 guide promotes sharing of some initiatives that support young people transitioning from out-of-home care to independence across Australia. It is a point-in-time resource that promotes information sharing and further innovation in supporting young people leaving out-of-home care across state and territory child protection agencies and non-government organisations.

Since 2008, the Australian Government has provided Adults Surviving Child Abuse (ASCA) with funding for the provision of national workshops for survivors of child sexual abuse and for health professionals. ASCA undertook a literature review and subsequently produced the Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. The guidelines aim to assist with identifying the needs of people who have experienced complex trauma, to improve the prospects of recovery from traumatic events.

The Australian Government is funding AIHW to review existing data definitions and unit record data for child protection. Work on the first phase of the unit record data project is underway. The ‘dress rehearsal’ collection of the new data commenced in November 2012, and full implementation is due during the second half of 2013 for the purposes of national reporting.

AIHW’s Headline indicators for children’s health, development and wellbeing 2011 were released in July 2011. AIHW continues to develop these indicators.

In addition, during 2011, the Australian Government consulted with Indigenous out-of-home care peak bodies to improve our understanding of the specific needs of Indigenous out-of-home carers as well as carers of Indigenous children. The consultation report was endorsed by Ministers on 30 March 2012 and was used to inform actions for the Second Action Plan of the National Framework.

#### Australian Capital Territory

In the ACT, foster carers and kinship carers access the same financial supports to assist in the provision of care to children and young people in the care of the Director-General. The level of funding support provided to carers is on a sliding scale and is determined by the level of complexity arising from the child or young person’s behaviour. In May 2012, a dedicated kinship carer support team was established to provide ongoing support, referral and advocacy to kinship carers of children in the care of the Director-General.

Supporting young people leaving out-of-home care

The ACT Government provided $2.07 million over four years to establish a case management service to work closely with young people who are transitioning from out-of-home care to adulthood and to provide extended support to young people up to the age of 25 years who have left care. The service, known as the Youth Support and Transition Team, commenced operations in January 2012 following a period of consultation to develop the service model. Staff from this service continue to provide support to young people following their transition from care, including access to brokerage funding, supported assistance to access personal records and documents and ongoing emotional and practical support.

Supporting enhanced national consistency in child protection services

The ACT Children and Young People Death Review Committee was established following amendments to the Children and Young People Act 2008. Appointment of the Chair and members was made with effect from 28 January 2012.

The Children and Young People Death Review Committee is responsible for:

* identifying patterns and trends in relation to the deaths of children and young people
* undertaking research that aims to prevent or reduce the likelihood of child deaths
* identifying areas requiring additional research that arise from the identified patterns and trends in relation to child deaths
* making recommendations about legislation, policies, practices and services for implementation by the Territory and non-government bodies to help prevent or reduce the likelihood of child deaths.

#### New South Wales

Improving health outcomes

NSW led the development of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care through the Child Health and Wellbeing Subcommittee of the Australian Population Health Development Principal Committee, together with other state and territory representatives. The Out-of-home Care Health Screening and Assessment Pathway aims to improve the early identification of health needs and ensure access to timely health interventions for children and young people entering statutory out-of-home care. Children expected to remain in statutory care for more than 90 days and who are referred by statutory child protection caseworkers receive coordinated health care assessments reviews and interventions, including health management plans.

To support the implementation of these changes, 10 Out-of-home Care Coordinators have been appointed to Local Health Districts (LHD) across NSW to support the regional implementation of health assessments and facilitate access to health treatments for children and young people entering statutory care. These coordinators are critical to the change management process underway regionally to ensure that LHDs continue to maintain the capacity to deliver the Out-of-home Care Health Screening and Assessment Pathway.

LHDs collect data quarterly on health assessments and processes. A formative evaluation of the implementation of health assessment processes and coordination for children and young people entering statutory care will be undertaken. This evaluation will identify effective practices and processes related to the provision of health assessments that support health outcomes for children and young people in out-of-home care. The findings from the formative evaluation will provide an important preliminary step in developing an outcomes-based evaluation of the provision of health services.

In August 2011, the NSW Model Pathway for the Comprehensive Health and Developmental Assessments for All Children and Young People Entering Out of Home Care was endorsed. It provides an interagency framework for conducting and coordinating health screening, assessment and intervention for children and young people in statutory OOHC.

The NSW Health Prevalence Study on the Health Care of Children in Out of Home Care was published on
29 November 2011 and is available on the NSW Health website.

In July 2012, NSW launched the Teenage Education Payment to assist authorised foster, relative and kinship carers to support their 16 and 17-year-olds in supported and statutory out-of-home care to stay in education and training. Eligible carers will receive $6000 per annum, with payments made at the beginning of each school term or TAFE semester to help carers meet the costs of education and training for young people in out-of-home care.

In NSW, an OOHC coordinator is based in each of the ten Department of Education and Communities’ regions. The OOHC coordinators work with other education staff to build the capacity of teachers and schools in supporting children and young people in OOHC to enhance their educational outcomes. Since July 2010,
all government schools are required to develop individual education plans for preschool or school-aged children and young persons within 30 school days of their being identified by the school as being in OOHC and to review those plans annually.

NSW has provided enhanced support for families where one or more children are habitually absent from school. Home School Liaison Officers (HSLO) work with students and their families to reduce the number of children at risk of poor educational progress because of their habitual non-attendance in the compulsory school years. There are now 110 HSLO positions across NSW.

As of June 2012, NSW has more than 150 ‘conference convenors’ across NSW trained specifically to support the resolution of habitual non-attendance. The conferences bring together the parents or carers, the school, the student (where appropriate) and any agencies that may be able to provide a service to assist the child to attend school.

All 10 school regions have Attendance Action Plans to support schools with student attendance below state or regional rates.

Student Liaison Officers (ASLO) work with Aboriginal communities to develop solutions to the non-attendance of Aboriginal students and to improve their connections to education. Twenty-six ASLO positions are in place across NSW, providing expanded support for the development and implementation of local solutions to support the attendance of Aboriginal students and engagement of students in their education.

Supporting carers

NSW is transferring the case management of children and young people in statutory care, and their carers, from FACS (CS) to the NGO sector. Carers are being supported and engaged by the Transition Office established to guide these complex changes, to help carers understand what the transition will mean for them and the children and/or young people in their care. This is being achieved through carer information sessions, resources, online information and the establishment of carer transfer assistance lines where dedicated FACS (CS) staff answer questions from carers and provide advice and information about the out-of-home care transition.

Connecting Carers NSW receives funding to provide free information, training and support to foster, relative and kinship carers across NSW. This includes a 24-hour carer support line service as well as the delivery of training to more than 7700 carers in 2011–2012. Connecting Carers also hosts or facilitates a range of other activities, including carer conferences, family camps, support groups and grandparent carer events.

NSW provides foster care recruitment and support for Arabic, Turkish and Vietnamese foster carers through its Multicultural Foster Care Program and an African Carer Support Group through Connecting Carers.

#### Cert IV for Carers

The Australian Community Workers Association (ACWA) is the national body for over 500 000 community work practitioners in Australia. ACWA has undertaken an investigation into the feasibility of developing an updated Cert IV for Carers, through its Registered Training Organisation (RTO), Centre for Community Welfare Training. The impetus for this came from the Foster Care Recruitment and Retention State Wide Reference Group, which is guiding the Recruitment and Retention Project being undertaken in NSW. The work relates to the following area in the two-year action plan—‘Explore the development of a para-professional workforce’, and also has applicability to both out-of-home care and the disability sector.

This investigation has not yet been completed but at this point has included: mapping current training provided to foster carers to ascertain the competencies already taught in the process of carer training; identifying services that would wish to use a Cert IV; identifying the methods delivery and assessment that would assure flexibility but ensure standardisation of the level of knowledge and skill.

A combination of delivery is likely to be suitable—with e-learning, agency-based training and face-to-face training by an RTO being considered.

From consultations with providers, it can be reported that there was a range of reasons found for interest in accessing a Cert IV. While some agencies are committed to increasing the professionalisation of carers, and would be actively encouraging their attainment of a formal qualification, others may be interested in accessing discrete units of competency without undertaking the complete curriculum.

During 2011–12, Connecting Carers NSW developed and provided leaving care information workshops to authorised foster, kinship, and relative carers across NSW to assist carers in preparing young people for leaving care. The workshops are based on Leaving Care resources, Leading the Way – A guide for carers and Your Next Step – Information for young people leaving care. Leading the Way assists carers in preparing young people for leaving care. The resources are provided to the young person and the carer when the young person turns 15, which marks the beginning of preparations for the young person’s transition to independent living.

The Caring for kids resource was developed and published online in July 2011. The resource is a support tool for carers and provides information on aspects of caring for children and young people, including education, health, leaving care and financial and legal matters.

NSW Health is currently evaluating ‘train the trainer’ trial programs for relevant Health and Community Services staff to deliver Reparative Parenting Programs to carers. The Reparative Parenting Program helps carers recognise and respond to the needs of traumatised children and young people in their care. It represents a strong partnership between agencies and foster carers and has been well received. Foster children who are nurtured within a safe relational environment are more likely to develop trust in the capacity of others to care for them and less likely to maintain maladaptive attachment strategies. Carers who implement the strategies and skills learned in the Reparative Parenting Program report improved carer capacity, reduced placement breakdown and reduced trauma and behavioural symptoms in children/young people in their care.

NSW funds specialist Aboriginal organisations to deliver supports and resources to Aboriginal carers. This includes the Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec), the Aboriginal State-wide Foster Carer Support Service, which supports Aboriginal kinship carers and non-Aboriginal carers caring for Aboriginal children by providing a foster care advice line, carer support groups, network opportunities, regional and state seminars, training and a quarterly newsletter; representation at local, regional and state levels; a register of Aboriginal foster and kinship carers; advice to agencies about recruitment of Aboriginal foster carers; and an annual Aboriginal foster care conference.

NSW continues to work with and support AbSec to progress a number of initiatives aimed at strengthening the capacity of organisations to improve care for Aboriginal children. These include:

* engaging St John Ambulance Australia (NSW) to deliver 32 accredited first-aid training courses on infants and children, including CPR specifically customised to meet the training needs of Aboriginal foster and kinship carers across NSW
* a new training course, Raising them Strong, for Aboriginal kinship carers including a ‘train-the-trainer’ component for Aboriginal child protection and out-of-home care staff
* a new resource for carers of Aboriginal children and young people with a disability, Caring Together: Raising them Strong – Caring for Kids with a disability. This complements the existing Raising Them Strong resource package (DVD, booklet, cards)
* two additional resources: one on case management and the other on managing challenging behaviour.

Transitioning to independence

Effective leaving care and aftercare planning is essential for young care leavers to make a successful transition to independent living. All young people leaving care must have a leaving care plan, developed by the designated agency with supervisory responsibility for the young person’s placement. An integrated case planning template has been developed to improve the quality and consistency of practice in case planning.

NSW has introduced a range of initiatives to support the policy of ‘no exits into homelessness’ from statutory out-of-home care.

Youth Accord agreements across NSW are focused on finding appropriate accommodation for young people leaving statutory care. Youth Accords are currently operating in the Hunter region, Wyong/Gosford and Tamworth.

A priority under the NSW Homelessness Action Plan is to transition and maintain people exiting statutory care, correctional or health facilities into appropriate long-term accommodation. For example, the Out-of-Home Care Supported Independent Living Program assists young people who have been in care to transition smoothly into becoming an independently living adult with a strong sense of self-reliance and adulthood. The program uses a supported independent living model that integrates accommodation and support services.

The expansion of the OOHC Leaving Care/Aftercare Program has assisted young people who have exited care to transition to, and maintain, either independent living and/or connections with family. Aftercare support is provided to children and young people aged 15 to 25 years who have left out-of-home care, via contracts with a number of NGOs. Assistance includes casework and financial support. Casework may include attempts to reconnect the young person with family or to establish the young person in his or her own accommodation, and financial assistance could include the purchase of household furniture and rental bonds.

The Leaving Care Program for young people with disability has a particular focus on reducing the incidence of young people with a disability who are homeless or at risk of becoming homeless, or who are involved in, or at risk of becoming involved in, the criminal justice system. Through the Stronger Together 2 life span approach, an additional 550 places will be rolled out over the five-year period between 2012–2013 and 2015–16.

The Assisting Aboriginal Young People Leaving Care Project operates in five local government areas on the South Coast and supports young Aboriginal people leaving care to transition to independent living. The project is delivered through an Aboriginal NGO and engages with clients at an early stage to provide generalist case management support and coordinate accommodation, mentoring, links to education or employment, skills development, reconnection to kin where appropriate and access to services.

The Young People Leaving Care Support Service on the North Coast provides housing and generalist support to young people aged 16 to 18 years who are exiting or who have exited out-of-home care.

Quality Assurance for Out-of-Home Care Services

The NSW Office of the Children’s Guardian is responsible for safeguarding the rights of all children and young persons in OOHC in NSW and monitoring all agencies providing this service. An agency needs to provide the NSW Children’s Guardian with evidence that it is complying with the relevant standards for accreditation. Only accredited agencies, known as ‘designated agencies’, may place, or arrange the placement of, children and young people in court-ordered (statutory) OOHC in NSW.

Voluntary Out-of-Home Care (VOOHC) legislation commenced on 24 January 2010 in accordance with the Children and Young Persons (Care and Protection) Act 1998 (the Act) and the Children and Young Persons (Care and Protection) Regulation 2000 (the Regulation). The legislation was introduced to better safeguard the interests of children and young people in VOOHC, many of whom have disabilities. The Children’s Guardian established a register of all agencies providing or arranging VOOHC in NSW, operational since 7 February 2011. All agencies providing VOOHC, including designated agencies, are required to be registered with the Children’s Guardian. The online VOOHC Register enables agencies to look at the VOOHC history for the child or young person for whom it provides care, including placement history (provided by all VOOHC agencies), supervision and case plan/review details. The register improves the consistency and quality of VOOHC intake, assessment, case planning and interagency coordination arrangements.

#### Northern Territory

NT Foster and Kinship Carer allowances were reviewed. The new age-based payment rates are aligned with the Foster Care Estimates rates, a nationally recognised benchmark of the cost of care. The allowance includes additional payments for placements in remote locations and the introduction of a validated assessment tool to assist with establishment of a child’s needs for payment purposes.

The Remote Aboriginal Family Community Worker program provides targeted family support in 25 remote communities across the NT, as at 30 June 2012. Through employing local Indigenous staff, the program enables families to be supported in a culturally sensitive way.

A Kinship Care Unit was developed to assist families to find work and to support reunification of Aboriginal and Torres Strait Islander children and young people. A Foster and Kinship Carer Handbook has also been produced.

The Child Safety and Wellbeing Project has identified key primary health care services that need to be provided to children entering care. Solutions for systematising this include considering electronic sharing of referrals and health care plans. This is a major project requiring significant further development, which will incorporate feedback from each stage as it is implemented.

Supporting young people leaving out-of-home care

‘Leaving Care’ training has been implemented, with all sessions co-facilitated by the CREATE Foundation NT and Anglicare NT. The Policy and Procedures Manual was amended to provide guidance to staff who will be preparing and supporting young people leaving care through the Leaving Care Planning Practice Guidelines and the Leaving Care Task List, which detail operational processes for leaving care planning and aftercare support.

Anglicare NT is delivering the ‘Moving On’ After Care and Brokerage Service to young people who have left care and those who are leaving care. Young people aged between 16 and 24 are able to access the service, which provides information, assessment, referral, advocacy, support and case management.

The CREATE Foundation NT was funded to deliver CREATE Your Future Workshop—Life skills training for young people transitioning from care. CREATE NT also provides advocacy, support, engagement with young people and transition from care training to OCF staff. CREATE is also developing a Mentoring Training program for individuals mentoring young people who are leaving care.

The OCF provided research expertise into the development of the Terms of Reference for 2012 projects undertaken under the National Research Agenda and will contribute to the assessment of expressions of interest submitted following the advertising for projects, which closed on 4 September 2012. OCF has emphasised the need to consider testing research in relation to Aboriginal and Torres Strait Islander status and remoteness within larger research projects related to child protection.

#### Queensland

Significant financial and non-financial support is provided to formal kinship carers, including a fortnightly caring allowance and establishment fees and additional payments to enable them to respond to the needs of children with high and complex needs. Queensland also provides a range of non-financial supports to informal carers, including grandparents, such as the provision of respite to grandparent carers through the MyTime for Grandparents program, and access to discounts for all carers through the Foster Carer Card and Seniors Card program.

Aboriginal and Torres Strait Islander foster and kinship carers are assisted through the same supports that are provided to non-Indigenous foster and kinship carers, including the provision of state government carer allowances. Where eligibility is met, carers also receive Australian Government Centrelink benefits. In addition, Aboriginal and Torres Strait Islander foster and kinship carers are supported to help implement the foster child’s cultural support plan, which outlines the actions relating to, and persons responsible for, keeping the child connected to his or her culture, family and community. This involves determining (in consultation with carers) what supports and financial resources will be required by the child’s carers to implement activities or tasks in the cultural support plan.

The Queensland Commission for Children and Young People and Child Guardian’s (QCCYPCG) Community Visitors regularly visit foster and kinship carers and the children in their care, to assist in resolving any concerns that are affecting the children’s safety or wellbeing.

The Child Health Passport has been implemented in Queensland, to record children and young people’s health needs and ensure that carers have the information they need in order to address the health needs of children and young people in out-of-home care. The Child Health Passport also ensures health assessments and follow-up treatment for children and young people in out-of-home care for more than 30 days. The assessment focuses on overall physical health, including vision and hearing.

The Get Active Queensland Strategy includes a focus on children and young people and provides parents, teachers and early childhood professionals with resources promoting physical activity among children and young people.

The Queensland Government supports young people leaving state care through a range of programs and initiatives, including:

* The Life without Barriers Transition from Care program provides transition from care services each year to
90 young people aged between 15 and 17 years who have been referred by Child Safety Services.
The program is currently available in the Beenleigh to Goodna corridor in the south east of Queensland.
* Foster Care Queensland assists carers in supporting young people through the transition from care process.
* The CREATE Foundation performs an advocacy role, as well as providing training and policy advice on caring for young people in care. CREATE also hosts a National Youth Advisory Council (NYAC) summit each year, bringing together the NYAC youth delegates from across the country with a focus on developing plans that address key issues impacting on children and young people in care.
* The Children and Young People’s Participation Strategy was developed by the G-FORCE group, a collaborative sector-wide working party of the Child Protection Partnership Forum. The Forum is made up of representatives from government and non-government organisations, including PeakCare Queensland, CREATE Foundation, Department of Communities, Child Safety and Disability Services, Foster Care Queensland and, most significantly, young people with a care experience.
* The Youth Housing and Reintegration Service (YHARS), including After Care, part of the Homelessness National Partnership Agreement, is being implemented in six locations. YHARS was established in Queensland using joint funding from the Australian Government under the NPAH. YHARS assists young people aged 12 to 20 years who are experiencing, or are at risk of, homelessness, by providing support and access to a range of accommodation options. The aftercare service targets young people aged 17 to 20, leaving care and at risk of homelessness, to access brokerage assistance and case management to address barriers to stable accommodation.
* Transition and Post Care Support Programs support young people with disability transitioning from state out-of-home care to community living. Disability Services, through the Evolve Transition Officers, help young people aged 15 to 17 to plan their post-care support and also support young people aged 18 to 25 to help them maintain safe and stable, community-based living arrangements.
* Disability Services provide accommodation and lifestyle support for young adults leaving the care of the state, to support participation in community and community-based living.

A project with the CREATE Foundation developed a transition from care kit, Go Your Own Way: A Guide to Transitioning from Care, which assists government and non-government organisations to engage young people in making decisions as they transition to independence.

The Queensland Government continues to improve and revise initiatives and programs through:

* the Child Safety Directors’ Network, which collaborates on strategic issues that require interagency action on child protection matters
* enhancements to the Quality Assurance Strategy for out-of-home care services that are provided by non-government organisations; these are currently being implemented and include making available a continuous quality improvement component to support ongoing improvements to service delivery
* the HSQF, which is a streamlined quality framework currently being implemented to apply to NGOs funded to provide services across the range of funding programs, including child protection services.

Enhanced education opportunities are provided to child protection staff to build a skilled workforce for the protection of children in Queensland. The Child Protection Skilling Strategy will enable at least 300 child protection services workers to undertake and complete a Certificate IV qualification in Child, Youth and Family Intervention through four TAFE Queensland Institutes by 2013. A key priority of the strategy is the participation of Aboriginal and Torres Strait Islander child protection workers.

Queensland attends and contributes to the Australia and New Zealand Child Death Review and Prevention Group. The Group was established in 2005 and has met regularly to share trend information and help identify national priorities in risk factors associated with child deaths.

#### South Australia

A Consents and Decisions information guide has been developed for family-based carers of children and young people under the Guardianship of the Minister. It provides an outline of decision-making responsibilities of different parties, including the caregiver, Families SA and the child. Every family-based caregiver has been provided with a copy of the booklet.

Families SA, in partnership with non-government family-based foster care service providers, has developed a DVD for use by assessment and recruitment officers. It will also assist prospective carers to become better informed about the responsibilities of foster carers and to consider the implications of becoming a foster carer. The DVD features three foster carer households and three young people who have grown up in long-term care, sharing their experiences.

The Alternative Care Therapeutic Team piloted an eight-week Circle of Security – Parenting (COS-P) group for foster carers of children with intellectual disability. COS-P is a DVD-based parent education program that focuses on strengthening parent/child relationships by helping parents to better understand their children’s needs and how these needs affect their behaviour. Helping foster parents to better understand their foster child’s trauma history and disability was also included in the program. Significant therapeutic gains were made that would have been more difficult to achieve within an individual intervention approach.

The Women’s and Children’s Health Network, Child Protection Service (CPS) Keeping Them Safe Program is providing individual carers with support and psycho-education to help them understand the needs of the children in their care. CPS responds to requests to provide training and consultation to groups of foster carers, residential care workers and non-government support workers.

The Families SA Other Person Guardianship Team, which was established in 2011, undertakes assessments of long-term carers and placements to strengthen the stability of placements for children in long-term care through Other Person Guardianship orders. These orders enable the long-term carer to be the legal Guardian of the child or young person. Through these arrangements, children retain their birth identity, and birth parents keep some decision-making responsibilities for their child. These orders help to stabilise and normalise a child’s living arrangements, providing an opportunity for the child to form a positive identity based on feelings of belonging, and reducing the child’s anxiety about the future.

South Australia launched Skills for All, a government-funded training subsidy that provides support along the path to successful completion of a qualification. Under Rapid Response: Whole of Government Services, people from the age of 16, who were or are under Guardianship of the Minister, are now eligible for a waiver of vocational training course fees for all subsidised courses delivered by Skills for All training providers. In recognition of the challenges that often face those who have been in state care, people are not penalised for multiple attempts at completing a course.

#### Skills for All

Mary (not her real name) is a young mother of two children. In 2012, Mary enrolled in the Certificate IV in Youth Work and is currently a part-time student. As Mary was formerly under the Guardianship of the Minister, she is entitled to a full course fee waiver and additional support through Learner Support Services, which is currently being trialled under the Skills for All initiative. Under Learner Support Services, Mary has an individual Case Manager who provides encouragement and ongoing support, including frequent visits and phone calls, all of which has been instrumental in helping Mary to stay engaged in her training and maintain a balance with her family responsibilities.

Partnership arrangements have been extended between Families SA and non-government agencies to provide Supported Independent Living Programs for young people aged 15 to 18 under the Guardianship of the Minister. Baptist Care (SA) Inc. and The Salvation Army Muggy’s Youth Accommodation Service now provide accommodation and support services to assist young people under Guardianship to transition to independence in a number of regional locations throughout South Australia.

The Department for Education and Child Development: Families SA initiated a review of the services provided to young people transitioning from out-of-home care to independence, through the Northern and Southern Youth Support Teams. The review will make recommendations to develop and implement a model based upon best practice, including Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning. A focus will be upon evidence-based practice, strengthening community connections and ensuring that every young person has an appropriate transition plan.

Families SA has established a dedicated Residential Care Directorate, with the aim of providing targeted models of care for children and young people according to their individual needs. A detailed practice framework for residential care staff, including service principles, individual practice guides and operating procedures, has been developed. Implementation has begun, with a focus on consistency and best practice across the sector.

Through the Directions for Alternative Care in South Australia 2011–2015, additional placement options and support services have been put in place for children with disabilities. These include:

* the Uniting Communities Homelink service, which provides foster care for children and young people with intellectual disabilities and with low-to-moderate needs and has the capacity to provide ongoing,
family-based care post-care
* Felix House, a facility for children and young people with Asperger’s syndrome or autism spectrum disorder; Families SA and Disability Services have contracted the Community Accommodation Respite Agency (CARA) to operate this service
* establishment of mutual client facilities with CARA for up to four children with an intellectual disability at Barry Road, Oaklands Park and for four children at Murray Bridge.

Women’s and Children’s Health Network, on behalf of SA Health, is leading the statewide implementation of the National Clinical Assessment Framework for children and young people in out-of-home care. A Steering Group has been established to oversee the process of implementing South Australia’s response. This will require the previously agreed Health Standards for children and young people under Guardianship of the Minister to be reviewed and updated by Families SA and Health services; it will support consistency in responses across the state.

#### Tasmania

In Tasmania, the ongoing reform of out-of-home care has included significant work towards matching Child Protection clients with appropriate carers in order to better meet the needs of the children and young people entering care and to provide a better ‘fit’ with their carer family. Strategies include the development of a Placement Decision-making Matrix, eligibility criteria for each type of placement and the different levels of need and behavioural complexities, and development of guidelines that outline the processes to be followed in making placement decisions. This will support the establishment of more stable placements.

Additional strategies to implement the out-of-home care Model of Care implementation plan include:

* establishing a statewide Carers Approval and Accreditation Panel
* developing options for outsourcing recruitment and training of carers
* investigating methods to ensure that carers receive sufficient and up-to-date information about the children placed in their care
* exploring ways to increase the level of support to carers
* providing additional reimbursement for carers who have undertaken accredited training and are caring for children with complex needs.

Carers across all care types are being scoped into the workforce development agenda and are provided with opportunities to participate in relevant development activities.

Children and young people require a stable foundation from which their relationships, identity, values and cultural awareness can develop. Stable, long-term placements also allow children and young people to feel a sense of belonging and stability which provides for continuity of relationships in the family, school and other settings and promotes attachments to caregivers. For children and young people who cannot live with their birth family, permanency planning options that provide the child with a continuous long-term placement are therefore paramount in the decision-making process for Child Protection clients.

The Permanency Project is underway, to enhance timely decision-making practices around determining appropriate placements for Child Protection clients that establish longevity in care provision as soon as possible. Permanency planning is defined as the making of a plan that aims to provide a child or young person with a stable placement that offers long-term security in a timely manner that meets the needs of the child and that avoids the instability and uncertainty arising through a succession of different placements or temporary care arrangements. Permanency planning includes considering a range of permanent placement options for children, including reunification, long-term placement with a relative or kinship carer, and adoption. This work will serve not only the client—by providing greater placement stability and certainty where appropriate—but also the carers, by reducing the uncertainty associated with potential placement movements as well as providing a new option of ‘permanent care’ arrangements for carers who are unwilling or unable to manage shorter placements.

Stability is an important factor in ensuring positive outcomes for children in out-of-home care. Safe and stable out-of-home care can help children and young people to recover from the experience of abuse and neglect and improve their developmental outcomes. Research demonstrates that continuity of attachment ties is essential to the overall development of a young child and that, when children and young people are separated from their birth families, stable foundations must be re-established as soon as possible, either with their birth family or with an alternative, long-term family. A rupture of attachment ties is a traumatic event in a child’s life, with major short-term and long-term consequences such as cognitive problems, psychological and behavioural problems, and delays in development (Gauthier, Fortin & Jeliu 2004 and Fahlberg 1982).

The Moving On program was developed to improve support for young people who are transitioning from out-of-home care and moving to independent living. It uses a lead tenant model to assist young people who have been in out-of-home care or in a Supported Accommodation Assistance Package to make a successful transition to independence.

The program aims to provide interim accommodation and mentoring for young people leaving care and focuses on building their life skills and knowledge as they move towards independence. The Northern Pilot Project continues to operate; this is a routine procedure that puts young people who are about to leave out-of-home care in touch with Housing Tasmania six months in advance of their scheduled leaving date. This ensures that there is time for the young person, Housing Tasmania and their case manager to work on finding suitable accommodation.

In 2011, a quality and safety framework was endorsed by CYS Senior Management Group for implementation. The framework is based on a model and application for continuous quality improvement (not quality assurance). Continuous quality improvement is driven and facilitated by a discrete program support area of CYS and reports directly to the Deputy Secretary for Children. This helps to promote transparency, accountability and priority of the quality agenda.

It has taken much consideration and consultation to understand the strengths and weaknesses of a broad range of Child Death Review models that might be suitable for Tasmania’s unique circumstances. Tasmania already has a number of mechanisms in place to capture, review, classify and investigate the death of a child. As a result of data showing one to two deaths a year of children who are clients of the child protection system, Tasmania is progressing with the development of a model that will use existing review and inquiry mechanisms with some expanded roles and functions to increase the accountability and transparency of inquiry into children who die who are clients of CYS.

The Council of Obstetric and Paediatric Mortality and Morbidity (COPMM) was established under the Obstetric and Paediatric Morbidity Act 1994. One of the primary functions of COPMM is to review and classify all maternal, paediatric and perinatal deaths, including stillbirths and neonatal deaths, in Tasmania.

#### Victoria

Significant work is progressing to ensure that appropriate support mechanisms are in place for carers. Ongoing support is being provided to support development of a peak advisory body for kinship carers, Kinship Carers Victoria (KCV). Funding for 12 months has also been provided to KCV for a project officer to develop a resource guide for carers.

Direct support for carers includes:

* support for kinship and foster carers to attend the national foster and kinship care conference 2012
* rollout of a three-year calendar of information and support sessions for kinship carers in their local areas
* continued rollout of the therapeutic care training for foster carers—Fostering Hope.

In the 2011–12 financial year, the Victorian Government has provided additional funding to the existing transition support service system to strengthen education and vocational opportunities for young people leaving care. Funds have also been provided for improved education, vocational and/or employment outcomes for young people transitioning from out-of-home care, including:

* Springboard—an intensive education and employment support for young people aged 16 to 21 years who are in residential out-of-home care or who have recently left residential out-of-home care. Springboard has dedicated brokerage funds to support any expenses related to education or vocational outcomes
* Zero Tuition fees—a Department of Education and Early Childhood Development initiative that provides free tuition, to undertake accredited training within the TAFE sector, for young people on child protection custody or guardianship orders or after these orders have expired, up to 22 years of age.

In June 2011, Protecting children, changing lives: Supporting the child protection workforce outlined proposals for a new child protection operating model. The new model aims to achieve the following outcomes:

* a more experienced and skilled workforce
* better supported staff, benefiting from more supervision, co-working and mentoring
* putting case practice at the centre of work with children, young people and families
* reduced case transitions and devolved decision making to better support outcomes
* improved career pathways and staff retention.

Under the model, child protection will be delivered through 21 areas across Victoria that are aligned with the local Child FIRST catchment. The new model comprises the following:

* Case Practice Support Worker
* Child Protection Practitioner
* Advanced Child Protection Practitioner
* Senior Child Protection Practitioner
* Team Manager
* Practice Leader
* Area Manager.

The new Victorian child protection operating model commenced in November 2012, with a Principal Practitioner and a Child Protection Operations Manager operating in each region.

The Child and Family Outcomes Survey is in the process of implementation. The first survey of parents and carers is complete. The first survey of young people will be undertaken in early 2013. These surveys will establish a baseline for future surveys, which are planned to take place every two years.

The surveys seek information from parents, carers and children and young people about the wellbeing and health of children receiving child protection, placement or family services. They will also seek the views of parents, carers and young people about service quality, effectiveness and responsiveness.

#### Western Australia

A one-off establishment payment for grandparents or relatives is provided by DCP to assist with the initial costs incurred when a child first goes to live with them. This payment is provided following a safety and wellbeing assessment and where it has been assessed that it is in the child’s best interests to reside with the relatives.

DCP continues to work with WA Health so that children in care receive annual health checks, and health plans are developed as part of their overall care plan. A refining of processes to achieve the embedding of health checks for the target group within community health is currently underway.

Following an internal evaluation of the Foster Care Partnership Framework in October 2011, the Framework was revised and reissued, setting out a more sophisticated relationship between child protection workers and foster carers, recognising the different roles and pressures and information each has. DCP has a focus on building stronger relationships with relative carers and is currently refining assessments for relative and community carers by introducing a combined assessment and review resource for Aboriginal relative carers.

In partnership with WA State Training Providers (TAFE Colleges), DCP has developed an initiative enabling young people up to 25 years of age who are, or have been, in care to access a full fee waiver for courses undertaken.

DCP and the Department of Housing have an agreement in place to enable all young people from 15 years of age who are in the care of the CEO of the Department to be placed on Housing’s priority list. The aim is to provide adequate planning and support to prevent young people from exiting care into homelessness. There is also priority access to a Disability Services Commission Local Area Co-ordinator, to assist with the provision of services such as response, recreation, community and therapeutic services for young people with disability who have been in care.

DCP has developed an information guide on leaving care for foster carers supporting young people 15 years and above to assist in identifying key planning requirements and skill development for young people. The Parkerville Children and Youth Care’s Young Women’s Program, funded through the NPAH, provides independent living options and the development of living skills to assist young women, including young mothers, leaving child protection services. This program includes education programs, mediation, family and parenting support, employment, training and counselling.

The Foyer Oxford is a large-scale initiative established by a consortium of Anglicare WA, Foundation Housing and the Central Institute of Technology, with funding support from DCP. The Foyer Oxford facility is currently under construction and, when complete, will assist up to 98 young people and young parents aged 16 to 25 years, who are homeless or at risk of homelessness, to stabilise their lives and achieve transition to independence. An interim Foyer Oxford facility has been in operation since September 2011 and currently provides up to 47 young people and young parents with the Foyer Oxford model of care and outreach support in the community.

Child and Adolescent Mental Health Services youth services work, whenever possible, with the Department for Child Protection to strengthen responses for young people leaving care who have mental health problems.

In 2011–12, the CREATE Foundation introduced the ‘CREATE Your Future’ program, aimed at assisting young people to develop life skills to prepare them for independent living.

WA Police and the DCP are undertaking a joint evaluation of the co-location model. The evaluation will inform continuous improvement of responses to family and domestic violence.

The evaluation of the Family and Domestic Violence East Kimberley Hub and Outreach Service will also inform future planning about services for, and responses to, family and domestic violence in Aboriginal communities in WA.

DCP and WA Police have continued to work on developing an interface between the respective data management systems to allow for easier information exchange.

The Department of Education has implemented the relevant recommendations arising from child death reviews undertaken by the WA Ombudsman in 2011–12.

DCP and the Department of Education have developed systems for the monitoring and analysis of data for children in care, including data exchange between the two agencies and collection of the enrolment details of children in care attending public schools.

DCP’s initiative on self-assessments for funded out-of-home care services was completed in 2011–12, with
18 monitoring reviews undertaken with residential care services and five with community sector placement services. Monitoring teams included representatives from community sector organisations, as a way of sharing best practice examples and strengthening the partnership between the two sectors.

An evaluation of the Department’s Secure Care Centre was completed in April 2012. It showed positive experiences of case workers and young people admitted to the Centre, including strategies and therapeutic support developed to support the young person.

## Measuring progress

### Indicator 19: Children in out-of-home care

The placement of children in out-of-home care is generally viewed as an intervention of last resort for children who are unable to remain safely in the care of their parents.

At 30 June 2012, there were 39 621 children in out-of-home care. The vast majority of these children were placed in home-based care, including foster care (44 per cent) and relative/kinship care (47 per cent).

Table 24: Children in out-of-home care at 30 June, 2010 to 2012

|   | 2010 |  | 2011 |  | 2012 |
| --- | --- | --- | --- | --- | --- |
| Type of placement | Number | Per cent |  | Number | Per cent |  | Number | Per cent |
| Home-based care |  |  |  |  |  |  |  |  |
| Foster care | 16 551 | 46.1 |  | 16 805 | 44.6 |  | 17 274 | 43.6 |
| Relatives/kin | 16 336 | 45.5 |  | 17 276 | 45.9 |  | 18 515 | 46.7 |
| Other home-based care | 762 | 2.1 |  | 1005 | 2.7 |  | 961 | 2.4 |
| Total home-based care | 33 649 | 93.7 |  | 35 086 | 93.2 |  | 36 750 | 92.8 |
| Other care |  |  |  |  |  |  |   |   |
| Residential care | 1832 | 5.1 |  | 1999 | 5.3 |  | 2042 | 5.2 |
| Independent living | 156 | 0.4 |  | 167 | 0.4 |  | 175 | 0.4 |
| Family group homes | 107 | 0.3 |  | 249 | 0.7 |  | 272 | 0.7 |
| Other | 151 | 0.4 |  | 147 | 0.4 |  | 382 | 1.0 |
| Total other care | 2246 | 6.3 |  | 2562 | 6.8 |  | 2871 | 7.2 |
| Total | 35 895 | 100.0 |  | 37 648 | 100.0 |  | 39 621 | 100.0 |

Notes

1. Multiple placement types for each child can occur throughout the year; however, it is the placement type at 30 June that is reported.

2. 2011 data do not match previously published totals due to retrospective updates.

3. Percentages in tables may not add to 100 due to rounding.

Source: AIHW Child Protection Data Collections; AIHW 2013a.

The rate of children in out-of-home care increased gradually between 2008 and 2012—from 6.3 to 7.7 per 1000 children.

Figure 6: Children aged 0–17 years in out-of-home care at 30 June, 2008 to 2012 (number per 1000 children)

Source: Table 24.

### Indicator 20: Households commencing and exiting foster care

Foster carers can play an important role in caring for children who cannot live with their family. Research with young people in care and care leavers found that most report that they are fairly happy and think they are better off as a result of being in foster care (Delfabbro, Barber & Bentham 2002; NSW Community Services Commission 2002).

Among those jurisdictions with available data, 2117 households commenced foster care and 1416 exited foster care in 2011–12, resulting in a theoretical increase of 701 foster carer households. The number of households commencing foster care has increased each year since 2009–10. The number of households exiting has also increased (though to a lesser degree). Care should be taken when interpreting the net change in households, as it does not necessarily reflect an increase in sector capacity.

Table 25: Households commencing and exiting foster care, 2009–10 to 2010–11 (number)

|  | 2009–10 | 2010–11 | 2011–12 |
| --- | --- | --- | --- |
| Households commencing foster care  | 1427(a) | 1676 | 2117 |
| Households exiting foster care (b) | 1151(a) | 1192 | 1416 |
| Net change (c) | + 276 | + 484 | + 701 |

(a) Excludes QLD.

(b) Excludes NSW.

(c) ‘Net change’ does not necessarily reflect sector capacity. These data capture authorisation status, regardless of whether the household actually had a child placed in their care in that period. Delays in administrative processes may result in overcounting the net increase in foster care households.

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

### Indicator 21: Investigations

An investigation is where a department responsible for child protection seeks more detailed information about a child who is the subject of a notification and then makes an assessment about the harm or degree of harm to the child and their protective needs (AIHW 2013a). The time taken to complete an investigation is an indication of governments’ objective to minimise the risk of harm to the child by responding to notifications of possible child protection incidents and finalising investigations in a timely manner.

In 2011–12, 113 129 investigations were finalised. Of these, 37 per cent were finalised in 28 days or fewer, and a similar proportion (30 per cent) took more than 90 days to finalise. Similar patterns were seen between 2008–09 and 2011–12. However, data for 2011–12 include New South Wales for the first time and therefore are not directly comparable with other years.

Table 26: Number of finalised investigations, by time taken to complete, 2011–12

|   | Number | Per cent |
| --- | --- | --- |
| 28 days or fewer | 42 279 | 37.4 |
| 29–62 days | 23 133 | 20.4 |
| 63–90 days | 13 826 | 12.2 |
| More than 90 days | 33 891 | 30.0 |
| Total  | 113 129 | 100.0 |

Note: ‘Response time to complete investigation’ is defined as the length of time (measured in days) between the date a child protection department records a notification and the date an investigation is completed (that is, the date an investigation outcome is determined by a department). This includes investigations finalised by 30 June, regardless of the date of notification and when the investigation commenced.

Source: AIHW Child Protection Data Collections.

### Indicator 23: Educational outcomes

Children in the care of child protection services generally have low educational performance. This could be a reflection of the abuse or neglect they may have experienced, as well as the influence of their socioeconomic circumstances. Numerous studies have found that children in care perform more poorly at school than other children, including: poorer school grades, lower scores on standardised tests, developmental delays, higher rates of special education placement and being held back a grade, behavioural and disciplinary problems, and higher absenteeism, truancy and drop-out rates (AIHW 2007; Osborn & Bromfield 2007)3.

Between 2003 and 2006, the proportion of children on guardianship and custody orders achieving national numeracy benchmarks varied across years and grades but, overall, decreased by Year 7. There was more variation amongst the proportions achieving national reading benchmarks, with a general decrease in Year 5 before improving in Year 7.

Between 2003 and 2006, the proportion of Indigenous children on guardianship and custody orders achieving national reading and numeracy benchmarks was significantly lower than that of their non-Indigenous counterparts.

Table 27: Proportion of children on guardianship/custody orders achieving the national reading and numeracy benchmarks, by Indigenous status, 2003 to 2006

|  |   | Indigenous Australians | Other Australians |
| --- | --- | --- | --- |
|  |   | Per cent | 95% CI | Sample size | Per cent | 95% CI | Sample size |
|  |  | Reading benchmark |
| 2006 | Grade 3\* | 70.2 | 61.3–78.2 | 121 | 83.1 | 78.8–86.8 | 360 |
| Grade 5\* | 47.0 | 38.9–55.3 | 151 | 63.6 | 58.8–68.1 | 428 |
| Grade 7\* | 43.5 | 34.9–52.4 | 131 | 67.9 | 63.3–72.3 | 424 |
| 2005 | Grade 3 | 67.2 | 57.9–75.7 | 116 | 78.7 | 73.9–82.9 | 338 |
| Grade 5\* | 36.8 | 28.4–45.9 | 125 | 61.0 | 56.0–65.9 | 385 |
| Grade 7\* | 55.0 | 46.0–63.8 | 129 | 72.2 | 67.6–76.5 | 403 |
| 2004 | Grade 3 | 83.2 | 75.2–89.4 | 119 | 86.0 | 82.2–89.3 | 387 |
| Grade 5\* | 50.0 | 40.4–59.6 | 112 | 66.6 | 61.5–71.4 | 365 |
| Grade 7 | 66.0 | 55.7–75.3 | 97 | 79.3 | 74.6–83.4 | 352 |
| 2003 | Grade 3\* | 63.0 | 53.1–72.1 | 108 | 78.8 | 74.2–83.0 | 354 |
| Grade 5 | 53.8 | 44.9–62.6 | 130 | 64.9 | 59.8–69.8 | 365 |
| Grade 7\* | 57.1 | 46.3–67.5 | 91 | 72.4 | 67.8–76.7 | 413 |
|  |  | Numeracy benchmark |
| 2006 | Grade 3\* | 45.3 | 36.5–54.3 | 128 | 75.0 | 70.2–79.4 | 364 |
| Grade 5\* | 45.0 | 36.9–53.3 | 151 | 64.0 | 59.3–68.5 | 433 |
| Grade 7\* | 27.3 | 19.9–35.7 | 132 | 53.9 | 49.0–58.8 | 421 |
| 2005 | Grade 3\* | 59.0 | 49.5–68.0 | 117 | 77.5 | 72.7–81.8 | 346 |
| Grade 5\* | 49.2 | 40.3–58.2 | 128 | 69.5 | 64.6–74.1 | 377 |
| Grade 7\* | 39.7 | 31.1–48.8 | 126 | 56.1 | 51.1–61.0 | 401 |
| 2004 | Grade 3\* | 58.9 | 49.7–67.6 | 124 | 75.4 | 70.8–79.6 | 386 |
| Grade 5\* | 46.2 | 36.9–55.6 | 117 | 70.3 | 65.4–74.9 | 377 |
| Grade 7\* | 35.8 | 26.2–46.3 | 95 | 52.9 | 47.5–58.2 | 346 |
| 2003 | Grade 3 | 62.8 | 53.2–71.7 | 113 | 75.7 | 70.9–80.0 | 362 |
| Grade 5\* | 45.9 | 37.2–54.7 | 133 | 70.8 | 65.9–75.3 | 380 |
| Grade 7\* | 29.8 | 20.8–40.1 | 94 | 58.2 | 53.3–63.0 | 416 |

Notes

1. Includes all children in the study population who had the test score data required to calculate achievement of the national benchmarks (that is, sat test, exempt). Data only include children on guardianship/custody orders attending government schools in the five participating states (VIC, QLD, WA, SA and TAS).

2. Asterisks indicate statistically significant differences between the proportions of Indigenous and non-Indigenous children achieving the national benchmark.

Source: AIHW 2011b.

# Chapter eight:Outcome 5—Indigenous children are supported and safe in their families and communities

Indigenous children are supported and safe in strong, thriving families and communities to reduce the over-representation of Indigenous children in child protection systems. For those Indigenous children in child protection systems, culturally appropriate care and support is provided to enhance their wellbeing.

### The strategies that support Outcome 5 are:

* 1. Expand access to Indigenous and mainstream services for families and children
	2. Promote the development of safe and strong Indigenous communities
	3. Ensure that Indigenous children receive culturally appropriate protection services and care.

### Overview

All targets in the first three-year action plan (2009–2012) under the Closing the Gap National Priority under the National Framework have been completed:

* Thirty-eight Child and Family Centres have been announced as part of the National Partnership Agreement on Indigenous Early Childhood Development.
* Fifty sites for Communities for Children—Indigenous Parenting Services have been implemented,
and 36 Expanded Playgroups for Indigenous Families have been established.
* A National Workshop to identify priorities for Indigenous children was held on 3 December 2009.

All jurisdictions are investing heavily in Indigenous-specific measures in a sustained effort to close the gap between Indigenous and non-Indigenous Australians. These measures are helping to improve the general circumstances of Indigenous Australians in areas such as housing, education, employment and health. These universal and targeted supports are an integral part of the National Framework’s public health model of care and protection and are recognised as an important contributor to the safety and wellbeing of Indigenous children, young people and families.

During 2011–12, there has been considerable investment in support for Aboriginal and Torres Strait Islander children and families throughout Australia, and particularly in the NT. This investment has been enhanced by the development of integrated service delivery through Child and Family Centres and Aboriginal community organisations, which has been a significant focus of states and territories in 2011–12.

Current priority areas in Closing the Gap include the Indigenous-specific investment being directed through National Partnership Agreements with states and territories:

* $5.5 billion over 10 years from 2008–09 to 2017–18 to build and refurbish homes and related infrastructure under the National Partnership Agreement on Remote Indigenous Housing
* $1.6 billion over four years from 2009–10 to 2012–13 to improve the health of Indigenous people under the National Partnership Agreement on Closing the Gap on Indigenous Health Outcomes
* $807.4 million over three years to continue work under the Northern Territory National Partnership Agreement
* $564.6 million over six years from 2008–09 to 2013–14 to help ensure that Indigenous children get a good start in life under the National Partnership Agreement on Indigenous Early Childhood Development
* $228.9 million over five years from 2008–09 to 2012–13 to create real jobs in Indigenous communities in government service delivery, along with additional measures to help Indigenous people get jobs and generate business income, under the National Partnership Agreement on Indigenous Economic Participation
* $291.2 million to 2013–14 to improve remote services under the National Partnership on Remote Service Delivery.

The August 2011 release of the Overcoming Indigenous Disadvantage: Key Indicators 2011 Report by the Steering Committee for the Review of Government Service Provision, supported by the Productivity Commission, provided evidence that Indigenous outcomes have improved and gaps have narrowed in several key areas that directly affect the wellbeing of Indigenous children—mortality, infant mortality, education and reliance on income support. The new initiatives announced in 2011–12 will further support the improvements that are now being achieved.

On 21 October 2011, SCCDS agreed to a National Plan to support Indigenous children throughout the life of the National Framework, consisting of three elements:

* an ongoing approach to work under the National Framework that includes
* specific reporting on outcomes for Indigenous children in each annual report
* a unique Indigenous priority action in each three-year action plan
* work in every national priority area to identify a specific focus relating to Indigenous children
(e.g. National Standards, Carers)
* harnessing the efforts of current and future whole-of-government activities aimed at improving outcomes for vulnerable Indigenous children under relevant Closing the Gap National Agreements, partnerships and strategies
* development and ongoing enhancement of an up-to-date web-based resource to share knowledge and awareness of best and promising practice to protect the wellbeing of Indigenous children.

In April 2012, the Australian Government made a number of significant announcements that will support the health, safety and wellbeing of Aboriginal children and families in the NT. The first of these was an investment of more than $443 million over 10 years to strengthen the safety and wellbeing of Aboriginal children, youth and their families in NT communities, as part of Stronger Futures in the NT. This investment includes funding for:

* an additional 15 Communities for Children sites in remote communities
* nine crèches, supporting up to 225 early learning and child care places, to help prepare children for school and contribute to better health and developmental outcomes
* the continuation of eight supported and intensive playgroups to develop children’s social, emotional, physical and cognitive abilities
* the continuation of two Mobile Child Protection Teams
* expansion of the number of Remote Aboriginal Family and Community Workers
* extending IFSS to 2021–22 to ensure continuing practical parenting support for families referred to child protection income management in up to 23 locations
* continuation of support to 16 women’s safe houses in urban and remote areas to protect the safety and wellbeing of Aboriginal families and children through crisis accommodation and support services
* continuation of the Youth in Communities Program in more than 30 remote communities.

The second was a commitment of more than $719 million over 10 years under the Stronger Futures in the NT package to ensure that Aboriginal children and families in the NT will continue to have better primary health care and improved access to dental and allied health services. This investment includes continued funding for the Mobile Outreach Service Plus to provide counselling and support for Aboriginal children and their families, in remote communities, who are experiencing trauma related to child abuse. The investment also includes funding for new alcohol and drug treatment services. Under a new program, alcohol and other drug treatment workers will provide support in 20 communities as part of local Alcohol Management plans that will be developed to reduce the harm caused by alcohol and drug abuse. Funding is also included for a further 2000 child health checks.

In addition, $583 million over 10 years has been provided to support education in Aboriginal communities through additional teachers, nutritional programs and a range of quality teaching support programs.

Safety in Aboriginal communities will be supported through a $619 million funding boost over 10 years, as part of the Stronger Futures in the NT package. This funding will also assist to address alcohol and substance abuse, will support the further supply of Opal fuel in the NT and will provide an extra 15 mobile child protection workers and an extra 22 Aboriginal Family and Community Workers. Community safety for Aboriginal people living in remote communities is improving, with the latest Closing the Gap in the Northern Territory Monitoring Report demonstrating that assaults, alcohol-related incidents and child welfare incidents continue to fall in remote communities.

In December 2011, the Australian Government announced funding of $3 million over three years to support a pilot project based in Alice Springs to develop an integrated approach to family violence by linking government and local agencies together, including the Alice Springs Women’s Shelter, NAPCAN, Tangentyere Council, Central Australia Aboriginal Congress, local legal services and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council.

The project will enhance the safety of women and children and promote behavioural change for offenders. The project will also teach young people about respectful relationships and introduce a new Family Safety Framework, allowing agencies to work together to make women safer and to give coordinated support to women and children at risk of violence.

In the NT, mobile child protection teams established in 2008 have provided support to almost 2700 child protection cases.

In Queensland, following advice about growing community concern about the risk to children and young people, the Australian Government has provided $5 million over three years to the communities of Mornington Island and Doomadgee. This funding will support work with young people in the communities to develop and implement a drug and alcohol misuse management plan to address alcohol and drug misuse by children and young people. The funding will support youth diversionary activities and programs to link people with support services and to offer assistance to pregnant and new mothers.

#### Intensive Family Support Service

The Intensive Family Support Service (IFSS) is delivered in select urban and remote locations in the Northern Territory and the Anangu Pitjantjatjara Yankunytjatjara (APY) lands. It is an intensive home and community-based support to families with children aged 0 to 12 years, where neglect has been substantiated or is at high risk of occurring. The case study presents some immediate and intermediate family and child outcomes after an IFSS worker engaged with the family.

Tegan [name changed for privacy reasons] is a young girl with a medical condition that means she has to be fed through a tube in her stomach and takes regular medication. Tegan had been frequently hospitalised for long periods. The Northern Territory child protection agency was concerned that Tegan’s medical care was being neglected, and she was not receiving the medication she needed, so they referred Tegan and her family to Good Beginnings Australia’s IFSS worker (funded through the Australian Government’s Family Support Program).

The IFSS worker engaged with Tegan’s family over seven months, working closely with them to achieve the goals they set around Tegan’s care. The IFSS worker realised that one of Tegan’s parents was illiterate, so she worked with the pharmacist to colour code the medications, so that the parent would know when, and how often, to give Tegan her medications. Tegan is now gaining weight and meeting developmental goals.

More recently, the doctors found that the medication is not effective and that Tegan requires surgery. The IFSS worker made sure that Tegan’s family is supported both at home and in the hospital in a different state. While Tegan is in hospital for surgery, her mother will have some of her other children with her and a relative to help look after the youngest baby. The family will be able to stay at Ronald McDonald House and get help from the hospital’s Indigenous Liaison Officer.

#### Intensive Family Support Service

Jirra, Sam and Yindi [names changed for privacy reasons] are the youngest three children of a large family. Their parents have drug and alcohol addictions as well as poor mental health, and they struggle to care for the children.

The Save the Children Intensive Family Support Service (IFSS) worker (funded through the Australian Government’s Family Support Program) has been working with the Northern Territory child protection authorities, in partnership with the family, to arrange the safe care of Jirra, Sam and Yindi and help for the parents.

Jirra, Sam and Yindi began living with their extended family so that the parents could focus on attending alcohol and other drug programs. After the IFSS worker began supporting the family, the parents engaged in alcohol and other drugs day programs while waiting to be placed in live-in programs. The parents and the IFSS worker were able to support the extended family, who live in a remote community, to adjust to caring for the children.

Both parents showed increased commitment and motivation to attend the alcohol and other drugs program. Jirra, Sam and Yindi were able to have ongoing stable kin-care through the support and collaboration between Save the Children, the NT child protection authority and the extended family. The IFSS worker gave the parents feedback and support to improve their parenting style, set boundaries and helped all the adults to communicate and parent collaboratively.

The family has now graduated from the alcohol and other drugs residential program. Halfway through, all of the children came to live with the parents. This allowed the program and the IFSS worker to help the parents improve their parenting skills while in a supported environment. The two oldest children have been successfully placed in boarding school, which is also working well for the family, and Jirra, Sam and Yindi are back living with their parents.

During 2011, an Indigenous kinship carer assessment tool has also been developed as part of the Closing the Gap priority by Winangay resources to improve understanding and awareness of the needs of Indigenous kinship carers.

### Australian, state and territory government activities

#### Australian Government

As mentioned under Outcome 1, the National Partnership Agreement on Indigenous Early Childhood Development provides Australian Government funding to establish 38 Child and Family Centres across Australia by June 2014. All 38 Centres continue to be supported and established in each jurisdiction and are scheduled to be completed and operating before June 2014.

The Australian Government continues to provide the Secretariat of National Aboriginal and Islander Child Care (SNAICC) with funding to support their Resource Service, which seeks to fill resource and training gaps identified across the Aboriginal and Torres Strait Islander family and children’s services sector and also provides a Clearinghouse for information sharing.

On 17 July 2010, the Australian Government announced the Indigenous Family Safety Agenda, supported by Indigenous Family Safety Program (IFSP) funding. In 2010–11, funding included: $7.6 million over two years provided for additional Mobile Child Protection and Remote Aboriginal Family and Community Workers in the NT; $7 million for 32 Indigenous Family Safety Service projects; $1.6 million over three years as part of the National Plan to Reduce Violence against Women and their Children; and $20 million over three years to assist Indigenous communities to implement Alcohol and Substance Abuse Management Plans. Taking a strategic approach to address the high rates of family violence in Indigenous communities, the Agenda focuses on four priority areas:

* reducing alcohol-related family violence
* reducing incidents of violence through more effective policing
* strengthening social norms against violence
* improving coordination of support services to aid the recovery of people who experience or witness violence.

All funding under the IFSP for 32 ongoing projects will be continued for at least 2011–12 and 2012–13. These projects deliver a range of Indigenous family safety services, such as counselling, education and awareness training, men’s programs and safe house activities across six jurisdictions.

In April 2012, the Australian Government announced an investment of more than $443 million over 10 years to strengthen the safety and wellbeing of Aboriginal children and youth and their families in Northern Territory communities, as part of Stronger Futures in the NT. This includes funding for:

* an additional 15 Communities for Children sites in remote communities
* nine crèches, supporting up to 225 early learning and child care places, to help prepare children for school and contribute to better health and developmental outcomes
* continuation of eight supported and intensive playgroups to develop children’s social, emotional, physical and cognitive abilities
* continuation of two Mobile Child Protection Teams
* expansion in the numbers of Remote Aboriginal Family and Community Workers
* IFSSs in up to 23 locations, for families with children at risk of entering the child protection system
* continuation of support to 16 women’s safe houses in urban and remote areas, to protect the safety and wellbeing of Aboriginal families and children through crisis accommodation and support services
* continuation of the Youth in Communities Program in more than 30 remote communities.

A national workshop to identify priorities for Indigenous children was held in December 2009. In October 2011, Ministers agreed to prioritise Indigenous children in future national priority projects under the National Framework.

A culturally appropriate, kinship carer assessment tool was developed by the Indigenous organisation, Winangay Resources, for use with Indigenous kinship carers. A trial took place from May 2011 to December 2011 and attracted significant interest from states and territories. On 30 March 2012, Ministers endorsed the production of the Indigenous kinship carer resource, agreeing that it would be used by jurisdictions as appropriate. The Australian Government provided one-off funding of $80 000 to Winangay to produce the resource. Winangay is working with states and territories to determine the application of the tool within their jurisdictions.

Opportunities for improved Indigenous participation in the child protection workforce were examined as part of the national analysis of workforce trends project, completed by the Australian Catholic University on 30 June 2012.

#### Australian Capital Territory

In the ACT, the Gungahlin, Belconnen and Tuggeranong Child and Family Centres have engaged with the Aboriginal and Torres Strait Islander community to provide input into the development of programs. A wide range of community-building activities have been implemented based on that advice and input from Aboriginal and Torres Strait Islander children, parents and the community. The activities supported include:

* weekly women’s group
* weekly kids’ group
* Adult First Aid Program and swimming lessons
* professional development—Indigenous Triple P, Indigenous Mental Health First Aid, Core of Life, Murray Chapman Speaker Series
* cultural excursions and self-care workshops
* art and craft workshops for women’s group and kids’ group
* dance workshops for kids’ group
* community celebrations and events
* mentoring, for example, by Raiders (Rugby League team)
* economic participation, engaging local Aboriginal people to facilitate workshops/groups.

One child protection worker is currently co-located at all three Child and Family Centres to focus on Aboriginal and Torres Strait Islander children, young people and families. This ensures that Aboriginal and Torres Strait Islander families who are coming to the attention of Child Protection Services can be serviced within the community.

The Aboriginal and Torres Strait Islander Services Unit continued to administer the Integrated Service Delivery for Aboriginal and Torres Strait Islander Families Program. This program involves a multidisciplinary team working with Aboriginal and Torres Strait Islander families to provide intensive support across multiple areas of need, including health, education, social and wellbeing services. The amount of time families engage with the program varies. Some families require short-term engagement (a few months) while other families require ongoing and sustained intervention.

The Unit has a key role in assisting Care and Protection Services staff in the development and implementation of care plans, including cultural plans for Aboriginal and Torres Strait Islander children and young people in the care of the Director-General. The Unit also provides Cultural Plan training, and staff assisted in the delivery of two training sessions during the year.

The Aboriginal and Torres Strait Islander Services Kinship and Foster Care Service has 19 carers who provide emergency, short-term or long-term care to Aboriginal and Torres Strait Islander children and young people in care. The majority of children currently in placements with this service have remained in stable placements with the same carers for periods of time extending from two years to over 10 years.

The Aboriginal and Torres Strait Islander Carer Liaison Officer commenced in September 2011. The officer supports Aboriginal and Torres Strait Islander kinship and grandparent carers and seeks to engage and work with Aboriginal and Torres Strait Islander community organisations to provide specific services to assist, support and manage Aboriginal and Torres Strait Islander kinship and grandparent carers. The officer has become part of the newly established Kinship Care Support Team.

The ACT Government has progressed ongoing training of care and protection staff by: supporting the attendance of a youth worker at the Indigenous Leadership course; representation on the National Congress of Australia’s First Peoples’ Youth Forum, discussing constitutional recognition for Aboriginal and Torres Strait Islander people; attendance of staff with four foster carers at the National Kinship and Foster Care Conference; and the successful completion by a trainee of the Aboriginal and Torres Strait Islander Traineeship program. These activities support the ACT Employment Strategy for Aboriginal and Torres Strait Islander people.

#### New South Wales

NSW is trialling a new model of consultation with selected Aboriginal NGOs to determine the most appropriate ways of keeping Aboriginal children and young people safe in accordance with the Aboriginal Placement Principles. The model is known as Protecting Aboriginal Children Together (PACT). PACT works with FACS (CS), Aboriginal communities and organisations in practical ways to keep Aboriginal children safe and to provide direct and timely advice to statutory child protection caseworkers. PACT is being trialled in two locations in NSW: Moree and Shellharbour. A select tender process was undertaken in both locations. Shellharbour commenced operations in April 2012 and Moree in November 2012. Local Implementation Groups have been established with PACT services to engage with local Aboriginal communities. AbSec, as a major partner in the OOHC transition, has been funded to implement an NGO OOHC capacity-building plan that aims to develop Aboriginal agencies so that they can meet demands for Aboriginal placements as the OOHC transition project progresses.

The Aboriginal Child, Youth and Family Strategy (ACYFS) is a statewide prevention and early assistance program for Aboriginal families who are expecting a child or who have children up to 5 years old. Delivered in partnership with Aboriginal communities, the program funded 62 projects to a total of $3.9 million during the year, including playgroups, family workers, parenting programs and school transition programs. The ACYFS Growing Up Strong series of parenting books for Aboriginal parents was expanded, with two new books to support Aboriginal families in south-east Sydney and in Barkindji country (Broken Hill and surrounds).

The Partnership Community Program (PCP) provides a basis for Aboriginal communities and governments (state and Commonwealth) to work together to improve outcomes for Aboriginal people through partnerships, mutual accountability and strengthened local decision making. The PCP is in response to Keep Them Safe and also aligns with Goal 26 of the NSW State Plan, which states that the NSW Government will:

* increase government partnerships with Aboriginal communities to improve local outcomes
* empower local community members to take an active role in decision making to build community skills and capacity, provide a greater sense of community ownership and help to deliver the services in a way that meets the needs of the community.

Care Circles is an ADR model for Aboriginal families with children at risk of entering the care system. Care Circles aim to encourage more culturally appropriate decision making and care plans for Aboriginal children and young people. Care Circles continue to operate in Nowra and were recently expanded to the Lismore Children’s Court. An independent evaluation finalised in June 2010 found that Care Circles is a valuable program that provides an appropriate avenue for community input and community involvement in decision making about Aboriginal children and young people.

An Aboriginal Consultation Guide has been developed to provide a practical framework to enable caseworkers to fulfil FACS (CS)’s commitment to consult consistently, effectively and sensitively with Aboriginal children, families and communities. The guide is the vehicle through which caseworkers can adhere to the Aboriginal and Torres Strait Islander Child Placement Principles.

The Aboriginal Family Planning Circle is a local initiative identified through the Mt Druitt Aboriginal Family Workers’ Support Group and led by key Aboriginal staff from various NSW and Australian Government departments. The Circle aims to:

* provide an integrated support network for Aboriginal families to access
* provide an opportunity to empower Aboriginal families experiencing difficulties in accessing services for support
* build and enhance safe and strong families.

The strategy, adopted by the Aboriginal Family Planning Circle, is to work in collaboration with specific service providers and families to:

* identify their complex and crisis needs and achieve immediate goals
* create support networks and resources to enable families to make informed choices
* meet with families and specific service providers on a regular basis to monitor and review progress of the family action plan
* review/amend the family action plan where necessary
* evaluate the process.

The Aboriginal Family Health Strategy was released on Sorry Day 2011 and provides a framework for responding to family violence in Aboriginal communities within a culturally competent, family-based context with a focus on healing. An implementation plan, in response to the final report of the NSW Health Review of Counselling Services, was developed in June 2011 and updated in April 2012. The implementation plan established five projects:

* establishing performance monitoring systems for Child Protection and the Sexual Assault Counselling Services
* improving the NSW Health Counselling Service Delivery Model
* reviewing capacity for establishment of additional counselling positions
* promoting good practice counselling
* establishing a service delivery model for domestic and family violence counselling.

The Safe Aboriginal Youth (SAY) program identifies vulnerable Aboriginal youth who are unsupervised on the street at night. SAY patrols provide safe transport options to clients and link them to a safe place where they can access supervised activities and trained youth workers who link them with services relevant to their individual needs. SAY patrols are located in a variety of metropolitan and regional areas across NSW, and locations are selected with consideration of Aboriginal youth crime and victimisation, disadvantage and service need. SAY Patrols are subject to a national evaluation, in partnership between the Australian and NSW Governments, to measure their impact on crime and in linking clients to key services and support. The evaluation findings will determine whether the program is expanded or modified for the future.

The Aboriginal Maternal and Infant Health Service (AMIHS) began in 2001 to improve the health of Aboriginal women and babies during pregnancy and to decrease maternal and perinatal morbidity and mortality by providing accessible, culturally safe and secure maternity care programs for Aboriginal families across NSW. The service includes 33 targeted antenatal/ postnatal programs in over 80 locations across NSW (covering 75% of Aboriginal births) and a statewide training and support program for midwives and Aboriginal Health Workers.

The Building Stronger Foundations for Aboriginal Children, Families and Communities Program (BSF) is an early identification, health promotion, prevention, early intervention and referral service provided by teams of Aboriginal Health Workers and Child and Family Health Nurses. The service builds on the strengths of AMIHS to provide culturally safe and secure early childhood health services (0 to 5 years) to Aboriginal families, so that children are healthy and ready to learn when they start school. Many BSF programs have a multidisciplinary team of experienced health professionals, including Aboriginal Health Education Officers, Child and Family Health Nurses, Social Workers, Occupational Therapists and Speech Pathologists.

The Indigenous Early Childhood Development National Partnership Agreement builds on the AMIHS program to provide additional secondary mental health and drug and alcohol services in selected AMIHS sites. The Mental Health Drug and Alcohol Services (MHDAS) provide prevention and early intervention services for pregnant Aboriginal women and their families at Mt Druitt, Narellan, Gosford, Shellharbour, Taree, Coffs Harbour, Dubbo, Bourke (with outreach to Walgett), Broken Hill, Wagga Wagga, Griffith (with outreach to Narrandera), Wilcannia and Nowra. The Agreement extends for five years and will expire on 30 June 2014.

The aims of MHDAS are to provide increased access to prevention and early intervention mental health and drug and alcohol services for Aboriginal pregnant women and their families who are at risk of, or vulnerable to, mental health and drug and alcohol problems, and to strengthen structures, procedures and processes that support families’ access to MHDAS services. Twenty clinicians and eight Aboriginal trainees (in either mental health or drug and alcohol) are provided across the initiative in NSW. The clinicians provide integrated treatment, including home visits and assertive follow-up, depending on the needs of the families, and community engagement and health promotion activities.

Quit for new life is a smoking cessation support program targeted to Aboriginal families during the prenatal and postnatal period. It is embedded into the routine delivery of maternity care to ensure that all pregnant Aboriginal women are offered support to quit smoking and remain smoke free. It also provides subsidised nicotine replacement therapy for the women and their families.

NSW is establishing nine new Aboriginal Child and Family Centres, at Minto, Mount Druitt, Ballina, Gunnedah, Nowra, Toronto, Brewarrina, Lightning Ridge and Doonside, to provide integrated services tailored to individual family needs, including child care services and parent and family support services. Many service providers are already active, while the centres, which are being built under the Indigenous Early Childhood Development National Partnership Agreement, are under construction. All Centres are expected to be fully operational by late 2013.

Extensive community consultation was undertaken on location, design, service delivery model and community engagement in all locations through Local Reference Groups comprising key local stakeholders, including Aboriginal Elders, Aboriginal organisations, government agencies, community members and local service providers.

Mothering at a Distance is a program delivered to Aboriginal mothers to enhance the mother-child relationship, increase maternal sensitivity and reduce trauma during separation caused by incarceration. Participants include mothers or caregivers who, upon release, will have significant parenting responsibility for children aged 0 to 5 years. Mothering at a Distance operates at Berrima, Dillwynia, Emu Plains, Mid-North Coast, Silverwater and Wellington Correctional Centres. A similar program for fathers, the Centacare Fathers Program (previously known as ‘Hey Dad!’), provides an opportunity for fathers/carers who are separated from their children to gain a greater understanding of their role and to develop an enriched relationship with their children. During 2011–2012, there was a combined total of 171 participants in these programs.

Intensive Family Based Services (IFBS) continue to provide time-limited, home-based, intensive support for Aboriginal families where children are at risk of entering care, due to child protection concerns, or are already in care with a restoration plan in place. IFBS helped more than 367 children in 2011–12. FACS (CS) currently manages seven IFBS sites at Bourke, Campbelltown, Casino, Dapto, Mt Druitt, Newcastle and Redfern. There are another four Aboriginal NGO IFBS sites currently being piloted in Wagga Wagga, Wyong, Kempsey and Clarence Valley. In 2011–12, approximately 60 IFBS managers and caseworkers participated in intensive Homebuilders® training to build on their behavioural intervention, teaching and motivational interviewing skills.

Under Stronger Together 2, NSW is funding 380 new intensive family support packages at a cost of $53 million, with 180 packages specifically targeted for Aboriginal families. Aboriginal Family Intensive Support packages are being delivered in the NSW local government areas of Shoalhaven, Tamworth, Liverpool Plains and Gunnedah.

The Keep Them Safe NGO Capacity Building and Workforce Development Plan is a five-year plan which commenced in 2010–11. The plan integrates strategies to build the capacity of the non-government sector and develop the Keep Them Safe workforce across the government and non-government sectors.

The Plan emphasises the need for targeted activities to support the specific needs of Aboriginal NGOs, particularly: the development of more meaningful local partnerships; improving early intervention and prevention service delivery in regional and local Aboriginal communities; improving cultural proficiency for staff involved in supporting Aboriginal children, young people, their families, and communities; and particular strategies to improve Aboriginal employment.

Activities include a review of qualifications for child protection caseworkers, revising position descriptions (to include tertiary qualifications) for new child protection casework managers, research on the suitability of the selection process for casework managers and opportunities for non-degree-qualified caseworkers to complete a Vocational Graduate Certificate in Statutory Child Protection. Aboriginal staff have been given priority access to this course.

During 2011–12, AbSec was funded to lead further work in building Aboriginal NGO capacity so that they can meet demands for Aboriginal placements as the OOHC transition progresses. AbSec will partner with a number of agencies across the state to increase the number of Aboriginal-accredited, community-controlled OOHC agencies to provide services across NSW.

#### Northern Territory

Through the College model, schools in large remote communities, associated with Territory Growth Towns (TGT), are working with local community members to deliver school education and community engagement programs after school hours. A range of programs, including Child and Family Services Leaders working with Families as First Teachers and health clinics to develop and deliver early childhood programs focused on parents and 0 to 3 year olds, are delivered at Shepherdson College, West Arnhem College (Gunbalanya and Jabiru schools), Warlpiri Triangle College (Lajamanu, Nyirripi, Willowra and Yuendumu schools), Ntaria College, Yambirrpa College (Yirrkala Homelands and Yirrkala schools) and Ngakwurra Langwa College (Alyangugla, Angurugu, Alyarrmandumanja Umbakumba and Milyakburra schools).

Through the Remote Aboriginal Family Community program (RAFC), workers provide timely advice to child protection and welfare staff on the cultural needs of local Indigenous families. This can involve advice on kinship arrangements, family genealogies and community issues impacting on Indigenous children.

A Guide for the Application of the Aboriginal Child Placement Principle (ACPP) has been developed pending document production. The Guide provides internal and external stakeholders with practical information that supports the application of the ACPP in practice. Core content from the Guide will be translated into learning and development training material.

#### Queensland

In Queensland, a wide range of strategies and initiatives have been implemented to support Indigenous community-building activities.

The Cape York Welfare Reform trial is a partnership between the Queensland Government, the Australian Government and the Cape York Institute for Leadership and Policy. Four Queensland communities (Aurukun, Coen, Hope Vale and Mossman Gorge) agreed to be part of the four-year welfare reform trial from 2008 to 2012. A central reform initiative in the Cape York Welfare Reform trial is the Family Responsibilities Commission, which aims to improve the care of children and to connect families with a wide range of support services.
On 12 September 2012, the members of the partnership agreed to extend the trial to 2014.

Alcohol management programs have been implemented to provide increased safety for children through greater access to health and social services for them and their families. Services include community patrols, youth recreational programs and detoxification and rehabilitation. Restrictions on alcohol aim to help improve the health and wellbeing of all people living in the remote communities by reducing alcohol-related harm.

In partnership with QATSICPP and CREATE, the Queensland Government has developed the Blueprint for Implementation strategy to reduce the over-representation of Aboriginal and Torres Strait Islander children in Queensland’s child protection system. The four key priority areas in Together keeping our children safe and well: Our Comprehensive Plan are:

* Sharing a common vision and commitment
* Providing the right services at the right time
* Ensuring the existence and application of sound legislation, policy, practice and procedures
* Building a robust network of Indigenous service providers.

The Blueprint for Implementation includes reviewing existing policies, procedures and practice for working with Aboriginal and Torres Strait Islander families and children, including unborn children; for example, the Child Placement Principle and provisional approvals.

Under the Indigenous Early Childhood Development National Partnership Agreement, 10 Child and Family Centres were delivered in 2011–12. The Child and Family Centres provide culturally welcoming and family-friendly places within the communities. Lead agency service providers work in partnership with Aboriginal and Torres Strait Islander communities and other local providers to determine the range of services and programs necessary to address community needs.

Training and professional development programs are provided for professional and paraprofessional service delivery staff. The programs include:

* Certificate IV in Child, Youth and Family Intervention (child protection) for all Child Safety Support Officers (Paraprofessional level)
* Vocational Graduate Certificate in Community Services Practice (Statutory child protection) for all Child Safety Officers (Professional level)
* 88 Specialist Skill modules on a variety of child protection subject areas, for all levels of service delivery staff
* two cultural training programs delivered to Department of Communities, Child Safety and Disability Services staff across the state.

The Blueprint for Implementation identified as a priority project the development of an agreed practice framework and manual for Recognised Entities and Aboriginal and Torres Strait Islander Family Support Services. The practice manual for Recognised Entities was completed in 2011–12 and is now in use. Recognised Entities are Aboriginal and Torres Strait Islander organisations or individuals mandated by their communities and approved and funded to provide culturally appropriate and family advice regarding Aboriginal and Torres Strait Islander child protection matters. A range of services funded under the Blueprint have been implemented to support Aboriginal and Torres Strait Islander families and children, including:

* 11 Aboriginal and Torres Strait Islander organisations funded to deliver Recognised Entity services to each of the Child Safety Service Centre (CSSC) catchment areas. These services aim to prevent and reduce the incidence of progression into the statutory system by Aboriginal and Torres Strait Islander children and young people. The Recognised Entity role ensures that the department makes the best possible decisions for Aboriginal and Torres Strait Islander children and young people
* the establishment of Safe Houses within 11 remote Aboriginal and Torres Strait Islander communities, delivering supervised residential carer services to provide a short-term safe place for children, with Family Intervention Services workers providing support and assistance to children and families subject to child protection intervention
* the Safe Haven initiative, which provides a culturally responsive service, tailored to meet specific community need, responding to the needs of children, young people and their families affected by domestic and family violence in Aboriginal and Torres Strait Islander communities. The initiative is currently operating in three communities: Cherbourg, Palm Island and Mornington Island. Safe Havens offer family support and counselling, youth work and emergency care funds to relative carers, together with community capacity building.

The whole-of-government Queensland Reconciliation Action Plan 2009–2012 includes several actions relating to child wellbeing and service delivery which are supported by the involvement of the Queensland Aboriginal and Torres Strait Islander Advisory Council.

Aboriginal parents who are alcohol dependent or high-risk drinkers are being assisted to improve their wellbeing and parenting capacity through referral to the Queensland Indigenous Alcohol Diversion Program.

QCCYPCG also provides support to Aboriginal and Torres Strait Islander children and young people in contact with the child protection system and monitors compliance with the Indigenous Child Placement Principle. QCCYPCG released its Indigenous Child Placement Principle Audit Report 2010–11 in early 2012. The next QCCYPCG Audit Report is due for public release in late 2013.

#### South Australia

The Aboriginal Youth and Family Network (AYFN) in the Murraylands Region of South Australia was created out of a community desire to have a network specifically for Aboriginal youth and family issues. The AYFN has representation from the Local, State and Australian Government, non-government organisations and local Aboriginal organisations.

Through consultation with the community, a new and innovative service approach has been developed as part of the AYFN, based on the Social and Emotional Wellbeing system of care. A uniform assessment tool is utilised by all agencies that are members of the AYFN for the first point of contact.

South Australia’s Aboriginal Family Birthing Program is a culturally respectful, clinically appropriate program, offering continuity of care for Aboriginal women during their pregnancy, at birth and for up to six weeks postnatally. Pregnant women and their families are supported by a partnership team comprising midwives and Aboriginal Maternal and Infant Care (AMIC) Workers. This program has been expanded across South Australia, with over 20 AMIC workers supporting Aboriginal families during their birthing experience.

The Sexual Health Information and Education South Australia Inc. initiative, Yarning On, aims to improve sexual health literacy and build skills relating to cultivating positive and respectful relationships. The Aboriginal Focus Schools Program, developed for Aboriginal school students in Years 5 to 10, supports principals, teachers, Anangu Education Workers, Aboriginal Community Education Officers, parents and school communities to build their capacity in delivering tailored curriculum. The Investing in Aboriginal Youth Program seeks to build the capacity of health, education and community workers and Aboriginal community members to work with Aboriginal young people aged from 12 to 24 within rural, remote and metropolitan Aboriginal communities.

* Workforce and Human Resources
* Service Delivery and Practice
* Organisational Structure and Planning.

Families SA, with the support of the Department for Education and Child Development, supports a number of Aboriginal staff members to gain tertiary qualifications. Supports offered include Study Leave, payment of Higher Education Contributions Scheme (HECS) fees and a scholarship program. Individual Directorates and Offices implement Aboriginal recruitment strategies tailored to best meet the needs of Aboriginal people and engage with local Aboriginal communities. Families SA uses the services of the Aboriginal Employment Register when advertising vacancies, to ensure that a wider range of Aboriginal people are notified of vacancies.

#### Nanko-walun Porlar Nomawi (Families and children growing well together)

Barbara (not her real name) is a single Aboriginal mother of six children living in an Aboriginal community in a semi-rural area of South Australia. There is a long history of loss and grief throughout Barbara’s family as well as a history of non-engagement with services. A referral was received from the local school to work with two of Barbara’s children and, when she was approached about the referrals, Barbara asked for all her younger children to engage with the Nanko-walun Porlar Nomawi service. Barbara believed that, as she was going on her own journey of healing, her children would benefit from engaging with the service.

Nanko-walun Porlar counsellors visited Barbara approximately every two weeks to offer her encouragement, support and different parenting ideas. They needed to build a trusting relationship with the family, and to gain the best understanding of the situation, in order to inform their advocacy for the family with other services involved. The children were seen individually every two weeks and as a family occasionally. The trusting therapeutic relationship that developed assisted the children to work through issues of loss and grief, their parents’ separation and peer and family relationships. Working from a social and emotional wellbeing framework, counsellors took a narrative approach with the children, to highlight the stories of survival and the strengths that they had individually and also as a family unit. This strengthened family relationships.

Nanko-walun Porlar Nomawi also engaged with the local school and Aboriginal Council. At the school, the children displayed behavioural issues.

Playing an advocacy and educational role, Nanko-walun Porlar Nomawi counsellors worked closely with the school to assist staff to gain a better understanding of Aboriginal culture and kinship roles and responsibilities, and how this plays a role in the classroom with Aboriginal children. The children have now become more settled at school, and Barbara has been able to regain confidence as a mother and a valued member of the community.

Supporting communities on the APY Lands

The APY Lands in the north of South Australia, bordered by WA and NT, are among the most remote locations in Australia.

Responding to the challenges associated with remote service provision, the South Australian Police have permanently deployed staff on the APY Lands who investigate reports of domestic and family violence and provide follow-up support to victims and their children. The program is staffed by one detective and two female police officers, with a focus on relationship and trust building, to work with women regarding the best way to deal with domestic and family violence in their community.

South Australia Police have also extended the trial of the placement of one detective and two female child sex abuse investigators in the APY Lands. Initiatives have been implemented to improve community education, support and interaction, including delivering school information sessions to female students, teachers, Aboriginal education workers and community elders on the subjects of child pornography, sexting, internet safety and the issue of sexual consent, delivering the NAPCAN LOVE BiTES program and providing internet protection software to service providers across the APY Lands.

Families SA Coober Pedy staff are receiving training in forensic interviewing of children. The aim of this initiative is to increase the capacity of child protection workers to respond to child protection notifications in a timely and culturally appropriate manner.

CPS has enhanced its service to children, young people and families on the APY Lands. CPS has developed a specific protocol for interviewing Aboriginal children from rural and remote locations, which is used when providing an outreach service on the APY Lands.

#### Tasmania

The Agenda for Children and Young People was launched by the Tasmanian Government on 7 July 2011. It is a key strategic framework for all services working with Tasmanian children over the period 2011–2020. The Agenda will facilitate the collaborative work of service providers across government and nongovernment organisations, to address complex and entrenched issues. It will also assist government and non-government agencies to work together to address issues such as the gap in health and wellbeing outcomes between Aboriginal and non-Aboriginal children.

In Tasmania, CHAPS is responsible for community-based services that improve health and wellbeing outcomes for Indigenous families and children, in partnership with contracted services—Tasmanian Aboriginal Centre (TAC) and community Gateway Services. This includes the provision of Child and Family Health Nurses within TAC and South Eastern Tasmanian Aboriginal Centre to undertake health and development checks and breastfeeding education and to support parents at playgroups and Launching into Learning.

The recent opening of the Australian and Tasmanian governments’ jointly funded Child and Family Centre in Bridgewater (Tagari Lia) and the soon-to-be-completed Geeveston Child and Family Centre, both of which focus on Aboriginal families, will provide valuable means of engaging with Aboriginal families and supporting them to increase their participation and access to community-based services. In addition, from September 2012, an outreach paediatric clinic at the Tagari Lia Child and Family Centre has commenced, to provide an alternative access point for paediatric services for children in out-of-home care who live in the surrounding area.

CHAPS is a key service provider within both these Child and Family Centres, working alongside a range of integrated services that encourage and support early childhood health and wellbeing. CHAPS has also worked with the community during the development of these centres and is now able to provide services either directly from the Centre or through a co-located service. The new Model of Care also recommends and supports increased participation of the CHAPS within Child and Family Centres and other children’s services, to enhance collaborative practice, provide more flexible services and increase access opportunities for vulnerable clients.

Staff training, to ensure cultural sensitivity, is provided by the local Aboriginal community and accessed by staff of CYS. This area of professional development is now a mandatory component of staff development.

Appraisals, relating both to practice required by legislation and best practice relating to the treatment of, and service delivery to, Aboriginal children and their families, are regularly conducted within the Quality and Safety Framework. The Aboriginal and Torres Strait Islander Child Placement Principle is one component of early staff development.

Further work is also underway to improve the alignment of coordination and collaboration between TAC, CHAPS and the Gateway/Integrated Family Support Services systems in the provision of culturally appropriate care plans and other early intervention work.

In August 2011, a new Commonwealth–State Agreement was signed, funding programs that aim to improve access for Aboriginal and Torres Strait Islander peoples to effective health care services, essential to improving health and life expectancy and reducing child mortality. These programs aim to contribute to closing the gap in life expectancy and halving the gap in mortality rates for Indigenous children under 5 years of age within a decade, by addressing the following areas of health:

* primary health care
* social and emotional wellbeing
* substance use
* child and maternal health
* chronic disease
* remote services
* workforce.

The recently finalised CYS Models of Care for CHAPS, together with Child Protection, Family Violence Counselling and Support Service, Out-of-Home Care and Youth Justice, provide an integrated and holistic model of operation for the services assisting vulnerable young people and their families, support improved outcomes and ensure connections between the various elements of the children and youth service system.

The Model of Care for children and young people has identified that the service needs to focus on engaging vulnerable families that have previously found it difficult to access their services. The Model of Care includes recommendations to develop creative strategies that will help to strengthen the engagement of Aboriginal communities with the CHAPS and to strengthen the focus on targeting services for communities of ‘most disadvantage’.

#### Victoria

In Victoria, early 2012 saw the implementation of the Strengthening Aboriginal Organisations initiative, which aims to increase the capacity of workers in Aboriginal organisations to undertake case work with vulnerable Aboriginal children and families. The initiative has two components:

* implementation or strengthening of professional development planning and supervision processes in Aboriginal organisations to support service delivery workers
* provision of increased opportunities for service delivery workers to participate in professional development.

Beginning Practice training for child protection practitioners includes a component on responding to Aboriginal children and families. Consideration of issues particular to Aboriginal children and families is embedded throughout the training program.

Latrobe Families Working Group is improving the life opportunities for children and young people through strengthened families and community participation. Some of the achievements to date have included working collaboratively with existing networks to organise community events, such as a family fun and feed day, a regional sports carnival and a National Indigenous Children’s Day event. The group is currently organising a family camp to provide families with an opportunity to participate in activities aimed at building family and community connection. The project has harnessed resources and support from a range of local providers.

The Morwell Local Indigenous Community Partnership Project has worked closely with the local Aboriginal community over the past 18 months to improve outcomes for their community. Two working groups have been established under the leadership of community members to implement community-identified solutions to strengthening families and the community.

The Youth Pathways Working Group is enhancing life opportunities for young people by promoting opportunities for them to get fully involved in education, training and employment. The working group is organising a Youth Transition Forum to inspire young people to continue to engage in education and training. The forum’s theme is based on the concept of ‘dare to dream’. The forum will be named ‘Nerran Ngaroon’, meaning ‘fly to the moon’ in traditional Gunaikurnai language. The working group will continue to work to create the pathways from education to employment, following consultation with young people at the forum. The project has been well supported by the community, government agencies and non-government organisations.

The ACSASS program, which is delivered by an Aboriginal organisation, provides advice about all Aboriginal children reported to DCP and through all stages of intervention, to ensure that a culturally appropriate service response is provided to support Aboriginal children and their families. In particular, the ACSASS program consults on decisions to place Aboriginal children in care; this is a legislative requirement.

Aboriginal Family Decision Making (AFDM) aims to enhance the quality and sustainability of case decisions by direct involvement of extended family and community members in planning for Aboriginal children who are subject to child protection intervention. The family are assisted in this by co-conveners, one from child protection and one an Aboriginal convener working from an Aboriginal organisation. The involvement of respected Aboriginal Elders gives authority to the process and assists the family in planning for their children in a culturally appropriate way, to meet their safety and development needs. In May 2012, as part of the Directions Paper, an expansion of the AFDM program was announced, to enable it to become a regular part of practice in the child protection program in cases where abuse has been substantiated.

The Cultural Support Plan program assists child protection to develop, implement and monitor cultural support plans for Aboriginal children on guardianship orders.

#### Western Australia

The DCP currently has 11 Remote Senior Community Child Protection Workers employed across the State in remote Aboriginal communities. Their role is to promote the safety of Aboriginal children in communities through a range of responses, including:

* developing the community’s capacity to safeguard the wellbeing of its children
* providing support to families and taking action when children have experienced substantial harm or are at risk of substantial harm
* implementing child protection-focused community strategies and case related activities.

The DCP-funded Indigenous Family Program is a metropolitan-wide service that targets Aboriginal and Torres Strait Islander families with children aged 0 to 17 years, to address a range of issues that impact on the family’s ability to care for the children and ensure their wellbeing. The service makes use of a case management approach, including intensive, in-home practical support, parenting and child management education, teaching and modelling of protective behaviours and social skills.

The Statewide Specialist Aboriginal Mental Health Service (SSAMHS) provides specialist clinical interventions and traditional Aboriginal healing to Aboriginal children and adults with severe and persistent mental illnesses across WA. Child and Adolescent Mental Health Services (CAMHS) is collaborating with the SSAMHS to provide and support culturally informed mental health assessments for Aboriginal children and adolescents with mental health problems. It is planned that SSAMHS Aboriginal workers will be placed in CAMHS community clinics, contributing to ensuring access for children and young people to culturally informed specialist mental health service provision.

The Aboriginal Child Health Project provides and facilitates training for community child health care providers across WA, focusing on engagement strategies to promote strong and safe Aboriginal families.

Revisions and strengthening of the DCP’s Aboriginal employment and learning strategies are currently underway and include the development of a recruitment and retention strategy and an Aboriginal learning strategy. Aboriginal Practice Leaders continue to consolidate their critical role in building core service delivery capacity for Aboriginal children and families, leading the development of high and consistent standards of services to Aboriginal children and families.

All Aboriginal children in care are required to have a Culture and Identity Plan. The Aboriginal Services Framework underpins the work DCP undertakes with Aboriginal children and families and includes a focus on improving outcomes within the Aboriginal and Torres Strait Islander Child Placement Principle.

DCP provides funding to an Aboriginal community sector organisation for the provision of Intensive Family Support and Reunification Services, specifically for Aboriginal and Torres Strait Islander families in the metropolitan area.

The WA Department of Health’s Aboriginal Health Division has recently launched and is implementing the WA Health Aboriginal Cultural Learning Framework 2012–2016. The Aboriginal Cultural Learning Framework draws together three focus areas in which to prioritise activity: Aboriginal Workforce, Cultural Learning and Leadership.

The Department of Education’s Aboriginal Education Branch ensures compliance with existing requirements while providing support and feedback regarding new strategies through representation on consultation groups. These groups include the Strong Families interagency case management program and the Indigenous Early Childhood National Partnership Steering Committee.

#### Community Action to keep kids in school

In June 2012, in the East Kimberley region, an Aboriginal Reference Group was established to address underlying local issues contributing to the disengagement from school, and the presence on the streets at night, of children and young people. The project, known as Operation SHARP (Safely Home with A Responsible Person), ran from 4 to 10 June 2012 and engaged with the local Kununurra Chamber of Commerce and Industry to support initiatives to help keep children in school.

The program resulted in a reduced level of crime over the week it operated. Further, by the end of the week, significantly fewer children were on the street after 11pm.

Operation SHARP has led to the implementation of an ongoing interagency initiative (involving child protection, police, education, youth justice and the Aboriginal Reference Group) each school term, to encourage school attendance and engage parents to take greater responsibility.

In addition, Operation SHARP has had a flow-on effect, with:

* improvement in school enrolment numbers
* greater awareness amongst parents of their responsibility to ensure that their children go to school and don’t stay out late at nights
* establishment of a transitional classroom to cater for students who have not been attending school regularly, in order to assess their learning needs
* continued strong relationships between agencies to address local issues that impact on the wellbeing of children, young people and their families.

Supporting communities

Western Australia supports a large number of initiatives to assist Aboriginal children, young people and families, and many of these initiatives are based in remote locations. Examples of these initiatives include:

* the East Kimberley Family and Domestic Violence Hub and Outreach Service (the Hub), which continues to operate in Kununurra, Wyndham, Kalumburu, Warmun and Oombulgurri with the aim of reducing the rate of family and domestic violence through the provision of community education, direct service delivery, development of service infrastructure and the provision of funds and support to build the capacity of local organisations
* support by the Department of Education for the design, development and delivery of culturally appropriate protective behaviours professional learning workshops for Aboriginal and Torres Strait Islander Education Officers in the Pilbara
* Operation Reset Kalumburu, a multi-agency program working intensively with the Kalumburu community over an 18-month period. Representatives from the WA Departments of Health, Education, Corrections and Indigenous Affairs are working closely with WA Police, DCP and FaHCSIA to strengthen the capacity of the community to improve safety for children
* a service agreement, commenced by DCP in April 2012 with the Carnarvon Medical Services Aboriginal Corporation for the provision of the Mungullah Practical In-Home Support Service, which provides services to Aboriginal and Torres Strait Islander families in the Mungullah Aboriginal Community; the service provides support through practical assistance, informal counselling or advice, group activities and linkages to other available community resources and support networks.

## Measuring progress

### Indicator 24: Child protection substantiation among Indigenous children

Aboriginal and Torres Strait Islander children are over-represented in child protection services (Berlyn & Bromfield 2009). This suggests that Indigenous children are more likely to be subjected to abuse or neglect than other children. The reasons for this are multiple and complex. Past and ongoing dispossession, social exclusion and racism have contributed to high levels of unresolved trauma among Aboriginal and Torres Strait Islander people. This unresolved trauma can be expressed in ways that are destructive, such as substance abuse (Berlyn & Bromfield 2009). This can have a negative impact on parenting capacity and family functioning, and it increases the risk to children of experiencing abuse or neglect.

In 2011–12, Indigenous children were nearly eight times as likely as non-Indigenous children to be the subject of a child protection substantiation. This pattern has remained consistent since 2009–10.

Table 28: Children aged 0–17 years who were the subject of a substantiation, by Indigenous status, 2009–10 to 2011–12 (rate per 1000 children)

|  | 2009–10 | 2010–11 | 2011–12 |
| --- | --- | --- | --- |
| Indigenous  | 35.3 | 34.6 | 41.9 |
| Non-Indigenous  | 4.6 | 4.5 | 5.4 |
| All children(a)  | 6.1 | 6.1 | 7.4 |
| Rate ratio Indigenous/Non-Indigenous  | 7.7 | 7.6 | 7.8 |

(a) ‘All children’ includes children whose Indigenous status was unknown.

Notes

1. Legislation and practice differs across jurisdictions in relation to children aged 17. In some jurisdictions, children aged 17 are not substantiated, and this means the number per 1000 children who were the subject of a substantiation may be lower for those jurisdictions.

2. Rate ratios are calculated by dividing the unrounded rate of Aboriginal and Torres Strait Islander children who were the subject of substantiations by the unrounded rate of non-Indigenous children who were the subject of substantiations. The resulting number is a measure of how many Aboriginal and Torres Strait Islander children were the subjects of substantiation for every non-Indigenous child who was the subject of substantiation.

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

### Indicator 25: Indigenous children in out-of-home care

Aboriginal and Torres Strait Islander children are over-represented in out-of-home care. It has already been noted that the effects of out-of-home care on children can vary, depending on the individual child and his or her circumstances. For Indigenous children, there is a particular concern that out-of-home care may result in loss of contact with their family of origin, their community and their culture. This concern is based on an acknowledgment of the damaging impact of past practices of cultural assimilation and forced removal of Aboriginal and Torres Strait Islander children from their families, resulting in mutual grief and trauma and the loss of important cultural links and cultural knowledge (HREOC 1997).

Although out-of-home care may be beneficial for children who are unsafe living with their families of origin, it is generally viewed as an intervention of last resort, and there is a preference for children to be reunited with their birth parents wherever possible (Bromfield & Osborn 2007; Bromfield et al. 2007).

At 30 June 2012, Indigenous children were 10 times as likely as non-Indigenous children to be in out-of-home care. This pattern has remained consistent since 2010.

Table 29: Children in out-of-home care at 30 June, by Indigenous status, 2010 to 2012
(rate per 1000 children)

|  | 2010 | 2011 | 2012 |
| --- | --- | --- | --- |
| Indigenous  | 48.4 | 51.7 | 55.1 |
| Non-Indigenous | 5.0 | 5.1 | 5.4 |
| All children(a)  | 7.0 | 7.3 | 7.7 |
| Rate ratio  | 9.7 | 10.1 | 10.3 |

(a) ‘All children’ includes children whose Indigenous status was unknown.

Note: Rate ratios are calculated by dividing the unrounded rate of Aboriginal and Torres Strait Islander children who were in out-of-home care by the unrounded rate of non-Indigenous children who were in out-of-home care. The resulting number is a measure of how many Aboriginal and Torres Strait Islander children were in out-of-home care for every one non-Indigenous child who was in out-of-home care.

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

### Indicator 26: Indigenous children placed in accordance with the Indigenous Child Placement Principle

The Indigenous Child Placement Principle states that the preferred order of placement for an Aboriginal and/or Torres Strait Islander child who has been removed from his or her birth family is with:

* the child’s extended family
* the child’s Indigenous community
* other Indigenous people.

Only if an appropriate placement cannot be found from the three groups can an Indigenous child be placed with a non-Indigenous carer. This principle has been endorsed by all states and territories in Australia. The Indigenous Child Placement Principle is an acknowledgement of the previously discussed harmful practices that removed Indigenous children from their families and communities (Berlyn & Bromfield 2009).

At 30 June 2012, just over two-thirds (69 per cent) of Indigenous children were placed with relatives/kin or other Indigenous caregivers. Placement with Indigenous relatives/kin was most common (38 per cent). Similar patterns were seen between 2010 and 2012.

Table 30: Indigenous children in out-of-home care at 30 June, by Indigenous status and relationship of carer, 2010–2012

|  | 2010 |  | 2011 |  | 2012 |
| --- | --- | --- | --- | --- | --- |
| Carer type | Number | Per cent |  | Number | Per cent |  | Number | Per cent |
| Indigenous relative/kin  | 4633 | 40.6 |  | 4803 | 39.0 |  | 5047 | 38.2 |
| Other Indigenous caregiver  | 2001 | 17.5 |  | 2055 | 16.7 |  | 2169 | 16.4 |
| Other relative/kin  | 1412 | 12.4 |  | 1657 | 13.5 |  | 1866 | 14.1 |
| Total placed with relatives/kin or other Indigenous caregivers  | 8046 | 70.5 |  | 8515 | 69.2 |  | 9082 | 68.8 |
| Total not placed with relatives/kin or other Indigenous caregivers  | 3370 | 29.5 |  | 3788 | 30.8 |  | 4122 | 31.2 |
| Total  | 11 416 | 100.0 |  | 12 303 | 100.0 |  | 13 204 | 100.0  |

Notes

1. This table does not include Indigenous children who were living independently or whose living arrangements were unknown.

2. Percentages in tables may not add to 100 due to rounding.

3. Family group homes and residential care are reported under ‘other caregiver’.

Source: AIHW Child Protection Data Collections; AIHW 2013.

# Chapter nine: Outcome 6—Child sexual abuse and exploitation is prevented and survivors receive adequate support

Children are protected from all forms of sexual exploitation and abuse through targeted prevention strategies, and survivors are supported by the community, and through specific therapeutic and legal responses.

### The strategies that support Outcome 6 are:

* 1. Raise awareness of child sexual exploitation and abuse, including online exploitation
	2. Enhance prevention strategies for child sexual abuse
	3. Strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation
	4. Ensure survivors of sexual abuse have access to effective treatment and appropriate support.

### Overview

Throughout 2011–12, all jurisdictions have been working together with NGOs, Police services and justice systems to improve responses to child sexual assault and exploitation, to support survivors and to develop prevention strategies.

A Responding to Sexual Abuse professional development program, which includes learning, development and training tools to support family-based and residential carers and staff to respond to concerning sexual behaviours, was developed, trialled and published in March 2012. This resource was the result of a collaboration across all jurisdictions and the NGO Coalition; it was led by the Western Australian Department of Child Protection.

A broadly based collaborative effort between government agencies and NGOs under the leadership of the Australian Communication and Media Authority (ACMA) has produced the Cybersmart website and a range of resources for young children, children, young people, parents, schools and libraries. These resources address many issues of online safety, including cyberbullying and how to deal with unwanted attention and offensive content.

The Child Aware Approaches grant round, announced in June 2012, included grants to a number of organisations that are undertaking initiatives to address issues of sexual abuse, including describing best practice support for survivors and responses to children displaying sexualised behaviours. The results of the Child Aware Approaches grants will be discussed at the Child Aware Approaches Conference, to be held in Melbourne on 11 and 12 April 2012.

The last 18 months have seen a growing focus on the impact of sexual abuse of children, through investigations in several jurisdictions and, most recently, through the announcement on 12 November 2012 of the Royal Commission into Institutional Responses to Child Sexual Abuse.

Australia is not alone on the international stage in seeking to improve systemic responses to children exposed to abuse, neglect and maltreatment. Recent examples of other countries’ inquiries include: Sweden is undertaking an Inquiry into historical abuse of children in institutions and foster homes; and the Irish Human Right Commission has released a second report on the Magdalene Laundries. 4,5

### Australian, state and territory government activities

#### Australian Government

In April 2010, the Australian Parliament passed the Crimes Legislation Amendment (Sexual Offences Against Children) Act 2010. This legislation strengthened child pornography laws in areas of Australian Government responsibility.

The Think U Know Initiative, launched in 2009 by the Australian Federal Police in partnership with Microsoft and ninemsn, aims to raise awareness of parents, carers and teachers about online behaviour.

The Australian Government’s Cybersafety Help Button was launched in December 2010 and has been installed on over 300 000 computers in Australia.

Since July 2011, three Australian internet service providers (ISPs) have been voluntarily blocking the internationally recognised Interpol list of child sexual abuse material, under an arrangement with the Australian Federal Police.

Launched in January 2012 by the Australian Government, the Easy Guide to Socialising Online provides cyber safety information for 26 different social networking sites, search engines and online games.

The Australian Government has provided funding totalling $8.969 million to:

* Bravehearts, to deliver White Balloon Day over the last four years to raise awareness of child sexual abuse
* NAPCAN, for National Child Protection Week, since 2004
* Heartfelt House, to provide advice and support for survivors of childhood sexual abuse, including for the ‘Taking First Steps’ program
* ASCA, since 2008, for the provision of national workshops for survivors of child abuse and for health professionals
* Child Wise, for ‘Speak-up’ workshops in 2009
* various non-government organisations through the Child Aware Approaches grant round (implemented in mid-2012 at a cost of $5.7 million), to improve community understanding of child abuse and neglect.

A literature review, Problem Sexual Behaviour in Children: A Review of the Literature, was produced by the Australian Crime Commission (ACC) in 2008. The ACC also conducted a national study on Australia’s response to sexualised or sexually abusive behaviours in children and young people, released in July 2010.

A national workshop on therapeutic residential care, with a presentation on the ACC Report, was held in Melbourne in September 2010, and a second workshop was held in Brisbane in October 2012.

#### Australian Capital Territory

The ACT Government endorses and supports the ACMA Cybersmart for Young Kids program. All ACT primary schools have been supplied with a hard copy of the Cybersmart guide and teaching resources to support the effective implementation of this program in the early childhood classroom. Each school has a designated Cyber Safety Officer. This officer is responsible for disseminating information regarding cyber safety in the school. All Cyber Safety Officers received training in 2011.

The ACT is a member of the National Cybercrime Working Group, which is developing the proposed Australian Cybercrime Online Reporting Network. This Online Reporting Network provides a centralised online portal to allow victims to report instances of cybercrime, complaints to be referred to the most appropriate agency for further action, where appropriate, and data to be collected to inform improved responses to cybercrime by law enforcement and other government agencies.

The ACT also participates in the Australia New Zealand Policing Advisory Agency, which has recently completed the Cybercrime Capability Assessment. The assessment, which contains an analysis of existing police capabilities to combat cybercrime and a series of recommendations to enhance capability, is an important component of the national response to cybercrime.

The ACT Government promotes general awareness campaigns focusing on the wellbeing and safety of all children and young people. These campaigns may include funding to NGOs to undertake campaigns on specific issues, including safe sleeping of children, child safety, smoking, safe driving and domestic violence.

Each year, during Child Protection Week, ACT Children’s Week and Youth Week, the ACT Government partners with non-government organisations such as NAPCAN to provide a range of activities and programs that raise awareness of the need for a whole-of-community approach to protect children and young people.

The ACT Government participated in the October 2012 National Therapeutic Residential Care Workshop, which included presentations on best practice therapeutic programs for children displaying sexually abusive behaviours.

The ACT has specialist counselling services for children and young people who are abused and neglected. Specific sexual assault services are provided through funded agencies such as the Canberra Rape Crisis Centre, the Thomas Wright Institute and the Child at Risk Health Unit (CARHU), which provides more generic services and individual therapists with expertise. All these services are readily accessible to residents of Canberra. The Canberra Rape Crisis Centre provides a free sexual assault counselling service for adult survivors. Counselling is provided in a range of delivery modes, including one-to-one consultation, telephone counselling and group sessions.

Outreach sessions are made available to individuals who have difficulties with access to transport or who require sessions outside business hours. Canberra Rape Crisis Centre also has a dedicated men’s service—Service Assisting Male Survivors of Sexual Assault. This service offers counselling and support to men over the age of 16, in the ACT and surrounding region, and to their supporters, to recover from the effects and impacts of sexual assault or childhood sexual abuse.

The Canberra Men’s Centre also provides counselling for men, their partners and their families, including counselling following sexual assault. This low-cost counselling service is provided through individual case management. Outreach support is available to eligible men who require ongoing support.

CARHU provides medical assessments, counselling and consultancy for children and their families who have been sexually, physically or emotionally abused or neglected and/or who have experienced domestic violence. In addition, the Women’s Health Service can provide counselling and information for non-offending family members.

The Forensic and Medical Sexual Assault Care service at Canberra Hospital also provides forensic and medical sexual assault care to people who have been sexually assaulted. Services include:

* health assessment, screening and medical management of acute injury and sexually transmitted infections
* psychological support for the acute and ongoing needs of sexual assault survivors
* Forensic and Medical Sexual Assault Care works closely with the Canberra Rape Crisis Centre, who provide a 24-hour on-call service
* Forensic and Medical Sexual Assault Care clinical staff, to conduct forensic medical examinations, maintain chain of custody procedures, prepare legal reports and present evidence in court in the role of the expert witness as required.

#### New South Wales

NSW continues to strengthen the provision of culturally appropriate models of sexual assault counselling for Aboriginal children and families, including ensuring the cultural competence of the existing network of child sexual assault counsellors across the State.

NSW Health has established six full-time equivalent, permanent, dedicated Aboriginal Child Sexual Assault positions, located in the Western Sydney, Illawarra Shoalhaven and Hunter New England LHDs, and an additional one full-time equivalent position in Hunter New England LHD for 2011–14 to work within, and complement, the existing network of 55 NSW Health Sexual Assault Services across the State.

Safe Families is an early intervention program that provides a coordinated approach to tackling child sexual assault in Aboriginal communities. Safe Families aims to empower the community to keep children safe and to build strong, healthy family and community relationships that will reduce the incidence of child sexual assault and reduce offending in the long term. The Safe Families Revised Service Delivery Model is based on local empowerment and NGO leadership and has been implemented in all sites.

Increasing the Capacity of Men to Address Child Sexual Assault in Aboriginal Communities is a project that uses diverse approaches to engage with Aboriginal men to help them to understand, and participate in, efforts to tackle child sexual assault in Aboriginal communities. NGOs have been contracted to run the project in 10 locations across NSW, with five projects currently underway. Men have been engaged through a focus on culture, and cultural camps provide opportunities to build awareness of factors impacting on child sexual assault.

NSW continues to support programs to prevent sexual abuse and strengthen support for survivors.

The Commission for Children and Young People administers a scheme to help people find, or become, an accredited counsellor to work with people who sexually offend against children. This scheme promotes the wellbeing of children and young people by establishing a public register of counsellors with the necessary knowledge and skill to work with people who sexually offend against children. There are two types of accreditation: for professionals who work with children and young people who sexually offend against children; and for professionals who work with adults who sexually offend against children. There are also minimum standards and three levels of accreditation with different requirements. The counsellors in the scheme have the best interests of children and young people at heart, and the scheme also benefits counsellors through recognition, courts (as they know that the counsellor is a recognised expert in the field) and clients who work with counsellors who have specialist skills and experience.

The Child Safe Organisations program provides resources and training to help organisations and workplaces become more child safe and child friendly. This is in addition to the requirement for Working with Children Checks. Child safe means taking active measures to keep children and young people safe from physical, sexual and emotional abuse. Child friendly means creating a trusting environment that values, respects and welcomes children and young people. This means that children and young people feel confident to raise any problem or concern and know that they will be listened to.

NSW Health’s New Street program is a community-based, specialised, early intervention therapeutic program for adolescents aged 10 to 17 years who display sexually abusive behaviours. There are three New Street Services located in the Western Sydney (Sydney), Hunter New England (Newcastle and Tamworth) and Western NSW (Dubbo) LHDs. All New Street Services have an Aboriginal focus, which includes an embedded Aboriginal workforce. The Western NSW (Dubbo) New Street was specifically funded through Keep Them Safe to have an Aboriginal focus. The New Street Service located in Western Sydney Local Health District also provides an outreach service to Central Coast LHD.

Mandatory training for all New Street service staff, including administrative and clinical staff, includes cultural competency training through the NSW Health Education Centre Against Violence. In 2011, the New Street services forum also focused specifically on furthering the cultural competency of staff.

Following the successful implementation of the Magellan Program in the Sydney Metro and Hunter Regions of NSW, the program will be expanded across NSW. The Magellan Program is an interagency, collaborative model of case management in the Family Court for cases where serious allegations are raised about sexual or physical abuse of children in post-separation parenting matters. The Family Court identifies certain special cases for the Magellan list and requests FACS (CS) to provide the court with a report on the matter. Children in these cases have generally been the subject of reports and/or investigation of child protection concerns. Protocols established between FACS (CS) and the Family Court outline agreed procedures and timelines for Magellan orders and reports.

In NSW, Joint Investigation Response Teams (JIRT) form an integral part of the joint investigation response for children and young people affected by sexual assault. JIRTs are made up of child protection caseworkers, police and health professionals who undertake joint investigations of child protection matters. JIRTs link the risk assessment and protective interventions of FACS (CS) with the criminal investigations conducted by Police and the therapeutic services of NSW Health.

Twenty-five Senior JIRT Health Clinicians have been appointed to work closely with interagency partners and the existing network of child sexual assault counsellors across the state, to improve joint decision making, facilitate information exchange, facilitate referrals into the health system and undertake community engagement, particularly with Aboriginal communities. Assessment and consultation determine whether a child or young person needs a forensic medical examination and what NSW Health treatment and support services, such as a medical examination or counselling, may be necessary for the child’s health and wellbeing.

The NSW Health Education Centre Against Violence provides training, resources and consultation for NSW Health workers and interagency professionals working with children and adults who have experienced sexual assault, domestic violence, Aboriginal family violence and/or physical or emotional abuse and neglect. This includes cultural competency training, such as the course ‘Competent Responses to Aboriginal and Sexual Family Violence’ for non-Aboriginal workers.

The Kaleidoscope Sexualised Behaviour Program, located in the Hunter New England Local Health District, aims to strengthen the therapeutic intervention for children under 10 years of age who display problematic or harmful sexualised behaviours. The program is providing a service to approximately 80 new referrals per annum; 19 per cent of all clients are Aboriginal.

The Approved Counselling Scheme provides free face-to-face counselling for people (children and adults) who have experienced violence (including sexual assault, domestic violence or physical abuse) where the act of violence occurred in NSW. Victims Services are provided through a network of more than 348 counsellors across NSW. In 2011–12, 15.9 per cent of sexual assault victims who lodged a claim for counselling through the Approved Counselling Scheme were under the age of 18 at the time of lodgement.

There is currently a trial of Victims Services Approved Counselling for male and female inmates being piloted in two Correctional Centres. The initial response to this trial has been positive, and the pilot will be evaluated in 2013.

NSW Child Protection Counselling Services (CPCS) provide specialist, tertiary-level counselling and casework services to children and young people and their families, where abuse or neglect has been substantiated. Interventions are child focused and family centred and aim to address and stop the effects of abuse, neglect and exposure to domestic violence on children and young people.

CPCS works with the whole family, including offending family members who are willing to engage with the service. Intervention is usually medium to long term, with the aim of maintaining the child or young person living with their family wherever this is possible. CPCS provides a variety of supports beyond traditional counselling, including: supporting families through advocacy; case management; court preparation and support; and therapeutic group work. The intensive counselling and casework approach provided by counsellors also has a preventative focus, through the provision of early intervention in respect of longer-term health and social problems prevalent among victims of abuse and neglect. These may include mental health issues, drug and alcohol issues and other physical and psychological health problems. CPCS services are located in each Local Health District and within the Sydney Children’s Hospital Network.

To foster clinical skills development for NSW CAMHS clinicians in the delivery of evidence-based treatment,
MH-Kids, the policy and planning unit for child and adolescent mental health in NSW, procured training in Trauma-Focused Cognitive Behavioural Therapy. Training for 90 NSW CAMHS clinicians, and supplementary training for a nominated supervisor in each Local Health District, was provided in 2011–12. MH-Kids is exploring the procurement of additional supervision to ensure program fidelity and sustainability in 2012–13.

#### Northern Territory

From 2007 to 2012, the NT Emergency Response has supported delivery of a film and literature classification education program. The program has raised awareness of the risk of pornography and other illicit materials. It has also provided information on restrictions relating to proscribed areas and strategies for people to make appropriate choices. During 2011–12, this program was expanded to include a Cyber Safer education and awareness campaign. This program concluded on 30 September 2012, with some classification facts sheets translated into various languages as enduring program resources.

The Mobile Outreach Service Plus (MOS Plus) provides counselling, professional development for
community-based staff and community education regarding prevention of, and responding to, trauma from child abuse and neglect, including sexual assault. Depending on the ‘readiness’ and the community, community education can range from training specialist workers, to intentional informal discussions with a family group, through to formal community education sessions. Community education is effective for raising awareness within the community of ways to prevent, and respond to, trauma from child abuse and neglect. This involves the appropriate use of online technology.

#### Mobile Outreach Service Plus in action

In August 2012, MOS Plus conducted ‘Protective Behaviours’ education with children from the remote NT community school of Barramundi Bay\*—a community where historic allegations of child sexual abuse had been made but not substantiated because of community fear.

The education sessions were preceded by considerable engagement and relationship building with key community members by both Aboriginal and non-Aboriginal MOS Plus staff.

In the initial sessions, large story boards were used from the tale of ‘Little Red Riding Hood’, as a metaphor to teach children how to be safe and to identify dangerous situations in their community. The story boards amalgamated scenes from the original fairy tale and examples from Indigenous community life to assist the children to connect the narrative to their own life.

The sessions initially assisted the children to identify the physical characteristics of being calm and relaxed (feeling safe), then to identify the body’s early warning signs of threat (feeling unsafe) and then to develop strategies to stay safe in their particular community.

MOS Plus returned to Barramundi Bay soon after to follow up. After further work, a number of children who had been previously reluctant or fearful to disclose sexual abuse did so. MOS Plus then continued to work to provide counselling for the children directly traumatised by the sexual abuse, and also for their families and the community, creating a supportive healing environment for the children abused, and supporting the community to create its own help to prevent further child sexual abuse.

\*Barramundi Bay—the name of this remote community has been changed.

MOS Plus ensures cultural safety in the delivery of counselling through the cultural advice of the Aboriginal Therapeutic Resource Officer, who is partnered with a qualified counsellor.

#### Queensland

As part of its role addressing sexual abuse of children and support for survivors, Queensland hosted the second National Therapeutic Residential Care Workshop (NTRCW) in October 2012. The workshop included presentations and information sharing to raise awareness about sexual abuse of children.

In addition, a resource developed as part of the National Framework, Responding to concerning sexual behaviours in children and young people – A learning resource for carers and staff, was presented at the NTRCW in October 2012 and then distributed widely to stakeholders in Queensland.

QCCYPCG continues to participate in the National Exchange of Criminal History Information for People Working with Children (ECHIPWC). It has now been asked to participate in an evaluation of the Commonwealth criminal history information (under the Crimes Act, 1914), which is being disclosed and used as part of the ECHIPWC scheme.

One of QCCYPCG’s roles is to administer the Queensland Blue Card—the Queensland Working with Children Check—system. The system comprises a comprehensive check of police and disciplinary information, daily monitoring of this information for all active blue card holders, and documented, child-focused risk management strategies developed by regulated organisations as part of their legislative obligation within the system.

Treatment and counselling services are also provided for young people through:

* the Griffith Youth Forensic Service (Griffith University School of Criminology and Criminal Justice), which provides court-ordered assessment and treatment services for young people in Queensland pleading guilty to, or found guilty of, sexual offences
* Mater Family and Youth Counselling Service (Mater Health Services), which provides therapeutic interventions for young people (aged 10 to 17 years) who have sexually offended, young people who have been harmed by the sex offence, and their families, following referral to diversionary Youth Justice Conferencing.

Queensland currently funds non-government agencies in 10 locations across the state to provide targeted sexual abuse counselling services for children and young people (under 18 years and subject to statutory intervention) who have been sexually abused or are engaging in sexualised or early sexual offending behaviour and for their non-offending family members and/or carers.

The target groups for priority access to sexual abuse counselling services are:

* children and young people aged 5 to 18 years who have been sexually abused and are subject to ongoing intervention with a child protection order
* children and young people aged 5 to 18 years who display problem sexual behaviour or sexually abusive behaviour and are subject to ongoing intervention with a child protection order.

Sexual abuse counselling services address the range of issues arising from sexual abuse through an appropriate mix of therapeutic and family/carer-based support services, assessment and individual case plans that are responsive to the individual needs of children, young people and their families/carers. When delivering services, consideration is given to the use of trauma-focused cognitive behaviour therapy (TFCBT) as the underlying therapeutic model.

Outcomes of this initiative include:

* improved safety and stability of care arrangement, either in out-of-home care placement or within the family
* improved relationships
* children feel safe.

Queensland also funds 10 Specialist Counselling Services to deliver intensive prevention and early intervention services for families and their dependent children (unborn to 18 years) identified as vulnerable to child abuse and neglect. Services are provided when a statutory child protection response is not appropriate, but where significant support is required for both the child and the family.

The broad objectives of the program are:

* reducing and preventing the risk of physical, emotional and sexual abuse and/or neglect
* assisting children and families to cope with adversity and to address any emotional and psychological harm caused by abuse or neglect
* reducing pathways to adult disadvantage by intervening early to address problems that might arise as a result of abuse or neglect
* building the capacity of families to respond to concerns about the care of children in a timely way.

The target group for specialist counselling services is families who are experiencing and/or have experienced problems involving mental illness, the abuse of drugs, alcohol and other substances, domestic and family violence, child sexual assault or other issues that impact on a family’s ability to protect their children from abuse and neglect. Children and their families are considered the clients of the service, with interventions focusing on ‘the child within the family’.

Outcomes of this initiative and benefits to clients include:

* improved safety and wellbeing of children, young people and their families
* prevention of entry or re-entry to the statutory child protection system
* increased capacity of families to care for and protect their children.

#### South Australia

The Families SA Residential Care Practice Guide, Understanding cyber safety and responsible use of e-technology, has been completed, and implementation has commenced to guide staff in educating and supporting children and young people.

The Yarrow Place Rape and Sexual Assault Service Youth Team and Families SA are working together with young people who have absconded from care and are at risk of, or who are, being sexually exploited. The Yarrow Place Youth Team is working with the Residential Care Directorate to identify the most ‘at-risk’ young people for priority referral to the program. Yarrow Place Youth Team clinicians are the key professional service provider to engage with the young person and establish, meet and liaise with a Therapeutic Care Team of relevant people, including family members, significant others and other key stakeholders working with the young person, seeking to get best outcomes for the young people involved.

The Yarrow Place Youth Team also hosted training from the Take Two Program, through Berry Street Victoria, on the developmental impact of trauma and therapeutic approaches for working with young people who have experienced abuse. Yarrow Place Youth Team is being supported to participate in the Neurosequential model of therapeutics training facilitated by Berry Street, to enhance the clinical work of the team. In the past 12 months, Yarrow Place Youth Team have enhanced their role in providing training and consultation to Families SA staff on therapeutic techniques to engage difficult young people. Similar training has also been provided to foster carers.

Women’s and Children’s Health Network CAMHS have continued to provide information, education and support to families in the APY Lands regarding sexualised behaviour and have worked with families on ways to keep their children safe. CAMHS have also collaborated with the Women’s and Children’s Health Network Child Protection Service to provide a joint response to children and young people on the APY Lands who display problematic sexualised behaviour and who may have been sexually abused.

#### Tasmania

As part of Tasmania’s response to the National Plan to Prevent Violence against Women and their Children, work is underway to develop a Primary Prevention Framework. A discussion paper has been drafted for consultation. It is anticipated that addressing family violence and sexual abuse and assault initiatives may include strategies such as education programs in schools, to develop self-protective behaviours, and implementing respectful behaviours training, as preventative measures in this area.

The National Framework for Inter-jurisdictional Exchange of Criminal History for People Working with Children will be fully implemented in Tasmania once the State is able to meet the participation requirements. In the interim, Tasmania is providing information to other jurisdictions that have met the participatory requirements, even though Tasmania is currently unable to receive information from other jurisdictions.

The Tasmanian Sexual Assault Support Service (SASS) continues to work with people who have been recently sexually assaulted and provides counselling services for children and adults of all ages who have experienced sexual abuse at any time of their lives. SASS also offers referrals to other services: group sessions, community education and professional training sessions, student programs within schools, art therapy and dance programs for young clients, information (pamphlets, books and other resources relevant to coping with any traumatic event), a library, and support with legal, medical or other professionals and systems.

#### Victoria

A Senior Practice Adviser position, Child Protection – Sex Offenders Registry Liaison, has been established and is co-located at the Victoria Police – Sex Offenders Registry. The focus of the role is to provide training to, and support information exchange between, the Police and Child Protection, to improve the protection of children who are in contact with adult sexual offenders.

#### Mia and Suri’s story: Working through the trauma of sexual assault together

The Sexual Assault Investigation Team received a report that 12-year-old Suri (not her real name) had disclosed that her stepfather had been indecently assaulting her. Mia (not her real name), the child’s mother, attended Peninsula Sexual Abuse Centre with Suri. The Sexual Offences Child Investigation Team and the Sexual Assault Investigation Team worked together and, during an interview, Suri disclosed sexual abuse. The Sexual Offences Child Investigation Team then organised a video and audio-recorded evidence interview, while another Sexual Assault Investigation Team member spoke with the mother, who was visibly distressed by the entire experience.

As Mia spoke about Suri, she also disclosed and discussed her history of sexual abuse as a child. Her husband Luke (not his real name) (the alleged perpetrator and Suri’s stepfather) was fully aware of Mia’s history. This made it difficult for Mia to comprehend and accept why Luke could or would do this to ‘her daughter’, to whom he ‘had been her father figure’. While she wanted to believe Suri, she was very confused and questioned her own parenting capability (‘Why didn’t I see this?’ ‘Why didn’t she tell me?’). Mia also considered the financial implications and stated that she feared that Luke would take their three other children.

The Sexual Assault Investigation Team practitioner spent a great deal of time with Mia, trying to provide her with support by allowing her to talk about all the confusion that she was currently experiencing and what this triggered for her in terms of her past history of abuse. She arranged a crisis appointment with South Eastern Centre Against Sexual Assault for both Mia and Suri, along with a referral for ongoing support for them both. The three younger children were also referred to the same agency for protective behaviours sexual counselling. The practitioner also supported Mia in obtaining an Intervention Order at the Magistrates Court.

The Sexual Offences Child Investigation Team continued their criminal investigation and they, along with the South Eastern Centre Against Sexual Assault and the Sexual Assault Investigation Team, maintained regular communication with Mia, Suri and the other children to ensure that the family was provided with support as the criminal investigation proceeded, and to ensure that they were kept up to date with the process.

In the five months following the initial involvement of the Sexual Offences Child Investigation Team, Mia and Suri continued to attend the South Eastern Centre Against Sexual Assault regularly, and the Sexual Offences Child Investigation Team have kept in contact with them (informally). Mia and all the children report that they are doing really well. Suri continues to attend school and feels safer in her home. Mia has advised that through this process she has also been able to support Suri and work through her own history of sexual abuse.

Mia also has recently commenced Family Law Court proceedings against Luke.

A series of multidisciplinary forums have been held throughout 2012, focusing on working with children with problem sexual behaviours, working with adolescents with sexually abusive behaviours and working with families where an adult sexual offender is in contact with children.

The 2012–13 State Budget allocated an additional $7.3 million over four years to expand treatment places for children and young people (aged up to 15 years) displaying problem sexual behaviour or sexually abusive behaviour. A two-year evaluation of treatment programs for children and young people (aged up to 15 years) displaying problem sexual behaviour or sexually abusive behaviour is scheduled for completion in early 2013. The evaluation findings will be used to further strengthen the existing program.

The 2012–13 State Budget also allocated $20 million over four years to establish three additional MDCs, which co-locate police, sexual assault support and child protection, to provide a rapid and coordinated intervention to sexual assault or child abuse. MDCs are currently operating in three locations (Frankston, Mildura and Geelong).

#### Western Australia

In collaboration with WA Police, the Departments of Education and Health have developed a communication and training strategy to address sexual harassment of students in schools and in health settings that are used by adolescents.

The K-10 Protective Behaviours Resource Packages and an online professional learning program have been designed to equip Department of Education staff with the knowledge and tools to empower students with the skills to protect themselves from sexual abuse. Similar resources are being developed for Aboriginal students and students with disabilities.

An MoU has recently been finalised between DCP and the Prisoners Review Board (also known as the Parole Board), enabling information to be shared about the release of child sex offenders and serious domestic violence offenders. This is a positive initiative to protect children and respond to family and domestic violence.
The MoU provides an opportunity to make recommendations to the Board when they are considering an offender’s suitability for parole and/or recommended parole conditions. DCP can also advise the Board directly when an offender is believed to have breached his or her parole and concerns are held about the safety of a child.

Operation Deagon was established as a joint initiative between WA Police and DCP to work intensively with communities in the Goldfields. Over an 18 month period, staff engaged with strong community members, including children, to strengthen their community’s capacity to reduce the risk of child sexual abuse.

#### Operation Deagon

A combined task force of Western Australia Police Child Abuse Squad Detectives and Department of Child Protection officers, known as Operation Deagon, has been active in the Northern WA Goldfields Shires of Menzies, Leonora and Laverton. The taskforce members travelled to the Goldfields for week-long ‘tours’ once a month over 18 months to investigate possible child abuse cases in the region.

During their deployment, members of the taskforce actively engaged with community members and local service providers, building trust and confidence with the families and children they were seeking to assist.

Funding was also secured from Minara Resources for three projects delivered into the Shire of Laverton by the Operation Deagon Child Abuse Squad over the past 6 months. Minara Resources, which owns and operates the Murrin Murrin nickel-cobalt joint venture project (with Glencore International AG) in the Leonora and Laverton Shire local government areas, were very generous in providing the funds needed for three community projects.

* Christmas Care Packs are being developed to provide Laverton children with Christmas Packs containing personal hygiene and grooming items.
* The Sex Law Project has developed audio and visual signs delivering messages on safety for children. The signs were developed in partnership with local community members and are in both Wongi and English.
* The Choose to Move project encourages healthy outdoor activities for school children by providing sports bags containing various sporting equipment to the schools engaged with the School Breakfast Program.

These projects were a big hit with the children and included the communities of Laverton, Cosmo Newberry, Mulga Queen and Mt Margaret.

The Operation Deagon Team finished its deployment in the Northern Goldfields at the end of June 2012. Feedback from community members shows appreciation for the positive outcomes this initiative has brought to the communities in the Northern Goldfields.

DCP continues to fund child sexual abuse treatment services in the metropolitan and country regions. The additional funding, provided in 2009 as part of the package to facilitate mandatory reporting of child sexual abuse, has resulted in new services being established in the Goldfields, Great Southern and Wheatbelt.

In addition to the well-established, joint WA Police and DCP response to child abuse (the Child FIRST Child Assessment and Interview Team), a collaborative arrangement is also in place with the George Jones Child Advocacy Centre, where an advocate provides onsite support to children and their families when they attend child FIRST to be interviewed. Ongoing support is also provided through the centre if required.

#### Australia’s First Child Advocacy Centre … so what does that mean?

In the small confederate town of Hunstsville Alabama in 1987, an angry grandmother marched into the offices of Prosecutor, Bud Cramer, and told the story of her 8-year-old granddaughter’s sexual abuse and suggested that the system was making the situation worse for her granddaughter.

The experience for the 8 year old, after an anguished period of uncertainty whether to disclose or not, was to tell her story to a teacher’s aide and from there it went down the line to principal, police, triage nurse, hospital intern, medical consultant, psychologist and, finally, forensic interviewer. Each time, the 8 year old was subjected to re-telling her story and, in turn, reliving her abuse. The response from Prosecutor, Bud Cramer, was the catalyst to the formation of the now universally accepted model of Child Advocacy Centres.

The simplicity of the model is to bring together all the required professional groups, as one team, in one facility, accessible to children, young people and families who have experienced trauma from abuse. These may include paediatricians, social workers, psychologists, forensic interviewers and police, linked together by a child and family advocate.

In 2007, following a Churchill Scholarship research paper by the Director of the George Jones Child Advocacy Centre, Natalie Hall, and visits to internationally renowned Child Advocacy Centres in the USA and Scandinavia by Chief Executive Officer, Basil Hanna, the Board of Parkerville Children and Youth Care elected to build a Child Advocacy Centre and adopt the principles and standards of the model.

The establishment of international relationships, particularly with San Diego and Huntsville Child Advocacy Centres, were fundamental to the successful establishment of Australia’s first Child Advocacy Centre. The overwhelming generosity of our American professional colleagues, in sharing learnings and working through challenges, enabled us to stay afloat with our vision. Their support enabled us to understand that getting professionals to think and work differently and collaboratively using this model would only be successful over time, and there would be significant resistance in changing culture of practice.

Boy, they got that one right!

The raising of $3.2 million in capital to build the facility was much easier; enormous support was provided by corporate and community philanthropists, with some financial and profile support from Lotterywest.

Both business and community viewed the Child Advocacy Centre model as innovative, with the potential to make a significant social impact within a community that has been well documented as a high-risk population for the incidence of abuse of children.

On 1 March 2011, the George Jones Child Advocacy Centre was opened by the Premier of Western Australia, The Honourable Colin Barnett, in front of an audience of corporate and community supporters, key stakeholders from government and non-government, our staff and volunteers.

Since that time, over 2000 children, young people and families have accessed services at secondary and tertiary levels; the community of Armadale has adopted the centre as iconic in their community’s statement against abuse and, while our challenges of working differently and collaboratively are not all vanished, we are moving forward with government professional colleagues.

A formal evaluation paper for phase one of the Child Advocacy Centre will be released in June 2013. The vision of the Organisation is to create awareness and provide education throughout Australia on the benefits to the children, young people and families of applying the Child Advocacy Centre principles.

Parkerville Children and Youth Care was successful in obtaining a short-term grant to package the role of the Child and Family Advocate and educate interested professionals. This is occurring in Western Australia, New South Wales and Darwin. Our hope is also to build a second Child Advocacy Centre in 2014–15, but we would also be encouraged to see other agencies take on this methodology.

In 2007, there were 650 Child Advocacy Centres globally; in 2013, there are 900. Our international links and relationships to improve services for children, young people and families experiencing trauma from abuse are stronger than ever.

## Measuring progress

### Indicator 28: Abuse and neglect substantiations

Experiencing child sexual abuse affects children’s psychological and physical health (Feiring, Taska & Lewis 1996; Kendall-Tackett, Williams & Finkelhor 1993; Wurtele 2006). Individuals who are sexually abused in childhood may have long-term difficulties lasting well into adulthood, including difficulty maintaining adult relationships, low self-esteem, and mental health problems, including depression and anxiety (Mullen & Fleming 1998).

Other types of abuse and neglect are generally viewed as a symptom of family dysfunction and parenting problems. Sexual abuse is different, with multiple types of potential perpetrators. These include adult family members of the child, adults in a position of power or authority over the child (such as a teacher or doctor), adults with no familial or authority relationship to the child, adolescent or child family members,
and non-familial adolescent or child perpetrators (Price-Robertson, Bromfield & Vassallo 2010).

Data included in this chapter only represent cases of sexual abuse reported to departments responsible for child protection. Instances of sexual abuse by family members other than parents/guardians and by non-family members are generally only included where there has been a finding of a failure to protect by the parent/guardian.

In 2011–12, 4801 children were the subject of substantiated sexual abuse, representing 13 per cent of all children in substantiations. Substantiated sexual abuse was higher for non-Indigenous children than Indigenous children—representing 14 per cent and 9 per cent of substantiations respectively.

In 2011–12, emotional abuse was the most common substantiation type for all children (37 per cent), followed by neglect (29 per cent).

When interpreting these data, it should be noted that, if a child was the subject of more than one type of abuse or neglect as part of the same notification, the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child.

Table 31: Children aged 0–17 years who were the subject of a substantiation, by type of abuse or neglect and Indigenous status, 2009–10 to 2011–12

| Type of abuse or neglect | Indigenous children |  | Non-Indigenous children |  | All children(a) |
| --- | --- | --- | --- | --- | --- |
| Number | Per cent |  | Number | Per cent |  | Number | Per cent |
|  | 2011–12(b) |
| Physical  | 1829 | 18.2 |  | 5845 | 22.3 |  | 7980 | 21.1 |
| Sexual  | 935 | 9.3 |  | 3574 | 13.7 |  | 4801 | 12.7 |
| Emotional  | 3303 | 32.8 |  | 10 220 | 39.1 |  | 14 024 | 37.2 |
| Neglect  | 3990 | 39.7 |  | 6519 | 24.9 |  | 10 936 | 29.0 |
| Total  | 10 058 | 100.0 |  | 26 183 | 100.0 |  | 37 781 | 100.0 |
|  | 2010–11(b) |
| Physical  | 1641 | 19.9 |  | 5265 | 23.8 |  | 7186 | 22.8 |
| Sexual  | 802 | 9.7 |  | 3398 | 15.3 |  | 4427 | 14.0 |
| Emotional  | 2659 | 32.3 |  | 8339 | 37.7 |  | 11 290 | 35.8 |
| Neglect  | 3113 | 37.8 |  | 5104 | 23.0 |  | 8570 | 27.2 |
| Total  | 8231 | 100.0 |  | 22 144 | 100.0 |  | 31 527 | 100.0 |
|  | 2009–10 |
| Physical  | 1670 | 20.0 |  | 5390 | 24.1 |  | 7169 | 22.9 |
| Sexual  | 732 | 8.8 |  | 3330 | 14.9 |  | 4155 | 13.3 |
| Emotional  | 2805 | 33.7 |  | 8445 | 37.8 |  | 11 549 | 36.9 |
| Neglect  | 3127 | 37.5 |  | 5170 | 23.1 |  | 8422 | 26.9 |
| Total  | 8334 | 100.0 |  | 22 335 | 100.0 |  | 31 295 | 100.0 |

(a) ‘All children’ includes children whose Indigenous status is unknown.

(b) Totals include substantiations for which the abuse type was recorded as ‘not stated/inadequately described’. As such, totals may not equal the sum of categories.

Notes

1. Finalised investigations, including substantiations, refer only to cases which were notified during the reporting year, not the total number of investigations finalised during the reporting year.

2. If a child was the subject of more than one type of abuse or neglect as part of the same notification, then the abuse and/or neglect reported is the one considered by the child protection workers to cause the most harm to the child. Where a child is the subject of more than one substantiation during the year, then the type of abuse reported in this table is the type of abuse and/or neglect associated with the substantiation decision relating to the earliest notification during the year.

3. Percentages in tables may not add to 100 due to rounding.

Sources: AIHW Child Protection Data Collections; AIHW 2013a.

# Chapter ten:Maintaining the Momentum

Concluding the first three-year action plan and looking to the second three-year action plan and beyond—to 2020

The First Action Plan was completed in 2011–12. Over its life, significant progress has been made in implementing strategies to improve the safety and wellbeing of Australia’s children and young people.

The First Action Plan has seen significant investment in building the evidence base and gaining a stronger national picture of the state of child wellbeing in Australia. Performance indicators have now been established for all outcomes. AIHW worked with state and territory governments to undertake a ‘dress rehearsal’ of the new data collection, commencing in November 2012, to test the effectiveness of the processes developed for data exchange. The intent of this dress rehearsal is to enable any issues found to be resolved early, to ensure that all procedures will be fully operational in time to provide input to the AIHW Child Protection Australia 2014 report.

Significant progress has also been made in driving improvements in the quality of care through the National Out-of-Home Care Standards and through projects focused on advocacy for children and young people at the national level.

A crucial feature of the implementation was the strong collaboration across all levels of government and with the non-government sector to put the public health model into practice, emphasise prevention and work towards a stronger universal and early intervention service system.

Appendix B includes a full account of actions undertaken against the National Priorities. At the time of writing, all actions were on track for completion at the end of 2012. Many of these actions will themselves provide the springboard for the next stages of development under the Second Action Plan.

An overarching Evaluation Plan, covering the full period of the National Framework—2009 to 2020—is being developed, with input and advice from states and territories. Initial planning and preparation have included reviewing the logic that links the underlying indicators to the strategy, and through to the high-level outcome, to ensure that the most appropriate data is being used to determine the progress being made under the National Framework. A consultant is being sought to assist in progressing the further development of this work.

The Second Action Plan, again developed jointly by the Australian, state and territory governments and the non-government Coalition of Organisations Committed to the Safety and Wellbeing of Australia’s Children, was endorsed by SCCDS on 17 August 2012. It outlines 20 national priorities and 69 actions for the next three years of the National Framework, across all levels of government and in the community. Priorities build on the First Action Plan, embedding the national priorities and continuing to deliver on them, as well as exploring new priorities that will extend through the Second Action Plan and beyond.

The Second Action Plan incorporates a number of specific actions, identified by Ministers in March 2012, designed to drive progress in the key areas of health, mandatory reporting and exploring options for improving the capacity of non-government organisations and of carers to deliver out-of-home care.

There is a strong emphasis on the need for local partnerships to deliver local solutions, recognising that a ‘one size fits all’ approach does not work across Australia’s diverse communities and that Australia’s Aboriginal and Torres Strait Islander and culturally and linguistically diverse families and communities need strategies that are sensitive to their needs and circumstances. The needs of these groups will be considered across all action areas.

There are three key areas of focus within the Second Action Plan:

* 1. Embedding national priorities from the First Action Plan. The Second Action Plan embeds and builds on achievements from the First Action Plan, for example, by supporting the establishment of the National Children’s Commissioner, further improving the evidence base and undertaking research in priority areas
	2. Delivering on national priorities in the Second Action Plan. The Second Action Plan will build on and strengthen delivery of six significant national priorities from the First Action Plan, including Closing the Gap, National Standards for Out-of-Home Care, Joined-up Service Delivery and Responding to Sexual Abuse
	3. Exploring new priorities for the Second Action Plan and beyond. The Second Action Plan will explore opportunities for joint work in new areas (including early childhood, disability, health and mental health). There will be further opportunities to integrate the National Framework with a number of significant national social reform agenda (including early childhood, disability, health and mental health), and this will broaden and strengthen the focus on child safety and wellbeing.

The work of the Second Action Plan has already commenced, with the Australian Government providing a significant investment to support the development of Child Aware Approaches; $5.7 million has been allocated through grants to 43 organisations, which are due to report in 2012–13.

The Child Aware Approaches funding will improve community understanding of child abuse and neglect, will offer new resources and will encourage research—to identify what works and why, and to help services make use of this knowledge.

Projects have been supported in each state and territory across a broad spectrum of organisations. Groups receiving these grants include those providing services in the areas of mental health, substance abuse, disability, prisons, women’s safety, and family and children’s support.

The projects supported can run at national, state and local level and will also support Indigenous community organisations, culturally and linguistically diverse community organisations, people and families with disability and those experiencing, or who are at risk of, mental illness. Through the course of these projects, new tools and resources will be developed, as will knowledge of ways to respond more effectively to the risks and issues affecting the safety and wellbeing of children.

To ensure that the lessons of these projects will be shared, the Australian Government has provided additional funding of $200 000 to Families Australia, to host a Child Aware Conference in Melbourne over 11–12 April 2013. The Conference will bring together people from the government, non-government and research sectors to explore the findings of the projects, share innovative practices and resources, advance thinking and showcase promising and innovative practice. It will help to chart directions in four key areas:

* promoting child and family wellbeing and safety
* responding to risk factors: family violence, mental health and substance misuse
* integrating service delivery to families and children, including place-based solutions
* embedding child awareness in everyone’s business.

Building on and solidifying the strong partnerships and achievements of the First Action Plan, the Second Action Plan will further the goal of achieving a substantial and sustained reduction in child abuse and neglect in Australia over time.

# Appendix A:Reporting against the National Framework Supporting Outcomes

Supporting Outcome 1: Children live in safe and supportive families and communities

| Strategy | Initial 3-Year Actions | Delivery | Status | Commonwealth | Jurisdictions |
| --- | --- | --- | --- | --- | --- |
| 1.1 Strengthen the capacity of families to support children | Continue to establish and support family and children’s centres | S/T | Child and Family Centres (various names across the jurisdictions) continue to be supported and established in each jurisdiction.  |  | Initial 3-Year Action Implemented |
| Combine and refocus community programs within FaHCSIA to enhance support for families and parenting | Cth | The Family Support Program has been realigned and implemented 1 July 2011. | Initial 3-Year Action Implemented |  |
| Continue to improve family support services | All | Children and family support services continue to be supported and established in each jurisdiction. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| 1.2 Educate and engage the community about child abuse and neglect and strategies for protecting children  | Support community organisations to deliver cost-effective, community-based initiatives (e.g. National Child Protection Week, survey of community attitudes to protecting children) | Cth | The Australian Government funded NAPCAN in 2009 to conduct the online survey, and results are available on the NAPCAN website.The Australian Government has continued to support National Child Protection Week over the first three years of the National Framework.  | Initial 3-Year Action Complete |  |
| 1.3 Develop and implement effective mechanisms for involving children and young people in decisions affecting their lives | Explore potential National Children’s Commissioner | Cth | Legislation to establish a National Children’s Commissioner was passed by Federal Parliament in June 2012. The position was publicly advertised on 5 July 2012, and the appointment is expected early in 2013. | Initial 3-Year Action Completed |  |
| Identify and implement approaches through the Supporting Children After Separation Program | Cth | Implemented under the realigned Family Support Program Family Law services, the Supporting Children After Separation Program supports the wellbeing of children under the age of 18 who are from separated or separating families and experiencing issues with difficult family relationships. | Initial 3-Year Action Implemented |  |
| Finalise, print and distribute an information booklet for children entering foster care | Cth | Information was produced in 2010–11 by the Australian Childhood Foundation with funding from the Australian Government. | Complete |  |
| Continue to improve the experience of court processes for children  | S/T | Realigned Family Support Program Family Law services provide alternatives to formal legal processes for families who are separated, separating or in dispute to help them improve their relationships in the best interests of children.States and territories continue to implement support and services to improve the experience of court processes for children. See National Framework Annual Report 2010–11. |  | Initial 3-Year Action Implemented |
| Support participation of children in decision making | S/T | States and territories have implemented mechanisms to involve children and young people in decisions that affect them. Details provided in National Framework Annual Report 2009–10 and 2010–11. |  | Initial 3-Year Action Implemented |

Supporting Outcome 2: Children and families access adequate support to promote safety and intervene early

| Strategy | Initial 3-Year Actions | Delivery | Status | Commonwealth | Jurisdictions |
| --- | --- | --- | --- | --- | --- |
| 2.1 Implement an integrated approach to service design, planning and delivery for children and families across the lifecycle and spectrum of need | Expand the Communities for Children program | Cth | 49 existing Communities for Children sites have been realigned to target the most disadvantaged communities as part of the Family Support Program reforms implemented on 1 July 2011. Eight Communities for Children Plus sites are operational. Under the Family Support Program reforms, the Communities for Children and Communities for Children Plus sites were transitioned into the Communities for Children – Facilitating Partner Activity.As at 30 June 2012, there are 52 Communities for Children Facilitating Partner (CfC FP) sites; three additional sites (Bankstown in NSW, Greater Shepparton in VIC and Rockhampton in QLD) were implemented in October 2011 as part of the ‘Building a Better Workforce’ measure.  | Initial 3-Year Action Complete |  |
| Implement integrated and co-located child and family service models | All | All 52 Communities for Children sites have been realigned to target the most disadvantaged communities under the Family Support Program reforms. Locations for 38 Child and Family Centres have been announced. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| 2.2 Develop new information sharing provisions between Australian Government agencies, State and Territory agencies and NGOs dealing with vulnerable families | Develop a nationally consistent approach to working with children checks and child safe organisations across jurisdictions | All | In June 2010, Ministers agreed to produce A Nationally Consistent Approach to Working with Children Checks.In March 2012, Ministers agreed that states and territories would introduce, by late 2012, national exemptions to assist volunteers and workers with a valid check in their home state or territory to participate in short-term activities across state and territory borders without the need for additional checks. In June 2012, SCCDS endorsed the Working with Children Check national exemption definitions and key communication messages and noted that, when a report is made to Ministers, that report will identify those jurisdictions that will be able to implement exemptions by the end of 2012 and those that will implement them in early 2013. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| Extend national protocol for sharing information on children at-risk to other Australian Government agencies | Cth | The Information sharing protocol between Centrelink and state and territory child protection agencies has been developed and extended to Medicare Australia and the Child Support Agency.A review of the information sharing protocol was conducted, and a report, entitled Operational Review of the Information Sharing Protocol between the Commonwealth and Child Protection Agencies, is publicly available. In October 2011, Ministers agreed to progress the nine options/ recommendations outlined in the report.The Department of Immigration and Citizenship (DIAC), in consultation with states and territories, is drafting a Public Interest Determination application under Part VI of the Privacy Act 1988 to allow for the sharing of information between DIAC and state and territory government agencies, to facilitate a child’s care and protection, particularly in regard to the guardianship and custodial arrangements for unaccompanied humanitarian minors. | Initial 3-Year Action Implemented |  |
| Investigate options for improving information sharing between NGOs and government agencies (through CAARS Taskforce) | Cth | The CAARS Taskforce was established in May 2009 and subsequently met four times. The Taskforce developed an agreed model for a common assessment tool which was endorsed in June 2010. The CAARS trial was extended until 31 August 2012, with a report to go to Community Services Ministers in 2013. | Initial 3-Year Action Complete |  |
| 2.3 Ensure consistency of support and services for all children and families | Implement a national approach to early childhood education and care including:* universal access to quality early childhood education and care in the year prior to schooling by 2013
* National Quality Framework for early childhood education and care and the Early Years Learning Framework
* National Early Years Workforce Strategy
 | COAG Early Childhood Agenda | On 2 July 2009, COAG endorsed the Early Years Learning Framework. Each early childhood service was to develop its own strategy to implement the Framework, taking its own unique context into consideration. Resources were distributed in February 2011.The National Quality Framework took effect on 1 January 2012, with key requirements being phased in over time.The Australian Government has worked with states and territories to develop the national Early Years Workforce Strategy. Focusing on the skills and attributes of high-quality early childhood educators, the Strategy complements and builds upon existing Australian, state and territory government measures aimed at improving the supply and quality of the early childhood education and care (ECEC) workforce. The Strategy was released by the Standing Council on School Education and Early Childhood on 10 September 2012 and is available at <http://deewr.gov.au/early-years-workforce-strategy>. | Initial 3-Year Action implemented | Initial 3-Year Action implemented |
| Support the development of quality assurance processes for registered community based child and family services; and out-of-home care services | S/T | States and territories are undertaking work to support the development of quality assurance processes. See National Framework Annual Report 2010–11. |  | Initial 3-Year Action Implemented |
| Enhance national consistency in child and family health services through:* development of national framework for child /family health services through the Australian Health Ministers’ Conference
* the healthy kids check through the MBS for 4 year olds
 | All | The draft National Framework for Universal Child and Family Health Services was agreed to by the Child Health and Wellbeing Subcommittee (CHWS) and was further discussed in April 2012. The draft is due to be considered by the Community Care and Population Health Principal Committee before progressing to the Australian Health Ministers’ Advisory Council and the Standing Council on Health. The MBS Healthy Kids Check has been developed and implemented. A revised Healthy Kids Check for 3 year olds will be implemented from early 2013.States and territories are working to enhance consistency in child and family health services. Details were provided in the National Framework Annual Report 2010–11. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| Implement the National Perinatal Depression Plan | Cth | In March 2008, Australian and state and territory governments agreed to jointly fund a National Perinatal Depression Initiative (NPDI) over five years (Australian Health Ministers’ Advisory Council, 2009). The Australian Government committed $30 million over five years to states and territories towards the initiative (2008–09 to 2012–13). | Initial 3-Year Action Implemented |  |
| Increase funding for disadvantaged schools with a focus on improving student wellbeing | National Partner-ship1 | The National Partnership commenced on 1 January 2009 and will run for seven years to 2014–15. | Initial 3-Year Action Complete |  |
| 2.4 Enhance services and supports for children and families to target the most vulnerable and protect children ‘at-risk’ | Refocus services under the Australian Government Family Support Program to target vulnerable families and children at-risk | Cth | Family Support Program has been realigned and services implemented from 1 July 2011. | Initial 3-Year Action Complete |  |
| Expand and/or target State and Territory family support programs for vulnerable families and children at-risk | S/T | States and territories have expanded and/or targeted family support programs for vulnerable families and children at risk. See National Framework Annual Report 2009–10 and 2010–11. |  | Initial 3-Year Action Implemented |
| Evaluate income management trials in WA, NT and Cape York | Cth | An independent evaluation of the Australian Government’s trial of child protection and voluntary income management in Perth and the Kimberley was undertaken in 2010. The evaluation was commissioned by FaHCSIA and supported by the WA DCP and was undertaken by ORIMA Research from 21 June to 5 August 2010.In May 2010, FaHCSIA commissioned a consortium, consisting of the Social Policy Research Centre (University of New South Wales), the Australian National University and the Australian Institute of Family Studies, to evaluate the impact of New Income Management (NIM) in the Northern Territory.The first Evaluation Report, dated July 2012, builds on the independent Northern Territory Emergency Response Evaluation Report 2011, which found that income management was supported by many people in communities who believed that it was bringing about positive outcomes, especially for children.The Government will receive the final evaluation report of income management in the Northern Territory in 2014. | Initial 3-Year Action Complete |  |
| Evaluation of family law reforms designed to strengthen family relationships | Cth | The Australian Government has instigated a number of reviews and evaluations of family law, including the Australian Institute for Family Studies’ Evaluation of the 2006 Family Law Reforms; the Family Courts Violence Review by Professor Richard Chisholm; the Family Law Council Review, Improving Responses to Family Violence in the Family Law System: An Advice on the Intersection of Family Violence and Family Law Issues; and the Australian Law Reform Commission Inquiry, Family Violence—A National Legal Response. To respond to some of the recommendations of these reports, the Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011 was enacted (commencing on 7 June 2012) to create a safer and fairer family law system by prioritising the safety of children and ensuring that violence is reported and addressed. | Initial 3-Year Action Complete |  |
|  | Expand access to mental health programs for children including:* funding for Headspace (the National Youth Mental Health Foundation)
* the ongoing implementation of KidsMatters and MindMatters
 | Cth | The 2011–12 Budget allocated $197.3 million over five years, on top of an existing commitment of $133.3 million to 2013–14, to provide funding for 90 fully sustainable headspace sites across Australia by 2014–15. Once all 90 sites are fully established, headspace will help up to 72 000 young people each year. MindMatters continues to be implemented in Secondary schools, with professional development being accessed by 83% of schools with secondary enrolment across Australia Under the Mental Health: Taking Action to Tackle Suicide package, the Australian Government will invest $18.4 million over four years in funding for the expansion of KidsMatter Primary to a further 1700 schools by June 2014.  |  Initial 3-Year Action Complete |  |
| 2.5 Provide priority access to services for children who are at serious risk of abuse and neglect | Enhance access to childcare services for children at serious risk of harm by increasing awareness and availability of services and supports in the childcare sector, organisations working with vulnerable children and child protection agencies | Cth | The National Quality Framework for Early Childhood Education and Care commenced on 1 January 2012. The National Quality Framework aims to raise quality and drive continuous improvement and consistency in education and care services and school age care. The National Quality Framework includes the National Quality Standard which sets a national benchmark for the quality of early childhood education and care services. The National Quality Standard includes seven Quality Areas:* Educational program and practice
* Children’s health and safety
* Physical environment
* Staffing arrangements
* Relationships with children
* Collaborative partnerships with families and communities
* Leadership and service management.

Under the National Framework, early childhood education and care services have responsibility for supporting the health, safety and wellbeing of all children. Quality Area 2 – Children’s health and safety includes a requirement that each child is protected. Educators, coordinators and staff at early childhood education and care services are required to be aware of their roles and responsibilities to respond to every child at risk of abuse or neglect. | Initial 3-Year Action Complete |  |
| Develop alternative pathways for children who are at serious risk and those at lower risk, including:* establishment of Child Wellbeing Units in a range of NSW government agencies
* establishment of regional intake and referral services in NSW
* introduction of Gateway services to provide single entry points in TAS
* availability of Child FIRST community intake centres in 24 locations across Victoria
 | S/T | Child Wellbeing Units (CWU) operational since January 2010, in NSW Health, NSW Police Force, NSW Department of Education and Communities (DEC) and the NSW Department of Family and Community Services (FACS) (also serving Juvenile Justice). An independent Review of the Implementation of Child Wellbeing Units found that, overall, the implementation was largely successful. There are currently eight Family Referral Services (regional intake and referral services) operating across NSW, with an additional four services expected to be in operation by April 2013.Gateway Services operate in the four areas of Tasmania and are the single entry point to all family and disability services in each area. From March 2007, Child FIRST (Child and Family Information Referral and Support Teams) have been established in designated sub-regional catchments in a staged process across Victoria to provide a community-based referral point into Family Services (including Family Support Innovation Projects). | Initial 3-Year Action Complete |  |

Supporting Outcome 3: Risk factors for child abuse and neglect are addressed

| Strategy | Initial 3-Year Actions | Delivery | Status | Commonwealth | Jurisdictions |
| --- | --- | --- | --- | --- | --- |
| 3.1 Enhance alcohol and substance abuse initiatives to provide additional support to families | Implement the National Binge Drinking Strategy | Cth | In March 2008, a National Binge Drinking Strategy was announced. It provides $53.5 million to address binge drinking among young people. Australian Government funding was provided for early intervention services, community-level initiatives and communication campaigns. | Initial 3-Year Action Complete |  |
| Redesign the Strengthening Families Program incorporating parenting support for vulnerable families | Cth | In April 2009, a refocusing of the Strengthening Families Program was announced, to support vulnerable families and their children. The refocusing linked the National Framework and the Family Support Program.The Kids in Focus program began as part of the Family Support Program and was an early intervention, family-focused component of the wider National Drug Strategy. | Initial 3-Year Action Complete |  |
| Implement community based healthy lifestyle interventions in disadvantaged communities including addressing alcohol abuse | Cth2through COAG | The Australian Government is providing $71.8 million over four years from 2009–10 under the Healthy Communities Initiative (HCI) to support local government areas in delivering effective community-based physical activity and healthy eating programs, as well as developing a range of local policies that support healthy lifestyle behaviours. | Initial 3-Year Action Implemented |  |
| 3.2 Enhance programs which reduce family violence | Progress priority actions in areas of Australian Government responsibility in Time for Action: The National Plan to reduce Violence against Women and their Children, 2009–2021 | Cth through COAG | The National Plan to Reduce Violence Against Women and their Children 2010–2022 (the National Plan) was announced in February 2011. The Australian Government, in partnership with state and territory governments, has been progressing priority actions under the National Plan. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| Expand models of integrated support to enable women and children experiencing domestic and family violence to remain at home safely | National Partner-ship3 | The NPAH was expanded and recognises that a reduction in homelessness requires targeting key groups, including people escaping violence, especially women and children. A priority output under the NPAH is support for women and children experiencing domestic or family violence to stay in their present housing where it is safe to do so. States and territories are providing this support through implementation plans. | Initial 3-Year Action Implemented |  |
| 3.3 Increase services and support for people with mental illness or disability | Develop a National Suicide Prevention Strategy | Cth | The Australian Suicide Prevention Advisory Council has, in collaboration with the Australian Government Department of Health and Ageing, developed the National Suicide Prevention Strategy Action Framework, to guide the Australian Government’s strategic directions and priorities in suicide prevention and self-harm for the period 2009–2011.In September 2011, the Australian Government announced the development of an Indigenous Suicide Prevention Strategy. | Initial 3-Year Action Complete |  |
| Further roll out the Personal Helpers and Mentors Program with a focus on disadvantaged communities and vulnerable groups | Cth | In 2009–10, the rollout of the Personal Helpers and Mentors Program was completed, with a focus on disadvantaged communities and vulnerable groups (including homeless people, humanitarian entrants, institutional child abuse survivors and Aboriginal and Torres Strait Islander people). The Personal Helpers and Mentors Program delivers specialist remote services that have a strong focus on cultural, mental and physical healing for Indigenous people.In the 2011–12 Budget, the Australian Government is providing $208.3 million over five years for an additional 425 new community mental health workers—Personal Helpers and Mentors.  | Initial 3-Year Actions Complete |  |
| Enhance support for children or parents with disabilities | All | The Helping Children with Autism (HCWA) and Better Start for Children with Disability measures have provided access to vital early intervention therapy services for over 29 000 children with disability since the commencement of HCWA in 2008–09. As at 1 December 2012, over 1469 service providers in autism and 1174 in Better Start supported these children. Families and carers also receive support through autism advisers, the registration and information service, playgroups and workshops.Endorsed by COAG in February 2011, the National Disability Strategy outlines a ten-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. It guides public policy across governments and aims to bring about change in all mainstream and specialist services and programs, as well as community infrastructure, to ensure that they are accessible and responsive to the needs of people with disability. This change is important to ensuring that people with disability, including children with disability, have the same opportunities as other Australians—a quality education, good health, economic security, a job (where possible) and access to buildings, transport and strong social networks and supports. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| 3.4 Expand housing and homelessness services for families and children at-risk | Increase availability of affordable and social housing through:* the National Affordable Housing Agreement
* investment in social housing under the Nation Building Economic Stimulus Plan
 | Cth with S/T | The National Partnership on Social Housing provided an extra $400 million in Australian Government funding over 2008–10 to increase the supply of social housing and to stimulate the building and construction industry. The National Partnership delivered around 1900 new social housing dwellings to 30 June 2011. The National Affordable Housing Agreement (NAHA) commenced on 1 January 2009 and provides $6.2 billion of housing assistance to low and middle-income Australians in its first five years.By 30 June 2011, close to 50 000 building and construction projects had been undertaken under the Nation Building Economic Stimulus Plan. | Initial 3-Year Action Implemented |  |
| Targeted support to assist children and families who are homeless | National Partner-ship4 | Under the National Partnership Agreement on Homelessness, states and territories have developed implementation plans setting out their service response. See National Framework Annual Report 2009–10 and 2010–11. | Initial 3-Year Action Implemented |  |
| 3.5 Increase capacity and capability of: * adult focused services to identify and respond to the needs of children at-risk
* child-focused services to identify and respond to the needs of vulnerable families
* the broader system to identify children at-risk
 | Establish professional development resources on the risk factors for, and impacts of, child abuse and neglect to be provided to child and adult focused services and professions | Cth with S/T | The Australian Government provided $2.24 million, over three years, for the development and rollout of an accredited training program to boost the capacity of community service workers to identify and respond to families and children who are at risk: Building Capacity, Building Bridges. A trial of the Building Capacity, Building Bridges project is currently underway across 12 sites.In October 2011, Ministers agreed to jointly fund the first national analysis of workforce trends of child protection workers. The final report, prepared by the Australian Catholic University, was delivered to Ministers in August 2012 and publicly released in December 2012. | Initial 3-Year Action Implemented |  |
| Convene an expert taskforce to develop options for shared tools and approaches for assessment and referral across services and professional groups to better identify children at risk of harm: the Common Approach to Assessment Referral and Support Taskforce | Cth | The CAARS Taskforce was established in May 2009 and subsequently met four times. The Taskforce developed and endorsed an agreed model for a common assessment tool. A trial of the CAARS tool in four locations is currently progressing and will be completed by 31 August 2012.  | Initial 3-Year Action Complete |  |
| Support the development and distribution of a resources guide to schools and early childhood services about responding to the needs of traumatised children | Cth | Funding was provided to the Australian Childhood Foundation to print and distribute an information booklet for traumatised children and resource guides for schools and early childhood services to improve their response to traumatised children, especially those who have experienced sexual abuse. The information was released in July 2010. | Complete |  |
| Build on and extend initiatives to support the workforce, such as WA’s Foster Care Team Development initiatives | S/T | States and territories have continued to build on and extend initiatives to support the workforce. See National Framework Annual Report 2010–11. |  | Initial 3-Year Action Implemented |

Supporting Outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing

| Strategy | Initial 3-Year Actions | Delivery | Status | Commonwealth | Jurisdictions |
| --- | --- | --- | --- | --- | --- |
| 4.1 Enhance access to appropriate support services for recovery where abuse or neglect has occurred | Target the Personal Helpers and Mentors Program where appropriate for people who have experienced abuse or neglect | Cth | In 2009–10, the rollout of the Personal Helpers and Mentors Program was completed, with a focus on disadvantaged communities and vulnerable groups (including homeless people, humanitarian entrants, institutional child abuse survivors and Aboriginal and Torres Strait Islander people). The Personal Helpers and Mentors Program delivers specialist remote services that have a strong focus on cultural, mental and physical healing for Indigenous people.In the 2011–12 Budget, the Australian Government is providing $208.3 million over five years for an additional 425 new community mental health workers—Personal Helpers and Mentors.  | Initial 3-Year Action Complete |  |
| Support community-based recovery programs for people who have experienced abuse or neglect such as, Adults Surviving Child Abuse (ASCA) therapy programs for survivors of childhood abuse | Cth | Since 2008, the Australian Government has provided ASCA with funding for the provision of national workshops for survivors of child abuse and for health professionals.The Australian Government has also provided funding to Bravehearts for the Ditto’s Keep Safe Adventure Program and Heartfelt House for Taking the First Steps Workshops.  | Initial 3-Year Action Complete |  |
| 4.2 Support grandparent, foster and kinship carers to provide safe and stable care | Provide specialist supported playgroups for grandparent and kinship carers to enhance peer support and provide developmental opportunities | Cth | Four of 57 playgroups currently operating under the Supported Playgroup Program specifically target grandparents and other carers. A further one supported playgroup specifically targeting grandparents and other carers was identified and became operational in 2011. A further six supported playgroups include grandparent carers as part of their secondary target groups.The Australian Government also introduced 25 ‘MyTime for Grandparents’ peer support groups in selected locations nationally.The Australian Government also established five new Centrelink Grandparent Advisors to complement the existing Grandparent Advisor in WA. | Initial 3-Year Action Complete |  |
| Continue to explore options through CDSMAC working group for improving financial and non-financial support to grandparent, kinship and foster carers | All | A research project to identify gaps and inequities in financial and non-financial support for formal and informal out-of-home carers had its report endorsed by CDSMAC (now SCCDSAC) and publicly released in December 2010.CDSMAC agreed in February 2011 that officials would undertake initial scoping of work arising from the research report, in the second half of 2011.An online resource to improve carers’ access to information about available services and payments was launched in November 2011.On 30 March 2012, Ministers agreed to the final report from consultations with Indigenous carer peak bodies.On 30 March 2012, Ministers endorsed the production of the Winangay Indigenous Kinship Carer resource, with the Australian Government to provide one-off funding to produce this resource. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
|  | Increase the focus of support and services available for grandparent and kinship carers through Indigenous Child and Family Centres | Cth | The National Partnership Agreement on Indigenous Early Childhood Development provides Australian Government funding to establish 38 Child and Family Centres across Australia by June 2014.Locations for all 38 Child and Family Centres have been agreed and announced. Thirty-seven specific sites have been identified and agreed; only the Palmerston NT site remains outstanding. Many of the services at these Centres are targeted to addressing the needs of Indigenous families, including grandparent and kinship carers, and their children. | Initial 3-Year Action Implemented |  |
| Support programs for grandparent, kinship and foster carers | S/T | States and territories have developed and implemented various programs to support carers. See National Framework Annual Report 2009–2010 and 2010–11.  |  | Initial 3-Year Action Implemented |
| Continue to explore options through the Australian Health Ministers’ Conference in relation to the healthcare needs of children entering and in out-of-home care | All | The National Clinical Assessment Framework for Children in Out-of-Home Care was accepted by the Australian Health Ministers’ Advisory Council in November 2011 and has been developed.States and territories have developed and implemented a number of initiatives to support the healthcare needs of children entering and in out-of-home care. See National Framework Annual Report 2009–10 and 2010–11. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| Enhanced support for grandparent and kinship carers as a specified target group under the Communities for Children program | Cth | The Community and Family Partnerships Guidelines July 2009 for children and parenting services (such as Supported Playgroups and Communities for Children) include ‘Indigenous families, including kinship carers’ and ‘grandparent carers’ as specific target groups for all funding recipients.The new Family Support Program (FSP) was implemented on 1 July 2011. It brought together a range of family, children and parenting programs under the Family and Children’s stream of the program.The Family and Children’s Services stream of the FSP provides services to families, particularly those who are vulnerable or living in disadvantaged communities, to improve family functioning, safety and child wellbeing and development.Indigenous families, including kinship carers, and grandparent carers continue to be specific target groups under the new FSP Guidelines for all funding recipients.  | Initial 3-Year Action Complete |  |
| 4.3 Improve support for young people leaving care | Increase support through NGOs for young people leaving care to establish their independence | Cth with NGOs | In July 2009, the Australian Government increased the Transition to Independent Living Allowance (TILA) for young people leaving care. This funding was delivered in the 2009–2010 Federal Budget to increase the payment rate.A cross-portfolio review of TILA commenced in October 2010. The final review report was accepted in September 2011, and a steering committee comprising the Australian Government Department of Education, Employment and Workplace Relations, FaHCSIA and DHS is considering the report findings.In October 2011, the Australian Government, with states and territories, developed a nationally consistent approach to transitioning from out-of-home care, which was released as an online resource.In March 2012, Ministers endorsed the production and public release of an online resource outlining good practice in supporting young people leaving care and transitioning to independence. The guide was developed by the Australian Government in partnership with states and territories and the non-government sector. | Initial 3-Year Action Implemented |  |
| Continue and improve State and Territory initiatives targeting young people as they leave care | S/T | States and territories have developed and implemented programs and initiatives to support young people leaving care. See National Framework Annual Report 2009–10 and 2010–11. |  | Initial 3-Year Action Implemented |
| Implement policy of ‘no exits into homelessness’ from statutory care | National Partner-ship5 | The National Partnership on Homelessness commenced on 1 July 2009. States and territories implemented a number of initiatives around ‘no exits into homelessness’. See National Framework Annual Report 2009–10 and 2010–11. | Initial 3-Year Action Implemented |  |
| 4.4 Support enhanced national consistency and continuous improvement in child protection services | Develop and introduce ambitious National Standards for Out-of-Home Care | Cth with S/T | The National Standards for Out-of-Home Care commenced on 1 July 2011. In April 2011, Ministers agreed to a schedule of national measurement and reporting arrangements for the National Standards for Out-of-Home Care. The framework will be a vehicle for driving continuous improvement.A scoping study was undertaken for a national survey of children and young people in out-of-home care. In-principle agreement to undertake a biennial survey was given by Ministers in March 2012. A pilot survey is being developed with jurisdictions. The pilot survey will be conducted in late 2012 and early 2013, with reporting to Ministers in mid-2013. | CompleteInitial 3-Year Action Implemented |  |
| Support child protection services to maintain continuous improvement | S/T | States and territories implemented policies and programs to support child protection services to maintain continuous improvement. See National Framework Annual Report 2009–10 and 2010–11. |  | Initial 3-Year Action Implemented |
| Support the Australian New Zealand Child Death Review Committee to develop more consistent data to help better understand the circumstances of child deaths and how these could be prevented | Cth with S/T | NFIWG agreed not to pursue a proposal for a national collection of child death data, as states and territories now have child death review mechanisms. | Initial 3-Year Actions Complete |  |
| Improve our understanding of children in the child protection and care system (confidential unit record data, review existing data definitions) | Cth with S/T | The Australian Government is funding AIHW to review existing data definitions and unit record data for child protection.Work on the first phase of the unit record data project is underway. The ‘dress rehearsal’ collection of the new data commenced in November 2012, and full implementation is due during the second half of 2013 for the purposes of national reporting.AIHW’s Child Protection Australia 2010–11 was released in January 2012. The 2011–12 report was released in March 2013.This report provides information on child protection services and the children within the sector.  | Initial 3-Year Action Implemented |  |
| Support a National Research Agenda for Child Protection 2009–2014 | Cth with S/T | The online Protecting Australia’s Children research audit (1995–2010) report was released in September 2011.In October 2011, Ministers agreed to release the first-ever National Research Agenda for child protection and made an ongoing commitment of cost-shared funding of $600 000 over three years ($200 000 per year).Two key research areas were endorsed by SCCHDS in March 2012 and were advertised in the Expressions of Interest under the National Research Agenda (issued in August 2012).Organisations have been shortlisted from the EOI for formal Requests for Quotation from FaHCSIA, which were issued in December 2013. Following assessment of the responses, successful tenders will be announced in early 2013. | Initial 3-Year Action Implemented |  |

Supporting Outcome 5: Indigenous children are supported and safe in their families and communities

| Strategy | Initial 3-Year Actions | Delivery | Status | Commonwealth | Jurisdictions |
| --- | --- | --- | --- | --- | --- |
| 5.1 Expand access to Indigenous and mainstream services for families and children | Expand Indigenous Parenting Support Services to additional sites | Cth | Fifty sites for new Indigenous Parenting Support Services are operational and realigned with the Family Support Program. | Initial 3-Year Action Complete |  |
| Link 35 Indigenous Child and Family Centres with the range of family and community programs for at-risk childrenImprove access to child and maternal health services for Indigenous families | COAG National Partnership6 | Locations for 38 Child and Family Centres have been agreed and announced, with all 38 scheduled to be completed and operating before June 2014 and realigned with the Family Support Program.States and territories are on track with agreed milestones as per their implementation plans. | Actions under National Partnership Agreement Indigenous Early Childhood Development (IECD) on track  | Actions under National Partnership on track |
| Support SNAICC to develop resources and materials to support and promote child and family services within Indigenous communities | Cth | The Australian Government continues to provide SNAICC with funding to support the Resource Service. | Initial 3-Year Action Implemented |  |
| Continue to focus new activities in the Indigenous Family Violence Partnership Program and Indigenous Family Violence Regional Activities Program on child protection issues | Cth | On 17 July 2010, the Australian Government announced the Indigenous Family Safety Agenda, supported by Indigenous Family Safety Program (IFSP) funding.In 2010–11, funding included: $7.6 million over two years provided for additional Mobile Child Protection and Remote Aboriginal Family and Community Workers in the NT; $7 million for 32 Indigenous Family Safety Service projects; $1.6 million over three years as part of the National Plan to Reduce Violence against Women and their Children; and $20 million over three years to assist Indigenous communities to implement Alcohol and Substance Abuse Management Plans. All funding under the IFSP for 32 ongoing projects will be continued for at least 2011–12 and 2012–13. These projects deliver a range of Indigenous family safety services, such as counselling, education and awareness training, men’s programs and safe house activities across six jurisdictions. The Australian Government announced the introduction of the Indigenous Family Safety Agenda in July 2010 as a strategic approach to address the high rates of family violence in Indigenous communities. The Agenda focuses on four priority areas:* reducing alcohol-related family violence
* reducing incidents of violence through more effective policing
* strengthening social norms against violence
* improving coordination of support services to aid the recovery of people who experience or witness violence.
 | Initial 3-Year Action ImplementedOngoing work will continue through the Indigenous Family Safety Agenda |  |
| 5.2 Promote the development of safe and strong Indigenous communities | Ongoing support and strengthening of the Northern Territory Emergency Response | Cth | In April 2012, the Australian Government announced an investment of more than $443 million over 10 years to strengthen the safety and wellbeing of Aboriginal children and youth and their families in Northern Territory communities, as part of Stronger Futures in the NT. This includes funding for:* an additional 15 Communities for Children sites in remote communities
* nine crèches, supporting up to 225 early learning and child care places, to help prepare children for school and contribute to better health and developmental outcomes
* continuation of eight supported and intensive playgroups to develop children’s social, emotional, physical and cognitive abilities
* continuation of two Mobile Child Protection Teams
* expansion of Remote Aboriginal Family and Community Workers
* Intensive Family Support Services in up to 23 locations, for families referred to child protection income management
* continuation of support to 16 women’s safe houses in urban and remote areas, to protect the safety and wellbeing of Aboriginal families and children through crisis accommodation and support services
* continuation of the Youth in Communities Program in more than 30 remote communities.
 | Initial 3-Year Action Implemented |  |
| Continued support for Indigenous community building activities | All | A national workshop to identify priorities for Indigenous children was held in December 2009. In October 2011, Ministers agreed to prioritise Indigenous children in future national priority projects under the National Framework.  | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| 5.3 Ensure that Indigenous children receive culturally appropriate protection services and care | Develop and expand the Indigenous child protection and welfare workforce | S/T | States and territories have developed and expanded the Indigenous child protection and welfare workforce. See National Framework Annual Report 2009–10 and 2010–11. Opportunities for improved Indigenous participation in the child protection workforce were examined as part of the national analysis of workforce trends project completed by the Australian Catholic University on 30 June 2012. |  | Initial 3-Year Action Implemented |
| Improve child protection service delivery for Indigenous families and children | S/T | States and territories have developed and implemented services and supports to improve child protection for Indigenous families and children. See National Framework Annual Report 2009–10 and 2010–11.  |  | Initial 3-Year Action Implemented |
| Strengthen the application of, and compliance with, the Aboriginal and Torres Strait Islander Child Placement Principle | S/T | States and territories have developed and implemented supports to strengthen the application of, and compliance with, the Aboriginal and Torres Strait Islander Child Placement Principle. See National Framework Annual Report 2009–10 and 2010–11.  |  | Initial 3-Year Action Implemented |

Supporting Outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support

| Strategy | Initial 3-Year Actions | Delivery | Status | Commonwealth | Jurisdictions |
| --- | --- | --- | --- | --- | --- |
| 6.1 Raise awareness of child sexual exploitation and abuse, including online exploitation | Implement cyber-safety initiatives | All | The Australian Government’s Cybersafety Help Button was launched in December 2010 and has been installed on over 300 000 computers in Australia.Since July 2011, three Australian internet service providers (ISPs) have been voluntarily blocking the internationally recognised Interpol list of child sexual abuse material, under an arrangement with the Australian Federal Police. Launched in January 2012 by the Australian Government, the Easy Guide to Socialising Online provides cyber safety information for 26 different social networking sites, search engines and online games.The ThinkUKnow Initiative, launched in 2009 by the Australian Federal Police in partnership with Microsoft and ninemsn, aims to raise awareness of parents, carers and teachers about online behaviour. States and territories have implemented various cyber safety initiatives. See National Framework Annual Report 2009–10 and 2010–11. | Initial 3-Year Action Implemented | Initial 3-Year Action Implemented |
| Increase support for community-based strategies to raise awareness in children, families and the community about child sexual abuse | Cth | The Australian Government has provided funding to:* Bravehearts, to deliver White Balloon Day over the last four years to raise awareness of child sexual abuse
* NAPCAN, for National Child Protection Week, since 2004
* Heartfelt House, to provide advice and support for survivors of childhood sexual abuse
* ASCA, since 2008, for the provision of national workshops for survivors of child abuse and for health professionals
* Child Wise, for ‘Speak-up’ workshops in 2009
* various non-government organisations through the Child Aware Approaches grant round (implemented in mid-2012), to improve community understanding of child abuse and neglect.
 | Initial 3-Year Action Complete |  |
| Continue to introduce strategies to prevent sexual exploitation | S/T | All states and territories have introduced various strategies to raise awareness of child sexual exploitation and abuse. See National Framework Annual Report 2009–10 and 2010–11. |  | Initial 3-Year Action Implemented |
| 6.2 Enhance prevention strategies for child sexual abuse | Implement a national framework for inter-jurisdictional exchange of criminal history for people working with children | COAG7 | A successful 12-month trial of the ECHIPWC between jurisdictions was conducted in 2010, to strengthen prevention strategies for child sexual abuse.This work has formed part of the nationally consistent approach to Working with Children Checks. | Initial 3-Year Action Implemented |  |
| Investigate best practice therapeutic programs for children displaying sexually abusive behaviours | S/T withCth | A literature review, Problem Sexual Behaviour in Children: A Review of the Literature, was produced by the Australian Crime Commission (ACC) in 2008.A national study on Australia’s response to sexualised or sexually abusive behaviours in children and young people was conducted by the ACC and released in July 2010.A national workshop on therapeutic residential care, with a presentation on the ACC Report, was held in Melbourne in September 2010. A second workshop was held in Brisbane in October 2012.In March 2012, following Ministers’ endorsement, Western Australia published the learning resource on responding to concerning sexual behaviours to support carers and residential service staff to better meet the needs of children subject to child abuse. | Initial 3-Year Action Complete | Initial 3-Year Action Complete |
| 6.3 Strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation | Extend work in the detection, investigation and prosecution of online sexual exploitation | Cth | In April 2010, the Australian Parliament passed the Crimes Legislation Amendment (Sexual Offences Against Children) Act 2010. This legislation strengthened child pornography laws in areas of Australian Government responsibility.Police forces will roll out the Child Exploitation Tracking system in mid-2012, to allow police to analyse seized material to assist with locating and rescuing abused children depicted in the images. | Initial 3-Year Action Implemented |  |
| 6.4 Ensure survivors of sexual abuse have access to effective treatment and appropriate support | Support workshops for adult survivors of sexual abuse, parents and spouses | Cth | The Australian Government has provided funding to ASCA since 2008 for the provision of national workshops for survivors of child abuse and for health professionals.The Australian Government also provided funding to Heartfelt House for advice and support for survivors of childhood sexual abuse, including for the ‘Taking First Steps’ program. | Initial 3-Year Action Implemented |  |
| Review service delivery options and approaches for survivors to align with best practice such as WA’s expanded network of Child Sexual Abuse Therapeutic Services | S/T | States and territories have reviewed service delivery options and approaches for survivors and have funded various projects and programs to align with best practice. See National Framework Annual Report 2009–10 and 2010–11. |  | Initial 3-Year Action Implemented |

# Appendix B: National Framework First Action Plan 2009–12; Status of National Priority Actions

Joining up Service Delivery

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Implement a joined up approach to service design, planning and delivery, targeted to the hard to reach, most disadvantaged families and children, by leveraging services and support from Australian, State and Territory Governments.
* This includes refocusing the Communities for Children services under the Family Support Program (FSP), and influencing other Family Support Program services to focus on vulnerable families and children who are at risk of entering the child protection system.
* Existing Communities for Children services will also be realigned to target the most disadvantaged communities, and eight demonstration sites will be established to test a model of joined up service delivery and intensive early intervention and prevention support to children at risk.
* States and Territories will continue with initiatives to increase the availability of additional family support services.
 | First Year (2009–2010) |  |  |
| * Realign existing Communities for Children sites to target the most disadvantaged communities.
 | * All 49 existing Communities for Children sites have been realigned under the FSP reforms implemented from 1 July 2011 and renamed Communities for Children – Facilitating Partner sites. The new FSP targets vulnerable and disadvantaged families and children.
 | Complete |
| * CDSMC endorsement of the phased implementation of Communities for Children Plus sites.
 | * Service providers for all eight Communities for Children Plus sites have been engaged.
 | Complete |
| * First four Communities for Children Plus sites to be operational.
 | * All eight sites are operational.
 | Complete |
| * States and Territories will report to COAG/SCCDS on reforms to their family support services and programs and negotiations between governments about aligning State and Territory support services with the FSP.
 | * The first Annual Report to the Council of Australian Governments (COAG) 2009–10 was released on 10 March 2011, including access to support to promote safety and early intervention.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| * All eight Communities for Children Plus sites will be operational.
 | * All eight sites are operational and have completed their Community Strategic Plans and Activity Work Plans to determine an appropriate service mix.
 | Complete |
| * All existing Communities for Children sites will be fully transitioned to the FSP and will be delivering integrated services.
 | * All existing Communities for Children and Communities for Children Plus sites have been transitioned under the FSP from 1 July 2011 and renamed Communities for Children – Facilitating Partner sites.
* As at 30 June 2012 there are 52 Communities for Children Facilitating Partner (CfC FP) sites; three additional sites (Bankstown in NSW, Greater Shepparton in VIC and Rockhampton in QLD) were implemented in October 2011 as part of the ‘Building a Better Workforce’ measure.
 | Complete  |
| * The FSP will be implemented.
 | * FSP was realigned and implemented in July 2011.
* In August 2011, CDSMAC agreed to provide the Family Support Services National Collaborative Framework to SCCDS. FaHCSIA is now working towards operationalising the Framework.
 | Complete Complete  |
| * States and territories will continue to report to COAG/SCCDS.
 | * The second Annual Report 2010–11 to COAG was endorsed by SCCDS on 30 March 2012 and released in May 2012.
* The third Annual Report 2011–12 to COAG is in the early stages of preparation and is due to be finalised by early 2013.
 | CompleteOn track  |

Closing the Gap

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Support Indigenous community-building activities in areas such as culture and connectedness, strengthening families and communities in targeted areas that put children at-risk, and speaking up about abuse.
 | First Year (2009–2010) |  |  |
| * Announcement of locations of all 35 Indigenous Child and Family Centres and linking of these centres to programs for at-risk children, such as the FSP.
 | * Locations for 38 Child and Family Centres have been announced.
 | Complete |
| * Announcement of locations of 50 new Indigenous Parenting Support Services, with 32 operating by July 2010.
 | * Fifty sites for the new Indigenous Parenting Support Services have been announced.
 | Complete |
| * Develop a workshop agenda, engaging with key Indigenous and other Closing the Gap stakeholders.
* Deliver the workshop in Dec 2009, as part of the Aboriginal and Torres Strait Islander Family and Community Strengths Conference, to determine priorities for Indigenous community based activities and child protection, using a strengths based approach.
 | * A national workshop to identify priorities for Indigenous children was held on 3 December 2009, as part of the Aboriginal and Torres Strait Islander Family Strengths Conference at the University of Newcastle.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| * A plan will be developed on priorities for Indigenous children under the National Framework following the December 2009 workshop. The plan will build on the substantial work already underway as part of the Closing the Gap agenda.
 | * On 21 October 2011, SCCHDS agreed to a plan to prioritise Indigenous children in future national priority projects under the National Framework and to report on outcomes for Indigenous children in future annual reports (building on existing work under the COAG Closing the Gap agenda).
 | Complete  |
|  | * The majority of 35 Indigenous Children and Family Centre sites will be operating by December 2012, providing child care, early learning, and family support.
 | * The National Partnership Agreement on Indigenous Early Childhood Development provides Australian Government funding of $292.62 million to establish 38 Child and Family Centres across Australia by June 2014.
* Locations for 38 Child and Family Centres have been agreed. Thirty-seven specific sites have been identified and agreed, and only the Palmerston NT site remains outstanding.
* Construction of nine Centres has been completed, and these are now operational (West Belconnen, ACT; Whittlesea, VIC; Halls Creek and Fitzroy Crossing, WA; Doomadgee, Mornington Island and Mareeba, QLD; Pukatja, SA; and Bridgewater, TAS).
* Construction has commenced at a further 11 sites (Bairnsdale, VIC; Geeveston, TAS; Kununurra, WA; Ballina and Gunnedah, NSW; Ceduna, Whyalla and Christies Beach, SA; Palm Island, Logan and Rockhampton, QLD).
* Services are being delivered from interim premises at 22 sites (Bairnsdale, VIC; Geeveston, TAS; Ceduna, Whyalla and Christies Beach, SA; Mt Druitt, Campbelltown, Doonside, Gunnedah, Nowra, Toronto and Ballina, NSW; Maningrida, Ngukurr, Yuendumu and Gunbalanya, NT; Cairns, Ipswich, Palm Island, Logan, Rockhampton and Mt Isa, QLD.)
* State and territory governments are managing the establishment of the Centres and remain committed to the project. All 38 Centres are scheduled to be completed and operating before June 2014.
 | On track |
|   | * All 50 Indigenous Parenting Support Services operating.
 | * Fifty sites for the new Indigenous Parenting Support Services have been announced. All these sites are now operational and have been transitioned to the FSP from 1 July 2011 and renamed Communities for Children—Indigenous Parenting Services.
 | Complete |
| * Best practice models in Indigenous child protection identified and strengths and barriers to child protection by Indigenous organisations identified.
 | * Web resource to share knowledge of best and promising practice aimed at supporting and keeping Indigenous children safe in their communities to be developed by the Australian Institute of Family Studies (AIFS) by late 2012 for reporting to Ministers by 2013.
 | On track  |
| * Improving understanding and awareness of the needs of Indigenous kinship carers.
 | * Targeted consultations with Indigenous carer peak bodies were conducted from April 2011 to January 2012, to identify the specific needs of this group. On 30 March 2012, SCCHDS agreed to the report of the Indigenous kinship carer consultations.
* Indigenous carer assessment tool developed by Winangay resources. Australian Government to fund the production of the tool by the end of 2012.
 | CompleteComplete |

Seeing Early Warning Signs and Taking Early Action (CAARS)

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Improve identification of early indicators of the needs of at-risk children and their families through a common approach to assessment, referral and support in universal and secondary prevention services, with appropriate information sharing.
* Governments are working with the non-government sector to develop a common assessment tool/s and options for shared approaches to better identify and refer children at risk.
* This work is being done through the Common Approach to Assessment, Referral and Support (CAARS) Taskforce, which includes a broad spectrum of participation from government and non-government sectors.
 | First Year (2009–2010) |  |  |
| * CAARS Taskforce established in May 2009.
* Working groups established under the Taskforce to support technical aspects of this national priority and explore the cultural change implications that may arise from common assessment.
* Conduct literature review and focus group with stakeholders to inform development of a common assessment tool/s.
* Conduct workshops with stakeholders to explore implementation options.
* Agreed tool and trial options to be ready for approval by July 2010.
 | * The CAARS Taskforce was established by the Government in May 2009 and subsequently met four times. The taskforce developed an agreed model for a common assessment tool.
* On 17 June 2010, CAARS Taskforce members endorsed the Common Approach and the final CAARS Report.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| * Trial and evaluate the CAARS tool.
 | * A trial of the CAARS tool in four locations is now complete: Northern Connections in Elizabeth (SA); Interrelate Family Centre in Lismore (NSW); Gippsland Lakes Community Health in Gippsland (VIC); and the Rockingham Kwinana Division of General Practice in Kwinana (WA).
* The CAARS trial was extended to 31 August 2012, which enabled sites to increase usage of the tool. The final report of the CAARS Formative Evaluation has been provided to the Department. It is anticipated that findings of the evaluation will be reported to Ministers in early 2013.
 | Complete |

Improving Support for Carers

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Continue to explore options for improving financial and non-financial support to grandparent, kinship and foster carers, provide specialist supported playgroups for grandparent and other carers, and provide enhanced support for grandparent and kinship carers as a specified target group under the Communities for Children program.
 | First Year (2009–2010) |  |  |
| * The new Community and Family Partnerships Guidelines 1 July 2009 for children and parenting services (including Supported Playgroups and Communities for Children) include ‘Indigenous families, including kinship carers’ and ‘grandparent carers’ as specific target groups for all funding recipients.
 | * The new Family Support Program (FSP) was implemented on 1 July 2011. It brought together a range of family, children and parenting programs under the Family and Children’s stream of the program.
* During 2011–12, 352 grandparents across Australia benefited from the MyTime for Grandparents initiative.
* As at 30 June 2012, there are 52 Communities for Children Facilitating Partner (CfC FP) sites; three additional sites (Bankstown in NSW, Greater Shepparton in VIC and Rockhampton in QLD) were implemented in October 2011 as part of the ‘Building a Better Workforce’ measure. Under CfC FP, 226 114 clients were seen in 2011–12; of those, 28 092 were Indigenous people.
* As at 30 June 2012, there were 94 Communities for Children—Indigenous Parenting Services (CfC IPS) organisations, who had seen 39 425 clients in 2011–12; of those, 34 279 were Indigenous people.
* As at 30 June 2012, IFSS was providing services to 29 families across eight sites. By 30 June 2012, IFSS had provided services to a total of 40 families.
 | Complete |
| * Negotiations will commence on the establishment of specialised supported playgroups for grandparent and other carers.
 | * Four of the 57 playgroups currently operating under the current Supported Playgroup Program contract specifically target grandparent and other carers. A further one supported playgroup specifically targeting grandparents and other carers was identified and became operational in 2011. There are a further six supported playgroups that include grandparent carers as part of their secondary target groups.
* In addition, the Government introduced 25 ‘My Time for Grandparents’ peer support groups in selected locations nationally; 352 grandparents across Australia benefited from the MyTime for Grandparents initiative in 2011-12.
* Centrelink Grandparent Advisors have been established in Brisbane—Caboolture (1), Melbourne—Oakleigh (1), Adelaide (1) and Sydney—Caringbah and Penrith (2) to complement the existing Grandparent Advisor in Perth.
 | CompleteCompleteComplete |
|   | * Research scope determined and approach for improving overall support for carers agreed.
 | * Research was commissioned from the Social Policy Research Centre (SPRC) at the University of New South Wales to identify gaps and inequities in financial and non-financial support for formal and informal out-of-home carers (including grandparent, kinship and foster carers). The research project was completed in late November 2010 and released by CDSMC on 16 December 2010.
 | Complete |
| * A consultation process, including a targeted consultation with carers, will be undertaken and recommendations delivered in 2010.
 | * A reference group, including NGO and state government representatives, was formed to provide advice on the research project. Grandparents Australia and the Australian Foster Carer Association were on the group representing carers.
* National consultations with carers were conducted as part of the development of National Standards for Out-of-Home Care.
* Targeted consultations with Indigenous carer peak bodies, to identify the specific needs of this target group, were conducted from April 2011 to January 2012.
* On 30 March 2012, SCCHDS endorsed the report of the Indigenous kinship carer consultations.
 | Complete CompleteComplete Complete |
| Within First Three Years (2009–2012) |  |  |
| * Once the findings of this work are announced, SCCDS will consider further action.
 | * At the CDSMC meeting of 16 December 2010, Ministers agreed to the development of an information resource for carers to ensure that they have better access to information and services. The online resource to improve carers’ access to information was publicly launched in November 2011. To support the launch of the resource, an information campaign, targeting carers through general practitioners, child welfare agencies, Centrelink and newsletter articles, also commenced in November 2011.
* States and territories have been asked to consider the implications of the SPRC report.
 | Complete Complete |
|  |  | * CDSMAC agreed on 10 February 2011 that officials will undertake initial scoping of work arising from the SPRC report, in the second half of 2011, and a one-off special working group will be convened for this purpose.
 | Complete |

Developing National Standards for Out-of-Home Care

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * The development of national standards for out-of-home care will aim to improve the outcomes and experiences of children and young people who are unable to live with their families.
* This priority will involve analysing relevant international and Australian literature, and consulting with key stakeholder groups to inform the development of new national standards.
* Current out-of-home care standards vary across jurisdictions and are not reported on consistently. This lack of consistency makes cross-jurisdictional data collection difficult and hampers the identification and development of best practice and service delivery gaps.
* COAG has agreed that nationally consistent standards for out-of-home care will benefit vulnerable children and young people.
 | First Year (2009–2010) |  |  |
| * Analysis of state, territory and international out-of-home care policies, practices and standards.
 | * Analysis was completed by KPMG as part of the project to develop draft national standards.
 | Complete |
| * Communicate and consult with key stakeholders, including State and Territory governments, non-government out-of-home care service providers, children and young people in out-of-home care and their families.
 | * National consultations were conducted by KPMG in all capital cities and some regional centres (Alice Springs, Cairns, Coffs Harbour, Geraldton, Port Augusta). Consultations included state and territory governments, non-government agencies, carers and young people who had experienced out-of-home care.
 | Complete |
| * Identify new standards, based on the analysis and consultation with key stakeholders by June 2010.
 | * The final national standards and overarching principles, along with a national measurement and monitoring framework, were agreed by Ministers on 16 December 2010.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| * New national standards are implemented.
* These national standards will be monitored and evaluated using an agreed reporting framework.
 | * Standards commenced on 1 July 2011.
* Ministers agreed, on 11 April 2011, to a schedule of national measurement and reporting arrangements for the National Standards for Out-of-Home Care. This builds on the December 2010 agreement to introduce National Standards from July 2011. The framework will be the vehicle for driving continuous improvement and developing national consistency in reporting on outcomes for children and young people in out-of-home care.
* Five measures will be reported from 2010–11 onwards, with another two reported from 2011–12 onwards, and other standards being reported on progressively. Measures will be progressively introduced so that, by 2015, it is anticipated that there will be 22 measures reported against the full set of national standards.
 | CompleteCompleteOn track |
|   |  | * In-principle agreement to undertake a national survey under the National Standards for Out-of-Home Care was given by Ministers at SCCDS on 30 March 2012. A work plan has been developed for the pilot national survey, which will be conducted in late 2012 and early 2013 for reporting to Ministers in mid-2013 as part of the Second Action Plan.
* A select tender process was undertaken to conduct a scoping study for the national survey of children and young people in out-of-home care. AIFS was engaged, and a final draft has been circulated to NFIWG.
* The National Clinical Assessment Framework for Children in out-of-home care was agreed by the Australian Health Ministers’ Advisory Council out of session in November 2011. This document is publicly available and provides a summary of MBS items that can be used for out-of-home care consultations.
 | CompleteCompleteComplete. To be finalised in the Second Action Plan  |

Building Workforce Capacity and Expertise

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * This priority has two distinct elements:
* Support the education, professional development, and retention of the child protection and welfare workforce, including a focus on enabling the Indigenous workforce to be more actively involved in tertiary child protection.
* The Australian Government takes a broader human services definition of ‘workforce’ to look at ways that professionals in a range of fields can contribute to the protection of children, including with cultural sensitivity.
 | First Year (2009–2010) |  |  |
| * Working group formed, child protection and welfare workforce issues scoped and best practice identified.
 | * On 28 September 2011, NFIWG considered a progress report and options for further work developed by the sub-working group. State and territory representatives agreed that workforce development initiatives occurring at the jurisdictional level need to be included in progress against this national priority and to inform future national priorities beyond the first three-year action plan.
 | Complete |
| * Best practice models in Indigenous child protection identified and strengths and barriers to child protection by Indigenous organisations identified.
 | * A web-based resource on ‘what works’ for Indigenous children and families in the child protection system will be developed by late 2012 under the Indigenous Promising Practices Profiles project, with outcomes to be reported to Ministers in early 2013.
 | On track  |
| * Report on education, development, and retention of the workforce produced.
 | * The CDSMAC Community Services Workforce Profile Project final report, Who Works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services, was endorsed by CDSMC on 16 December 2010.
* At their meeting on 21 October 2011, Community and Disability Services Ministers agreed to jointly fund the first national analysis of workforce trends and approaches impacting on statutory child protection workforces.
* The Australian Catholic University conducted this work, and the final report was provided to Ministers in August 2012 and publicly released in December 2012.
 | CompleteComplete |
| * Report on Indigenous child protection workforce produced.
 | * Initiatives to encourage participation for an Indigenous child protection workforce were included as part of the national analysis of workforce trends and approaches impacting on statutory child protection workforces (see above).
 | Complete |
| * Structural Issues in the Workforce – CDSMAC (now SCCDSAC) Community Services Workforce Profile Project final report considered.
 | * The CDSMAC Community Services Workforce Profile Project final report, Who Works in Community Services? (see above) was endorsed by CDSMC on 16 December 2010.
 | Complete |
|  | * Professional development training program in child and family sensitive practice developed and trialled.
 | * The Australian Government is providing $2.24 million over three years for the development and rollout of an accredited training program to boost the capacity of community service workers to identify and respond to families and children who are at risk. Workshops have been held in the 12 participating sites. Further workshops are planned, and the project is due to finish at the end of 2013.
 | On track for completion in 2013 |
| * Other development and training programs monitored for best practice and broader roll-out.
 | * The CAARS trial has been completed. The outcomes of the evaluation will be considered by Ministers in 2013 and will inform next steps.
 | Complete |
| * Other Australian Government workforce development reforms across disciplines influenced.
 | * The role of workforce issues affecting the early childhood education and care sector, child health and family support services is considered as part of the Productivity Commission’s Early Childhood Development Workforce research. This research also examines issues such as attracting, retaining and training Indigenous staff and bringing Indigenous-focused Early Childhood Education and Care services for Indigenous Children within scope of the National Quality Standards.
* The Productivity Commission released its Research Report, Contributions of the not-for-profit sector, in February 2010. The report made recommendations regarding development of the not-for-profit workforce, including: working with vulnerable people; sustainability of the not-for-profit workforce; and current and future challenges.
 | CompleteComplete |
| Within First Three Years (2009–2012) |  |  |
| * National strategy implemented to develop the child protection and welfare workforce in the areas of education, recruitment, professional development and retention.
 | * The National Framework, including the current and forward action plans, provides a sound strategic platform that is delivering a variety of projects to support development of the child protection and welfare workforces in the areas of education, recruitment, professional development and retention.
 | Complete |
| * A national strategy implemented to develop the Indigenous child protection and welfare workforce.
 | * Initiatives to encourage participation for an Indigenous child protection workforce were included as part of the national analysis of workforce trends and approaches impacting on statutory child protection workforces.
* This work is being continued within the Second Action Plan.
 | Complete.To be finalised in the Second Action Plan |
|  | * Service delivery standards across disciplines developed.
 | * The development and implementation of service delivery standards is being progressed through a range of projects:

National Standards for Out-of-Home Carea nationally consistent approach to Working with Children Checksa nationally consistent approach to leaving care planningCAARS.* In June 2010, Ministers agreed to progress A Nationally Consistent Approach to Working with Children Checks.
* On 30 March 2012, Ministers agreed that national exemptions for Working with Children Checks for people crossing state lines for up to 30 days would be introduced by late 2012.
* States and Territories are at different stages of implementing these national exemptions. It is expected that all jurisdictions will have implemented these exemptions by early 2013.
* The Australian Government has been working with jurisdictions to finalise the draft communication strategy and draft definition to support implementation of national exemptions.
* In June 2012, CDSMAC endorsed the exemption definitions and communication strategy, noting that, when reporting back to Ministers occurs, the report will identify those jurisdictions that will be able to implement exemptions by the end of 2012 as well as those that will not be able to, and the issues preventing their progress.
 | On trackComplete. To be finalised in Second Action Plan |
| * Promising multi-disciplinary training trials extended across selected socially disadvantaged sites, including Indigenous-specific sites.
 | * The CAARS project has been trialled in Elizabeth (SA) and Kwinana (WA); these communities are included in the 10 disadvantaged communities being targeted by government.
* Child and family-sensitive practice training is underway in 12 Communities for Children sites under the Building Capacity, Building Bridges project.
 | CompleteOn track |

Enhancing the Evidence Base

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * The data collection priority will review and improve data collections relating to child protection, homelessness and juvenile justice to improve national reporting.
* This priority aims to enhance knowledge of children’s interactions with the child protection system in order to inform future policy and service provision.
 | First Year (2009–2010) |  |  |
| * Begin the review of existing data definitions and unit record data for child protection (AIHW in conjunction with States and Territories).
* Review of data collections.
* States and Territories to participate in data project and commit to improving data sets.
 | * This work is underway, and the Australian Government provided an additional $1.3 million over three years to AIHW to facilitate this. States and territories and the NGO sector are participating in this work.
* Work on the first phase of the unit record data project is underway. The ‘dress rehearsal’ collection of the new data commenced in November 2012, and full implementation is due during the second half of 2013 for the purposes of national reporting. This work will then replace the annual aggregate-level data collection for Child Protection Australia.
 | On trackComplete |
| * Invite the Australian New Zealand Child Death Review and Prevention Group to submit a proposal to develop more consistent data to help better understand the circumstances of child deaths and how these could be prevented.
 | * NFIWG agreed not to pursue a proposal for a national collection of child death data, as states and territories now have child death review mechanisms.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| * After the roll-out of the national priority has been completed, CDSMC (now SCCDS) will consider further directions.
 | * As previously outlined under the National Standards for Out-of-Home Care, a pilot biennial survey is being developed with jurisdictions as part of measuring the National Standards.
* Indicators are being developed for the National Framework supporting the Annual Reporting to COAG. Indicators for Supporting Outcome 1 are being developed and are due to be provided to Ministers in 2013.
 | CompleteOn track  |

Filling the Research Gaps

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Develop a national research agenda (NRA) in consultation with key academics and expert practitioners.
* This aims to inform future policy and service delivery through the identification of research opportunities and priorities and an expanded evidence base in Australia.
 | First Year (2009–2010) |  |  |
| * Hold a workshop in October 2009 involving governments, key academics and the non-government sector to inform the direction of a national research agenda.
 | * On 27 October 2009, a national research forum was held, attended by over 100 participants, including representatives from government and non-government organisations, practitioners, researchers and academics.
* The forum recommended a research audit. Results of this audit will inform development of the national research agenda.
 | Complete |
| * Based on the outcomes of this workshop, develop a proposed national research agenda for approval.
 | * In August 2010, AIFS, with assistance from the SPRC, was contracted to conduct the audit. This was endorsed by CDSMAC in May 2011.
 | Complete |
| * A national research agenda will be approved and underway by early 2010.
 | * The online Protecting Australia’s Children research audit (1995–2010) report was released on 5 September 2011.
* The online register will continue to be operational following the commencement of the Child Family Community Australia information exchange in March 2012.
* In October 2011, Ministers agreed to release the first-ever national research agenda for child protection and made an ongoing commitment of costshared funding of $600 000 over three years ($200 000 per year).
 | CompleteComplete |
| Within First Three Years (2009–2012) |  |  |
| * A number of research projects under the national research agenda will be completed between early 2010 and June 2014.
 | * Two key research areas for the national research agenda were endorsed by SCCDS in March 2012. The two proposed research topics were refined and approved by NFIWG for advertising for Expressions of Interest under the national research agenda. This was issued on 10 August 2012 and closed on 4 September 2012. Responses were received from 27 organisations, and seven of these were shortlisted to receive a Request for Quote. This process is expected to be completed early in 2013.
 | On track 2013 |

Transitioning to Independence

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Increase support through non-government organisations for young people leaving care to better establish their independence and for state and territory government initiatives to better support young people as they leave care.
 | First Year (2009–2010) |  |  |
| * In July 2009, the Australian Government increased the Transition to Independent Living Allowance (TILA), for young people leaving care, from $1000 to $1500.
 | * Additional funding was delivered in the 2009–2010 Federal Budget to increase the payment rate.
 | Complete |
| * Australian, state and territory governments will consult with stakeholders to develop working arrangements to achieve consistency across Australia in the non-financial support that young people receive when leaving care.
 | * In 2010, the CREATE Foundation, with funding from the Australian Government, consulted with young people with a care experience for their input to the project. The findings of the consultations have been outlined in the report, What’s the Answer? The report will inform the work currently underway and identify future actions under this priority project.
* In December 2010, a discussion paper developed by a working group of Australian, state and territory government and NGO representatives was considered and endorsed by Ministers. The paper articulates a vision for the future and identifies two key actions as the first steps to improving the effectiveness of the transition to independence from out-of-home care. Ministers agreed to the public release of the paper.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| * A review of the increase to the Transition to Independent Living Allowance will be conducted and reported on, to determine improved outcomes for young people leaving care.
 | * A cross-portfolio review of TILA commenced in October 2010. Colmar Brunton Social Research consultancy was engaged by the Australian Government Department of Employment, Education and Workplace Relations (DEEWR) to undertake the review and consult with stakeholders. The review report will inform reforms to TILA in 2013 to better support young people leaving care.
 | Complete.To be finalised in the Second Action Plan |
| * Work will continue on the development and implementation of nationally consistent approaches to support young people leaving care.
 | * On 21 October 2011, Ministers agreed to a nationally consistent approach to transitioning from out-of-home care and public release of this approach as an online resource: Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning.
* On 30 March 2012, Ministers endorsed the production and public release of an online resource outlining good practice across jurisdictions.
 | CompleteComplete |

Responding to Sexual Abuse

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * This priority undertakes research to present a national picture of therapeutic services to all Australian children including research, training, promising practice, gaps in service provision, and challenges within the sector.
 | First Year (2009–2010) |  |  |
| * Consultations have been held with key government and non-government agencies that provide specialised therapeutic responses to young people with sexualised behaviours.
* Undertake research to highlight service delivery challenges and identify initiatives that are working well.
 | * The priority project key milestones for Responding to Sexual Abuse are now complete:

a literature review: Problem Sexual Behaviour in Children: A Review of the Literature, Australian Crime Commission (ACC) (2008) a national study on Australia’s response to sexualised or sexually abusive behaviours in children and young people, Australian Crime Commission (released 14 July 2010). a national workshop on therapeutic residential care, with a presentation on the ACC Report, was held in Melbourne on 9–10 September 2010. Another workshop was held in Brisbane on 10–11 October 2012.* At the CDSMC meeting of 16 December 2010, Ministers agreed to the development of a professional development program for residential care workers, other staff and carers, as a first priority. Queensland was leading this work but, following the floods, Western Australia agreed to assume the leadership.
 | CompleteCompleteCompleteComplete |
| * This priority is on schedule and building on research conducted in the first year. Current activity is an agreed direction from CDSMC and not part of the original first year target.
 | * In March 2012, after Ministers’ endorsement, Western Australia published the learning resource on responding to concerning sexual behaviours to support carers and residential service staff to better meet the needs of children subject to child abuse.
 | Complete |

Advocating Nationally for Children and Young People

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * To explore the potential role for a National (Australian) Commissioner for Children and Young People.

  | First Year (2009–2010) |  |  |
| * Continuing consultation with key stakeholders, including existing State and Territory commissioners and guardians, State and Territory governments, and the community, particularly children themselves, on views and potential options for an Australian Commissioner for Children and Young People.
* Advice will be provided to the Australian Government in late 2009.
 | * Consultations were conducted and advice provided to the Australian Government for consideration. The Australian Human Rights Commission released a discussion paper on a National Commissioner for Children and Youth.
* On 23 May 2012, the Australian Attorney-General, the Hon. Nicola Roxon MP, introduced the Australian Human Rights Commissioner Amendment (National Children’s Commissioner) Bill 2012, which seeks to establish a National Children’s Commissioner within the Australian Human Rights Commission, with a broad role in promoting the rights, wellbeing and development of children and young people in Australia.
* Legislation to establish a National Children’s Commissioner was passed by Federal Parliament in June 2012. The position was publicly advertised on 5 July 2012, and the appointment is expected early in 2013.
 | Complete |

Sharing Information

| Action | Targets | Progress | Status |
| --- | --- | --- | --- |
| * Expand the information sharing protocol currently operating between Centrelink and child protection agencies to Medicare Australia and the Child Support Agency.
* This will increase the sharing of appropriate Australian Government information with State and Territory child protection agencies, and assist them to better protect children.
 | First Year (2009–2010) |  |  |
| * Approval of the Medicare Australia and Child Support Agency appendices to the information sharing protocol.
* Information sharing protocol between Medicare Australia, the Child Support Agency and State and Territory child protection agencies has been signed off.
 | * An information sharing protocol between Medicare Australia, the Child Support Agency and state and territory child protection agencies has been approved and implemented.
* A total of 34 744 requests for information under the information sharing protocol had been received to June 2012:

between 1 January 2009 and June 2012, Centrelink responded to 11 231 requests for information from child protection authorities from 1 November 2009 to June 2012, Medicare Australia received 2858 requests for Medicare card numbers, 4812 requests for Medicare and PBS claims information and requests for immunisation history statements for 15 824 childrenFrom March 2010 to June 2012, the Child Support Agency received 19 eligible requests for information. | Complete |
|  | * Information sharing protocols with DIAC are currently being investigated. FaHCSIA held discussions with the Attorney-General’s Department (AGD) about the recommendations on information sharing in the Australian Law Reform Commission’s report 114, Family Violence—A National Legal Response (November 2010). AGD is currently coordinating an approach to a response to the recommendations in the report.
 | Complete |
| * Formal review of the information sharing protocol.
 | * The Allen Consulting Group was engaged to conduct the review of the information sharing protocol. The report, Operational Review of the Information Sharing Protocol between the Commonwealth and Child Protection Agencies, is publicly available. The Australian Government and jurisdictions will continue to work together to implement all the recommendations from the Operational Review.
* On 21 October 2011, Ministers agreed to progress the nine options/recommendations about Australian Government actions to be taken to improve information sharing.
 | Complete |
| Within First Three Years (2009–2012) |  |  |
| After first-year roll-out of the information sharing protocol, future directions will be considered, including expanding the information sharing protocol to other relevant Australian Government agencies. | There are ongoing discussions with DIAC and AGD on information sharing. AGD is currently considering initiatives that will improve collaboration between the family law system and child protection systems, particularly in relation to information sharing. DIAC is preparing a submission to the Privacy Commissioner seeking an exemption from the Privacy Act that will allow greater sharing of information with state and territory Child Protection Agencies. | Complete.To be finalised in Second Action Plan |

# Appendix C: Status of National Framework indicators of change by supporting outcome

Table 32: Status of indicators of change by supporting outcome

| Indicator | Reported to COAG 2013 (this report) | Ongoing reporting status | Development status/activities |
| --- | --- | --- | --- |
| Supporting Outcome 1: Children live in safe and supportive families and communities |
| 1. Community attitude towards and value of children
 | Not reported | Not reportable | Pending discussions of scoping project completed by AIHW  |
| 1. Children’s perception of their value within the community
 | Not reported | Not reportable | Pending discussions of scoping project completed by AIHW |
| 1. Child homicides
 | Not reported | Not reportable | Pending discussions of scoping project completed by AIHW |
| 1. Rate of hospitalisations for injury and poisoning for children aged 0–4 years
 | Reported | Reportable | No development required |
| 1. Deaths of children known to child protection
 | Not reported | Not reportable | Pending discussions of scoping project completed by AIHW |
| Supporting Outcome 2: Children and families access adequate support to promote safety and intervene early |
| 1. Rate per 100 000 babies born with low birth weight
 | Reported  | Reportable | No development required |
| 1. Rate of child protection notifications
 | Reported  | Reportable | No development required |
| 1. Number of at-risk children and families accessing support services

Proxy indicator: Children aged 0–17 years who commenced intensive family support services | Reported (P)  | Reportable (P) | Proxy available annually. Full measure pending future implementation of Treatment and Support Services NMDS  |
| 1. Proportion of pregnant women who receive perinatal care

Proxy indicator: Proportion of pregnant women who receive antenatal care | Reported (P) | Reportable (P) | Proxy available annually |
| 1. Proportion of communities with improved measures against the Australian Early Development Index

Proxy indicator: Proportion of developmentally vulnerable children against AEDI domains | Reported (P) | Reportable (P) | Proxy available every 3 years |
| 1. Proportion of disadvantaged 3 year olds in high quality child care
 | Not reported | Not reportable | Pending early childhood education development work in progress (AIHW/ABS) |
| 1. Proportion of 3 to 4 year olds participating in quality early childhood education, development and child care services
 | Not reported | Not reportable | Pending early childhood education development work in progress (AIHW/ABS) |
| 1. Proportion of children aged 4-14 years with mental health problems
 | Reported  | Not reportable  | No current ongoing data source |
| Supporting Outcome 3: Risk factors for child abuse and neglect are addressed |
| 1. Rate per 1000 children accessing assistance through homelessness services (accompanied and unaccompanied)
 | Reported | Reportable | No development required |
| 1. Rate per 1000 children living in households where there is adult abuse of alcohol and/or other drugs

Proxy indicator: Proportion of parents with children aged 0–14 years who used an illicit substance, or a licit substance for non-medical purposes | Reported (P) | Reportable (P) | Proxy available every 3 years |
| 1. Rate per 1000 children living in households where family violence occurs
 | Not reported | Not reportable | No current data source |
| 1. Proportion of parents with a mental illness who are accessing mental health services
 | Not reported | Not reportable | No current data source |
| 1. Number of children living in jobless families
 | Reported | Reportable | No development required |
| Supporting Outcome 4: Children who have been abused or neglected receive the support and care they need for their safety and wellbeing |
| 1. Number of out-of-home carers, by type of carer

Proxy indicator: Children in out-of-home care by placement type, at 30 June | Reported (P) | Reportable (P)  | Proxy available annually |
| 1. Retention rate of foster carers and child protection workers

Proxy indicator: Number of households commencing and exiting foster care | Reported (P) | Reportable (P)  | Proxy available annually  |
| 1. Proportion of investigations finalised by time taken to complete investigation
 | Reported  | Reportable | No development required |
| 1. School retention rates (Years 10 & 12) of young people in out-of-home care or under guardianship
 | Not reported | Not reportable | Potential future data development  |
| 1. Proportion of children on guardianship and custody orders achieving national reading and numeracy benchmarks
 | Reported | Not reportable | Data development complete (AIHW); annual reporting pending funding of implementation project |
| Supporting Outcome 5: Indigenous children are supported and safe in their families and communities |
| 1. Rate per 1000 Indigenous children with substantiated cases compared to other children
 | Reported | Reportable  | No development required |
| 1. Rate per 1000 Indigenous children in out-of-home care compared with other children
 | Reported | Reportable  | No development required |
| 1. Proportion of Indigenous children placed in accordance with the Indigenous Child Placement Principles
 | Reported | Reportable  | No development required |
| 1. Ratio of Indigenous out-of-home care placement through mainstream or Indigenous services
 | Not reported | Not reportable | Pending development of items under new unit record data collection |
| Supporting Outcome 6: Child sexual abuse and exploitation is prevented and survivors receive adequate support |
| 1. Children in substantiations, by abuse type
 | Reported | Reportable | No development required |

# Appendix D:National Standards for Out-of-Home Care

## National Standards for Out-of-Home Care

The Australian Government, state and territory governments and the non-government sector are developing National Standards to ensure that children in need of out-of-home care are given consistent, best practice care, no matter where they live.

The National Standards seek to drive improvements in the quality of care, so that children and young people in out-of-home care have the same opportunities as other children and young people to reach their potential in life, wherever they live in Australia.

The National Standards focus on those children and young people whose care arrangements have been ordered by the Children’s Court, where the parental responsibility for the child or young person has been transferred to the Minister/Chief Executive.

The overall aim of the National Standards is to deliver a more integrated response among all governments, but they do not change core governance arrangements. The states and territories retain responsibility for statutory child protection, while the Australian Government retains responsibility for providing income support payments.

Measuring and reporting on the National Standards

The aim of reporting on the National Standards for Out-of-Home Care is to provide, for the first time, a nationally comparable picture of the outcomes for children and young people in out-of-home care across Australia. To do this in a meaningful way, a set of robust and valid national measures is being developed that accurately reflects the achievement of outcomes and progress against the National Standards.

A schedule of national measurement and reporting arrangements for the National Standards for Out-of-Home Care was agreed by Community and Disability Services Ministers in April 2011. A full list of the 22 measures and reporting timeframe can be found in FaHCSIA (2011), available from the website: <http://www.fahcsia.gov.au/families-and-children/news/2011/national-standards-for-out-of-home-care>.

Table 33: National Standards for Out-of-Home Care, and related measures

| Standard  | Measures (existing or for future development) |
| --- | --- |
| 1. Children and young people will be provided with stability and security during their time in care.
 | 1.1 The proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit 1.2 The rate and number of children in out-of-home care who were the subject of child protection substantiation and the person believed responsible was living in the household providing out-of-home care 1.3 The proportion of children and young people in out-of-home care who report feeling safe in and secure in their current placement |
| 1. Children and young people participate in decisions that have an impact on their lives.
 | 2.1 The proportion of children and young people who report that they have opportunities to have a say in relation to decisions that have an impact on their lives and that they feel listened to |
| 1. Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.
 | 3.1 The proportion of Indigenous children and young people in out-of-home care placed with the child’s extended family, with the child’s Indigenous community, or with other Indigenous people, by carer type See also Measure 10.1 The proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan |
| 1. Each child and young person has an individualised plan that details their health, education and other needs.
 | 4.1 The proportion of children and young people who have a current documented case plan |
| 1. Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.
 | 5.1 The number and proportion of children and young people who have an initial health check of their physical, developmental, psychosocial and mental health needs within a specified period of entering out-of-home care  |
| 1. Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.
 | 6.1 The proportion of children and young people achieving national reading and numeracy benchmarks 6.2 The number and proportion of 3 and 4 year old children who participate in quality early childhood education and child care services  |
| 1. Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment.
 | 7.1 The proportion of young people who complete Year 10 and the proportion who complete Year 12 or equivalent Vocational Education & Training |
| 1. Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.
 | 8.1 The proportion of children and young people who report they may choose to do the same sorts of things (sporting, cultural or community activities) that children and young people their age who aren’t in care do |
| 1. Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.
 | 9.1 The proportion of children and young people in out-of-home care who are placed with relatives and kin 9.2 The proportion of children and young people who report they have an existing connection with at least one family member which they expect to maintain 9.3 The proportion of children (as age-appropriate) and young people who report having contact with family members, by the reported frequency of contact, by their reported satisfaction with contact arrangements |
| 1. Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.
 | 10.1 The proportion of Aboriginal and Torres Strait Islander children and young people who have a current cultural support plan 10.2 The proportion of children (as age-appropriate) and young people who demonstrate having a sense of connection with the community in which they live  |
| 1. Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.
 | 11.1 The proportion of children and young people who are able to nominate at least one significant adult who cares about them and who they believe they will be able to depend upon throughout their childhood or young adulthood |
| 1. Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.
 | 12.1 The number of foster carer households with a placement at 30 June, by number of foster children placed, and number of foster carer households with a placement during the year 12.2 The number of foster carers at 30 June, and the number of new approvals of persons as foster carers and the number of persons who cease to be approved foster carers during the twelve months to 30 June 12.3 The proportion of foster carers and kinship carers (who had at least one placement during the year) who report feeling supported in their role and who feel their developmental needs relevant to their role are catered for |
| 1. Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.
 | 13.1 The proportion of young people aged 15 years and over who have a current leaving care plan 13.2 The proportion of young people who, at the time of exit from out-of-home care, report they are receiving adequate assistance to prepare for adult life  |

## 2011–12 reporting

In 2011–12, seven of the above 22 measures are able to be reported: 1.1, 1.2, 3.1, 4.1, 9.1, 12.1 and 13.1. This includes measures 4.1 and 13.1 that are reported for the first time.

### Standard 1: Children and young people will be provided with stability and security during their time in care

#### Measure 1.1: The proportion of children and young people exiting out-of-home care during the year who had 1 or 2 placements, by length of time in continuous care preceding exit.

In 2011–12, nearly two-thirds (63 per cent) of children exiting out-of-home care had one or two placements during the time they were in care, and most (85 per cent) had four or fewer placements. The out-of-home care experience was less stable for the 15 per cent of children exiting care who had five or more placements; of this group, most were in care for two years or more.

Comparisons between Indigenous and non-Indigenous children exiting out-of-home care showed very
similar patterns.

Table 34: Children exiting out-of-home care in 2011–12(a), by number of different placements and Indigenous status (per cent)

|   | Number of different placements |
| --- | --- |
| Length of time in out-of-home care | 1 | 2 | 3 | 4 | 1-4 places | 5+ places | Total |
|  | All children(b) |
| 1 month to < 6 months | 17.4 | 5.3 | 1.6 | 0.5 | 24.7 | 0.2 | 24.8 |
| 6 months to < 1 year | 6.7 | 4.4 | 1.9 | 0.7 | 13.7 | 0.4 | 14.1 |
| 1 year to < 2 years | 5.2 | 4.5 | 2.8 | 1.8 | 14.3 | 1.6 | 16.0 |
| 2 years to < 5 years | 5.0 | 4.8 | 3.8 | 3.1 | 16.7 | 5.4 | 22.1 |
| 5 years or more | 5.5 | 4.4 | 2.9 | 2.4 | 15.2 | 7.8 | 23.0 |
| Total children | 39.7 | 23.4 | 13.1 | 8.5 | 84.6 | 15.4 | 100.0 |
|  | Indigenous children |
| 1 month to < 6 months | 17.2 | 5.9 | 2.2 | 0.5 | 25.8 | 0.3 | 26.0 |
| 6 months to < 1 year | 4.7 | 5.1 | 1.6 | 0.9 | 12.3 | 0.3 | 12.6 |
| 1 year to < 2 years | 4.8 | 4.9 | 3.5 | 2.4 | 15.6 | 2.1 | 17.7 |
| 2 years to < 5 years | 5.3 | 3.8 | 5.1 | 3.3 | 17.5 | 6.1 | 23.5 |
| 5 years or more | 4.1 | 3.8 | 2.8 | 2.2 | 12.9 | 7.2 | 20.1 |
| Total children | 36.1 | 23.5 | 15.2 | 9.2 | 84.0 | 16.0 | 100.0 |
|  | Non-Indigenous children(c) |
| 1 month to < 6 months | 17.1 | 4.9 | 1.3 | 0.4 | 23.8 | 0.1 | 24.0 |
| 6 months to < 1 year | 7.5 | 4.1 | 2.0 | 0.6 | 14.2 | 0.4 | 14.7 |
| 1 year to < 2 years | 5.3 | 4.3 | 2.6 | 1.6 | 13.9 | 1.4 | 15.2 |
| 2 years to < 5 years | 4.8 | 5.3 | 3.3 | 3.1 | 16.5 | 5.1 | 21.6 |
| 5 years or more | 6.1 | 4.7 | 3.0 | 2.5 | 16.4 | 8.2 | 24.5 |
| Total children | 40.9 | 23.3 | 12.3 | 8.3 | 84.8 | 15.2 | 100.0 |

(a) Excludes WA.

(b) ‘All children’ includes children whose Indigenous status was unknown.

(c) ‘Non-Indigenous children’ excludes children whose Indigenous status was unknown.

Note: Percentages in tables may not add to 100 due to rounding.

Source: AIHW Child Protection Data Collections.

#### Measure 1.2: The rate and number of children in out-of-home care who were the subject of child protection substantiation and the person believed responsible was living in the household providing out-of-home care.

In 2011–12, there were 46 973 children in out-of-home care at some point during the year. Of these, 522 children (1.1 per cent) were the subject of a child protection substantiation during the year, and the person believed responsible was living in the household providing out-of-home care.

Table 35: Children in out-of-home care who were the subject of a child protection substantiation and the person believed responsible was living in the household, 2011–12

|  | 2011–12 |
| --- | --- |
| Number of children who were the subject of a child protection substantiation and the person believed responsible was living in the household | 522 |
| Number of children in at least one out-of-home care placement during 2011–12 | 46 973 |
| Per cent(a) | 1.1 |

(a) ‘Per cent’ is children in care who were the subject of a substantiation as a proportion of all children in care.

Note: Excludes the Northern Territory, as they are unable to provide data for this measure.

Source: AIHW Child Protection Data Collections.

### Standard 3: Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people

#### Measure 3.1: The proportion of Indigenous children and young people in out-of-home care placed with the child’s extended family, with the child’s Indigenous community, or with other Indigenous people, by carer type.

Of all Indigenous children in out-of-home care at 30 June 2012, just over two-thirds (69 per cent) were placed with the child’s extended family, with the child’s Indigenous community, or with other Indigenous people. Most were placed with Indigenous relatives or kin (38 per cent).

Table 36: Indigenous children in out-of-home care, by carer type, 2011–12 (per cent)

| Carer type | Per cent |
| --- | --- |
| Indigenous relative/kin | 38.2 |
| Other Indigenous caregiver(a) | 16.4 |
| Other relative/kin | 14.1 |
| Total placed with extended family, Indigenous community, or other Indigenous people | 68.8 |
| Other caregiver | 31.2 |
| Total  | 100.0 |

(a) Includes Indigenous residential care.

Note: Percentages in tables may not add to 100 due to rounding.

Source: AIHW Child Protection Data Collections; AIHW 2013a.

### Standard 4: Each child and young person has an individualised plan that details their health, education and other needs.

#### Measure 4.1: The proportion of children and young people who have a current documented case plan.

A case plan is an individualised, dynamic, written plan or support agreement for children in care, outlining the goals of ongoing intervention and the outcomes and actions required to achieve these goals. It usually includes information on needs assessments, relative/kin contact arrangements and living arrangements.

At 30 June 2012, an estimated 90 per cent of children aged 0 to 17 years had a current documented and approved case plan (based on data from Queensland, Western Australia, Tasmania and the Australian Capital Territory only).

Table 37: Children aged 0–17 years who have a current documented and approved case plan,
at 30 June 2012 (per cent)

| Indigenous status  | Per cent |
| --- | --- |
| Indigenous children | 90.6 |
| Non-Indigenous children | 89.8 |
| All children(a) | 90.1 |

(a) ‘All children’ includes children whose Indigenous status was unknown.

Note: Reported numbers are based on data from Queensland, Western Australia, Tasmania and the Australian Capital Territory only. These data were provided for national reporting for the first time in 2012. Data only include children who are required by jurisdictional policy/legislation to have a current documented and approved case plan.

Source: AIHW Child Protection Data Collections.

### Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members

#### Measure 9.1: The proportion of children and young people in out-of-home care who are placed with relatives and kin.

Of all children in out-of-home care at 30 June 2012, half (47 per cent) were placed with relatives/kin. Indigenous children were more likely to be placed with relatives/kin than non-Indigenous children (52 per cent compared to 45 per cent, respectively).

Table 38: Children in out-of-home care placed with relatives/kin, at 30 June 2012 (per cent)

| Indigenous status  | Per cent |
| --- | --- |
| Indigenous children | 51.5 |
| Non-Indigenous children | 44.5 |
| All children(a) | 46.7 |

(a) ‘All children’ includes children whose Indigenous status was unknown.

Source: AIHW Child Protection Data Collections.

### Standard 12: Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.

#### Measure 12.1 (part a): The number of foster carer households with a placement at 30 June, by number of foster children placed

At 30 June 2012, there were 8824 households with one or more foster care placements. Nearly half (49 per cent) of these households had one foster child placed with them, 46 per cent had between two and four foster children, and 4 per cent had five or more children.

Table 39: Foster carer households with a placement at 30 June 2012, by number of foster children placed

| Number of children per household | Number of households  | Per cent |
| --- | --- | --- |
| 1 | 4335 | 49.1 |
| 2 | 2468 | 28.0 |
| 3 | 1128 | 12.8 |
| 4 | 503 | 5.7 |
| 5–8 | 380 | 4.3 |
| 9 or more | 8 | 0.1 |
| Total(a) | 8824 | 100.0 |

(a) ‘Total’ includes households where the number of children placed at 30 June was unknown.

Source: AIHW Child Protection Data Collections.

#### Measure 12.1 (part b): The number of foster carer households with a placement during the year

During 2011–12, there were 11 664 households that had one or more foster care placements at some point during the year.

Table 40: Foster carer households with a placement during 2011–12

|   | Number of households |
| --- | --- |
| Households with a placement during 2011–12 | 11 664 |

Source: AIHW Child Protection Data Collections.

### Standard 13: Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care

#### Measure 13.1: The proportion of young people aged 15 years and over who have a current leaving care plan

A leaving care plan (also called a transition from care plan) is developed in preparation for a young person’s exit from care into independent living. Leaving care plans are developed in agreement with the young person and usually include information on goals, planned actions, needs assessments, income support and post-care support (such as counselling, mentoring, ongoing case management).

At 30 June 2012, an estimated 77 per cent of young people aged 15 years and over had a current and approved leaving care plan (based on data from Victoria, Queensland and Western Australia only).

Table 41: Young people aged 15 years and over who have a current and approved leaving care plan, at 30 June 2012 (per cent)

| Indigenous status  | Per cent |
| --- | --- |
| Indigenous  | 74.0 |
| Non-Indigenous  | 78.1 |
| All young people(a) | 77.0 |

(a) ‘All young people’ includes children whose Indigenous status was unknown.

Note: Reported numbers are based on data from Victoria, Queensland and Western Australia only. These data were provided for national reporting for the first time in 2012. Data only include children who are required by jurisdictional policy/legislation to have a current and approved leaving care plan.

Source: AIHW Child Protection Data Collections.

# List of Shortened Forms

AbSec Aboriginal Child, Family and Community Care State Secretariat

ACARA Australian Curriculum, Assessment and Reporting Authority

ACASI Audio computer assisted self- interviewing

ACCHO Aboriginal Community Controlled Health Organisation

ACIR Australian Childhood Immunisation Register

ACMA Australian Communication and Media Authority

ACOSS Australian Council of Social Services

ACPP Aboriginal Child Placement Principle

ACSASS Aboriginal Child Specialist Advice and Support Service

ACT Australian Capital Territory

ACWA Australian Community Workers Association

ACYFS Aboriginal Child, Youth and Family Strategy

ADR Alternative Dispute Resolution

AEDI Australian Early Development Index

AFDM Aboriginal Family Decision Making

AFSN Armadale Family Support Network

AGD Attorney-General’s Department

AIC Australian Institute of Criminology

AIFS Australian Institute of Family Studies

AHMAC Australian Health Ministers’ Advisory Council

AHURI Australian Housing and Urban Research Institute

AIHW Australian Institute of Health and Welfare

AMIC Aboriginal Maternal and Infant Care

AMIHS Aboriginal Maternal and Infant Health Service

APTCH A Place to Call Home

APY Anangu Pitjantjatjara Yankunytjatjara

ARACY Australian Research Alliance for Children and Youth

ASCA Adults Surviving Child Abuse

ASLO Aboriginal Student Liaison Officers

AYFN Aboriginal Youth and Family Network

BCBB Building Capacity, Building Bridges

BSF Building Stronger Foundations

C&AT Child and Adolescent Team

CAARS Common Approach to Assessment, Referral and Support

CAFS Child and Family Support Services

CAMHS Child and Adolescent Mental Health Services

CARA Community Accommodation Respite Agency

CARHU Child at Risk Health Unit

CCCH Centre for Community Child Health

CDSMAC Community and Disability Services Ministers’ Advisory Council (now SCCDSAC)

CDSMC Community and Disability Services Ministers’ Conference (now SCCDS)

CfC FP Communities for Children Facilitating Partner

CHAPS Child Health and Parenting Service

CHWS Child Health and Wellbeing Subcommittee

COAG Council of Australian Governments

COPMM Council of Obstetric and Paediatric Mortality and Morbidity

CPAR Child Protection Adolescent Response

CPCS Child Protection Counselling Services

CPS Child Protection Service

CRARMF Common Risk Assessment and Risk Management Framework

CRC Community Residential Care

CSO Community service organisations

CSSC Child Safety Service Centre

CWU Child Wellbeing Units

CYS Children and Youth Services

DAGJ Department of Attorney-General and Justice

DASSA Drug and Alcohol Services South Australia

DCP Department for Child Protection

DEC Department of Education and Communities

DEEWR Department of Employment, Education and Workplace Relations

DHS Department of Human Services

DIAC Department of Immigration and Citizenship

DoH Department of Health

DMFT Decayed, missing or filled teeth

DRC Dispute Resolution Conferences

DVPASS Domestic Violence Proactive Support System

ECAV Education Centre Against Violence

ECD Early childhood development

ECEC Early childhood education and care

ECHIPWC Exchange of Criminal History Information for People Working with Children

ELF Early Learning is Fun

FACS Family and Community Services

FaHCSIA Department of Families, Housing, Community Services and Indigenous Affairs

FGC Family Group Conferences

FRS Family Referral Services

FSA Family Support Alliance

FSP Family Support Program

GHSH Going Home Staying Home

GIT Getting It Together Program

HCI Healthy Communities Initiative

HCWA Helping Children with Autism

HECS Higher Education Contributions Scheme

HOF Helping out Families

HSLO Home School Liaison Officer

HSQF Human Services Quality Framework

IECD Indigenous Early Childhood Development

IFBS Intensive Family Based Services

IFP Intensive Family Preservation

IFS Intensive Family Support

IFSP Indigenous Family Safety Program

IFSS Integrated Family Support Service (TAS)

IFSS Intensive Family Support Services

IMR Infant mortality rates

IMS Integrated Management Information System

ISG Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families

ISP Internet service providers

IYLP Indigenous Youth Leadership Program

J&FMHN Justice and Forensic Mental Health Network

JIRT Joint Investigation Response Teams

KCV Kinship Carers Victoria

KIDS Kids Intelligence Data System

KTS-WFT Keep them Safe Whole Family Teams

LBOTE Language background other than English

LHD Local Health Districts

MBS Medicare Benefits Scheme

MDC Multidisciplinary centres

MHDAS Mental Health Drug and Alcohol Services

MOS Mobile Outreach Service

MoU Memorandum of Understanding

NAHA National Affordable Housing Agreement

NAPCAN National Association for the Prevention of Child Abuse and Neglect

NDIS National Disability Insurance Scheme

NFIWG National Framework Implementation Working Group

NGO Non-government organisation

NHMRC National Health and Medical Research Council

NIM New Income Management

NPA National Partnership Agreement

NPAH National Partnership Agreement on Homelessness

NPDI National Perinatal Depression Initiative

NPY Ngaanyatjarra Pitjantjatjara Yankunytjatjara

NQF National Quality Framework

NRA National research agenda

NSW New South Wales

NT Northern Territory

NTCOSS Northern Territory Council of Social Service

NTRCW National Therapeutic Residential Care Workshop

NYAC National Youth Advisory Council

OCF Office of Children and Families

OOHC Out-of-home care

PACT Protect All Children Today

PACT Protecting Aboriginal Children Together (NSW)

PCP Partnership Community Program

PHaMs Personal Helpers and Mentors

PVVC Protecting Victoria’s Vulnerable Children

QATSICPP Queensland Aboriginal and Torres Strait Islander Child Protection Peak

QCCYPCG Queensland Commission for Children and Young People and Child Guardian

QLD Queensland

RAFC Remote Aboriginal Family Community (program)

RAI Referral for Active Intervention

RIS Regional Intake Service

RTO Registered Training Organisation

SA South Australia

SAAR Support and Accommodation Assistance Review

SASS Sexual Assault Support Service

SAY Safe Aboriginal Youth

SCCDS Standing Council on Community and Disability Services

SCCDSAC Standing Council on Community and Disability Services Advisory Committee

SDA Specialist Disability Assessment

SDM® Structured Decision Making®

SFSC Stronger Families Safer Children

SHARP Safely Home with A Responsible Person

SHLV Staying Home Leaving Violence

SHS Specialist Homelessness Services

SIDS Sudden infant death syndrome

SMART Strategies for Managing Abuse Related Trauma

SMART=ER Strategies for managing abuse related trauma = educational reform

SNAICC Secretariat of National Aboriginal and Islander Child Care

SPRC Social Policy Research Centre

SSAMHS Statewide Specialist Aboriginal Mental Health Service

TAC Tasmanian Aboriginal Centre

TACSI Australian Centre for Social Innovation

TAFE Technical and Further Education

TAS Tasmania

TEMHS Top End Mental Health Service

TFCBT Trauma-focused cognitive behaviour therapy

TGT Territory Growth Towns

TILA Transition to Independent Living Allowance

TYSS Targeted Youth Support Service

VIC Victoria

VOOHC Voluntary Out-of-Home Care

WA Western Australia

YFC Youth and Family Connect

YHARS Youth Housing and Reintegration Service

# References

ABS: See Australian Bureau of Statistics

ACARA: See Australian Curriculum, Assessment and Reporting Authority

ACOSS: See Australian Council of Social Services

AIHW: See Australian Institute of Health and Welfare

Australian Bureau of Statistics (ABS) 2012, Deaths, Australia, 2011, cat. no. 3302.0, ABS, Canberra.

Australian Bureau of Statistics (ABS) 2011, Labour Force, Australia: Labour Force Status and Other Characteristics of Families, Jun 2011, cat. no. 6224.0.55.001, ABS, Canberra.

Australian Bureau of Statistics (ABS) 2009, National Health Survey: Summary of Results, 2007–2008, cat.no. 4364.0, ABS, Canberra.

Australian Curriculum, Assessment and Reporting Authority (ACARA) 2009, NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2009, ACARA, Sydney.

Australian Curriculum, Assessment and Reporting Authority (ACARA) 2010, NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2010, ACARA, Sydney.

Australian Curriculum, Assessment and Reporting Authority (ACARA) 2011, NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2011, ACARA, Sydney.

Australian Curriculum, Assessment and Reporting Authority (ACARA) 2012, NAPLAN Achievement in Reading, Persuasive Writing, Language Conventions and Numeracy: National Report for 2012, ACARA, Sydney.

Australian Council of Social Services (ACOSS) 2009, Poverty and its causes, The Australian Collaboration, Melbourne, viewed 25 May 2010, <http://www.australiancollaboration.com.au/factsheets/index.html>.

Australian Government 2012, Closing the gap: Prime Minister’s report 2012, Australian Government, Canberra.

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 2009, Implementing the first three-year action plan, 2009–2012, FaHCSIA, Canberra.

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 2011, An outline of national standards for out-of-home care: A priority project under the National Framework for Protecting Australia’s Children 2009–2020, FaHCSIA, Canberra.

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 2012, Protecting Children is Everyone’s Business: Annual Report 2010–2011, FaHCSIA, Canberra.

Australian Institute of Health and Welfare (AIHW) May 2005, A picture of Australia’s children, cat. no. PHE 58, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2007, Educational outcomes of children on guardianship or custody orders: a pilot study, Child Welfare Series no. 42, cat. no. CWS 30, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2009, A picture of Australia’s children 2009, cat. no. PHE 112, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2011a, 2010 National Drug Strategy Household Survey report, Drug statistics series no. 25, cat. no. PHE 145, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2011b, Educational outcomes of children under guardianship or custody orders: a pilot study, Stage 2, Child welfare series no. 49, cat. no. CWS 37, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2011c, Headline Indicators for children’s health, development and wellbeing 2011, cat. no. PHE 144, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2012a, Children’s Headline Indicators, AIHW, Canberra, viewed 3 September 2012, <http://www.aihw.gov.au/chi/index.cfm>.

Australian Institute of Health and Welfare (AIHW) 2012b, A Picture of Australia’s children 2012, cat. no. PHE 167, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2012c, Specialist Homelessness Services 2011–12,
cat. no. HOU 267, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2013a, Child Protection Australia 2011–12, Child welfare series no. 55, cat. no. CWS 43, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2013b, National Hospital Morbidity Database,
unpublished data.

Australian Institute of Health and Welfare (AIHW) Specialist Homelessness Services data collection (unpublished).

Berlyn, C and Bromfield, L 2009, Child protection and Aboriginal and Torres Strait Islander children, Australian Institute of Family Studies, Melbourne.

Bromfield L, Higgins JR, Higgins, DJ and Richardson N 2007, Why is there a shortage of Aboriginal and Torres Strait Islander carers? Australian Institute of Family Studies, Melbourne.

Bromfield, L and Osborn, A 2007, Getting the big picture: A synopsis and critique of Australian out-of-home care research, Australian Institute of Family Studies, Melbourne.

Centre for Community Child Health (CCCH) 2009, The Impact of poverty on early childhood development,
Policy Brief No. 14, CCCH, Melbourne.

Centre for Community Child Health (CCCH) and Telethon Institute for Child Health Research (TICHR) 2009,
A snapshot of early childhood development in Australia: AEDI national report 2009, re-issue March 2011,
DEEWR, Canberra.

Crosson-Tower, C 2005, Understanding Child Abuse and Neglect (6th edn), Pearson Education, Boston.

Dawe, S 2007, ‘Substance use and abuse: An update for child safety officers’, paper presented at the Parental Substance Misuse and Child Protection, Department of Child Safety Research Forum, Melbourne, 20–22 May.

Dawe, S, Harnett, PH and Frye, S 2008, Improving outcomes for children living in families with parental substance misuse: What we know and what should we do, Child Abuse Prevention Issues No. 29, Australian Institute of Family Studies, Melbourne.

Delfabbro, PH, Barber, JG and Bentham Y 2002, ‘Children’s satisfaction with out-of-home care in South Australia’, Journal of Adolescence, 25, pp. 523–533.

FaHCSIA: See Australian Government Department of Families, Housing, Community Services and
Indigenous Affairs

Fahlberg, V 1982, Attachment and Separation, British Agencies for Adoption and Fostering, London.

Feiring, C, Taska, L and Lewis, M 1996, ‘A process model for understanding adaptation to sexual abuse: The role of shame in defining stigmatization’, Child Abuse and Neglect, 20(8), pp. 767–782.

Gauthier, Y, Fortin, G and Jeliu, G 2004, ‘Clinical Application of Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care’, Infant Mental Health Journal, 25(4), pp. 379–396.

Guterman, N 2000, Before It Starts: Emerging Horizons in Early Home Visitation Services, Sage, Thousand Oaks, California.

Human Rights and Equal Opportunity Commission (HREOC) 1997, Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, HREOC, Sydney.

Kendall-Tackett, KA, Williams, LM and Finkelhor, D 1993, ‘Impact of sexual abuse on children: A review and synthesis of recent empirical studies’, Psychological Bulletin, 113, pp. 164–180.

Kilpatrick, N, Neumann, A, Nicholson, J and Chapman, J 2009, Oral health inequalities in 2–3 and 6–7 year olds, Growing up in Australia: The Longitudinal Study of Australian Children, Murdoch Children’s Research Institute, Melbourne.

Lamont, A 2010, Effects of child abuse and neglect for children and adolescents, Australian Institute of Family Studies, Melbourne, viewed 27 May 2010, <www.aifs.gov.au/nch/pubs/sheets/rs17/rs17.html>.

Li, Z, Zeki, R, Hilder, L and Sullivan, EA 2012, Australia’s mothers and babies 2010, Perinatal statistics series no. 27, cat. no. PER 57, AIHW National Perinatal Epidemiology and Statistics Unit, Sydney.

Lister, S, McIntyre, PB, Burgess, MAB and O’Brien, ED 1999, ‘Immunisation coverage in Australian children: a systematic review 1990–1998’, Communicable Diseases Intelligence, 23(6), pp. 145–70.

McHugh, M and valentine, k 2011, Financial and Non-Financial Support to Formal and Informal Out of Home Carers, SPRC Report 3/11, Social Policy Research Centre, UNSW, Sydney.

McSherry, D 2004, ‘Which came first, the chicken or the egg? Examining the relationship between child neglect and poverty’, British Journal of Social Work, 34, pp. 727–733.

Medicare Australia 2012, Australian Childhood Immunisation Register (ACIR) statistics, viewed 1 December 2012, <http://www.medicareaustralia.gov.au/provider/patients/acir/statistics.jsp>.

Mejia, GC, Amarasena, N, Ha, DH, Roberts-Thomson, KF and Ellershaw, AC 2012, Child Dental Health Survey Australia 2007: 30-year trends in child oral health, Dental statistics and research series no. 60, cat. no. DEN 217, AIHW, Canberra.

Mullen, PE and Fleming, J 1998, ‘Long-term effects of child sexual abuse’, Issues in Child Abuse Prevention,
9, pp. 1–12.

New South Wales Community Services Commission 2002, Voices of children and young people in foster care, Author, Sydney.

Osborn, A and Bromfield, L 2007, Outcomes for children and young people in care, Australian Institute of Family Studies, Melbourne.

Price-Robertson, R, Bromfield, L and Vassallo, S 2010, The prevalence of child abuse and neglect, Australian Institute of Family Studies, Melbourne.

Sawyer MG, Arney, FM, Baghurst, PA, Clark, JJ, Graetz, BW, Kosky, RJ, Nurcombe, B, Patton, GC, Prior, MR, Raphael, B, Rey, J, Whaites, LC and Zubrick, SR 2000, Child and Adolescent Component of the National Survey of Mental Health and Well-Being, Australian Government Department of Health and Aged Care, Canberra.

Scott, D, Higgins, D and Franklin, R 2012, The role of supervisory neglect in childhood injury, Child Family Community Australia Paper No. 8, Australian Institute of Family Studies, Melbourne.

Smart, D, Sanson, A, Baxter, J, Edwards, B and Hayes, A 2008, Home-to-school transitions for financially disadvantaged children, The Smith Family, Sydney.

Wurtele, SK 2006, ‘Preventing Sexual Abuse of Children in the Twenty-First Century: Preparing for Challenges and Opportunities’, Journal of Child Sexual Abuse, 18, pp. 1–18.

# Useful websites (endnotes)

i ‘Help Break Down the Wall’ Community Attitudes Survey For National Child Protection Week 2009; NAPCAN wished to gauge community attitudes to child abuse and neglect. NAPCAN developed an attitudinal Survey which attracted more than 21 000 respondents, making it Australia’s largest Survey of its kind.

[www.childabuse.profero.com.au](http://www.childabuse.profero.com.au)

ii The Australian Childhood Foundation is a not-for-profit organisation that works to support children and families devastated by abuse, family violence and neglect.

<http://www.childhood.org.au>

iii <http://www.aifs.gov.au/nch/pubs/brief/rb3/rb3.pdf>

iv <http://static.sdu.dk/mediafiles/B/7/0/%7BB708796C-C252-4AD4-9119-2E7BE952ABA0%7DPaper%20Malin_Arvidsson.pdf>;

v http://www.ihrc.ie/newsevents/press/2013/02/05/ihrc-to-respond-to-magdalene-laundries-report/