2014–15 AND 2015–16 ANNUAL REPORT

Protecting Children is Everyone's Business

NATIONAL FRAMEWORK FOR PROTECTING
AUSTRALIA'S CHILDREN 2009–2020

AN INITIATIVE OF THE COUNCIL OF
AUSTRALIAN GOVERNMENTS

Foreword

This is the sixth in a series of annual reports on the *National Framework for Protecting Australia's Children 2009–2020* (the National Framework), combining the two reporting years 2014–15 and 2015–16. Because of delays in producing the 2013–14 annual report, the Children and Families Secretaries group (CAFS) agreed that this annual report would span two years. This report outlines continued progress and commitment towards the National Framework's high-level outcome that Australia's children and young people are safe and well.

The initiatives in this report highlight the ongoing commitment of the Australian, state and territory governments and the non-government sector — through the National Coalition on Child Safety and Wellbeing (the National Coalition) — to continue to work together to protect and advance the wellbeing of Australia's children and young people.

The goal of all parties is that children grow up to become resilient, independent and productive members of society. The National Framework's key message — 'Protecting Children is Everyone's Business' — reflects the understanding that joined-up effort is the only way to address complex issues and ensure that children get the best start in life and the opportunities to realise their full potential.

This report publishes the latest data for measuring progress against the National Framework's high-level and supporting outcomes. It also describes the contributions and achievements of all jurisdictions and the non-government sector in the final year of the National Framework's Second Three-Year Action Plan 2012–2015 and the beginning of the implementation of the Third Three-Year Action Plan 2015–2018.

This is the second report based on the more streamlined approach to the National Framework's annual reporting that was agreed at the final meeting of the former Standing Council of Community and Disability Services Advisory Council. This approach is supported by online indicator reporting published by the Australian Institute of Health and Welfare (AIHW).

Contributions to this report have been provided by the Australian and state and territory governments, the National Coalition, and the AIHW.

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'Protecting Children is everyone's business'

The National Framework's key message — 'Protecting Children is Everyone's Business' — aspires to make child safety and wellbeing 'everyone's responsibility' and change the way governments, non-government organisations (NGOs) and the broader community act to protect children. It reflects the understanding that building collaboration and capability within the child and family welfare sector, and across other service sectors and reform agendas, is the only way to address complex issues and ensure that children get the best start in life and the opportunities they need to realise their full potential and grow up to become resilient, independent and productive members of society.

Since the Council of Australian Governments (COAG) endorsed the National Framework in 2009, all Australian governments and the non-government sector, through the National Coalition, have been working together to ensure that Australia's children and young people are safe and well.

The National Coalition, established in 2007, has played an important role in advocating for, negotiating and helping to implement the National Framework. The National Coalition is made up of about 200 non-government community organisations that provide services to children, young people and families across Australia, as well as many key advocates and researchers in the fields of child protection and children's wellbeing.

Governance

Shared responsibility across the Australian, state and territory governments and the non-government and research sectors underpins the National Framework.

Commonwealth, state and territory ministers for portfolios such as family, community, disability, children and young people, child protection and social welfare are responsible for agreeing to the national strategies and actions and oversee the progress and overall direction of the National Framework.

Over the period of this annual report, there was a change in governance arrangements for the National Framework, with the disbanding of the former COAG Standing Council on Community and Disability Services and associated Standing Council on Community and Disability Services Advisory Council and the establishment of the Children and Families Secretaries Group (CAFS), the National Forum and the meeting of Community Services Ministers. CAFS consists of senior officials from relevant government departments and it supports Australian Government and state and territory government

ministers responsible for family, community, children and young people. CAFS provides broad oversight over National Framework implementation and is responsible for annual progress reports. CAFS also provides jurisdictions with a platform to collaborate on innovative policy approaches to child and family issues.

The National Forum for Protecting Australia's Children (the National Forum) is made up of senior Australian Government, state and territory government officials, together with executive members of the National Coalition and the National Children's Commissioner. The National Forum focuses on the practical aspects of implementing and delivering the National Framework.

The incorporation of the non-government sector in the National Framework's governance, design and implementation arrangements is an innovative and effective strategy to drive collaboration and partnership across governments and the non-government sector at national, jurisdictional and local levels.

The Third Action Plan has additional governance arrangements — strategy working groups for each of the three strategies, a Research Advisory Committee and an Aboriginal and Torres Strait Islander working group. The working groups provide oversight and drive implementation and comprise representatives from the Australian Government, state and territory governments and key non-government organisations, as well as Aboriginal and Torres Strait Islander representatives.

What is the National Framework for Protecting Australia's Children 2009–2020?

The high-level outcome

The National Framework is a long-term, ambitious approach to promote and enhance the safety and wellbeing of Australia's children and young people. Its high-level outcome and six supporting outcomes span domains associated with child protection and child wellbeing. An overview of the outcomes reporting framework and national priorities is at Table 1. Activities to achieve the outcomes are implemented through a series of three-year action plans.

The high-level outcome for the National Framework is that Australia's children and young people are safe and well.

Progress towards the high-level outcome is measured through indicators that track evidence of substantial and sustained reduction in child abuse and neglect over time.

The six supporting outcomes

The National Framework sets out six supporting outcomes, and associated national priorities, to help focus effort and actions to reach the high-level outcome that Australia's children and young people are safe and well. They are:

1. Children live in safe and supportive families and communities.

2. Children and families access adequate support to promote safety and intervene early.

3. Risk factors for child abuse and neglect are addressed.

4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.

5. Indigenous children are supported and safe in their families and communities.

6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.

TABLE 1: OVERVIEW OF OUTCOMES REPORTING FRAMEWORK AND NATIONAL PRIORITIES

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

High-level outcome: Performance indicators

- 0.1: Rate of children aged 0–17 years who were the subject of child protection substantiation
- 0.2: Rate of children aged 0–17 years who are in out of home care
- 0.3: Age-specific birth rate for women aged 15–19 years
- 0.4: Proportion of live born infants of low birth weight
- 0.5: Assault (homicide) death rate for children aged 0–17 years
- 0.6: Proportion of children who are developmentally vulnerable on one or more domains of AEDI
- 0.7: Proportion of children aged 8–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire
- 0.8: Proportion of households with children aged 0–14 years where at least 50% of gross household income is from government pensions and allowances

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Supporting outcome 1
Children live in safe and supportive families and communities

Performance indicators
- 1.1: Proportion of families who report 'good', 'very good' or 'excellent' family cohesion
- 1.2: Proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe

National Priorities
- Advocating nationally for children and young people
- Early childhood
- Education
- Community and business

Supporting outcome 2
Children and families access adequate support to promote safety and intervene early

Performance indicators
- 2.1: Number of children aged 0–17 years seeking assistance through treatment and support services
- 2.2: Attendance rate of children aged 4–5 years at preschool programs
- 2.3: Proportion of women who had at least five antenatal visits during pregnancy

National Priorities
- Sharing information
- Seeing early warning signs and taking early action
- Joining up service delivery

Supporting outcome 3
Risk factors for abuse and neglect are addressed

Performance indicators
- 3.1: Proportion of parents with children aged 0–14 years who used any illicit drug within the last 12 months
- 3.2: Proportion of parents with children aged 0–14 years who drank alcohol at risky levels
- 3.3: Proportion of parents with children aged 0–14 years who have a mental health problem
- 3.4: Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)
- 3.5: Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months

National Priorities
- Building workforce capacity and expertise
- Domestic and family violence
- Health and mental health
- Disability

Supporting outcome 4[1]
Children who have been abused or neglected receive the support and care they need for their safety and wellbeing

Performance indicators
- 4.1: Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year
- 4.2: Proportion of children aged 0–17 years exiting out of home care during the year who had 1 or 2 placements
- 4.3: Proportion of out of home carer households that were retained in a given year
- 4.5: Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy
- 4.6: Proportion of children aged 15–17 years who have a leaving care plan
- 4.7: Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services

National Priorities
- Enhancing the evidence base
- Filling the research gaps
- National Standards for Out-of-Home Care
- Transitioning to independence
- Improving support for carers
- Sector development

Supporting outcome 5
Indigenous children are supported and safe in their families and communities

Performance indicators
- 5.2: Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers
- 5.4: Proportion of Indigenous children aged 0–17 years in care who have a cultural support plan

National Priorities
- Closing the Gap

Supporting outcome 6
Child sexual abuse and exploitation is prevented and survivors receive adequate support

Performance indicators
- 6.1: Rate of children aged 0–17 years who were the subject of child protection substantiation for sexual abuse
- 6.2: Rate of children aged 0–14 years who have been the victim of sexual assault

National Priorities
- Working with children checks
- Responding to sexual abuse

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1.   Indicators 4.4, 5.1 & 5.3 were not reportable for the 2014–15 and 2015–16 Annual Report.

A system for protecting children and young people

In order to ensure that children are protected from abuse and neglect and their safety and wellbeing are promoted, the National Framework applies a public health model to guide the development of joined-up services that work most effectively to support children, young people and families.

FIGURE 1: A SYSTEM FOR PROTECTING CHILDREN AND YOUNG PEOPLE
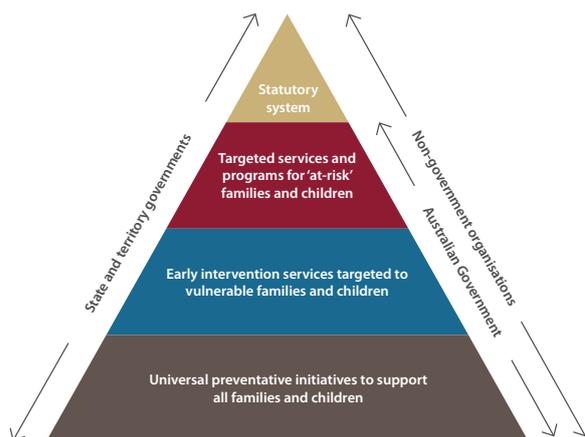
Under this model, priority is placed on having universal supports such as health and education available for all families. More intensive secondary prevention interventions are provided to those families that need additional assistance, with a focus on early intervention. Tertiary child protection services are a last resort.

Three-year action plans

The National Framework is planned and coordinated through a series of three-year action plans.

The *First Three-Year Action Plan 2009–2012* (the First Action Plan) outlined a series of national priorities and major reforms focused on jurisdictional inconsistencies in the statutory child protection system, as well as programs and services targeting at-risk families and children.

The *Second Three-Year Action Plan 2012–2015* (the Second Action Plan) built on the foundation of the First Action Plan, embedding the success of our ongoing commitment to ensure Australia's children are safe and well. The critical focus of the Second Action Plan was 'working together' across government and non-government sectors to improve the safety and wellbeing of 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.

The *Third Three-Year Action Plan 2015–2018 — Driving Change: Intervening Early* (the Third Action Plan), launched in December 2015, sets out an early investment approach, prioritising efforts on early intervention and prevention and highlighting action — under three overarching strategies — in areas critical for children and young people's safety and wellbeing.

Significant gains were made through the First and Second Action Plans, including:

- development of Australia's first *National Standards for out-of-home care* (the National Standards)

- establishment of the first National Children's Commissioner

- implementation of a *National Research Agenda for Protecting Children*.

The Third Action Plan sets out three nationally significant overarching strategies and two cross-cutting areas of focus, building on the findings from the baseline evaluation of the National Framework in 2014–15, as well as the previous two action plans. They are:

Strategy 1: Early intervention with a focus on the early years, particularly the first 1000 days for a child

Strategy 2: Helping young people in out-of-home care to thrive into adulthood

Strategy 3: Organisations responding better to children and young people to keep them safe

Cross-cutting focus area: Aboriginal and Torres Strait Islander children and families

Cross-cutting focus area: Research and reporting under the Third Action Plan. Embed and build on previous achievements, improve the evidence base and report on progress.

Signature actions sit under each strategy outlining immediate work. Additional actions will be determined by strategy working groups over the course of the Third Action Plan. A key focus will be on strengthening the abilities of families and communities that are known to have high levels of contact with the child protection system, particularly Aboriginal and Torres Strait Islander families and families dealing with multiple issues, including mental health issues, alcohol and other drug misuse, and domestic and family violence.

The National Framework and the Third Action Plan are part of a number of high-profile activities clearly building momentum and highlighting issues of concern for Australian children and young people. There are close links between the Third Action Plan

and the *National Plan to Reduce Violence against Women and their Children 2010–2022*, the Royal Commission into Institutional Responses to Child Sexual Abuse, and Senate Inquiries into Out of home care and Grandparents who take primary responsibility for raising their grandchildren. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) research report, *Pathways to Safety and Wellbeing for Aboriginal and Torres Strait Islander Children*, also informed the implementation of the Third Action Plan.

Reporting achievement

Progress towards the National Framework's high-level outcome and six supporting outcomes is measured through a suite of performance indicators.

Part 1 of this document reports progress against the National Framework's high-level outcome. Eight performance indicators are identified against the high-level outcome.

Part 2 of this document reports progress against the National Framework's six supporting outcomes. Twenty-three performance indicators are identified against the six supporting outcomes, 20 of which were reportable at the end of 2015–16. Part 2 also provides an overview of the key activities undertaken in 2014–15 and 2015–16 across all jurisdictions to drive change towards the National Framework's outcomes.

The information and indicator data presented in this annual report reflect the most current available in July 2017. The indicator data have come from different sources collected at different intervals over different time frames. Given the complexity of collecting rigorous and wide-ranging data on Australia's children, there are often time delays in consolidating the information and providing overviews of recent trends. Any indicator data updates after the publication of this report will be available in the National Framework's web products.

Previous annual reports on the National Framework can be found at **www.dss.gov.au**

Reporting under the National Framework is complemented by a range of other publications that provide information on the safety and wellbeing of children and young people, such as AIHW's report *Child protection Australia*, the Productivity Commission's report on Overcoming Indigenous Disadvantage and the National Children's Commissioner's Children's Rights Report.

An independent evaluation of the National Framework, *Measuring Progress Under the National Framework: An evaluation of progress under the National Framework for Protecting Australia's Children*, was conducted in 2014–15. The report of the evaluation was published on the **DSS website**.

National Framework's suite of web products

In June 2014 the former Standing Council on Community and Disability Services Advisory Council (now replaced by the Children and Families Secretaries Group) agreed to a streamlined approach for annual reporting under the National Framework. As part of this agreement, the Australian Institute of Health and Welfare publishes a suite of interactive web products that provide detailed indicator data, including data tables, summary report card and dynamic data displays. Time series data are also published where available. The National Framework's web products can be accessed at **www.aihw.gov.au/reports/child-protection/nfpac/contents/summary**

PART 1:

Tracking our progress against the National Framework

High-level Outcome: Are Australian children and young people safe and well?

This section reports progress towards the National Framework's high-level outcome that Australia's children and young people are safe and well. There are eight performance indicators to track progress against this outcome.

The domains that demonstrate performance against the framework's high-level outcome are: child protection substantiations, out-of-home care, teenage births, low birth weight, child homicide, early childhood development, child social and emotional wellbeing, and family economic situation.

Child protection substantiation

Children who have been abused or neglected often have poor social, behavioural and health outcomes in childhood and later life. Child abuse and neglect can negatively affect a child's development, including physical, psychological, cognitive, behavioural and social aspects. 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 child abuse or neglect indicates there is sufficient reason (after an investigation) to believe a child has been, is being or is likely to be abused, neglected or otherwise harmed.

INDICATOR 0.1:

Rate of children aged 0–17 years who were the subject of child protection substantiation

2014–15

In 2014–15, 42,457 children aged 0–17 years were the subject of child protection substantiations — a rate of 8.0 per 1,000 children. Children aged under 12 months were most likely to be the subject of a substantiation (14.7 per 1,000 children) and children aged 15–17 years least likely (3.7 per 1,000 children). This reflects a similar pattern in previous years.

Aboriginal and Torres Strait Islander children accounted for just over one-quarter (27 per cent) of children who were subjects of substantiations in 2014–15 and were almost seven times as likely to be the subjects of substantiations as non-Aboriginal and Torres Strait Islander children (39.8 per 1,000 compared to 5.9 per 1,000 respectively).

2015–16

In 2015–16, the number of children who were the subject of child protection substantiations rose to 45,714 — a rate of 8.5 per 1,000 children aged 0–17 years. Children under 12 months were most likely (16.1 per 1,000 children) and children aged 15–17 were least likely (3.9 per 1,000 children) to be the subject of a substantiation.

In 2015–16, Aboriginal and Torres Strait Islander children continued to be over-represented in child protection substantiations, accounting for 28 per cent of children subject to substantiations. Aboriginal and Torres Strait Islander children were almost seven times as likely to be the subject of substantiations as non-Aboriginal and Torres Strait Islander children (43.6 per 1,000 compared to 6.4 per 1,000 children respectively).

From the baseline year of 2009–10 to 2015–16 there was a statistically significant increase in the rate of child protection substantiations, from 6.2 per 1,000 children to 8.5 per 1,000 children.

2014–15

8.0 per 1,000

children were the subject of child protection substantiations

2015–16

8.5 per 1,000

children were the subject of child protection substantiations
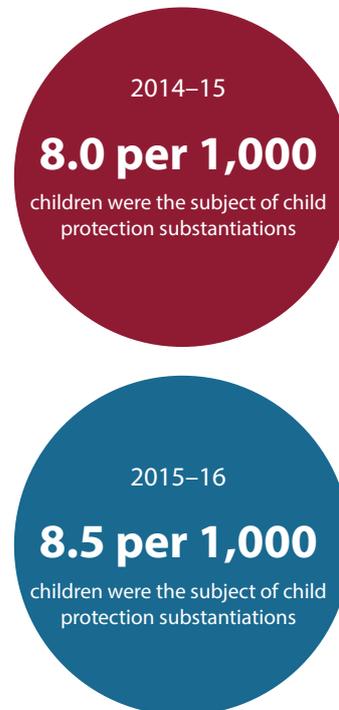
Although real rises in the incidence of abuse and neglect may contribute to the observed increase in child protection substantiations, enhanced public awareness, inquiries into child protection processes and changes to policy, practice and legislation across jurisdictions are also thought to be contributing factors (AIHW 2017a).

In all years between 2009–10 and 2015–16, the patterns for child abuse substantiations by children's Indigenous status and by children's age were consistent — higher rates for Aboriginal and Torres Strait Islander children compared to non-Aboriginal and Torres Strait Islander children; and children under 12 months the most likely and children aged 15–17 years the least likely to be the subjects of substantiations.

Out-of-home care

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 (for example due to illness or incarceration) (Bromfield, Higgins, Higgins and Richardson 2007).

Although out-of-home care may be viewed as beneficial for children who are unsafe living with their families of origin, it is generally viewed as an intervention of last resort.

INDICATOR 0.2:

Rate of children aged 0–17 years who are in out-of-home care

2015

At 30 June 2015, 43,399 children were in out-of-home care in Australia — a rate of 8.1 per 1,000 children.

At 30 June 2015, Aboriginal and Torres Strait Islander children were more than nine times as likely as non-Aboriginal and Torres Strait Islander children to be in out-of-home care (a rate of 52.5 compared to 5.5 per 1,000 respectively).

2016

At 30 June 2016, 46,448 children were in out-of-home care in Australia — a rate of 8.6 per 1,000.

At 30 June 2016, Aboriginal and Torres Strait Islander children were almost 10 times as likely as non-Aboriginal and Torres Strait Islander children to be in out-of-home care (a rate of 56.6 compared to 5.8 per 1,000 children respectively).

Between 2012 and 2016, not only did the overall number of children in out-of-home care increase steadily — from 39,621 to 46,448 — but the rate of children in out-of-home care also increased steadily — from 7.7 to 8.6 per 1,000 children. Over the same period the rate for Aboriginal and Torres Strait Islander children in out-of-home care increased from 46.2 to 56.6 per 1,000, which was consistently at least eight times higher than the rate for non-Aboriginal and Torres Strait Islander children.

2015

8.1 per 1,000

children were in out-of-home care

2016

8.6 per 1,000

children were in out-of-home care
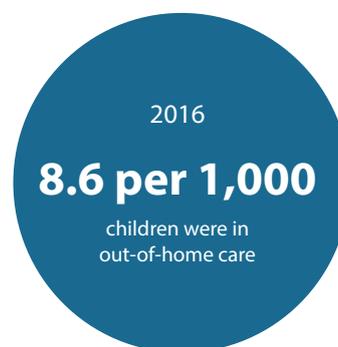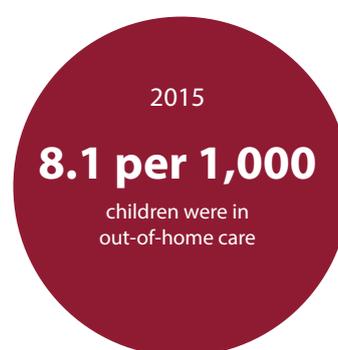
There are different kinds of out-of-home care, including foster care, residential care and relative/kinship care.

Teenage births

Teenage motherhood can be associated with poorer health and wellbeing outcomes for both the mother and her children. Teenage mothers face increased risk of physical and psychological difficulties while having their children (AIHW 2012).

INDICATOR 0.3:

Age-specific birth rate for women aged 15–19 years

2014

In 2014, 9,299 infants were born to teenage mothers in Australia — a rate of 13.0 live births per 1,000 females aged 15–19 years.

In 2014, Aboriginal and Torres Strait Islander teenage birth rates were higher compared to non-Aboriginal and Torres Strait Islander birth rates — 56.2 and 10.6 live births per 1,000 women aged 15–19 years respectively.

In the five-year period from 2009 to 2014, the number and rate of teenage births in Australia decreased steadily, from 11,691 births (16.4 per 1,000) to 9,299 (13.0 per 1,000). Between 2009 and 2014, Aboriginal and Torres Strait Islander teenage birth rates fell even more considerably — from 66.0 to 56.2 live births per 1,000 women aged 15–19 years.

2014

13.0 per 1,000

babies were born to mothers aged 15–19 years

Teenage mothers are 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 2012).

Low birth weight

Infants born with a low birth weight have an increased risk of health, learning and behavioural problems, including increased risk of disability. A baby may be small through being born early (pre-term) or may be small for their gestational age. Factors that may contribute to low birth weight include:

• maternal experiences of illness, trauma or injury during pregnancy

• inadequate prenatal care

• maternal alcohol and drug use (including tobacco)

• poor maternal nutrition, physical and mental health (AIHW 2017a).

A baby's birth weight is a key indicator of infant health and a determinant of a baby's chances of survival and health later in life.

INDICATOR 0.4:

Proportion of live born infants of low birth weight

In 2014, the majority of live born babies (93.6 per cent or 290,497) were born in the normal birth-weight range. However, 6.4 per cent of live born babies (19,833) were of low birth weight.

In 2014, the proportion of low birth weight babies was higher among Aboriginal and Torres Strait Islander mothers (11.8 per cent) than among all mothers (6.4 per cent).

2014

6.4%

of babies were born with low birth weight
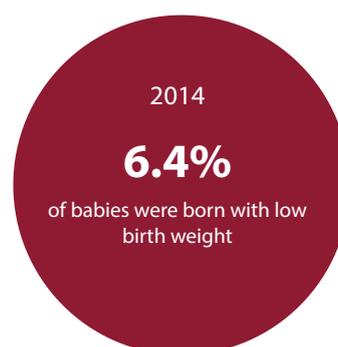
Babies are considered to be of low birth weight when their weight at birth is less than 2,500 grams.

Child homicide

Although deaths from assault are relatively rare among children, fatal outcomes from intentionally inflicted injuries or homicide provide an indication of the nature and extent of extreme interpersonal violence towards this age group (AIHW 2008).

Interpersonal violence, including domestic violence and child abuse, is often associated with parental drug and alcohol misuse and mental health problems.

The National Homicide Monitoring Program commenced on 1 July 1989 to monitor trends and patterns in homicide across Australian jurisdictions based on data from the Law, Crime and Community Safety Council and police services around Australia. Because of the small numbers, these data are aggregated and reported over two-year periods.

INDICATOR 0.5:

Assault (homicide) death rate for children aged 0–17 years

Over the two-year period from 2010–11 to 2011–12, there were 62 deaths due to homicide among children aged 0–17 years, a rate of 0.6 per 100,000 children.

Rates of homicide were similar among boys and girls (0.7 and 0.5 per 100,000 children, or 37 and 25 deaths respectively). Among 0–17-year-olds, the rate of homicide was highest among infants under 12 months (2.2 per 100,000 infants or 13 deaths).

2010–11 to 2011–12

0.6 per 100,000

children (aged 0–17) died through homicide
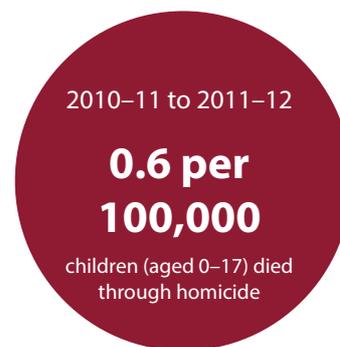
Early childhood development

There is clear evidence that a child's early development has a profound impact on future health, development, learning and wellbeing (DEEWR 2013). For this reason, the proportion of children who are developmentally vulnerable is a useful indicator of the number of children in need of intervention to meet developmental milestones.

The Australian Early Development Census (AEDC) is a population measure of children's development, based on the scores from a teacher-completed checklist in their first year of formal schooling (the preparatory year prior to Year 1).[2] It is measured across five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. Children who are developmentally vulnerable on one or more domains are considered to be at particularly high risk developmentally.

The AEDC has been collected every three years — in 2009, 2012 and 2015.

INDICATOR 0.6:

Proportion of children who are developmentally vulnerable on one or more domains of the AEDC

In 2015, the majority of children in their first year of formal school were doing well, with about three-quarters on track across all the AEDC domains. However, 22 per cent (62,929) of children were developmentally vulnerable on one or more domains and 11.1 per cent (31,814) on two or more domains. These were the same proportions as the 2012 AEDC results (22 and 11 per cent respectively), but slightly lower than the 2009 results (23.6 and 11.8 per cent).

While the majority of Aboriginal and Torres Strait Islander children were doing well in 2015, they were more than twice as likely as non-Aboriginal and Torres Strait Islander children to be developmentally vulnerable on one or more domains (42.1 per cent compared with 20.8 per cent) and developmentally vulnerable on two or more domains (26.2 per cent compared with 10.2 per cent). These are similar results to 2012.

Notably, boys were almost twice as likely as girls to be developmentally vulnerable on one or more domains (28.5 per cent compared to 15.5 per cent), continuing a pattern since the AEDC began.

2015

22%

of children were developmentally vulnerable on one or more domains of the AEDC

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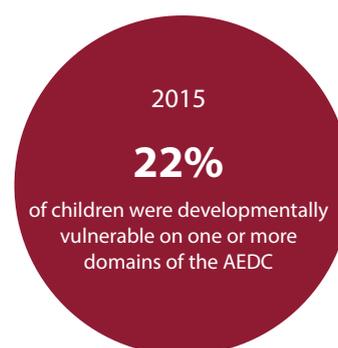
2.   In 2014, the Australian Early Development Index became known
          as the Australian Early Development Census.

Child social and emotional wellbeing

Children with poor mental wellbeing experience a range of physical and mental impairments and may be exposed to stigma and discrimination (AIHW 2017a).

The Strengths and Difficulties Questionnaire (SDQ) is one of the modules included in the Australian Survey of Child and Adolescent Mental Health and Wellbeing. The SDQ is a brief behavioural screening questionnaire that measures children's social and emotional wellbeing. Results from the SDQ are grouped into three categories: normal, borderline and of concern. Scores in the 'of concern' category indicate substantial risk of clinically significant problems.

INDICATOR 0.7:

Proportion of children aged 11–17 years scoring 'of concern' on the Strengths and Difficulties Questionnaire

In 2014, one-tenth (10.2 per cent) of young people aged 11–17 years scored in the 'of concern' range on the SDQ total difficulties scale. The proportion was higher in girls than boys (12.1 per cent compared with 8.3 per cent), and higher in older adolescents than younger adolescents (12.4 per cent in 16–17-year-olds compared with 9.2 per cent in 11–15-year-olds).

2014

10.2%

of children aged 11–17 years were at risk of significant mental health problems
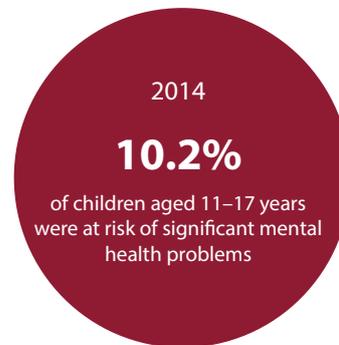
Family economic situation

Reliance on income support is often associated with long-term poverty and social exclusion (Tseng and Wilkins 2002). The extent and duration of income support varies across households: some receive income support for relatively short periods, while others are reliant for a relatively long duration. In general the highest level of reliance is found among lone parents with dependent children, where child-rearing responsibilities often limit their ability to gain employment.

INDICATOR 0.8:

Proportion of households with children aged 0–14 years where at least 50 per cent of gross household income is from government pensions and allowances

In 2013–14, 15.1 per cent of households with dependent children aged 0–14 years (an estimated 371,000 households) received at least 50 per cent of their gross household income from government pensions and allowances.

Reliance on income support was more common among one-parent families. Government pensions and allowances contributed at least half the household income for 47.5 per cent of one-parent families, compared to 7.5 per cent of couple families. Similar patterns were found in 2009–10 and 2011–12.

From 2009–10 to 2013–14 the proportion of households that received government pensions and allowances for at least 50 per cent of gross household income decreased from 17.1 per cent to 15.1 per cent. This trend was most notable for one-parent families. The number of one-parent families reliant on government contributions for more than 50 per cent of household income decreased by 18 per cent, from 58.2 to 47.5 per cent — falling from 237,000 in 2009–10 to 197,000 in 2013–14.

2013–14

15%

of households with children aged 0–14 years received 50% or more of gross household income from government pensions and allowances.
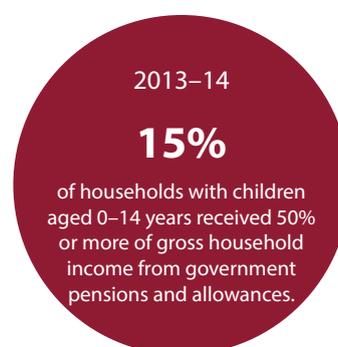
PART 2:

National performance in 2014–15 and 2015–16

Tracking our progress against the National Framework's supporting outcomes

This section reports progress against the National Framework's six supporting outcomes and provides an overview of the key activities undertaken in 2014–15 and 2015–16 to drive change towards these outcomes.

There are 23 performance indicators identified against the six supporting outcomes — of these, 20 are reportable.[3] Each section of Part 2 provides the latest available information for each indicator. Please refer to Table 1 for an overview of indicators, outcomes and national priorities, including a full list of reportable performance indicators.

The National Framework's Second Action Plan identified national priorities to help progress towards the National Framework's outcomes. The National Framework's Third Action Plan set three strategies and two cross-cutting focus areas.

This part of the report provides examples of key initiatives undertaken across jurisdictions during 2014–15 and 2015–16 to help focus efforts against the National Framework's national priorities.

Table 2 shows the identified national priorities mapped against the National Framework's supporting outcomes and the performance indicator domains.

TABLE 2: SUPPORTING OUTCOMES, PERFORMANCE INDICATOR DOMAINS AND NATIONAL PRIORITIES

Supporting outcome	Performance indicator domains	National priorities
1. Children live in safe and supportive families and communities	• Family functioning • Perceived safety	• Advocating nationally for children and young people • Early childhood • Education • Community and business
2. Children and families access adequate support to promote safety and intervene early	• Family support service use • Early childhood education • Antenatal care	• Sharing information • Seeing early warning signs and taking early action • Joining up service delivery
3. Risk factors for child abuse and neglect are addressed	• Parental substance use • Parental mental health • Homelessness • Domestic violence	• Building workforce capacity and expertise • Domestic and family violence • Health and mental health • Disability

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3.   The following performance indicators were **not reportable**:

4.4:   Proportion of children aged 15–17 years leaving care and scoring 'of concern' on the Strengths and Difficulties Questionnaire

5.1:   Indicator to be developed (Aboriginal and Torres Strait Islander Child Placement Principle compliance indicator)

5.3:   Proportion of Indigenous children aged 0–17 years placed through Indigenous-specific out-of-home care agencies.

Supporting outcome	Performance indicator domains	National priorities
4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing	• Child protection resubstantiations • Placement stability • Carer retention • Rebuilding resilience of abuse survivors • Literacy and numeracy • Leaving care plans • Cross-sector clients	• Enhancing the evidence base • Filling the research gaps • National Standards for out-of-home care • Transitioning to independence • Improving support for carers • Sector development
5. Indigenous children are supported and safe in their families and communities	• Placement of Indigenous children • Cultural support plans	• Closing the Gap
6. Child sexual abuse and exploitation is prevented and survivors receive adequate support	• Sexual abuse substantiations • Child sexual assault	• Working with children checks • Responding to sexual abuse

Supporting Outcome 1: Do our children live in safe and supportive families and communities?

The domains that demonstrate performance against Supporting Outcome 1 are family functioning and perceived safety.

Family functioning

Families play a crucial role in the lives of most children. Children raised in nurturing and stimulating family environments have better outcomes throughout life (McCain and Mustard 2002 cited in AIHW 2013). Family functioning relates to a family's ability to interact, communicate, make decisions, solve problems and maintain relationships with each other (Geggie, DeFrain and Hitchcock 2000; Shek 2002).

There are currently no national data available on a single overarching measure of family functioning. However, national data are available on a specific component of family functioning — family cohesion — which captures the ability of the family to get along with one another.

Growing Up in Australia: the Longitudinal Study of Australian Children measures family cohesion among families of two age-based cohorts of children: a 'birth' cohort and a 'kinder' cohort.

INDICATOR 1.1:

Proportion of families who report 'good', 'very good' or 'excellent' family cohesion

In 2014–15, family cohesion was reported to be 'good', 'very good' or 'excellent' in the majority of families of both cohorts of children — 86.9 per cent for the birth cohort and 86.2 per cent for the kinder cohort. This was similar to the 87.7 and 86.7 per cent (birth and kinder cohorts respectively) good to excellent family cohesion reported in 2012–13, but a slight decrease on the 91.0 and 89.6 per cent of families (birth and kinder cohorts) reporting good, very good or excellent family cohesion in 2010–11.

Couple families continued to report higher levels of family cohesion than one-parent families. In 2014–15, among couple families 89.2 per cent of the birth cohort and 86.4 per cent of the kinder cohort reported good to excellent family cohesion, compared with 76.2 per cent and 76.5 per cent for the birth and kinder cohorts of one-parent families respectively.

2014–15

86–87%

of families reported 'good', 'very good' or 'excellent' family cohesion
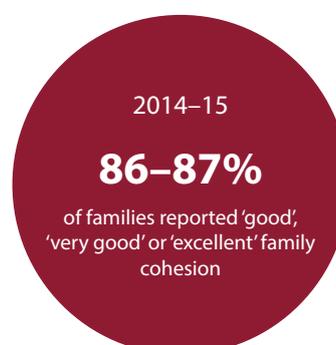
Perceived safety

Children are shaped not only by their families but also by the quality of the neighbourhoods in which they live. One of the most common indicators of neighbourhood quality is parental perception of neighbourhood safety. Parental perception of community safety affects children's activities and can have a significant impact on children's health, development and wellbeing (AIHW 2012; Zubrick et al. 2010).

Perceptions of safety often relate to perceptions of crime and social problems in the neighbourhood, previous experience as a victim of crime and level of trust in the neighbourhood.

INDICATOR 1.2:

Proportion of households with children aged 0–14 years where their neighbourhood is perceived as safe

In 2014, the majority of adult respondents (aged 18 and over) to the 2014 Australian Bureau of Statistics (ABS) General Social Survey living in households with children aged 0–14 reported feeling safe in their local neighbourhoods at night — 88.7 per cent feeling 'safe' or 'very safe' at home during the night.

The 2014 General Social Survey results were slightly higher than the 2010 results. In 2010, 85.5 per cent of adults living in households with children aged 0–14 reported feeling safe or very safe at home during the night.

2014

89%

of households with children aged 0–14 years reported feeling 'safe' or 'very safe' at home during the night
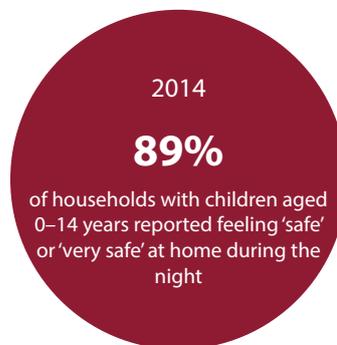
National Priorities against Supporting Outcome 1

What is being done to ensure our children live in safe and supportive families and communities?

The National Framework recognises that Australian children and young people have the right to live in safe and supportive families and communities. To help achieve this outcome, the National Framework has identified strategies to improve family functioning and increase the number of children who feel safe and supported in their communities. These strategies focus on strengthening the capacity of families to support children; educating and engaging community about child abuse and neglect; and implementing effective mechanisms to involve children and young people in decisions affecting their lives.

To help progress against the performance indicators and towards the high-level outcome, the Second Action Plan outlined four National Priorities against Supporting Outcome 1:

- **Advocating nationally for children and young people** — focusing on initiatives to improve awareness of children's rights amongst the broader community

- **Early childhood** — exploring opportunities to provide quality early childhood experiences for vulnerable and at-risk children

- **Education** — focusing on improving educational outcomes for children and young people in care

- **Community and business** — encouraging greater community and business engagement in the protection and wellbeing of children.

Key activities under National Priorities in 2014–15 and 2015–16

Advocating nationally for children and young people

Working to expand collaboration: Since 2007 Families Australia has coordinated the National Coalition on Child Safety and Wellbeing, a consortium of around 200 major non-government community service organisations and prominent researchers who are committed to improving the safety and wellbeing of children, young people and families across Australia. National Coalition members played a key role in the development of the three overarching national strategies and cross-cutting areas of the Third Action Plan (2015–18) under the National Framework and have been working to implement them. Families Australia coordinates work on Strategy 1 under the Third Action Plan, which is 'Early intervention with a focus on the early years, particularly the first 1000 days for a child'. This strategy aims to: increase community

awareness of the importance of child development and parenting and normalise families asking for help; improve access to evidence-based family support services, especially for expectant, new and vulnerable parents; and implement joined-up responses for families with young children, across agencies and sectors, with a focus on Aboriginal and Torres Strait Islander communities. More information about the National Coalition is available on the **Families Australia website**.

Building Capacity in Australian Parents Trial: In May 2016, the Australian Government announced in the 2016–17 Budget an investment of $5.1 million to deliver two trials aimed at improving the wellbeing and future economic and social outcomes of children and young people, and reducing the likelihood of

their reliance on support services in later life. The *Building Capacity in Australian Parents* trial will work to build parenting skills in the first 1,000 days of a child's life. It will focus on vulnerable families where parents have mental health issues, are incarcerated, or face significant disadvantage. Under the trial, a local area coordinator will improve the coordination of support services for parents and train service staff to help new parents become more effective in their parenting role. The trial will also feature a text message component with parenting messages matched to their child's developmental stage. The trial will be delivered in Rockhampton, Ipswich and Toowoomba as well as their surrounding areas.

National Child Protection Week: The Australian Government continues to provide annual funding for the National Association for Prevention of Child Abuse and Neglect National Child Protection Week. Launching on Father's Day every year, the National Child Protection Week supports and encourages the safety and wellbeing of Australian children and families through the Play Your Part Awards, events, programs and resources.

Assisting communities to take action: During 2014–15 Families Australia and the Australian Centre for Child Protection at the University of South Australia led the Child Aware Local Initiative to help local communities develop action plans to better support children and their families. The initiative was based on the understanding that, to improve outcomes, the needs, views and aspirations of children and young people will need to be put at the heart of community actions and initiatives. Seven communities developed child safety action plans during 2014–15. In Katherine (NT), for example, consultations were held with school-aged children and staff training on anti-bullying strategies was provided. A poster and banner were developed with children attending local schools, and these are now being used extensively at local sporting and community events in the Katherine region. In Geeveston (Tasmania), teachers held discussions and undertook arts projects based on rights, responsibilities and ethics with school-aged children. The artwork was transformed into a poster which was distributed widely in the local area. For more information click on 'Local Initiatives' on the **Child Aware** website.

Early childhood

Tasmania's Child and Family Centres (CFCs): CFCs are a key initiative of the Tasmanian Government to improve the health and wellbeing, education and care of Tasmania's very young children by supporting parents, strengthening communities and improving accessibility of services in the local community. The 12 CFCs in Tasmania are place-based collaborative service delivery models that work in partnership with parents to provide quality early learning and intervention services for families and their children aged 0–5 years. More information is available on the department's website, at **www.education.tas.gov.au**

Northern Territory's Healthy Under 5 Kids Program Evaluation 2015–16: The Healthy Under 5 Kids (HU5K) program guides the delivery of preventive primary health care to children under five years in remote areas of the NT. HU5K is a schedule of 10 well-child visits. It involves assessment of a child's physical growth and health status, and of their relationship with their caregiver, home environment, and social and emotional wellbeing (including domestic and family violence). It provides scripting for practitioners to address health promotion and education for families based on the best available evidence, appropriate to the child's age. Five of the visits also include a medical examination carried out by a medical officer — at eight weeks, 12 months, and two, three and four years of age. The program's data are currently supplied in NT *Growth and Nutrition Annual Reports* and in Health Services' *Child Health Traffic Light* reports. These reports focus specifically on growth faltering, anaemia and immunisation.

In 2016, a project commenced to evaluate the HU5K program data from its commencement in 2008–09 through to 2016. The results will be used to inform the roll-out of the new Healthy Under 5 Kids — Partnering with Families Program. Phase 1 will be a descriptive analysis of the program's coverage, compliance, and timeliness, which will enable an assessment of how well the program has been implemented. Phase 2 will look at whether a child's exposure to the HU5K program is related to their later health and development outcomes. The report is expected to be finalised by 2018.

Queensland's Intensive Early Childhood Development (IECD) pilot program was a collaboration between Queensland's Department of Education and Training and Department of Communities, Child Safety and Disability Services. It used a cross-disciplinary approach, in which quality early childhood learning and development support was provided through an education framework that was scaffolded by family support services. The pilot, which operated from July 2015 to December 2016, focused on the child but also addressed ongoing family needs to better support sustained change. The pilot program sought to embed early childhood support within established intensive family support services, leveraging significant efficiencies and outcomes from existing government funding invested in intensive family support. The program enabled greater reach of vulnerable children who were otherwise hard to engage in mainstream early childhood education and care — and who were identified as being at high risk of entering the statutory child protection system.

The pilot program's integrated, two-generational approach provided vulnerable children aged from birth to five years with the intensive learning and development support they needed to successfully transition to approved early childhood education and care services, while working with parents and carers to address the broader needs of the family. Critical to its success were the employment of qualified early childhood educators, programs working with evidence-based curriculums and the cross-agency two-generational approach encompassing IECD within existing family support for vulnerable and at-risk families. A full evaluation has been completed.

Tasmania's Child and Family Centres

Aruna (not her real name) attends the Child and Family Centre (CFC) twice a week with her three children (aged six months, three and five years). Aruna's husband works away from home during the week, travelling home on weekends, and she has no extended family living in Tasmania.

Each Tuesday Aruna drops her eldest child at school and walks the 30-minute distance to the CFC where she meets her adult literacy tutor who visits her from the co-located LINC Tasmania premises. Aruna's tutor is assisting her with her English, reading and writing skills with the aim of her getting her driver's licence.

On Wednesdays, CFC volunteers transport Aruna and her children to the CFC to attend playgroup facilitated by two Mission Australia family support workers. Occasionally they participate in the Family Fun cooking class. Aruna utilises the food redistribution program, taking home bread, fruit and vegetables from Second Bite and Foodbank to supplement her weekly grocery purchases. Aruna has told staff at the CFC her husband does not allow her any access to money and she can purchase groceries only on the weekend when he is home.

While visiting the CFC Aruna attends her Child Health Nurse appointment for her baby's six-month Nurse Health Assessment. Aruna discloses to the nurse there has been a recent family violence incident and her five-year-old son Roshi (not his real name) is finding it difficult to separate from her when she drops him off at school, and will not leave her side while at the CFC. The nurse gains Aruna's permission to share the information with CFC staff, the visiting Baptcare Intake worker and the school social worker. CFC staff consult with Aruna to determine what level of support she requires for her and her family. CFC staff coordinate a time to transport Aruna to the Family Violence Counselling Service and an appointment is made with the counsellor and Baptcare Gateway Intake worker during her next visit to the CFC. The social worker at the school is also contacted so that support can be provided to Roshi during his time at school.

The principles and skills of working in partnership are fundamental to the way CFCs connect and respond to families. CFCs ensure families have access to coordinated delivery of services in their local communities. This provides the tools, resources and support for families to provide safe and supportive environments for their children.

Education

Western Australia's compulsory professional learning in child protection and abuse: The Western Australian Department of Education (DoE) provides compulsory professional learning in child protection and abuse to enable staff to comply with its *Child Protection Policy* (2009) and the *Children and Community Services Act 2004* (the CCS Act). All staff who have contact with children are required to complete the online training Child Protection Professional Learning, which can be repeated at any stage.

In 2014 the protective behaviours learning resources were revised to align with the WA Health and Physical Education Curriculum, and strategies to teach protective behaviours and information on the grooming process were included in the course. All schools are required to deliver the K–10 protective behaviours curriculum and in 2016 the DoE began monitoring compliance with this requirement. The school psychology service provides consultancy and specialised professional learning on relevant topics, including trauma-informed practice. Pre-service training is delivered at tertiary institutions for school psychologists and teachers. Protective behaviours sessions are also offered to community members. Key staff within DoE were provided with updates on the research findings from the Ombudsman of Western Australia and the Royal Commission into Institutional Responses to Child Sexual Abuse.

In 2015–16, under the integration project of residential colleges into DoE, training in child protection and mandatory reporting was provided to all boarding supervisors in residential colleges to inform them of their obligations under the CCS Act and DOE's Child Protection Policy.

The Memorandum of Understanding between the DoE and the Department for Child Protection and Family Support 2013–2018 affirms each agency's role in the education planning for children in care. It highlights the increased risk of educational disadvantage experienced by children in care. Schools are required to monitor a child's status monthly, develop a documented education plan and review the plan twice per year.

Resources can be found at **www.det.wa.edu.au/ childprotection/detcms/portal/**

Consultancy support to school staff in the prevention of, early identification of and response to child abuse is offered by Statewide Services.

The Northern Territory's Families as First Teachers (FaFT) program is a quality, evidenced-based, early childhood program that improves lifelong education, health and wellbeing outcomes for young children. It focuses on children aged from birth to the year before school and their families. FaFT has been delivered in 21 remote and very remote communities in the Northern Territory since 2009. FaFT commenced operation in three additional remote communities in 2016. FaFT programs use the Abecedarian Approach Australia (3a), which is a recognised early literacy and numeracy learning approach for young children, particularly for children and families experiencing vulnerability and disadvantage. In Semester 2, 2015, 1,316 children and 1,402 parents/carers participated in the program's early learning activities.

The Northern Territory's implementation of the Australian Curriculum — health and physical education and online safety programs: Teaching children about their bodies and how to keep themselves healthy and safe is key to ensuring that they are able to recognise instances where they need to act or seek help to prevent harm. In schools, education programs that support this learning are delivered through the Australian Curriculum: General Capabilities and Health and Physical Education Learning Area.

The Department of Education facilitates a number of professional learning events to build the skills, knowledge and capacity of teachers to plan, program, deliver and assess programs that meet the needs of students. Professional teaching associations are regularly engaged to support the delivery of this professional learning. For example, in 2016 five workshops were delivered in conjunction with the Australian Council for Health, Physical Education and Recreation (NT Branch) which focused on sexuality education. These workshops were co-facilitated by the Department of Education and representatives from True Relationships (QLD).

School Sport NT also began formalising the way the Australian Curriculum is incorporated into interschool and interstate events.

In 2016 the Department of Education facilitated the delivery of online safety programs by Life Education NT. These programs were implemented in 16 government and four non-government schools.

Victoria's LOOKOUT Education Support Centres: On 28 July 2015 the Victorian Government approved funding of $13.2 million over four years and $4.8 million per annum ongoing to establish four LOOKOUT Education Support Centres by early 2017 as part of Victoria's Education State Initiative. LOOKOUT Centres are designed to provide support and professional development to those who work with children and young people in care so that they understand the impact that trauma, loss and attachment can have on learning. The LOOKOUT Centres' role is to work with the professional team around the child to make sure that practical strategies and supports are in place to keep them in school and learning. While this may not make up for the difficult start in life that many children and young people in care experience, it can make their education more stable, supportive and successful.

The LOOKOUT Centres, consistent with a similar model in the United Kingdom, are intended to drive system-level change, and provide direct support to schools to raise expectations of all students in out-of-home-care and improve educational outcomes.

In April 2016, Victoria's first LOOKOUT Centre was established in the west of the state, with three more to commence operating across the rest of the state

early in 2017. A formative evaluation of the LOOKOUT Centre model commenced in April 2016. Further information about LOOKOUT Centres can be found on the **Victorian Department of Education and Training website**.

Queensland's Triple P Program: In 2015–16, the Queensland Government committed $6.6 million over two years to the Triple P Program, which provided free access to the program for all Queensland parents with children aged from birth to 16 years. Triple P is a Queensland initiative that has been exported to countries around the world because of its success in helping parents to develop their skills, reduce their stress and enjoy family life more, contributing to the appropriate care and protection of Australia's children.

In 2015–16, almost 18,000 Queenslanders accessed the program, gaining valuable new parenting skills and confidence through attending a seminar, participating in a group program, receiving one-on-one support or completing the program online. In addition, more than 700 early childhood educators, teachers, nurses, social workers, guidance officers and psychologists have been trained to provide free Triple P support to parents.

Queensland supporting safety online: Our young people are the most connected generation ever. They live in a digital world where online interactions provide a sense of meaning, belonging and community. However, this environment has risks that many young people and their families do not have the strategies to deal with. In 2015–16, the Queensland Family and Child Commission (QFCC) established the Out of the Dark program to build families' and children's knowledge and understanding of the risks that exist in online interactions, heighten awareness of the programs, tools and resources available to protect them online, and enhance their capacity to respond to digital risks.

The program was developed in response to the findings of the Byrne Inquiry (Queensland Organised Crime Commission Inquiry) and operates under a Steering Committee chaired by Cheryl Vardon, Principal Commissioner, with representatives from the Queensland Police Service and Taskforce Argos, Bravehearts, the Department of Education and Training, the Office of the Children's eSafety

Commissioner, and the Department of Science, Information Technology and Innovation.

In June 2016, the QFCC led a series of 'Design Jams' with students and graduates from a variety of tertiary facilities and disciplines — including gaming, marketing, law and information and communication technology — and young people from the CREATE

Foundation and Ted Noffs Street University. The purpose was to hear from young people about what is working well, where action is required to keep young people safe online and what products or strategies might enhance online safety for young people.

Northern Territory's Role Models and Leaders Australia

Role Models and Leaders Australia (RMLA) is a non-government organisation that works with the Department of Education to deliver engagement programs to Aboriginal and Torres Strait Islander students in urban, regional and remote schools. RMLA targets girls at risk of becoming disengaged from their education, implementing a range of strategies to ensure they gain the maximum benefit of the education pathways available to them.

Student 1 joined RMLA's Girls' Academy in the middle of 2016, having spent two years away at boarding school. She was introduced to the academy staff by the school counsellor. At school, she had problems staying in class and anger management issues and was not getting on well with teachers. As a result her attendance was very low. She did have some friends at school but said she felt lonely and did not want to be there. Academy staff worked with the student during class and academy times. She was allowed to go to the academy room if she needed space and used this option frequently. This meant that she stayed at school and also continued with her school work during her 'out' time, assisted by the academy staff. This time was also used to mentor her in setting goals and working towards small targets. The student also presented at the academy room before school and at lunch.

The student disclosed to academy staff some issues from home, including at times finding herself homeless, facing domestic violence and displaying more regular bouts of anger. Academy staff engaged organisations such as Relationships Australia, Tangentyere Family Violence Unit and Alukura Women's Health Services to further support the student. During Semester 2, the student showed improvement in her presentation, self-control and confidence. Her attendance also improved and she values school more, with aspirations to complete Year 12.

Student 2 withdrew from school during the first three terms of 2016. Towards the end of Term 3 a final intervention was held with the student, her mother and the truancy team. As part of this intervention, some coping strategies were identified to help keep the student at school when she was not handling mainstream classes. She acknowledged academy staff as her 'go-to' for help and, when feeling overwhelmed, went to the academy room rather than running away. She would sit and read quietly in the room until she felt able to re-join her class.

At the start of Term 4 academy staff picked her up from home every morning, reducing that to three times a week. By the end of the term the student was getting herself to school on the bus and felt comfortable getting to school on her own. In the last six weeks of the term her attendance increased from 26 per cent earlier in the year to 92 per cent.

Community and business

Child Aware Approaches: Governments and non-government organisations continued working together to promote the Child Aware Approaches and principles to enhance community-led actions to keep children safe and well. Families Australia has promoted the approaches on a national level through the **www.childaware.org.au** website and the Child Aware Approaches Conferences in 2015 and 2016. Families Australia and the Australian Centre for Child Protection jointly delivered a short-term, site-based capacity-building initiative, the Child Aware Local Initiatives, with local agencies in seven sites across Australia. The sites were: Lismore, New South Wales; Townsville, Queensland; Tuggeranong, ACT; Onkaparinga, South Australia; Katherine, Northern Territory; Huon Valley, Tasmania, and Maryborough, Victoria.

South Australia — Child Friendly Cities in Australia: UNICEF Australia partnered with the South Australian Government Department for Education and Child Development to develop an implementation model for Child Friendly Cities in Australia from 2013 to 2015. A child-friendly city is committed to children's rights and places significant emphasis on children's participation in influencing decision-making processes. Child Friendly South Australia (CFSA) provides a model for communities to work together to improve outcomes for children and young people. It aims to improve child development outcomes in six key areas: education, health, safety, active participation (children's voices), belonging (including wellbeing) and play and leisure.

CFSA was piloted in three communities with (founding partners) Campbelltown, Gawler and Onkaparinga local councils and community groups. The Child Friendly Approach facilitates a child-rights approach which is predicated upon the UN Convention on the Rights of the Child and is informed by evidence and community participation, in particular children and young people having a voice in decisions that affect their lives. More information is available at the **Child Friendly Cities pilot web page**.

A documentary video, produced in partnership with UNICEF Australia, showcases the Child Friendly SA initiative in action in communities and is available on the Department for Education and Child Development's **Child Friendly SA web page**, along with all of the other Child Friendly SA resources.

New South Wales — Social benefit bonds: NSW has worked to actively engage the business sector in the protection and wellbeing of children. Since 2013, UnitingCare Burnside and The Benevolent Society have both provided social benefit bond programs. These bonds attract private sector investors who provide funding to achieve social outcomes such as safely restoring children to their families or preventing entry into care.

UnitingCare Burnside's Newpin Social Benefit Bond, the first in Australia, provides a therapeutic centre-based service to parents who are working towards having their children restored to their care, where it is safe to do so. In the three years to 30 June 2016, Newpin successfully restored 130 children to their families and supported another 47 families to prevent their children from entering out-of-home care (according to independent certification). The cumulative restoration rate was 61 per cent over three years, compared to a baseline of 25 per cent. In 2016, this delivered a 12.2 per cent return to investors.

The Benevolent Society Social Benefit Bond, the second in Australia, has provided services to families through the Resilient Families program since October 2013. The $10 million bond runs for five years. The aim is to work with up to 400 families over five years to keep children safely at home and not in out-of-home care. Results for the Social Benefit Bond will be published in 2018.

Supporting Outcome 2: Do children and families access adequate support, promoting safety and early intervention?

The domains that demonstrate performance against Supporting Outcome 2 are family support service use, early childhood education and antenatal care.

Family support service use

Family support services are increasingly recognised as playing a critical role in assisting families and minimising or complementing statutory child protection intervention. Vulnerable and at-risk families are strengthened when they are identified early and are provided with appropriate services and supports to meet their needs. These services work with families to create a safe home environment for their children, to avoid the need for out-of-home care and to help reunite families after a child has been removed (DSS 2015).

Currently there are limited national data available on family support service use. However, national data are available on a small subset of service use — the number of children who commence Intensive Family Support (IFS) services funded by state/territory child protection departments — and this provides an approximate indication of the support families are receiving to allow children to live safely at home. This includes families helped to reunite after a child has been removed.

INDICATOR 2.1:

Number of children aged 0–17 years seeking assistance through treatment and support services

2014–15

In 2014–15, 24,690 children commenced Intensive Family Support services (excludes Northern Territory). Of children whose age was known, just under half (44.8 per cent) were aged under five. Children aged 15–17 years were least likely to commence IFS services (6.6 per cent).

In 2014–15, among the 22,942 children for whom Indigenous status was known, 24.0 per cent were Indigenous.

2015–16

In 2015–16, 27,422 children commenced Intensive Family Support services (excludes Northern Territory). Similar to previous years, in 2015–16 among children commencing IFS services whose age and Indigenous status were known, 43.5 per cent were children under five, 6.5 per cent were aged 15–17 years, and 23.7 per cent were Indigenous.

2014–15

24,690

children commenced Intensive Family Support services

2015–16

27,422

children commenced Intensive Family Support services
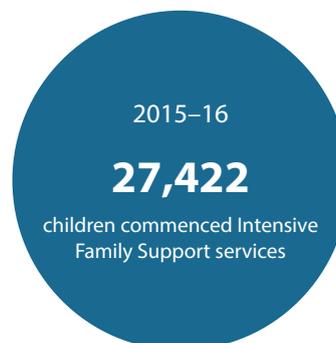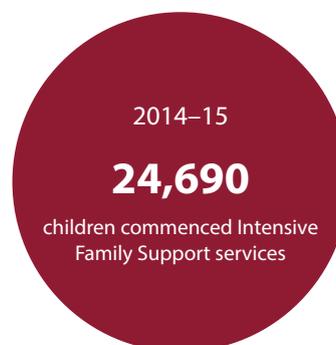
IFS services are funded by state and territory departments responsible for child protection and offer early intervention when child protection concerns are identified.

Early childhood education

Studies have repeatedly demonstrated that children who attend early education programs perform better across many intellectual, cognitive, school and social domains in their early school years (AIHW 2011). A preschool program is a structured play-based program delivered by a degree-qualified teacher. Preschool programs are delivered in the year prior to the preparatory year of full-time school.

INDICATOR 2.2:

Attendance rate of children aged 4–5 years at preschool programs

In 2014, 297,405 children — 97.6 per cent of Australian children aged 4–5 years — attended a preschool program for at least one hour in the one- to two-week reference period in the year before full-time schooling. Attendance rates were higher among non-Aboriginal and Torres Strait Islander children than Aboriginal and Torres Strait Islander children — 99 per cent and 73.8 per cent respectively — a similar gap in attendance rates to the 2013 preschool year, when they were 94.9 and 72.9 per cent respectively.

2014

98%

of 4–5-year-olds attended preschool
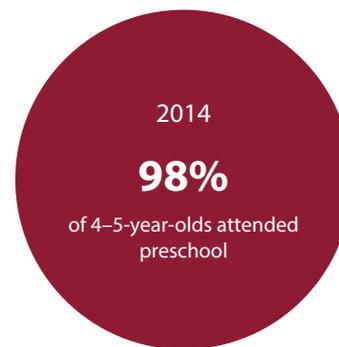
Antenatal care

Antenatal care is a system of regular medical check-ups throughout the course of pregnancy, to monitor and enhance the safety and wellbeing of both mother and child. There is a strong relationship between regular antenatal care and positive child health outcomes. Women who do not receive antenatal care are more likely to have adverse pregnancy outcomes, including pre-term birth, post-partum haemorrhage, babies with low birth weight and perinatal death. These adverse outcomes in turn can have long-term negative impacts on children and mothers (DSS 2015).

INDICATOR 2.3:

Proportion of women who had at least five antenatal visits during pregnancy

The Australian Antenatal Guidelines (AHMAC 2012) recommend that first-time mothers with an uncomplicated pregnancy attend 10 visits (seven visits for subsequent uncomplicated pregnancies). The National Indigenous Reform Agreement sets a benchmark of at least five antenatal visits during pregnancy.

During 2014, among women who gave birth at 32 weeks or more gestation (thus excluding very pre-term births), 94.7 per cent had five or more antenatal visits during pregnancy (excludes Victoria). Almost all women (99.9 per cent) who gave birth had at least one antenatal visit.

Aboriginal and Torres Strait Islander mothers had fewer antenatal visits than non-Aboriginal and Torres Strait Islander mothers. Among mothers who gave birth at 32 weeks or more, 85.5 per cent of Aboriginal and Torres Strait Islander mothers had five or more visits, compared with 95.3 per cent of non-Aboriginal and Torres Strait Islander mothers.

2014

95%

of mothers had at least five antenatal visits during pregnancy
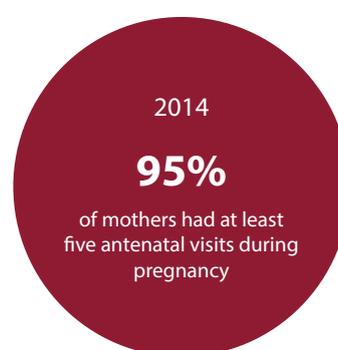
National Priorities against Supporting Outcome 2

What is being done to ensure children and families access adequate support, promoting safety and early intervention?

The National Framework recognises the importance of children and families having access to adequate support to help promote safety and early intervention. To help achieve this outcome, the National Framework identified strategies that aim to improve antenatal care and early childhood education and increase the number of families accessing family support services.

To help progress against the performance indicators and towards our high level outcome, the Second Action Plan outlined the following National Priorities against Supporting Outcome 2:

- **Sharing information** — exploring and improving information-sharing protocols across all levels of government

- **Seeing early warning signs and taking early action** — drawing upon substantial research that suggests that supporting individuals at key life-transition points can help to maximise their long-term social and economic outcomes

- **Joining up service delivery** — emphasising locally-based responses by bringing together the efforts of government and community sector organisations to meet the needs of families who experience multiple or complex needs.

Key activities under National Priorities in 2014–15 and 2015–16

Sharing information

Information-Sharing Protocol: This protocol between the Australian Government and state and territory child protection agencies was implemented in 2009 as an initiative under the First Three-Year Action Plan 2009–2012 of the National Framework. It aims to facilitate efficient information sharing where there are concerns about a child's welfare (where it is appropriate and lawful). Three Australian Government agencies — Centrelink, Medicare and the Child Support Agency, all under the Department of Human Services — and all state and territory child protection agencies are parties to the protocol. State and territory agencies can request information based on the Australian Government's criteria for disclosure. Because the Australian Government does not have the same functional requirement to request information, information flow is largely from the Australian Government to states and territories. Information sharing is triggered when a child protection agency requests information — for example, medical information, custody arrangements or information about the location of a child who may be at risk.

Since the protocol was introduced state and territory child protection agencies have made (at February 2016) more than 126,450 requests for information from Centrelink, Medicare and the Child Support Agency. The number of requests has been steadily increasing each year, with more than 24,000 in 2014–15 compared with just over 7,400 in 2009–10 and over 12,900 in 2012–13. In 2015–16, by the end of January 2016, there were already around 20,000 requests.

Victoria's new family violence information-sharing scheme: The Victorian Government established Australia's first Royal Commission into Family Violence in February 2015. In March 2016 the commission made 227 recommendations directed at improving the foundations of the current system, seizing opportunities to transform the response to family violence, and building the structures that will guide and oversee a long-term reform program that deals with all aspects of family violence.

The Royal Commission found that effective and appropriate sharing of information is crucial in keeping victims of family violence safe and holding perpetrators to account. It also identified a number of barriers that exist in Victoria that prevent effective information sharing and the potentially catastrophic consequences of not sharing information. The commission recommended that the Victorian Government amend the Victorian *Family Violence Protection Act 2008* to create, within 12 months, a specific family violence information-sharing regime consistent with the guiding principles and design elements described in its report.

It advocated such a regime because it would: provide clear authority for organisations responding to family violence to share information; provide a single point of reference for the law relating to information sharing, cutting through the complexity of the current legislation and policy; offer a clear basis for workforce training and the development of protocols and procedures for putting the new regime into operation; enable professionals to confidently share information from other organisations and to take timely and decisive action to respond to family violence; and potentially take less time and involve less cost than preparing multiple information-usage arrangements or a code of practice under the *Privacy and Data Protection Act 2014*.

On 30 March 2016 the Victorian Government announced that it would implement all 227 of the report's recommendations, including establishing a new information-sharing regime by amending the *Family Violence and Protection Act*.

Tasmania's KIDZ Kids Intelligence Data System: The Tasmanian Department of Health and Human Services has developed a business intelligence capability known as KIDZ to support a multidisciplinary approach to service delivery for children in care. Through a user-friendly presentation layer, the department's Children and Youth Services (CYS) can view integrated information for these children from strategic and operational perspectives. As well as drawing on internal systems within CYS, the system draws on linked data from external systems across government agencies, including education and health providers.

The South Australian Early Childhood Data Project (ECDP) is one of the most comprehensive population-based administrative research databases in Australia. It spans more than 30 different government administrative data sources (including child protection data) and has been built over a number of years to include de-identified administrative data for every birth cohort of South Australian children born from 1999 to 2013. The value of this resource is that it can inform research, service provision and policy around child health, development and human capability formation from the perinatal period into adolescence. The goal is to improve services in health, early care and learning, and education to support healthy child development and learning for all children.

Commencing in 2014, the ECDP has been a platform for a number of research and academic partnerships, including work with the South Australian Department of the Premier and Cabinet, Child and Family Health Service, SA Health, Department for Education and Child Development, Department for Child Protection (DCP), Women's and Children's Health Network, Department for State Development, the Council for the Care of Children, Wardliparingga Aboriginal Research Unit, and the Aboriginal Health Council.

DCP has collaborated with John Lynch, Professor of Epidemiology and Public Health at the University of Adelaide, regarding child protection research utilising the ECDP, which has linked data on South Australian children who appear in the child protection system by age 10 (born 1999 to 2005). Professor Lynch has been instrumental in highlighting the likelihood of children in South Australia being the subject of a child protection notification in the first 10 years of their lives (25 per cent). He has also examined precursors to increased likelihood of child protection involvement connected to poverty, employment, health, race, age and geography. This information greatly assists South Australia's ability to intervene early with identified at-risk parents with the view to providing support in the places that will prevent the abuse or neglect of children.

Queensland's Talking Families: The Queensland Family and Child Commission's (QFCC) Talking Families campaign was launched on 2 November 2014. The campaign aimed to encourage parents to seek

and accept support, and friends and family to offer support.

In 2014, phase 1 of the Talking Families community education campaign used television, radio and poster advertising to encourage parents to seek social support to deal with the stresses of parenting, and encourage friends and family to offer support to parents who are stressed. Phase 1 of the campaign increased the proportion of friends and family who offered support, but had no effect on the proportion of parents who sought or accepted help. Research suggested that the perception of stigma associated with the need for support may discourage parents from seeking help.

In July 2015, in response to the research findings, QFCC commissioned market research to undertake a study to identify the barriers to seeking and accepting help. Nearly 2,000 parents suggested parenting stress is common, but the market research confirmed that parents' perception of stigma regarding the need for support is a significant barrier to seeking help. Phase 2 aimed to encourage parents to seek help from support services and early intervention services, and focused on destigmatising the need for support. Guided by these research findings, phase 2 attempted to normalise the experience of parenting stress and destigmatise the need for support. The campaign used written materials and animated advertisements in doctors' waiting rooms, cinemas, trains and a state-wide mail-out.

Enrolment and attendance — Northern Territory: The NT Department of Education shares school attendance information, and works closely, with a variety of stakeholders (such as the Australian Government Department of the Prime Minister and Cabinet and Department of Human Services) to ensure a coordinated approach to attendance through the Remote Schools Attendance Strategy (RSAS) and School Enrolment Attendance Measure.

Weekly whole-school attendance data is shared with the Australian Government, schools, attendance officers and Regional Executive. Individual student attendance data is shared with the Department of Human Services, to enable individual casework in collaboration with social workers when necessary. Daily attendance data is shared with the RSAS Team, to enable it to follow up students absent on any particular day. Sharing individual student attendance with case workers from the Department of Territory Families helps them with their case management, while sharing individual student information with the Youth Court enables a flexible education plan to be developed if needed. A trigger point for a member of the Enrolment and Attendance Team is five school absences at any point within five school weeks. This enables the team to become involved with students as early as possible.

Western Australia's Children and Community Services Legislation Amendment and Repeal Bill 2014 amended the *Children and Community Services Act 2004*, and its provisions came into effect on 1 January 2016. They broaden information-sharing arrangements between agencies to support planning and assessments for vulnerable children, individuals and families, and those subjected to family and domestic violence.

The Department for Child Protection and Family Support (CPFS) developed training resources for these new provisions, while the Department of Education supported them through policy, training, delegations and interagency protocols. Workshops facilitated by these two departments and other agencies have strengthened partnerships to enable information sharing and a collaborative response. Compliance with the Department of Education's *Child Protection* policy (2009) is assisted by CPFS's provision of quarterly data on child protection reporting.

Northern Territory's Remote School Attendance Strategy

The Remote School Attendance Strategy is a Commonwealth-funded attendance and engagement program that is delivered in collaboration with the NT Department of Education. It makes use of local personnel in remote and very remote locations to develop and maintain strong relationships between schools and families, to work towards and maintain a strong attendance and engagement culture.

In February 2016, two siblings from a remote community in the NT were identified by the school as having poor attendance and being at risk of disengagement from education. A referral was made to the Department of Education's Enrolment and Attendance Team. The Senior Attendance and Truancy Officer (SATO) who has responsibility for the students and families engaged with their mother, Carly (not her real name), with the aim of identifying and addressing barriers to attendance.

It became evident that Carly, who was separating from her partner, was struggling with the care of the children, who were exhibiting defiant behaviour. The SATO recognised that a case management approach with a focus on wrap-around services was required to address the care of the children, Carly's personal psychological wellbeing and the children's school attendance. A referral to a social worker from the Department of Human Services (DHS) was made and a worker engaged with the family. Carly moved to a different community with the children at the same time as an assessment of them was made. One of the children was diagnosed with autism spectrum disorder (ASD), placing more pressure on Carly.

DHS worked with Carly to come to terms with her separation and to make a plan in relation to care of the children. A strategy was developed with teachers and support staff at the school so that they could ensure the appropriate support was given to the student with ASD when he returned. The SATO travelled to the community to discuss when a return to school would be best for Carly.

When Carly returned to the community and settled with extended family, the SATO met with her to develop a School Attendance Plan in conjunction with the DHS social worker and a school representative. The plan detailed the support networks that could be accessed, as well as the expectations of Carly with regard to enabling school attendance for the siblings. With Carly's consent, this plan was then shared with the local RSAS team, which is made up of community residents who are employed specifically to assist with promoting school attendance within the community. The RSAS team assisted with transporting the children (as well as other students) to school on a daily basis, and sat with the children in class until they were ready to stand on their own.

Both the children's school attendance improved dramatically over the next couple of months. They have now worked through the span of the plan that was put in place, and are regular attenders at school.

Seeing early warning signs and taking early action

Victoria's Roadmap for Reform: strong families, safe children: On 13 April 2016, the Victorian Government launched the Roadmap for Reform: strong families, safe children, as one of its key platforms to respond to the Royal Commission into Family Violence. The Roadmap sets out once-in-a-generation changes designed to improve the lives of vulnerable Victorian children, young people and families. The Roadmap shifts the focus of child protection in Victoria from crisis response to prevention and early intervention, and it focuses on creating coordinated services that work together to meet the needs of vulnerable families and children.

The Roadmap package includes increased in-home support services for vulnerable families, extra child protection workers, more culturally sensitive support for Aboriginal children, and a boost to the number of foster and kinship carers.

In April 2016 the Victorian government announced a $572 million statewide funding boost in the 2016–17 budget to start delivering on 65 of the Royal Commission's most urgent recommendations. It also announced the provision of $168 million dollars for children and family services. This investment includes:

- $86.44 million to respond to urgent Royal Commission recommendations to help meet demand for family services, establish a new in-home early childhood support service, support foster carers, improve maternal and child health services for Aboriginal families and boost the child protection workforce

- $34.16 million to increase the number of foster and kinship carers

- $35.9 million to transform residential care into a treatment model that focuses on early intervention to help children recover from abuse, neglect and family violence

- $11.7 million to upgrade residential care facilities across the state.

The Roadmap for Reform also recognises the importance of taking action to ensure self-determination for Aboriginal communities in the care of their children and families, and supports families and children to be involved in decision making about the services and supports they need.

Access to housing in Western Australia: In March 2015, the Department for Child Protection and Family Support (CPFS) began piloting an Intensive Family Support Housing Program to enhance the safety and protection of children whose families have been evicted from Housing Authority houses and help these families, who often have complex issues, address the factors contributing to eviction to maintain long-term tenancies. This will contribute to reducing the number of children, particularly Aboriginal children, needing to come into care and deliver coordinated services to families that address their needs. Government and community sector agencies work intensively with these families in the Perth metropolitan area. Families in the program are provided with social housing and agree to income management, making a Liquor Restricted Premises Declaration for their home and actively participating in intensive support services

such as mental health services, parent support and drug and alcohol services. The pilot program is funded until June 2017. (See case study — 'Western Australia's Intensive Family Support Housing Program'.)

The delivery of homelessness services has been supported by broader policies such as the *Delivering Community Services in Partnership Policy* and the *WA Affordable Housing Strategy 2010–2020: Opening Doors to Affordable Housing*.

Creating Homes (for carers and children) is a three-year pilot program involving a partnership between CPFS, the Housing Authority and Foundation Housing Ltd. It provides at-risk children with stable homes under the care of family members and aims to address social disadvantage and the structural barriers often faced by Aboriginal families in securing stable housing, particularly in the private rental market. The pilot commenced in mid-2016.

Queensland's Family and Child Connect and Intensive Family Support Services: Queensland made a significant investment in boosting the early intervention supports available to families to prevent their involvement in the statutory child protection system. Family and Child Connect (FaCC) is an important component of Queensland's child protection reform program, which aimed to provide an alternative pathway to support for families experiencing vulnerability. These services engaged families early, assessed their needs and made referrals to specialist supports. FaCC allowed professionals such as teachers, childcare workers, health workers and police, as well as members of the community with concerns about a child's wellbeing, to refer the family for information, advice and referrals.

In 2014–15, the Queensland Government invested $3.8 million to roll out the first stage of the FaCC services in Townsville, Toowoomba, Roma, Sunshine Coast, Logan, Beenleigh/Bayside and Gold Coast. From January to June 2016, the first stage of FaCC services received 2,776 enquiries and referred 1,281 families for support. In 2015–16, a further nine FaCC services were launched through investment of $11.5 million. In 2015–16, Queensland's first Indigenous-focused FaCC was established, resulting in higher take-up rates for Aboriginal and Torres Strait Islander families accessing earlier intervention and support services.

Queensland also significantly increased its investment in Intensive Family Support (IFS) services and assisted those families with multiple and/or complex needs, with a view to preventing their entry to the protection system. In 2014–15, the Queensland Government invested $28.4 million for eight IFS services. In 2015–16, an investment of $34.8 million brought the number of IFS services to 22, and these services engaged with 664 families and referred a further 275 families for support.

The roll-out of these services is complemented by the establishment of local-level alliances of service providers, which aim to ensure that clear referral pathways exist for vulnerable families. IFS services operate under a single case plan approach, which seeks to ensure that all necessary services collaborate to provide a joined-up response to families' needs. Further information about these initiatives is available at **www.communities.qld.gov.au/gateway/reform-renewal/child-family/supporting-families-earlier**

South Australia — The Common Approach: In February 2014 in partnership with the Australian Research Alliance for Children and Youth (ARACY), the Department for Education and Child Development (DECD) began a capacity-building project called The Common Approach in South Australian schools. Training provides universal service providers with a common framework and practical resources to strengthen DECD and non-government sector staff's capacity to identify and respond to early indicators of need in children and families. Training workshops were provided to participants over two periods in 2014 and 2015, with workshops ranging from two hours to one day. More than 300 practitioners from the education, health and social services sectors participated in the training. The project was found to increase a practitioner's ability to identify families' strengths and needs, strengthen relationships with families and other organisations, facilitate honesty with and among family members, decrease the time needed to discover causes of behaviour, and increase referrals to informal services and supports in the community.

In December 2015 the Department for Education and Child Development commissioned ARACY to conduct a train-the-trainer program for The Common Approach. The aim was to form a team of local trainers who would have the capacity to provide professional training and support for the implementation of The Common Approach and would utilise their cross-sector networks and local knowledge to embed The Common Approach locally. In 2016 ARACY provided this program to 22 practitioners and managers across student support, student engagement, Aboriginal services and community organisations in South Australia. Initial training was combined with a six-month-long endorsement process to ensure capability and competence as a Common Approach trainer. All trainees were certified as Common Approach trainers at the completion of the program and endorsed to provide training and implementation support across the DECD workforce.

Northern Territory's amendments to the *Care and Protection of Children Act 2007*: In 2014–15 Territory Families coordinated a process to amend the *Care and Protection of Children Act 2007* to provide for a new form of order known as a Permanent Care Order. Permanent Care Orders provide an option to support permanent and stable care for children, where reunification with family is not possible.

On 1 July 2015 Permanent Care Orders became available under the Act. These orders enable the transfer of parental responsibility for a child to a third party until the child reaches 18 years of age, without the involvement of the statutory child protection system. The order is designed to assist carers, particularly kinship carers, to assume full responsibility for children who would otherwise remain in out-of-home care until they are 18 and only when reunification with the child's parents is not a realistic option. This is in line with other jurisdictions within Australia, the United Kingdom and New Zealand, all of which have similar orders based on the same objective — to give children a sense of permanency, stability and security with a family on a long-term basis.

Intensive Family Preservation Services commenced across the Northern Territory: In April 2016, four organisations were being contracted to work intensively with parents and families that are at risk of having their children removed. The Intensive Family Preservation Service was introduced to provide purposeful, planned and intensive support to families

where the department has significant concerns for the safety of a child. The intervention addresses safety concerns and improves the family's capacity to care for and protect their children. The Intensive Family Preservation Services will be located in Darwin, Alice Springs, Katherine, Tennant Creek and Nhulunbuy.

This service is part of the Family Intervention Framework (developed in 2014 and refined through consultation with the non-government sector throughout 2015–16), which outlines how the department works with families involved in the child protection system through four service streams: child safety intervention to prevent future instances of abuse or neglect; intensive family preservation to address safety concerns and allow children to remain safely at home; reunification to return children to safe families; and kinship and relative support to help relatives and extended families to care for children who have been removed from their parents.

Northern Territory's Therapeutic Model of Residential Care: To improve the safety and quality of services to children and young people in out-of-home care, Territory Families engaged the Australian Childhood Foundation to implement a therapeutic model of residential care. This project includes the development and design of a residential care service that is trauma-informed and contextualised to the Northern Territory environment. Over a year the department worked collaboratively with the Australian Childhood Foundation, which involved consultations and multiple residential care site visits. In late 2015–16 a draft model was delivered that will guide and equip department staff to understand trauma and stabilise, support and manage children and young people in residential care settings to improve their outcomes.

Western Australia — Earlier intervention to improve outcomes for Aboriginal children: In late 2015 the Department for Child Protection and Family Support began developing an Earlier Intervention and Family Support Strategy to coordinate how CPFS, other government agencies and community sector organisations work with families whose children are vulnerable to poor life outcomes. Its development was guided by three strategic focus areas: improving outcomes for vulnerable Aboriginal families, strengthening the service sector, and the review and redevelopment of services to provide targeted support and earlier intervention for families most at risk of their children entering care.

The strategy was informed by feedback from key department and external stakeholders on a range of proposals, including the co-design of an Aboriginal intensive in-home parenting support service, further expansion of the Family Support Network program and the development of an across-sector shared outcomes framework for family support programs and services. A Themes and Issues Paper released in June 2016 summarised these responses. The strategy reorientates CPFS's resources, programs and community sector funding to focus more exclusively and effectively on preventing children from entering OOHC, particularly Aboriginal children. The strategy was to be released late in 2016.

Rapid Rehousing Program Tasmania: The Rapid Rehousing Program provides safe accommodation for victims (or perpetrators) of family violence, including children at risk of homelessness. A pool of affordable private rental properties are furnished and available for people seeking a safe home. Housing Connect provides ongoing support as part of this integrated housing and support response, demonstrating a collaborative approach between government, community housing providers, private landlords, and specialist support services. The program commenced in 2015–16 as part of the Tasmanian Government's *Safe Home, Safe Families* action plan to respond to family violence.

Rapid Rehousing Tasmania

Mary (not her real name) and her two children (one and 13 years of age) had to give up their rental home to escape family domestic violence. Due to safety and stability concerns Mary placed her children in the care of her father while she couch surfed, staying at friends' houses while looking for suitable rental accommodation. During this time Mary worked with the Family Violence Counselling Service and presented at the Housing Connect Front Door seeking support for her housing needs. She was linked with a CatholicCare support worker as part of Housing Connect who was able to work with her to develop a plan to address the cycle of violence and trauma recovery. Mary was referred to the Rapid Rehousing program, which is designed to assist victims of domestic violence into transitional safe and secure homes for up to 12 months. Mary was allocated a furnished rental property, and some minor security upgrades were made to the doors and windows to make the property safe. Both of Mary's children have now returned to her care, with the eldest enrolled in a local school. Mary has told her support worker she now feels very safe and her neighbours are very supportive. She continues to work with the Family Violence Counselling Service and is building trust with her surrounding community. Both Mary and her Housing Connect support worker reported that the Rapid Rehousing program was easy to navigate and that the 12-month duration of the program had provided the time and space to allow them to build a long-term plan for recovery. Mary is interested in taking over the Rapid Rehousing property lease at the end of the 12 months as it will be affordable on her income and she is happy with the property and her ongoing support.

Western Australia's Intensive Family Support Housing Program

Evie (not her real name), a single mother, completed a drug and alcohol rehabilitation program before being reunified with her four children, aged between 3 and 10 years. Evie was initially unsure if she wanted ongoing involvement of agencies in her new life with her children, but agreed that she wanted to have a good home for her kids and needed to pay off a range of debts she had accumulated over the past few years. She agreed to take part in the Intensive Family Support Housing Program (IFSHP) and signed a Residential Tenancy Agreement in early 2016.

This tenancy agreement includes liquor restrictions for the premises and required Evie to enter into a Responsible Parenting Agreement. This involved Evie standing firm to family and friends about not drinking in her home, which caused some early difficulty with visitors.

To deal with her large debt, Evie agreed to be placed on the Western Australian child protection measure of income management, whereby 70 per cent of her income payments was quarantined for food, rent, living expenses and debt repayments. While she still has a long way to go, Evie said she was relieved that she was finally getting to do something about her debts and was looking forward to them steadily reducing.

A Department for Child Protection and Family Support worker visits Evie at her home to help with any issues that arise, including working with her to adhere to the housing agreement and maintain the property in a safe and clean way. Other support includes tenancy support from the housing provider, assistance with some funds for school-related matters, and referrals to other agencies for therapy and financial management.

This program encourages families to have their own nominated support network of family and friends, and Evie's family have become more involved to provide safety, care and support for her and the children.

Evie's family now has achieved a lease for six months, and it is anticipated that the next lease agreement will be for 12 months, with minimal involvement from the Department for Child Protection and Family Support. Having a safe and stable home has meant that the children's school attendance is increasing and the need for the children to enter care has been avoided.

Joining up service delivery

NSW Targeted Earlier Intervention Program reform: The NSW Department of Family and Community Services commenced the reform of its Targeted Earlier Intervention (TEI) Program in 2014. The reform aims to improve outcomes for clients of TEI services; create a service system continuum grounded in evidence-informed practice; target resources to those with the greatest needs; facilitate district decision-making on the design and delivery of local services; and increase flexibility so that clients are at the centre of the system.

Victoria's Roadmap for Reform: On 13 April 2016, the Victorian Government launched the Roadmap for Reform: strong families, safe children, as one of its key platforms to respond to the Royal Commission into Family Violence. One of the key features of the new social services system delivered through the Victorian Government's Roadmap for Reform is a focus on creating coordinated services that work together to meet the needs of vulnerable families and children. This forms an important step in the government's long-term response to the recommendations of the Royal Commission into Family Violence.

The Roadmap is an all-of government response and includes a number of short-, medium- and long-term initiatives. They will be developed collaboratively across government to ensure alignment with other major reform programs, in particular the Government's response to the Royal Commission into Family Violence.

The Roadmap for Reform includes early childhood services, education and health, to enable universally provided supports to better assist people who are disadvantaged or vulnerable. Its actions include:

- Education State — a number of Roadmap initiatives form part of the Education State reforms, in the areas of both early childhood and schools reform

- 10 Year Mental Health Plan — the plan is strategically aligned with the Roadmap, especially around actions to improve mental health in children, young people and their families

- Social housing reforms — these reforms will improve access to family-appropriate social housing for victims of family violence and other vulnerable families

- Back to Work — this strategy will help to increase economic participation and reduce risk factors associated with unexpected unemployment, poverty and isolation

- Ending Family Violence: Victoria's Plan for Change — this details how the government will deliver the 227 recommendations made by the Royal Commission into Family Violence and build a new system that protects families and holds perpetrators to account.

Tasmania's Housing Connect Service: Tasmania's Housing Connect Service is a coordinated approach to address housing and homelessness that provides people with a single point of contact for assessment, access to housing services and ongoing support needs. Five community sector organisations collaboratively deliver the new system for the Tasmanian Government. More information is available from the Housing Tasmania website, at **www.dhhs. tas.gov.au**

Western Australia's *Remote Services Framework 2014*: The Department for Child Protection and Family Support released the *Remote Services Framework 2014* to guide its work in providing child protection and family support services to Aboriginal children and families living in remote communities in WA. The framework supports strong collaboration and partnership between government and community sector organisations and the sharing of information to provide coordinated service delivery at the local district/community level.

Tasmania's Strong Families — Safe Kids: The Tasmanian Government has committed to a comprehensive reform of Tasmania's Child Safety System. In 2016, the Government released the *Strong Families — Safe Kids Implementation Plan 2016–202*0, which commits $20.6 million to develop an integrated system that can respond innovatively and effectively to ensure the safety and wellbeing of children and provide increased support to families and communities.

The plan includes key strategies to support the redesigned system, including the creation of a single 'front door' advice and referral service, with improved child safety intake processes and an after-hours capability. It will ensure that culturally sensitive responses are developed for Tasmanian Aboriginal children, young people and families. This will allow for a more effective service response and better integration of government and non-government services. Other strategies aim to build partnerships between the Department of Health and Human Services' Child Safety Service and key notifying agencies to improve management of responses to notifications. Further strategies target general system improvement and provision of more information and training for mandatory reporters.

South Australia's Infant Therapeutic Reunification Service (ITRS) is a partnership between the Child and Adolescent Mental Health Service and Families SA (now the Department for Child Protection — DCP) which provides early assessment and therapy for infants under three and their parents where significant maltreatment and neglect have occurred or where there is a risk of them occurring. Early in the course of infants entering the care system, the service determines whether reunification is viable and works with DCP to make timely decisions in the best interests of the infant. The service is an equal collaboration between child protection and health services aimed at addressing the health and safety of vulnerable infants and their families. It operates on a case conferencing model, in which services in the fields of drug and alcohol and domestic violence counselling, financial support, accommodation and reunification work together as a care team for a family.

The ITRS approach is based on the Tulane Intervention developed by Tulane University in New Orleans, which is a systemic model for maltreated infants that addresses the child–parent relationships and the many interacting contexts that bear upon them. Where indicated, parent/infant therapy is undertaken to reduce the impact of trauma and facilitate positive relationships, leading to a safer caring environment for the infant. Where reunification is not possible, timely long-term decisions that meet the infant's developmental imperatives are made. In 2015–16, ITRS increased its service to foster carers providing therapeutic support. By placing the infant's needs at the centre of processes, ITRS seeks to ameliorate the devastating long-term mental health impacts of early abuse and trauma and, where possible, interrupt patterns of intergenerational trauma and abuse.

Development of Queensland's integrated service responses to domestic and family violence: In 2015–16, the Queensland Government released the *Queensland Says: not now, not ever. Domestic and Family Violence Prevention Strategy 2016–2026* along with the First Action Plan to transform the way the community works together to better protect victims and hold perpetrators to account. Integrated service responses were a key initiative of the First Action Plan. Contemporary, integrated domestic and family violence service delivery models were developed to trial in three locations: one urban community, Logan/Beenleigh; one regional community, Mount Isa; and one discrete Indigenous community, Cherbourg. The trials were supported by a common risk assessment framework, a process for managing high-risk cases, and information-sharing guidelines, including through associated legislative amendments. For more information go to **www.communities.qld.gov.au/gateway/end-domestic-and-family-violence/dfvp-strategy**

Tasmania's Joined Up Human Services Project: The Tasmanian Government has been working to improve Tasmania's human services system in partnership with the community sector, clients and the broader community. The Joined Up Project focuses on how services can work together to better meet community needs and put people first. During 2014–15, consultation was conducted across government, the community sector and clients to build the case for

change and better understand what changes were needed. The business case was completed by the end of 2014.

In the 2015–16 budget, the Tasmanian Government committed $1.2 million over two years to fund a small project team and the associated costs of delivering five initiatives designed to inform and test a joined-up human services system. These include initiatives that are: place-based, person-based, system-based, based on service improvement, and based on privacy and information sharing. This project is ongoing.

Northern Territory's Healthy Under 5 Kids — Partnering with Families Pilot 2015–16: In June 2014, the Top End and Central Australian Health Service Chief Operating Officers endorsed a single, standardised, systematised and evidence-based well-child health program for NT with key performance measures, including coverage, compliance with schedules and protocols, and timeliness of service delivery.

The existing urban Child and Family Key Age Contact program and the remote Healthy Under 5 Kids child health schedule were reviewed and mapped against current evidence-based and trauma-informed practices, resulting in a new program visit schedule that enables a more systematic approach to child health. The new program, *Healthy Under 5 Kids — Partnering with Families*, provides a universal, standardised approach in the delivery of a routine child health program for all children, from birth to five years (accessing NT Government health services), with the underpinning philosophy that families are primarily responsible for raising their children and that the health services support this process.

The program will be piloted in seven remote sites across NT (Angurugu, Elliot, Jabiru, Milikapiti, Antaria, Robinson River and TiTree). This pilot commenced on 1 December 2016 and is due to finish on 31 May 2017. Piloting of the program in urban sites has been postponed because of delays in setting up appropriate client information systems. The new program should have lasting impacts on the health and development of NT children.

Northern Territory's Top End Mental Health Service Youth Inpatient Program officially opened on 1 February 2016. The program supports youth aged 12 to 17 from across the Northern Territory and is the first program of its kind for the Northern Territory, providing 24-hour therapeutic care and management in a homely, caring and supportive environment for youth and families. A skilled multidisciplinary and collaborative team of mental health professionals provides holistic, in-depth assessment of physical, social, mental and emotional strengths and needs. Referrals are accepted from any agency or professional, including paediatricians, general practitioners, emergency departments and Territory Families personnel. A close working relationship has been developed with other key stakeholder organisations across the Northern Territory that support youth, such as Headspace Top End, where strengthened protocols were established for sharing information to facilitate smoother admission and discharge for ongoing Headspace Top End clients. The program supports the Top End Health Service Mental Health Child and Adolescent Community Team in taking early action, as it provides an opportunity for a period of sub-acute and therapeutic inpatient care to complement ongoing case management.

Northern Territory's Young Mothers Strong Mothers program: In 2016 the NT Department of Education established the Young Mothers Strong Mothers program to give young Aboriginal and Torres Strait Islander parents improved access to integrated and coordinated education, pregnancy and parenting care pathways across the NT. The program aims to intervene early in a child's life, even before birth, and strengthen the capacity of young teenage mothers to parent their children by providing them with wrap-around care. The program also addresses health issues to prevent or decrease risk factors in pregnancy for low birth weight, in areas such as nutrition, substance abuse, hygiene and homemaking skills, and emphasises the need for the young mothers to complete their secondary education and secure paid employment. Outcome measures such as increased school attendance, increased regular child health assessments, and reductions in child protection notifications and crime rates are being used to assess the program's medium- and long-term effectiveness. There are examples of where Families as First Teachers and this program are working concurrently to improve outcomes for both children and young Aboriginal and Torres Strait Islander mothers.

Northern Territory's Remote Family Support Service: The RFSS commenced operating on 1 July 2016 and delivers services funded by the Australian Government under the Child and Family Schedule of the Northern Territory Remote Aboriginal Investment National Partnership Agreement. Three earlier programs were combined into this one service over a period of 12 months with the aim of providing a more responsive community-based service in remote communities across the Northern Territory.

The RFSS supports Aboriginal children and families by providing culturally safe, task-based, child safety focused assistance to community members, Child Protection/Out-of-Home Care staff and local agencies or non-government organisations working in all communities. It provides case management services to support families to be strong and keep children safe in the communities of Borroloola, Daguragu/Kalkarindji, Maningrida, Wadeye, Wurrumiyanga and Yuendumu and in other communities. RFSS also provides leadership to multi-agency child safety coordination groups, which share information and coordinate services to families. These regular meetings with other service providers in community — such as the school, health clinic, police and other visiting organisations — help to identify children and families that need support and encourage a wrap-around service response.

Northern Territory's Child and Family Centres: Child and Family Centres in the Northern Territory (funded by the Department of Education) offer a soft entry point for vulnerable and disadvantaged children into preschool and school by engaging children from birth, and their families, in quality, integrated early childhood education and care programs. Six centres have been established in the Northern Territory (Gunbalunya, Maningrida, Ngukurr, Yuendumu, Palmerston and Larrapinta) and a seventh is being developed in Tennant Creek as part of an election commitment. The model is successfully fostering collaborative and integrated services.

School principals manage the overall operations of the centres in collaboration with a local advisory group, and everyday operations are managed by a centre manager and Indigenous coordinator. Long-day-care services at the centres are regulated under the National Quality Framework. Partnerships with government and non-government agencies enable the delivery of integrated programs to the community such as preschool, Families as First Teachers, crèche, play groups, Strong Women, Strong Babies, Strong Culture, Healthy Under 5s health checks and other community-based programs. The centres have good buy-in from their communities and have strengthened the delivery of early learning programs and services in each community, increasing access and quality for local children and their families.

Northern Territory's engagement programs: The Department of Education funds three non-government organisations to facilitate engagement programs at 14 school sites to support the educational engagement, retention and achievement of Aboriginal and Torres Strait Islander boys and girls. Full-time school-based staff, employed by providers, support students through relationship-based programs, providing a welcoming environment and diverse range of activities to develop improved self-esteem and socialisation and address challenges which may present barriers to student engagement in education.

Northern Territory's pilot Boarding School Initiative: Territory Families commenced a pilot Boarding School Initiative for children in out-of-home care. The initiative includes a worker who is shared between Territory Families and the Department of Education to coordinate funding, school matching and support to reduce disengagement and placement breakdowns. In 2015–16, 16 young people were successfully engaged in schooling and boarding with a number of education institutions that have greatly improved each child's ability to reach their potential.

Supporting Outcome 3: Are the risk factors for child abuse and neglect being addressed?

The reportable domains that demonstrate performance against Supporting Outcome 3 are parental substance abuse, parental mental health, homelessness and domestic violence.

Parental substance abuse

Parental substance misuse is a key risk factor for child abuse and neglect. Misuse of drugs and alcohol can compromise parents' ability to provide a safe environment for children, maintain household tasks and routines and respond to their children's emotional needs. Financial difficulties can also arise due to substance misuse, compounding the issues faced by the family (Bromfield, Lamont, Parker and Horsfall 2010).

INDICATOR 3.1:

Proportion of parents, with children aged 0–14 years, who used any illicit drug within the last 12 months

The 2013 National Drug Strategy Household Survey (AIHW 2014) found that 13.5 per cent of parents with children aged 0–14 years had used illicit drugs in the previous 12 months. This includes 4 per cent of respondents who reported that they had used pharmaceutical drugs for non-medical purposes. This is similar to results reported in the 2010 National Drug Strategy Household Survey, where 13.1 per cent of parents reported illicit drug use and 3.1 per cent reported non-medical use of pharmaceuticals.

2013

13.5%

of parents used illicit drugs
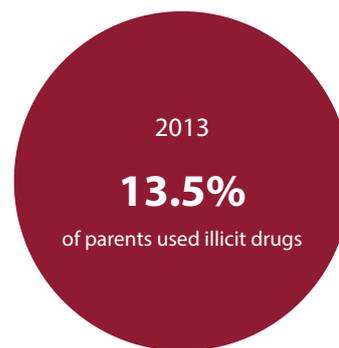
Illicit drugs include illicit drugs (such as cannabis), pharmaceutical drugs (such as pain-killers, tranquillisers) when used for non-medical purposes (an illicit behaviour) and other substances (such as inhalants) used inappropriately.

INDICATOR 3.2:

Proportion of parents, with children aged 0–14 years, who drank alcohol at risky levels

2013

The 2013 National Drug Strategy Household Survey found that among parents with dependent children aged 0–14 years 18.3 per cent drank at levels that risked lifetime harm.

2013

18%

of parents drank alcohol at levels that risked lifetime harm
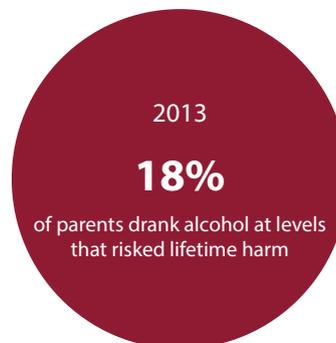
The National Health and Medical Research Council's guidelines for safe drinking recommend that men and women reduce the risk of alcohol-related harm — disease or injury — over a lifetime by drinking no more than two standard drinks on any day. The NHMRC also recommends that healthy men and women drink no more than four standard drinks on a single occasion to reduce the risk of alcohol-related injury (NHMRC 2009).

Parental mental health

Children living with a parent with a mental health problem may be at increased risk of social, psychological, behavioural and physical health problems, as well as cognitive development problems. They are also more likely to experience a psychological disorder during adolescence or adulthood (AIHW 2012).

INDICATOR 3.3:

Proportion of parents with children aged 0–14 years who have a mental health problem

The Household, Income and Labour Dynamics in Australia (HILDA) Survey measures mental health using a 36-item survey across eight domains of subjective health, which can be summarised to produce a single measure, the Mental Health Component Summary (MCHS) Score. An analysis of population averages suggests that a Mental Health Component Summary score of less than 41 is indicative of a poor level of mental health.

In 2014, among parents with children aged 0–14 years, it was estimated that one-sixth (15.9 per cent) had MCHS scores of less than 41, indicating poor mental health. Lone parents were more than twice as likely as parents in couple families to have a score of less than 41 (35.7 and 13.8 per cent respectively).

In 2015, HILDA survey results indicated that 16.1 per cent of parents with children aged 0–14 years were experiencing poor mental health. Lone parents were more than twice as likely as parents in couple families to have poor mental health — 34.9 and 13.7 per cent respectively scoring less than 41 on the Mental Health Component Summary.

Between 2011 and 2015 the proportion of parents with children aged 0–14 years who had a Mental Health Component Summary score of less than 41 was relatively stable at 15 to 16 per cent. In the same period, lone parents were consistently more than twice as likely as parents in couple families to indicate poor mental health, with 30 to 36 per cent of lone parents and 13 to 14 per cent of parents in couple families scoring less than 41 on the Mental Health Component Summary.

2014 & 2015

16%

of parents had poor mental health
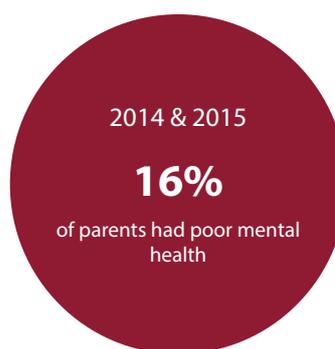
Homelessness

Children experience a number of negative educational, social and health consequences as a result of being homeless. These can include early school leaving, behavioural problems, lack of parental affection and support, and psychological problems such as depression and anxiety, with the effects of homelessness often persisting beyond the period of homelessness.

The causes of homelessness are complex and may include economic factors such as poverty, unemployment, increased housing costs and unstable home environments caused by domestic violence. Factors that may lead to homelessness among children include family problems such as neglect, abuse, conflict, and drug and alcohol problems (AIHW 2012).

The national Specialist Homelessness Services Data Collection was implemented in July 2011 (replacing the previous Supported Accommodation Assistance Program national data collection).

INDICATOR 3.4:

Rate of children aged 0–17 years who receive assistance through homelessness services (accompanied and unaccompanied)

In 2014–15, 69,982 children aged 0–17 years were assisted by specialist homelessness services — representing a rate of 13.2 per 1,000 children. Of these children, 41,549 (59.4 per cent) were aged under 10 years.

Aboriginal and Torres Strait Islander children were over-represented in homelessness services; the rate for Aboriginal and Torres Strait Islander children was more than seven times the rate for non-Aboriginal and Torres Strait Islander children (66 and 8.6 per 1,000 children respectively).

Of all children assisted by homelessness services in 2014–15, just under one quarter (16,104 children) presented alone, while around three quarters (53,235 children) presented as part of a 'related group' — representing rates of 3.0 and 10.0 per 1,000 respectively. Notably, 43.3 per cent of children assisted with homelessness had experienced domestic violence — 30,329 children, representing a rate of 5.7 per 1,000.

2014–15

3.2 per 1,000

children were assisted by Specialist Homelessness Services
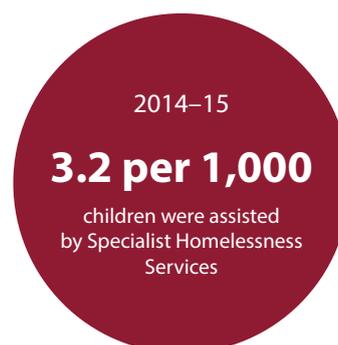
Specialist homelessness agencies provide a wide range of services to assist those who are homeless or at risk of homelessness, ranging from general support and assistance to immediate crisis accommodation.

Domestic violence

Domestic violence is a key risk factor for child abuse and neglect. Children living with domestic violence are at a high risk of experiencing physical abuse, and the complex trauma caused by living in such an environment can have profound long-term psychological effects. Children who witness domestic violence have been shown to have significantly poorer developmental and behavioural outcomes. For young children in particular, exposure to family violence can have serious implications for their cognitive, social and emotional development. Domestic violence is also linked with homelessness and housing instability for victims fleeing domestic violence (AIHW 2017b).

Currently there are limited national data available on children's experience of domestic violence. However, the ABS Personal Safety Survey has collected data on parents' reports of children witnessing or hearing domestic violence. This data provides a measure of children's exposure to domestic violence.

INDICATOR 3.5:

Proportion of adults who experienced current partner violence and their children saw or heard the violence in the previous 12 months

In 2012, 69.6 per cent of adults who experienced current partner violence in the last 12 months and had children in their care reported that the children had seen or heard the violence. Similarly, among adults who had experienced domestic violence since the age of 15 and had children in their care, 52.9 per cent reported the children had seen or heard the violence.

2012

70%

of families experiencing domestic violence had children who saw or heard the violence
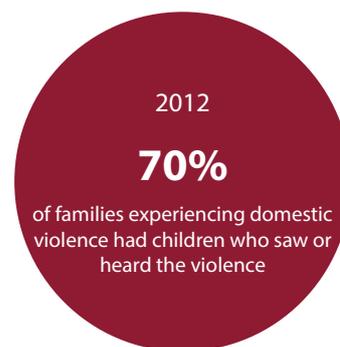
'Domestic violence' covers a wide range of abusive behaviours committed in the context of intimate relationships such as those involving family members, children, partners, ex-partners, blood relatives or caregivers. Domestic violence can include many types of behaviour or threats, including: physical violence, sexual abuse, emotional abuse, verbal abuse and intimidation, economic and social deprivation, damage of personal property and abuse of power.

National Priorities against Supporting Outcome 3

What is being done to ensure the risk factors for child abuse and neglect are being addressed?

The National Framework recognises that in order for our children and young people to be truly safe and well we must ensure the risk factors for child abuse and neglect are addressed. To help achieve this outcome, the National Framework has identified strategies that focus on reducing parental substance abuse, improving parental mental health, and reducing homelessness and domestic and family violence.

These strategies include:

- enhanced alcohol and substance abuse reduction initiatives

- enhanced programs that reduce family violence

- increased services and support for people with a mental illness or disability

- expanded housing and homelessness services for families and children at risk

- increased capacity and capability for the 'system' to identify children at risk.

To help progress against the performance indicators and towards the high-level outcome, the Second Action Plan outlined the following National Priorities against Supporting Outcome 3:

- **Building workforce capacity and expertise** — exploring options to broaden child and family-sensitive practice through increased access to training

- **Domestic and family violence** — aiming to strengthen families so children and young people grow up in a safe household free from domestic and family violence

- **Health and mental health** — looking for opportunities to better meet the health and mental health needs of vulnerable and at-risk women, children and young people

- **Disability** — identifying opportunities to link with the roll-out of the National Disability Insurance Scheme and the National Disability Strategy.

Key activities under National Priorities in 2014–15 and 2015–16

Building workforce capacity and expertise

NSW's Amalgamated Practice Framework: The NSW Department of Family and Community Services is partnering with the Australian Centre for Evidence and Implementation to develop a Practice Framework. The aim of the Practice Framework is to improve the quality of child protection practice in NSW. It will guide and support practice across NSW and provide opportunities for consistent quality assurance activities.

Queensland's Strengthening Families Protecting Children Framework for Practice: On 9 March 2015, the Department of Communities, Child Safety

and Disability Services (DCCSDS) launched the Strengthening Families Protecting Children Framework for Practice. The framework was designed to help key stakeholders involved with a child — the parents, extended family, community, child protection worker, supervisors and managers, non-government organisations, partners, lawyers, magistrates, and even the child himself or herself — to focus on assessing and enhancing child safety at all points in the child protection process.

In 2015–16, more than 150,000 hours of training in the foundations of the new framework were provided

to 3,750 child safety officers and non-government family support staff across the state. Ongoing leadership training and coaching, family decision-making and practice-related training have also been provided to departmental and recognised entity staff to strengthen their engagement, collaborative assessment and planning skills.

Frontline child safety staff have reported that the framework for practice tools have significantly increased and improved how they engage with children, families and their support networks.

Within DCCSDS, the framework provided a roadmap for the organisational structures, policies, procedures and relationships the department seeks to build and enhance. Strengths-based, safety-oriented work requires a commitment from the organisation to support practices of reflection, appreciation and ongoing learning. The framework also explicitly provides a vision for child protection work as a change process and child protection workers as skilled facilitators and change agents who create meaningful partnerships with the children, families and communities they serve.

For more information about the Strengthening Families Protecting Children Framework for Practice, go to **www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-pr-elements.pdf**

Western Australia's Department of Local Government and Communities Education and Care Regulatory Unit: The Education and Care Regulatory Unit provides support and advice to education and care services across WA in relation to providing child-safe environments under the National Quality Framework. It created an information sheet for approved providers called *Child Protection Responsibilities and the National Law*, which is available on the department's website.

Western Australia's Department for Child Protection and Family Support (CPFS) undertook several initiatives to strengthen its staff's practice and cultural competencies in working with Aboriginal children, families and communities. These included non-Aboriginal staff participating in facilitated conversations with Nyoongar Elders; developing a

law and culture framework for working with family violence in Aboriginal communities through the S*afer Families: Safer Communities Kimberley Family Violence Regional Plan 2015–2020*; a Cultural Leadership Plan for Aboriginal and non-Aboriginal leaders and aspiring leaders in CPFS; an 18-month project in partnership with Legal Aid WA to provide support and a more culturally accessible service for Aboriginal families in pre-hearing conferences and pre-birth planning and encourage greater involvement of Aboriginal people in child protection decision making; and, in December 2015, a project to identify the extent of Fetal Alcohol Spectrum Disorder among children in care in WA and options, barriers and solutions for diagnosis, treatment, access to support and health care planning.

Northern Territory — Sexual Behaviours in Children guidelines and mandatory reporting training: During 2014–15 and 2015–16 the Department of Education continued its requirement for all staff in schools to undertake training in mandatory reporting at the commencement of each school year. The department's policy position is set out in the Mandatory Reporting of Harm and Exploitation of Children guidelines, and it aligns with the obligations on all members of the NT community as outlined in the *Care and Protection of Children Act 2007*. The department promotes staff understanding of their obligations by providing in schools a presentation that both informs and encourages discussion. Principals are specifically held responsible for ensuring that training occurs and that evidence of the training is reported to the department.

The department has also developed Sexual Behaviours in Children guidelines, in conjunction with Family Planning Queensland (FPQ). In 2015–16 the release of these guidelines was supported by focused training across the NT. The guidelines use the Traffic Lights® guide developed by FPQ, which helps staff to identify age-appropriate sexual behaviour, as distinct from concerning or serious sexual behaviour.

Northern Territory's Women's Safe House Program: All women's safe house workers participate in training and professional development to develop a contemporary and enduring Aboriginal workforce. In 2015–16, 12 remote women's safe house workers obtained a Certificate III in Community Services.

Northern Territory's Remote Family Support Service: All Remote Family Support Service workers are supported by training opportunities, workshops and professional development activities. In 2015–16 a series of training modules for Aboriginal family support workers was developed, for delivery throughout 2016.

Domestic and family violence

The *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan): The National Plan is a long-term strategy that brings together the efforts of the Commonwealth, state and territory governments and the community to make a significant and sustained reduction in violence against women and their children. Under the Second Action Plan 2013–2016 of the National Plan, the Australian Government funded the The Line, a national social marketing campaign that encouraged healthy and respectful relationships among young people aged 12 to 20 years by challenging and changing attitudes and behaviours that support violence.

The Third Action Plan 2016–2019 of the National Plan, which was developed across 2015–2016 and launched in October 2016, makes strong links to the the National Framework.

The Third Action Plan includes a new national priority area — Responding to children living with violence — which focuses on improving interactions between the family law and child protection systems and child protection agencies, recognising that a non-abusive parent is not responsible for a perpetrator's violence against a child. The Third Action Plan complements the National Framework's First 1000 Days Strategy. Focusing on early childhood development will contribute to increased awareness and understanding of its importance and the critical role positive parenting and role models play in these early years.

For more information about the Third Action Plan of the National Plan, go to **http://plan4womenssafety. dss.gov.au/**

Not Now, Not Ever: Putting an end to domestic and family violence in Queensland: The Special Taskforce on Domestic and Family Violence in Queensland,

chaired by the Honourable Quentin Bryce AD CVO, former Governor-General of Australia, was established on 10 September 2014 to examine Queensland's domestic and family violence support systems and make recommendations to the Premier on how they could be improved and future incidents of domestic violence could be prevented. In 2015–16, more than 87,000 incidents of domestic and family violence were reported to the Queensland Police Service and more than 93,000 calls were made to DVConnect to seek help.

The taskforce made 140 recommendations based on the insights gathered from five months of engagement with communities and individuals. The recommendations set the vision and direction for Queensland's strategy to end domestic and family violence and to ensure those affected have access to safety and support. The Queensland Government accepted all 121 of the recommendations directed at government, and supported the 19 recommendations directed at non-government bodies.

On the basis of the taskforce's recommendations, Queensland is leading a 10-year reform program to put an end to domestic and family violence in partnership with the non-government sector, business and the Queensland community. In 2015–16, the Queensland Government released *Queensland Says: not now, not ever. Domestic and Family Violence Prevention Strategy 2016–26.* A series of four successive action plans will support the strategy, enabling the government and the community to work in a coordinated and focused way. The First Action Plan (2015–2016) focused on the priority actions to be implemented by government in response to the taskforce report. It outlined how the government planned to work with Queensland communities to create a foundation for change and build momentum for long-term reform.

For more information, see the taskforce's **full report**, the **Queensland Government Response and implementation plan**, the **Domestic and Family Violence Prevention Strategy** and the **Domestic and Family Violence Prevention First Action Plan (2015–2016)**.

Victoria's Royal Commission into Family Violence: The Victorian Government established Australia's

first Royal Commission into Family Violence in February 2015. On 29 March 2016 the Commission made 227 recommendations directed at improving the foundations of the current system, seizing opportunities to transform the response to family violence, and building the structures that will guide and oversee a long-term reform program that deals with all aspects of family violence.

On 30 March 2016 the Victorian Government announced that it would implement all 227 recommendations from the report, including the establishment of 17 statewide safety hubs, boosting early intervention services and providing more specialist family violence services within courts. The government committed to ensuring stronger accountability for perpetrators, more resources for police, family violence training at hospitals and schools, an independent agency to hold governments to account, new laws so that the privacy of perpetrators doesn't trump the safety of victims, a housing blitz for women in crisis, and more resources for schools to teach the next generation about respectful relationships.

In April 2016 the Victorian government announced a $572 million statewide funding boost in the 2016–17 state budget to start delivering on 65 of the Royal Commission's most urgent recommendations. This included extra funding for counsellors and prevention programs, as well as an investment in housing and crisis refuges, ensuring victims are not forced to choose between an unsafe home and the streets. The funding comprises: $61.6 million for family violence prevention initiatives; $152.5 million to begin the housing blitz that will shelter more victims from homelessness or returning to an abusive relationship; $122 million to keep children safe from harm and give them the best start in life; $103.9 million for specialist family violence services such as crisis support and counselling to cope with unprecedented demand; $25.7 million to work with Aboriginal communities in addressing family violence including prevention and intervention programs; $82.3 million for initiatives that lay the groundwork for the 10-year Victorian Family Violence Plan, including $10.4 million to build the capacity of the family violence workforce and develop and embed the Family Violence Index.

On 13 April 2016 the Victorian Government also announced that Aboriginal Victorians at risk of family violence would receive better and more culturally appropriate support, with $25.7 million in the 2016–17 budget to go towards new prevention and early intervention programs, and ensuring Aboriginal children and families facing family violence have the support they need. The reform will be community-led and be developed in partnership with Aboriginal people. This funding will provide for:

- delivery of community-led early intervention and prevention initiatives

- beginning the development of a new holistic healing model for Aboriginal people facing family violence, developed in partnership with the Aboriginal community

- cultural support plans for all Aboriginal children in out-of-home care and additional recruitment of Aboriginal kinship and foster carers as part of the Roadmap for Reform: strong families, safe children

- additional assistance for Aboriginal people to become accredited mediators and conflict resolution workers.

In May 2016 the Victorian Government announced the membership of the Family Violence Steering Committee, marking the next phase of the reform agenda. Victims, Victoria Police and the state's peak service groups are among the committee members helping guide the Victorian Government as it implements the 227 recommendations. The Steering Committee agreed to apply the principles of co-design to support the implementation of the Royal Commission's recommendations, which is part of the government's work to build a new system alongside family violence victims and survivors, as well as the people and organisations that support them. An inaugural workshop was held on 27 June 2016.

It Stops Here: Standing together to end domestic and family violence in NSW was launched in February 2014 as the NSW Government's Domestic and Family Violence Framework for Reform. The reforms propose an integrated approach to prevention of and response to domestic and family violence across NSW, including new minimum practice standards, better availability of services where they are needed and making it easier for victims to find help.

It Stops Here focuses on prevention, a stronger criminal justice response, new approaches to support victims, and building the capacity of the workforce to respond more effectively to incidents of domestic and family violence. There are five elements in the reform framework:

1. a strategic approach to prevention and early intervention

2. streamlined referral pathways to secure victims' safety

3. accessible, flexible, person-centred service responses that make the best use of resources

4. a strong, skilled and capable workforce, and

5. a strengthened criminal justice system response.

From 2017, annual reports on the *It Stops Here* reforms will be replaced by annual reporting on the progress of implementing the *NSW Domestic and Family Violence Blueprint for Reform 2016–2021* (the Blueprint), launched in August 2016. The Blueprint replaces *It Stops Here* as the whole-of-government policy framework for domestic and family violence from 2016–17.

South Australia's Multi Agency Protection Service (MAPS): This cross-agency initiative, which commenced in 2014, enables timely information sharing to manage domestic violence and related child protection issues. It is led by South Australia Police and involves education, child protection, corrections, housing and health staff working collaboratively to share information, which is jointly discussed and utilised in a timely manner to make collaborative decisions about risk minimisation. Critical information held across agencies is used to analyse and assess actual or potential risk of harm and recommend timely and proportionate agency-specific safeguarding action. The sharing of information about adults and children enables timely planning and wrap-around responses to reduce further risk of domestic and family violence. MAPS contributes to a holistic understanding of family circumstances and improved responses to domestic violence. During 2014–15 and 2015–16, MAPS streamlined the referral and notification processes of key agencies, enabling them to assess, analyse and respond to domestic violence issues in a more timely and coordinated way.

South Australia's *Children's Protection (Implementation of Coroner's Recommendations) Act 2016* became operational in April 2016. It amended the *Children's Protection Act 1993* to implement three of the recommendations made by the Coronial Inquiry into the death of Chloe Lee Valentine. The amendments make it plain that the paramount consideration in the administration of the Act is to keep children safe from harm and recognises cumulative harm as a relevant factor in making decisions about the care of a child. The amendments also establish a scheme that enables the Chief Executive of the Department of Education and Child Development (now Department for Child Protection) to remove a child from a parent who has been found guilty of a qualifying offence, or to restrain a person who has been convicted of a qualifying offence from residing with a child. These offences include murder, manslaughter, criminal neglect, causing serious harm and acts endangering life or creating risk of serious harm when the victim was a child and the offender their parent or guardian. It also includes attempts of these offences.

Northern Territory's contribution to the Family Safety Framework and inter-agency working groups: The Department of Education recognises the importance of strong collaborations and cooperation with government and non-government agencies. This entails participation in the work of a number of working groups, including the Cross-Government Sexual Assault Prevention and Response Working Group, the NT Domestic and Family Violence Reduction Strategy Working Group and the Senior Officers Alcohol and Other Drugs Working Group. Department of Education officers also play a role in the Family Safety Framework, which aims to provide an action-based integrated service response to individuals and families experiencing family or domestic violence who are at high risk of serious injury or death.

Northern Territory's crisis accommodation services: Territory Families funded domestic and family violence services across the Northern Territory. Over the year, women and accompanying children escaping domestic and family violence accessed safe houses funded or operated by the department.

Tasmania's Family Violence Action Plan: In August 2015 the Tasmanian Government launched *Safe Homes, Safe Families — Tasmania's Family Violence Action Plan 2015–2020*, a $26 million commitment to new and direct actions to address family violence in Tasmania. The plan provides more than $7 million for actions focused on children and young people. These include: developing a respectful relationships education package to be delivered in all Tasmanian Government schools from Kindergarten to year 12; supporting Stop It At The Start, the national campaign to address the attitudes of children and young people to violence against women; appointing six additional psychologists and social workers based in schools and Child and Family Centres across the state, to support children experiencing family violence; developing grant deeds with Independent Schools Tasmania and the Catholic Education Office to support students affected by family violence in non-government schools; and providing additional counselling services for children and young people experiencing family violence, through the Australian Childhood Foundation.

Western Australia's family and domestic violence initiatives: In 2015–16 the WA Department for Child Protection and Family Support (CPFS) released its second edition of the Family and Domestic Violence Common Risk Assessment and Risk Management Framework; amended the *Children and Community Services Act 2004* to clarify that exposing a child to family and domestic violence is a form of emotional abuse and to enact new information-sharing provisions to support collaborative responses to family and domestic violence across government and funded non-government services; and developed family and domestic violence toolkits to support child protection practice when assessing and responding to emotional abuse and family and domestic violence.

Uniting Children and Families Program ACT

Jasmine (not her real name) is a 20-month old girl who came into care due to concerns related to neglect, exposure to family violence and her parents' criminal activity, illicit substance use and supply. The court granted Child and Youth Protection Services (CYPS) a one-year Care and Protection Order to assess whether it would be possible to restore Jasmine to her parents' care.

CYPS referred Jasmine's parents to the Uniting Children and Families Program ACT, which provides high-risk families with the tools and knowledge they need to sustain a safe home environment for their children. Through this program, Jasmine's parents are receiving intensive, home-based services to help them with such things as building relationships, managing the home and family and parent/child interactions. They are also helped to address drug and alcohol and domestic violence issues. Jasmine's parents also have supported contact with her three times a week.

Jasmine resides with foster carers who are supported by the out-of-home care service provider, ACT Together, a consortium of expert organisations that provides trauma-informed, therapeutic care options to support the individual needs of the children in out-of-home care, including the training and support of foster and kinship carers.

On entering out-of-home care, Jasmine underwent a therapeutic assessment to establish the impact Jasmine's early life experiences have had on her development. Her trauma history revealed that during the first two years of her life she had experienced inconsistent parenting, changes in living environments and a lack of predictable care environments, making it likely that she found it difficult to rely on her parents for meeting her daily emotional and physical needs.

The assessor formulated recommendations to support Jasmine's carers in creating an environment that would promote her full development and help her to overcome the early adversity she had experienced. The assessment recognised that Jasmine's carers were the main agents in her recovery, and therefore emphasised promoting Jasmine's positive attachment to her carers and helping to establish routines and consistent care so that she could develop a sense of safety. Jasmine's age and stage of development meant that recommendations focused on her individual developmental needs, helping to teach her effective emotional regulation and supporting the development of language. Jasmine's carers received support and funding tailored to address her individual developmental needs.

Since the plan was for Jasmine to be restored to her parents, the therapeutic assessment report mapped out the specifics of the care Jasmine received from her current carers (e.g. sleep, feed, gross and fine motor skills, language, toilet training) and recommended that this be maintained throughout the restoration period.

The assessor arranged a care team meeting to discuss and share the recommendations with all agencies involved, Jasmine's foster carers and her parents. This information sharing ensures that Jasmine's foster carers and case manager have a shared understanding of her therapeutic needs and how they should be addressed. It also ensures that her parents are aware of her specific needs and provides a good basis for them to build from to be able to better meet her needs at a future time.

Responding to Family and Domestic Violence — Western Australian case study

Jenny (not her real name), aged 24, was in a relationship with James (not his real name), aged 28, and was pregnant. She also had a two-year-old son named Arnold. She did not have any family or friends nearby. WA Police attended an incident involving James and Jenny and Jenny told them that James had punched her to the shoulder, verbally abused her and spat on her. She told them that she was afraid of James because he had been drinking heavily and was angry that she had been out late with friends. She said this was happening more and more frequently.

The next day, the Family and Domestic Violence Response Team (FDVRT), a cross-agency partnership comprising staff from the Department for Child Protection and Family Support (CPFS), WA Police and a Coordinated Response Service (CRS — a non-government agency specialising in family and domestic violence) received a domestic violence incident report from WA Police that highlighted the key risk factors and historical information about the couple, including James's extensive history of family and domestic violence with previous partners. The FDVRT triaged and assessed Jenny's situation and concluded that Jenny and Arnold were at risk of harm from James. The CRS contacted Jenny to offer support and the case was allocated to CPFS for further investigation.

The CPFS child protection worker determined that Arnold had been exposed to FDV by James on a number of occasions. While Jenny tried to protect him from harm, and regularly did things to reduce the impact on Arnold, he was still exposed to violence and abuse by James. James had threatened Arnold with physical violence on at least one occasion and had used these threats to try to control Jenny.

The child protection worker used the Emotional Abuse Family and Domestic Violence Assessment Toolkit to identify James's pattern of violent behaviours and to work with Jenny (as the non-abusive parent) and Arnold as a family unit to manage risk and determine the impact of the violence on Arnold. She used the toolkit to guide her decision making around holding James accountable for his violence, and determined that Arnold was at risk of significant harm if appropriate action was not taken.

The child protection worker and Jenny developed a safety plan that focused on managing the risks to Jenny and Arnold. This included helping Jenny to choose appropriate people for her safety network and considering ways to hold James accountable for his violence. The child protection worker liaised with the other agencies working with James and shared relevant information to better manage the risk to Jenny and Arnold and to ensure that agencies were working collaboratively to hold James to account for his behaviour.

Health and mental health

WA Health's Guidelines for Protecting Children: All WA health system staff are required to comply with the mandatory policy **Guidelines for Protecting Children** (revised 2015). This document provides guidance and strategies to apply a child-centred approach when identifying and addressing risk factors for child abuse and neglect. Statewide training on these guidelines was delivered in 2014–15 and 2015–16 by the Statewide Protection of Children Coordination unit, in collaboration with the Princess Margaret Hospital Child Protection Unit, health service providers and the Department for Child Protection and Family Support (CPFS). In 2016, 119 face-to-face sessions were delivered to 2,573 participants, with approximately half being in country and remote locations.

In 2016 the Child and Adolescent Health Service required that all Child Development Service staff undertake training on identifying and responding to child abuse and neglect. This training was provided to 220 staff and was instrumental in highlighting the importance of collaborative relationships with CPFS. To strengthen collaborative practices and improve understanding and referral pathways between the Child and Adolescent Health Service's Child and Adolescent Mental Health Services (CAMHS) in Perth and CPFS, seven joint workshops were conducted in 2015–16. These workshops built on and strengthened the roles of CAMHS Child Protection Consultation Liaison positions, which act as liaison and service coordination points with CPFS case workers.

WA Health staff are required to comply with the **Responding to Family and Domestic Violence Guidelines** (FDV) and **Reference Manual**, which are supported by the FDV Education and Training Program. Health services have also developed resources and responses, such as the Child and Adolescent Community Health Family and Domestic Violence Protocol (2015–2016), which seeks to safeguard and promote the health and wellbeing of infants, children and adults when there are concerns about family and domestic violence. It guides community child health nurses to ask mothers of babies questions to screen for FDV at scheduled child health check appointments.

In 2015–16 the **Female Genital Cutting/Mutilation information booklet for health professionals** was produced. It deals with a range of child safety issues associated with these practices.

WA Health's Child Protection Unit (CPU) screens for child protection risk factors in a number of ways, including: using the National Screening tool and referral forms for domestic violence to improve detection and early intervention in domestic violence; screening all children and families referred to CPU for risk factors for child abuse; and using the Injury Proforma and HEADSS screen (for adolescents) to improve detection of child abuse, including domestic violence. CPU has carried out clinical audits (for example, forensic specimens, head injuries), which improve the evidence base in these areas and inform local practice. All children seen in CPU receive medical, forensic and social work risk assessments. CPU works closely with CPFS and police to ensure ongoing safety and protection from further harm.

The Australian Government's Family Mental Health Support Services provide a range of flexible, non-clinical support services to meet the needs of children and young people, aged under 18, who are showing early signs of, or are at risk of developing, mental illness. In 2014–15, **Family Mental Health Support Services** assisted more than 75,100 young people

through a combination of individual and community-based support.

Disability

National Disability Insurance Scheme's interface with child protection and family support: COAG's agreed *Principles to Determine the Responsibilities of the NDIS and Other Service Systems* and associated *Applied Principles and Tables of Support* were developed to provide guidance about the respective responsibilities of the National Disability Insurance Scheme (NDIS) and mainstream service systems, including the child protection and family support systems. These principles were reviewed in 2014–15 and it was found that the interactions between the NDIS and mainstream services were complex and that clarification was needed regarding respective responsibilities across the service systems, including at an operational level. The National Disability Insurance Agency has undertaken this work in collaboration at the operational level with jurisdictions and relevant sectors, including the child protection and family support sector, and developed operational working arrangements. Further, bilateral agreements between the Commonwealth and states and territories for the transition to the full scheme now include escalation processes to resolve issues about mainstream interfaces that may arise during transition.

Western Australia's Disability Services Commission has been working to build the disability services sector's capacity to provide positive behaviour supports and services to reduce or eliminate practices that are not consistent with human rights (restrictive practices). The Commission has also focused on providing opportunities for families and carers of people with disability, including children, to meet, share knowledge and support each other where they otherwise might experience isolation. The following two activities were conducted over both reporting years.

The Commission's Family Leadership strategy has been designed to build capacity and effectiveness of services to respond to the needs of people with intellectual disability, including children, who sometimes experience challenging behaviour. The strategy is multifaceted and has broad-reaching

implications for both family support and service design, comprising two elements: Is There a Better Way and Side by Side.

Side by Side is a family mentoring approach developed in partnership with a disability sector organisation where the families with experience of supporting a family member with challenging behaviours mentor other families who may be just starting that journey. This approach addresses the isolation and loss of resilience that can sometimes occur. At the time of writing there were 25 active Family Mentoring partnerships.

Northern Territory's Department of Health Office of Disability: This agency is preparing for the NT's transition to the National Disability Insurance Scheme. The NDIS will replace the majority of disability-specific supports currently funded by states and territories to people living with disability aged under 65 and will be progressively rolled out in the Northern Territory over a three-year period commencing on 1 July 2016. Eligible children and young people diagnosed with a developmental delay or disability will be able to access disability-related support in the areas of early intervention, therapy, equipment and respite services as required. In line with the National Framework, the NDIS will ensure its rules and processes are consistent with jurisdictional child protection legislation, including reporting requirements. The NDIS will work with systems providing child protection and family supports, including services supporting people experiencing or exiting family violence.

During the transition period, in regions where the NDIS has not yet commenced, the NT Department of Health Office of Disability will continue to accept and prioritise referrals for infants, children and young people where there is an indication of risk of child abuse and neglect together with a developmental delay or diagnosed disability. As the roll-out progresses, families and carers of children with disability in receipt of Office of Disability services will be supported by this agency to transition to the NDIS. The Office of Disability will continue to work closely with Territory Families and Child and Adolescent Mental Health Services to ensure integrated inter-agency service planning and transition planning throughout this period.

Supporting Outcome 4: Are children who have been abused or neglected receiving the support and care they need for their safety and wellbeing?

The reportable domains that demonstrate performance against Supporting Outcome 4 are child protection resubstantiation, placement stability, carer retention, literacy and numeracy, leaving care plans and cross-sector clients.

Child protection resubstantiations

Resubstantiation rates are a broad indicator of the recurrence of abuse, neglect or harm to children.

Resubstantiation data capture children who were the subject of a substantiation in a financial year and who were subsequently the subject of a further substantiation within the following three or 12 months. The year reported relates to the year of the original substantiation. The 2014–15 data reported are therefore the most recent data available, and take into account subsequent substantiations in the following 12 months through to 2015–16.

Cases of resubstantiation do not necessarily imply that child protection agencies have failed to protect children from repeated abuse. The resubstantiation rate is affected by the finalisation of investigations and also by factors beyond the control of the child protection system, such as changes in family situations (for example, illness, pregnancy or unemployment), which may place children in danger of being re-abused or neglected.

INDICATOR 4.1:

Rate of children aged 0–17 years who were the subject of a child protection resubstantiation in a given year

2014–15

Of all the children who were the subject of a substantiation in 2014–15, 6.6 per cent were the subject of a subsequent substantiation within three months and 18.8 per cent had a subsequent substantiation within 12 months.

2014–15

18.8%

resubstantiations within 12 months
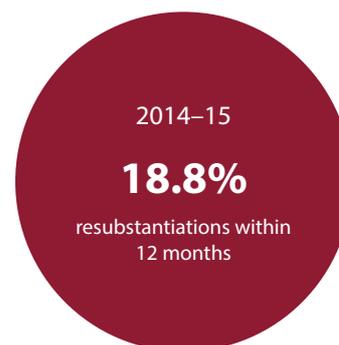
Placement stability

Children in planned, stable out-of-home care placements tend to have better learning and psychosocial outcomes than children experiencing instability (NSW Department of Community Services 2007). Children who have had only one or two placements prior to exiting out-of-home care provides a broad indicator of stability. Children can have multiple short-term placements for appropriate reasons (for example, an initial placement followed by a longer-term placement), or it may be desirable to change placements to achieve better compatibility between a child and family. Older children are more likely to have multiple placements as they move towards independence and voluntarily seek alternative placements.

INDICATOR 4.2:

Proportion of children aged 0–17 years exiting out-of-home care during the year who had one or two placements

2014–15

In 2014–15, 68.4 per cent of children exiting out-of-home care had one or two placements during their time in care. In the same year, the proportion of Aboriginal and Torres Strait Islander children with one or two placements was 65.1 per cent compared with 69.8 per cent for non-Aboriginal and Torres Strait Islander children.

2015–16

In 2015–16, 62.6 per cent of children exiting out-of-home care had one or two placements during their time in care. The proportion of Aboriginal and Torres Strait Islander children with one or two placements was 56.7 per cent compared with 65.4 per cent for non-Aboriginal and Torres Strait Islander children.

2014–15

68%

of children exiting out-of-home care had 1 or 2 placements

2015–16

63%

of children exiting out-of-home care had 1 or 2 placements
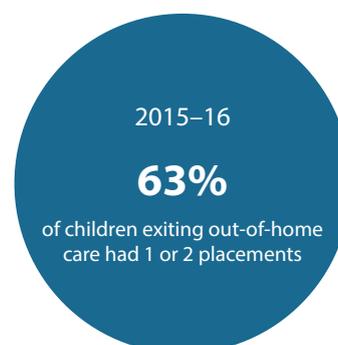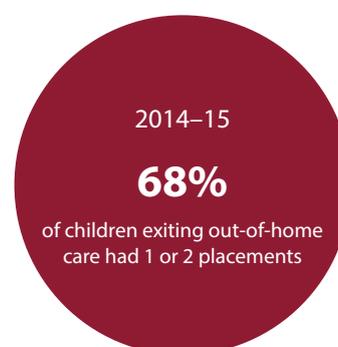
INDICATOR 4.3:

Proportion of out-of-home carer households that were retained in a given year

With the need for foster carers increasing, the attraction and retention of appropriately skilled foster carers is a high priority across Australia. Foster care is one type of out-of-home care provided for children who are unable to live with their families. Foster care households are private households containing one or more foster carers:

• who have undergone the relevant screening/selection and approval process

• who have received authorisation from the relevant department or agency to enable a child to be placed in their care

• for whom reimbursement is available from the state or territory government for expenses incurred in caring for a child

• who are part of an ongoing review process (AIHW 2017b).

This indicator provides information on carer households that were retained in a given year. Effective retention of carer households increases the likelihood that children are placed with skilled, experienced carers and have stable and secure placements. The indicator also provides information on the number of foster child placements that retained households provided during the 12-month period.

2014–15

In 2014–15, 5,870 (87.2 per cent) of foster carer households were retained (data excludes New South Wales and the Northern Territory). Almost one third (30.6 per cent) of these households had one placement and around one fifth (21.2 per cent) had two placements.

2015–16

In 2015–16, 6,086 (87.0 per cent) of foster carer households were retained (data excludes New South Wales and the Northern Territory). Similarly to 2014–15, almost one third (31.9 per cent) of these households had one placement and around one fifth (21.4 per cent) had two placements.

2014–15

87%

of foster carer households were retained

2015–16

87%

of foster carer households were retained
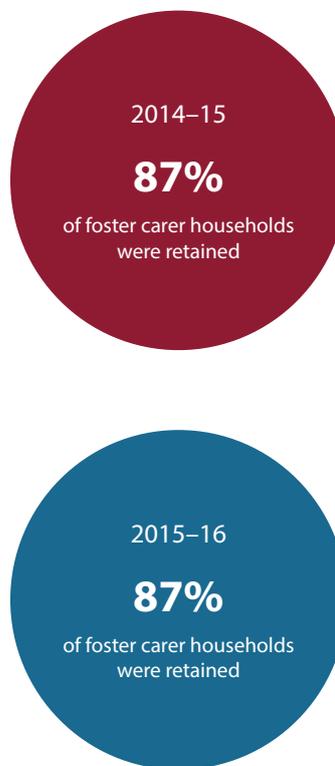
Literacy and numeracy

It is well known that education is important for the overall wellbeing of children. However, numerous studies have found that children in care have poorer educational outcomes than other children. This could be a reflection of the abuse or neglect they may have experienced, as well as the influence of their socioeconomic circumstances (AIHW 2007; Osborn and Bromfield 2007). This indicator uses results from the National Assessment Program — Literacy and Numeracy (NAPLAN) to assess whether children in care are achieving at or above national minimum standards for literacy and numeracy.

In interpreting the data it is important to note that the academic achievement of children in care is likely to be affected by complex personal histories and multiple aspects of disadvantage (including poverty, maltreatment, family dysfunction and instability in care and schooling) and recognise that children often have low educational performance when entering child protection services.

INDICATOR 4.5:

Proportion of children on guardianship and custody orders achieving at or above the national minimum standards for literacy and numeracy

2013

The 2013 dataset for the NAPLAN achievements for children on orders includes data from six jurisdictions: New South Wales, Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory. The availability of data for government and non-government school students varied across jurisdictions.

In 2013, among Year 5 students on orders, 82.7 per cent achieved at or above the national minimum standard for reading and 71.3 per cent achieved at or above the national minimum standard for numeracy.

Among Year 5 students on orders, 81.6 per cent of Aboriginal and Torres Strait Islander students achieved the reading benchmark compared to 83.6 per cent of non-Aboriginal and Torres Strait Islander students, and 63.5 per cent of Aboriginal and Torres Strait Islander students achieved the numeracy benchmark compared to 76.2 per cent of non-Aboriginal and Torres Strait Islander students.

2013

83%

of Year 5 students on orders achieved at or above the national minimum standard for reading

2013

71%

of Year 5 students on orders achieved at or above the national minimum standard for numeracy
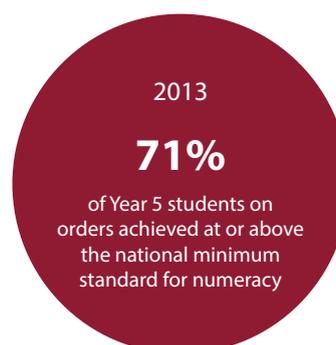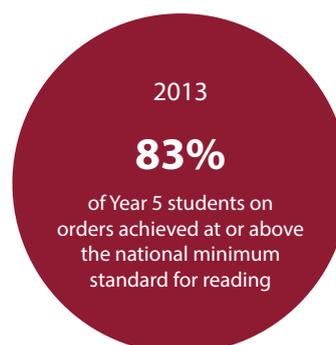
Leaving care plans

Historically, young people leaving statutory care and making the transition to independent living have been considered one of the most vulnerable and disadvantaged social groups (Osborn and Bromfield 2007). Young people leaving out-of-home care and making the transition to independent living often do not have the level of support (emotional, social and financial) available to most young people in their transition to adulthood. The transition often occurs at an earlier age and in a more abrupt manner than it does for their peers not in out-of-home care (Osborn and Bromfield 2007).

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 and ongoing case management.

INDICATOR 4.6:

Proportion of children aged 15–17 years who have a leaving care plan

2015

At 30 June 2015, about three-quarters (74.4 per cent) of young people in care aged 15–17 years had a current and approved leaving care plan (excludes South Australia, Tasmania, the Australian Capital Territory and the Northern Territory).

2016

At 30 June 2016, 70.4 per cent of young people in care aged 15–17 years had a current and approved leaving care plan (excludes South Australia, Tasmania, the Australian Capital Territory and the Northern Territory).

2015

74%

of children in care aged 15–17 years had current leaving care plans

2016

70%

of children in care aged 15–17 years had current leaving care plans
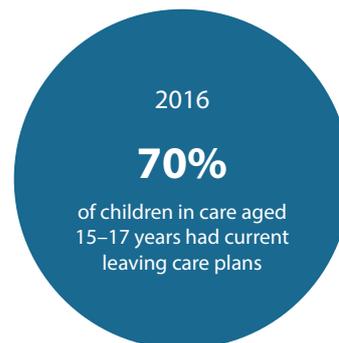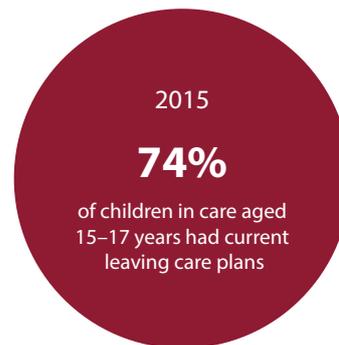
Cross-sector clients

Research shows that children and young people who have been abused and neglected are at greater risk of engaging in criminal activity and entering the youth justice system. Similarly, those who are in the youth justice system, particularly in detention, are highly likely to have a history of abuse or neglect (AIHW 2016). Procedures used within the child protection and youth justice systems can also facilitate involvement of one system with the other. For example, contact with youth justice agencies may lead to a child protection notification being made if abuse or neglect is suspected by, or reported to, staff (AIHW 2016).

INDICATOR 4.7

Proportion of child protection clients aged 0–17 years who enter juvenile corrective services or seek assistance from homelessness services

In 2014–15, among children 0–17 years who were receiving child protection services, 1,499 (5.5 per cent) were also under youth justice supervision. The 2014–15 data for this indicator include Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. This d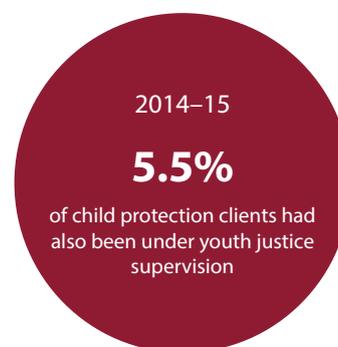ata captures only children who received child protection services and were also under youth justice supervision. Data was not available for children receiving child protection services who also sought assistance from homelessness services.

2014–15

5.5%

of child protection clients had also been under youth justice supervision

'Received child protection services' includes children who were in at least one component of the system at some time during the reference period (i.e. the subject of an investigated notification and/or on a care and protection order and/or in out-of-home care). 'Under youth justice supervision' includes children who were in at least one component of the system at some time during the reference period (i.e. under community based supervision and/or in detention).

National Priorities against Supporting Outcome 4

What is being done to ensure children who have been abused or neglected are receiving the support and care they need for their safety and wellbeing?

Although the National Framework is ambitiously leading the way towards achieving a substantial and sustained reduction in child abuse, the evidence indicates that too many of our children and young people are facing abuse and neglect. In response to this, the National Framework acknowledges the importance of providing support and adequate care for these vulnerable children and young people.

To help achieve this outcome, the National Framework has identified strategies that aim to:

- reduce child protection substantiations
- increase the resilience of abuse survivors
- improve the educational outcomes of children in out-of-home care
- ensure children leaving care have adequate leaving care plans
- examine the link between children who are subject to child protection substantiations and have also had services support from across the sectors.

These strategies focus on:

- enhancing access to support services for recovery where abuse or neglect has occurred
- supporting grandparent, foster and kinship carers to provide safe and stable care
- improving support for young people leaving care
- supporting enhanced national consistency and continuous improvement in child protection services.

To help progress against the performance indicators and towards the high-level outcome, the Second Action Plan outlined the following National Priorities against Supporting Outcome 4:

- **Enhancing the evidence base** — improving data collections relating to children's health, development and wellbeing

- **Filling the research gaps** — supporting research focused on issues relevant to protecting children from abuse and neglect

- **National Standards for out-of-home care** — identifying opportunities to improve outcomes for children and young people in out-of-home care

- **Transitioning to independence** — providing support in areas such as health, housing, education and employment to vulnerable young people transitioning to independence from out-of-home care

- **Improving support for carers** — addressing issues facing carers of children and young people unable to live at home with their own families, by exploring opportunities for professional care, removing barriers to caring for working families and developing a national survey to better understand what carers need

- **Sector development** — strengthening support for the education, professional development and retention of the child protection workforce, including enabling the Aboriginal and Torres Strait Islander workforce to be more actively involved in the tertiary child protection system.

Key activities under National Priorities in 2014–15 and 2015–16

A Step Up for Our Kids — ACT: The ACT Government's five-year Out-of-Home Care Strategy 2015 – 2020, *A Step Up for Our Kids*, introduced a range of new services and reforms to improve the way the out-of-home care system supports vulnerable children, young people and their families. It aims to create a system of care that is informed by the trauma experienced by children and young people. The strategy is intended to improve outcomes for children and young people in care by providing more flexible, child-focused services and to reduce demand for out-of-home care places. In partnership with community providers, the ACT Government has commissioned new services for families, new models of care and a range of advocacy and engagement services, focusing on innovative and collaborative service design. A mid-term preliminary evaluation of the five-year strategy will be undertaken in 2017, with the first evaluation report due in 2018.

In January 2016, the Uniting Children and Families program began delivering services aimed at keeping high-risk families together and providing them with the tools and knowledge they need to sustain a safe home environment for their children.

Enhancing the evidence base

NSW's Pathways of Care Longitudinal Study: This study is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The primary aim is to provide a strong evidence base to inform policy and practice in the OOHC service system and to improve decision-making about how best to support children who have experienced abuse and neglect. The study will provide unique, high-quality information about the wellbeing trajectories of children in OOHC, with immediate relevance to policy and practice decision making, regarding the length of time children are in OOHC; placement type and exiting care; recruiting, training and supporting carers; family contact; the provision of casework, services and supports; improved resource allocation; and improvements to the utility of the administrative data. More information is available at **www.community.nsw.gov.au/pathways**

NSW's Human Services Outcomes Framework: The NSW Human Services Outcomes Framework has been developed to improve outcomes for people in NSW through enhancing the evidence base and monitoring outcomes for families and communities in NSW. The framework identifies seven core domains of wellbeing: safety; social and community; health; economic; home; education and skills; and empowerment. Achievements against these domains will be measured to monitor progress towards increasing the wellbeing of people in NSW and providing areas of focus for intervention, programs and services. Work is currently underway to apply the framework to early intervention services and children in out-of-home-care. For further information go to **www.facs.nsw. gov.au/reforms/nsw-human-services-outcomes-framework**

Victoria's enhancing the evidence base on client trajectories: Strategic planning and service development relies on credible evidence. Victoria was keen to understand the throughput of different cohorts of children and young people into and out of the community service system. In 2014–15 Victoria identified that there was limited evidence on client trajectories that could be used to inform policy, reviews and reports. Much of the literature focused on one particular group of clients (for example, child protection clients) rather than using a whole-of-system approach over the life course. Identifying critical touch points across the service system not only helps to understand pressure points for demand but also recognises characteristics of vulnerable groups and their inherent risk factors. Drawing upon a large body of evidence from published and unpublished reports, Victoria identified the following four trajectories that typify different pathways through the community service system: continuously high and sustained service use, increasing severity and complexity of service engagement, decreasing severity and complexity of service engagement, and short and sporadic service use.

Queensland's Leneen Forde Chair of Child and Family Research: In 2015, the Department of Communities, Child Safety and Disability Services

(DCCSDS) established the Leneen Forde Chair of Child and Family Research in partnership with Griffith University. Queensland's key aims in establishing the Chair were to advance child protection and scholarship opportunities, strengthen research utilisation and research-into-practice activities in the child protection field, enable DCCSDS to maximise its use of academic expertise in the university sector, support evidence-based practices in the state's child protection system and increase access to latest research findings relevant to state child protection reforms. The Chair was jointly funded by Griffith University and DCCSDS until 2018 and contributed to the *Supporting Families, Changing Futures* reforms underway in Queensland. It also assists DCCSDS to implement recommendations from the 2012 Commission of Inquiry into Child Protection in Queensland. The implementation of these recommendations included more robust research, evaluation and the development of a strong evidence base to support ongoing policy and practice.

***Performance of the Queensland Child Protection System* report:** As part of its oversight and monitoring function, the Queensland Family and Child Commission reports annually on the performance of the Queensland child protection system. In 2015–16, the *Performance of the Queensland Child Protection System* report provided details of Queensland's progress towards a range of measures under the National Framework. The full report is available at **www.qfcc.qld.gov.au/annual-report-2015-16**.

Research on out-of-home care — Western Australia: RUAH Community Services, a Western Australian service which supports people experiencing disadvantage, is undertaking research on the local barriers to successful higher education outcomes faced by young people with experience of out-of-home care. The research will be informed by the voices of young people (aged 15 years and older) with an out-of-home care experience living in the metropolitan areas of Fremantle, Rockingham and Kwinana, their carers, families and elders. The research will also document organisational policy and program issues within the education and child protection sectors that may affect school engagement and influence the transition to and completion of further studies. It aims to provide constructive

recommendations on where improvements may be required in the local environment and highlight examples of successful interventions to support the transition to university by this group.

Filling the research gaps

National Research Agenda for Protecting Australia's Children 2011–14: Cost-shared funding was provided for the following three research projects, each focusing on families and their children living in three separate environments: refugee communities, high-risk communities and Aboriginal and Torres Strait Islander communities.

Australian Catholic University Institute of Child Protection Studies' Refugee Communities Intercultural Dialogue: Building relationships, building communities study: This research aimed to provide in-depth and contextualised data about how services may better support refugee parents to care for their children, and to better understand the social resources and connections required by refugee parents and their children to support positive parenting skills and family relationships.

University of New South Wales Social Policy Research Centre's Thriving in Adversity study: This study was conducted by researchers at the Social Policy Research Centre. The study was a contribution to the research priority 'making a community safe and supportive for its children — understanding the conditions necessary to create a child safe and child friendly community (Promoting Safe Communities)'. The conceptual framework for this project was positive deviance, which builds on decades of research into the risk and protective factors for child maltreatment. It recognises that in every disadvantaged community there are individuals and families who are doing unexpectedly well as they have practices and strategies that are positive and deviate from standard approaches.

The Secretariat of National Aboriginal and Islander Child Care Moving to Prevention research project: This was a two-year project aimed at developing knowledge about the quality and effectiveness of community-controlled intensive or targeted family support services for Aboriginal and Torres

Strait Islander families and their children. There were two parts to the project: a research study and the development of a practice guide and training package.

Working Together to Care for Kids — The survey of foster and relative/kinship carers: One of the initiatives implemented from the recommendations of the 2014 Senate Inquiry into Grandparents who take primary responsibility for raising their grandchildren was the development of a national survey. The Australian Government commissioned the Australian Institute of Family Studies to conduct the survey to better understand the demographics of non-parent carers (including grandparent carers) and their needs. Once finalised, the findings will inform government policy and practice to support grandparent-headed families. The report and findings are available from 2018 at **www.aifs.gov.au**

***Improving contact between children in out-of-home care and their birth parents — developing and trialling a contact intervention (kContact)**, 2013–17:* To understand how to better support the contact between parents and children in the out-of-home care system, an Australian Research Council grant was awarded to staff from the Institute of Child Protection Studies (ICPS) at the Australian Catholic University, in partnership with the University of Melbourne, and 10 non-government organisations across the ACT and Victoria that are contributing in-kind support. This has now been expanded, with additional sites in NSW. It involves a randomised control trial of an enhanced practice intervention that provides support for parents and aims to reduce child distress related to contact visits between parents and children removed through statutory child protection intervention.

This study arose out of calls from government, the courts, child welfare agencies and researchers for better evidence about contact for children in care. In its first year, the project team consulted with a wide range of stakeholders and conducted workshops on contact in the ACT and Victoria. Workshops aimed to increase practitioners' and policy-makers' knowledge about the current evidence and provide an opportunity to reflect on their practice. These consultations and workshops, combined with the research evidence, led to the development of the

kContact intervention. Staff are provided with training, resources and support to implement the kContact intervention in the intervention sites, and follow-up data is collected to enable its impact to be assessed. This trial is contributing to better evidence-informed policy, decision-making and management in relation to contact for children in out-of-home care and their parents.

For further information see **Issue 10 of the ICPS Research to Practice Series**, which was distributed nationwide to practitioners and policy makers.

Victoria's filling research gaps through data linkage: All government jurisdictions collect an enormous amount of administrative data that could be used more fully through data linkage. When linked at the individual unit record level, this type of information has the capacity to provide a comprehensive overview of client outcomes. Historically, data linkage between state and Commonwealth governments has been difficult because of legislative and privacy barriers. In 2015–16 Victoria participated in a proof of concept project to link state out-of-home care (OOHC) data with Commonwealth welfare data. This project was led by the Commonwealth Departments of Human Services and Social Services as part of a national data trial. The objective was to start with a cohort of young people born between 1990 and 1995 who had left OOHC and link it to Centrelink data at individual unit record level. The main objective was to address both perceived and actual barriers to cross-jurisdictional data linkage in a relatively short period. To overcome legal and privacy issues a memorandum of understanding between Victoria and the Commonwealth was put in place. It stipulated the responsibilities of each party in terms of inputs and outputs to the project. The data linkage focused on Aboriginal and Torres Strait Islander young people, OOHC care type, number of placements, age at first entry to OOHC, length of time in OOHC and age at last exit.

The results will indicate how OOHC clients in Victoria aged between 18 and 25 compare with young people of the same age in the general Australian population in terms of welfare dependence, time spent on welfare, workforce participation and receipt of crisis payments.

This project demonstrated the ability to link state and Commonwealth administrative data and the findings provide an accurate indication of income support and employment outcomes for young people leaving care, generating a sound evidence base to inform policy.

Queensland Family and Child Commission Research Agenda 2016–19: In June 2013 and as a result of the Queensland Child Protection Commission of Inquiry, the Queensland Family and Child Commission (QFCC) was given the responsibility of developing a rolling three-year research schedule to build the evidence base for child protection practice. During 2015–16, the QFCC consulted with 47 sector representatives, including academics, practitioners and policy makers, to identify research gaps and sector priorities in developing the research agenda. The QFCC Research Agenda 2016–19 can be seen at **www.qfcc.qld.gov.au/research-agenda-2016-19**

The Developmental Pathways in Western Australian Children (DPWAC) project, which began in 2005, is a collaboration between Telethon Kids Institute, The Department of Health's Data Linkage Branch and state government partners. DPWAC links de-identifed population-level data from WA government departments and agencies to investigate risk and protective factors leading to differences in developmental outcomes for children and youth. In early 2016, the Department for Child Protection and Family Support commissioned a project through DPWAC to use linked data to examine health (including mortality, mental health and pregnancies), corrective services and education outcomes for a group of care leavers born from 1990 to 1995, compared with a maltreated group who never entered care, and a control group. This project will be finalised by the end of 2017.

National Standards for out-of-home care

Queensland's Human Services Quality Framework and Child Safety Licensing: The Human Services Quality Framework (HSQF) is the Department of Communities, Child Safety and Disability Services' (DCCSDS) quality assurance system for assessing and promoting improvement in the quality of funded services. Under the HSQF, funded organisations undergo a cycle of regular independent third-party audits to assess their compliance with quality standards and evidence requirements. The HSQF applies to organisations delivering services funded by DCCSDS, including providers of child protection placement services in the scope of child safety licensing (licensed care services) and providers of services to families and children at risk of entering the child protection system. Roll-out of the HSQF commenced in 2013, with full implementation expected by January 2018.

The HSQF requires particular focus on quality systems that support continuous improvement in systems and processes that support quality service delivery and the safety and wellbeing of service users; this is embedded in the standards. Organisations that are not meeting the standards and needs of service users are required to take corrective actions. The monitoring of compliance with key safeguards is a partnership between the organisation, the independent auditing body and DCCSDS. Child Safety licensed care services also undergo a regular cycle of monitoring under an Organisational Level Licensing process.

For more information, see the department's web pages on the **HSQF** and **Child Safety Licensing**.

Tasmania's Out-of-Home Care (OOHC) Reform Project: Tasmania's OOHC system is a critical part of its Child Safety Service, providing accommodation and therapeutic care to children to alleviate the impact of trauma on a child's wellbeing across the lifespan.

Phase 1 of the OOHC Reform Project commenced in 2014–15 and was completed in 2015–16. Phase 1 focused on specialised care services (Sibling Group Care, Residential Care and Therapeutic Services) as well as the introduction of Special Care Packages (SCP). SCPs are individually developed to match a child's extraordinary need for care including therapeutic, medical, disability and similar supports that are not available through another care option. SCPs can range from an intervention to stabilise an existing placement for a child with extreme needs to a comprehensive package including a suitable placement to ensure the child's needs are met.

The next stage of reform will focus on family-based care arrangements and is being progressed in line

with a range of other actions aimed at improving the outcomes for children and young people in OOHC.

Northern Territory's reforms to out-of-home care: The Department of Children and Families continued to implement its reforms to out-of-home care services and system. This included working with the Australian Childhood Foundation to develop and implement a therapeutic residential care model within the department's residential care services. The department also awarded a contract for the Tennant Creek Community-Based Children's Care Service, which enables young children in care aged 0–12 years to remain closer to their families and community instead of being relocated to Darwin or Alice Springs. This facility allows children from the local region to remain in Tennant Creek while foster and kinship carers are found. It was established to provide a safe, culturally sensitive and developmentally appropriate emergency short-term care option. The Community-Based Children's Care Service is intended to reduce the trauma of removal and ensure that the children remain connected to their community and family.

National Standards for out-of-home care: The Australian Government, state and territory governments and the non-government sector developed National Standards to ensure children in need of out-of-home care are given consistent, best practice care, no matter where they live. A set of 22 measures was developed to report on the impact of the 13 National Standards in driving these improvements. In 2015–16, 19 of the 22 measures were reportable.

The views of children and young people in out-of-home care: As a major commitment, the Commonwealth, states and territories agreed to measure and report against the National Standards and to proceed with the first national survey in 2015 to capture the views of children and young people in out-of-home care. The survey data reports on eight child-reported indicators under the National Standards. The survey is an ongoing commitment to be implemented every two years.

The *ACT Children and Young People (ACT out of home care) Standards 2016 (No. 1)* came into effect on 1 July 2016. These standards are modelled on the National Standards. All organisations providing

services to children and young people must be approved by the Human Services Registrar as having met the suitable entity criteria for an approved care and protection organisation.

Western Australia's out-of-home care reform: The Department for Child Protection and Family Support, in partnership with the community services sector, developed the reform plan *Building a Better Future Out-of-Home Care Reform in Western Australia* (OOHC Reform Plan), which was launched in April 2016. The plan is the most significant suite of reforms the department has undertaken in many years. It aligns with the National Framework and is committed to achieving the priorities outlined in the National Standards. The OOHC Reform Plan focuses on three critical elements for children in out-of-home care to achieve improved life outcomes: early certainty and stability for children; safe, healing and supported care; and making enduring relationships with family, community connections and culture to support the child's identity and sense of belonging.

Alongside the OOHC Reform Plan, the Outcomes Framework for Children in Out-of-Home Care in Western Australia was developed to monitor, measure and regularly report on the outcomes achieved for children living in out-of-home care.

The *NSW Child Safe Standards for Permanent Care* replaced the *NSW Standards for Statutory Out-of-Home Care and the Adoption Standards* and became effective at 1 December 2015. The out-of-home care and adoption standards were merged to create one set of standards that support a dual accreditation process for agencies choosing to provide both statutory care and adoption services. The *NSW Child Safe Standards for Permanent Care* were updated to provide a greater focus on achieving permanency and promoting participation of children and young people. The standards support the NSW Government's Safe Home for Life Child Protection Reforms and the implementation of the permanency hierarchy.

The NSW Office of the Children's Guardian has an ongoing program of assessment and monitoring against the standards to assess the quality of out-of-home care services across the sector. This includes onsite assessments for designated agencies providing statutory out-of-home care in NSW.

Transitioning to Independence

Towards Independent Adulthood Trial: In the May 2016 Budget, the Australian Government announced an investment of $3.87 million to deliver a trial aimed at increasing the wellbeing and future economic and social outcomes of young people transitioning from out-of-home care. The three-year *Towards Independent Adulthood* trial will support young people as they move from the child protection system into adulthood. The trial will deliver one-on-one mentoring and targeted supports to up to 80 young people aged 16 years who have agreed to participate. Personal advisers will help young people leaving care to gain skills for independent living and to access housing, education, training, employment and specialist support and services, as required. The trial will be delivered in metropolitan Perth and the Peel, Wheatbelt and South West regions of Western Australia.

South Australia's Successful Transitions is an intensive mentoring program that engages and supports vulnerable and disengaged young people aged 17 to 24 years to successfully transition to further education, vocational training or secure employment. Young people are assisted to overcome the barriers and problems that affect their access to or continuation in education and employment, thereby enhancing access to positive future pathways and community participation. Delivered by five service providers since April 2015, the program operates in five regions of identified disadvantage across South Australia: Northern Adelaide, Southern Adelaide, the Limestone Coast (Mount Gambier), Yorke and Mid North (Port Pirie, Port Augusta, Peterborough and Whyalla), and the Adelaide Hills/Murray Mallee (Murray Bridge and Mount Barker). More information is available on the **program's web page**.

Queensland's Next Step After Care Services: In April 2015, the Queensland Government provided $11.8 million over four years for the Next Step After Care Services program, which is dedicated to providing 24/7 support to young people from 15 to 21 years as they move out of care and on to establishing independent lives. In 2015–16, DCCSDS engaged approximately 500 young Queenslanders with Next Step After Care Services. The program gives young

people practical advice and support about such issues as housing and accommodation, managing money, education, becoming job-ready, legal advice and relationships, including concerns with family and friends. The Next Step initiative includes the Sortli (short for 'sort out your life') free mobile phone application, which was launched in November 2014. The app aims to keep young people connected and provide guidance to young people in care about issues such as finances, housing, health and education options.

Queensland's Platform 18: In November 2015, Lady Cilento Children's Hospital launched the Platform 18 pilot, a free primary health care service for young people aged from 15 to 18 years who are on child protection orders. The service provided health assessments and support services related to all aspects of a young person's health and wellbeing. These issues may include anxiety, depression, stress, sleeping difficulties, school problems, bullying or relationships and sexual health.

Improving support for Carers

NSW's Caring For Kids: This best practice resource provides a contemporary information platform about day-to-day caring. Topics include cultural identity, supporting education and health, challenging behaviours, roles and responsibilities, and online safety. The website was developed with carers, service providers and specialists. More information is available at **www.caring.childstory.nsw.gov.au/**

NSW's Partners in Care: Tweens and Teens: This resource provides practical strategies to support carers who care for a tween or teen. Advice through each stage of the teenage years is provided as well as a carer toolkit. More information is available at **www.community.nsw.gov.au/parents,-carers-and-families/parenting/raising-teens-support-for-foster-and-kinship-carers**

NSW's Carer Reference Groups: The NSW Carer Reference Groups were established as a platform for carers to inform the service system, identify issues and help support information sharing across carer networks. Carer Reference Group forums and planning days were held in 2015–16 to strengthen and enhance

these groups. More information is available at **www. community.nsw.gov.au/parents,-carers-and-families/fostering,-guardianship-and-adoption/ foster-care/nsw-care-reference-group**

NSW tailored training for foster and kinship carers: The NSW government funds Connecting Carers NSW to deliver training, advocacy and support to foster and kinship carers. In 2015–16 training modules included cyber-safety and understanding restoration. More information is available at **http:// connectingcarersnsw.com.au/**

Training in trauma-informed care — ACT: The ACT is improving its support for carers under *A Step Up for Our Kids* through access to training in trauma-informed care, establishment of an independent Foster and Kinship Carer Advocacy Service and streamlining of processes and approvals. It has also extended the carer subsidy age limit from 18 years to 21 years for eligible carers. This is just one of the supports available to ensure continued support for young people aged over 18 years as they transition to adulthood. In addition, under *A Step Up for Our Kids* all children entering care have a therapeutic assessment to improve information to carers and assist them to respond in a therapeutic way to children in their care.

Queensland's support for carers: The Department of Communities, Child Safety and Disability Services (DCCSDS) and non-government foster and kinship care services provided a range of support services for carers, including training and financial support, to help them achieve better outcomes for children and young people and continue in their carer role for longer periods.

In 2015–16, Queensland improved the following training modules: When a child in care is missing; Caring for Aboriginal children (a training module for non-Indigenous carers); Water safety; Family contact; and Child sexuality. Carers have also been offered access to training sessions on 'Responding to babies and infants affected by Domestic and Family Violence'.

Victoria's investment in carers: In 2015–16, the Victorian Government invested in the training of and support for carers. It invested $3.2 million to attract, recruit and retain foster carers. This resulted in the launch, in September 2016, of new resources for foster carers, including a new handbook for foster carers, a new complaints framework and associated booklet, a podcast series and a new Victorian foster carer charter setting out the responsibilities of carers, the department and agencies.

Victoria also invested $31.4 million over four years to improve financial support for home-based carers, delivering an increase of $1,040 per annum to the care allowance paid at the level one rate. This initiative also saw the introduction of a new client support funding framework, ensuring a fair and consistent approach to providing additional financial support to help carers meet the needs of children and young people in their care.

Further information about supports available to carers can be found on the **Victorian Department of Human Services website**.

Northern Territory's carer recruitment: To improve placement options Territory Families focused on recruiting more foster and kinship carers and improving support to those in the community who already provide care. The Foster Carer Attraction, Recruitment and Retention Strategy 2015–2016 provided for the development of a Carer Attraction and Recruitment Team to support the recruitment of foster carers, including Aboriginal carers, 'talking posters' produced in key Top End and Central Australian Aboriginal languages, and radio advertisements inviting Aboriginal people to become carers.

The Northern Territory Remote Aboriginal Investment National Partnership Agreement with the Australian Government was finalised in April 2016. This agreement replaced Stronger Futures and secured continued Australian Government investment for a Remote Family Support Service and Women's Safe House program.

Northern Territory In-Care Support

The Territory Families In-Care Support unit is a specialised team of therapists/clinicians with psychology or social work backgrounds, experienced in assessment and delivering therapeutic services to children and young people.

In-Care Support received a referral for a 7-year-old girl with suspected substance exposure while her mother was pregnant, abuse and neglect as well as grief and loss with the death of her primary carer. This child had experienced a number of placements and her behaviour was challenging for her carer to manage. Initial psychometric testing identified a number of areas of difficulty consistent with the child's self-reporting and reports from the carer, case manager and teacher.

After a period of engagement with the case manager, the school and the carer, and observations in both the school and home environment, individual intervention commenced with the child. The child received 16 individual sessions, and the carer received six individual post-assessment support sessions for psycho-education and behavioural support. Individual sessions with the child included Mindfulness Cognitive Behavioural Therapy, Psycho-Education, sensorimotor and psychomotor activities, as well as play and art-based therapeutic interventions within a therapeutic alliance.

Post-treatment reports indicate that the issues she presented with are no longer apparent, and that there has been a reduction in anxiety and anger and improved emotional regulation. Further, psychometric testing confirmed a number of significant improvements in both the child's presentation and the relationship between the child and carer. These outcomes are typical of In-Care Support cases and highlight the positive impact of a systematic care team approach to children in care. Improvements such as these improve the child's wellbeing, decrease the stressors the carers are facing and improve the child's capacity to engage in their learning environment. The long-term benefits include improved wellbeing for children in care, placement stability, engagement and retention in education, and professional case consultation support for case managers.

In-Care Support can provide professional opinion, case consultation and systemic care team interventions, including individual therapy, carer interventions, group psycho-education to foster carers, and specific group programs in Darwin, Katherine and Alice Springs.

Sector development

Tasmania's Child and Youth Services Practice Manual: The Tasmanian Department of Health and Human Services Children and Youth Services (CYS) comprises the Child Safety Service, Youth Justice Service, Family Violence Counselling and Support Service, and Adoption and Permanency Services. These program areas previously had separate mechanisms for developing, storing and reviewing documents relating to their activities.

In 2014, a project was commenced to develop a consistent whole-of-CYS approach to development, approval and implementation of policy documents. The new CYS Practice Manual was developed as an

integrated online user-friendly platform available across the department. It is also used by the Child Health and Parenting Service within the Tasmanian Health Service. The project was completed in 2016, with policy review and development part of ongoing business.

South Australia — Certificate IV in Child, Youth and Family Intervention: In early 2015 it became a contractual requirement for all South Australian DCP staff working in residential care to complete a Certificate IV in Child, Youth and Family Intervention. The nationally accredited qualification reflects the knowledge and skills required to provide out-of-home care to some of the most vulnerable children and young people in the state. The course is

contextualised to reflect an organisation's policies and procedures and begins with an induction period of six weeks of on- and off-site learning. This provides a foundational framework that is built upon as workers gain experience in the field. The Department for Education and Child Development Registered Training Organisation provides the training and assessment required for all staff who have gained employment in residential care to complete the Certificate IV within 12 months. This includes all existing employees who did not previously have the opportunity to complete the qualification.

A Diploma of Leadership and Management is offered to DCP staff in leadership roles across the agency or who are nominated as aspiring leaders. Residential care staff in leadership roles are expected to enrol in this qualification as part of professional development requirements.

ACT Together: In January 2016, ACT Together began providing long-term out-of-home care services, including a mix of trauma-informed, therapeutic care options to support the individual needs of the child or young person. The services offered include foster and kinship care, as well as intensive models of care. Engaging ACT Together reduces duplication in the roles of government and non-government services. It gives the out-of-home care providers greater autonomy and responsibility in providing stable, long-term care for children and young people, and provides flexibility to invest in early intervention to improve stability of placements. ACT Together will hold responsibility for a number of functions previously held by Child and Youth Protection Services, and work is continuing to develop the sector's maturity and capacity as further responsibility is progressively transitioned from the ACT Government.

Queensland Family and Child Commission's Strengthening our Sector strategy: The Queensland Family and Child Commission (QFCC) released the draft Strengthening our Sector strategy in early 2016. Having a capable and effective sector means better services and support for children and families, and ultimately better outcomes for Queensland. In developing the strategy, the QFCC worked with peak bodies and industry partners from across the sector to formulate priorities and discuss sharing implementation responsibilities.

The QFCC undertook a broad range of consultations on the draft strategy, including hosting 14 roundtables across Queensland, attended by 212 people, to engage local child and family service providers and community members about regional priorities designed to build capability, capacity and professional practice culture. Feedback was also sought from government agencies, and one-on-one discussions were held with sector organisations in targeted locations and through online feedback. The sector widely endorsed these strategy priorities:

- responding to the needs of the Aboriginal and Torres Strait Islander workforce and organisations, including pathways for employment entry and building capacity of community-controlled organisations

- having place-based community and service provider engagement projects to identify local initiatives in response to local community and service system needs.

WA Department for Child Protection and Family Support's Learning and Development Centre: In 2015–2016 the Learning and Development Centre delivered a range of professional development opportunities and programs to support the education of staff and the sector and retention of the child protection workforce. Its initiatives included:

- providing 1,977 learning sessions (face-to-face or video-conferencing), attended by more than 3,380 departmental staff and 550 partner agency staff

- further developing its eLearning capacity — averaging 5,700 sessions per month, with an average of 355 users logging in to online courses at least once a month

- facilitating a range of conferences and workshops, including an Out-of-Home Care Conference, Foster Carers conference, and residential care and out-of-home learning workshops

- establishing the Aspiring Cultural Leadership Program, which began in May 2016, to develop the cultural competency of staff

- facilitating 25 traineeships for the Diploma of Child, Youth and Family Intervention, which provide a pathway to the second year of a Bachelor's degree in social work or social science.

Supporting Outcome 5: Are our Indigenous children supported and safe in their families and communities?

The reportable domains that demonstrate performance against Supporting Outcome 5 are the placement of Aboriginal and Torres Strait Islander children in kinship care or with other Indigenous caregivers and the proportion of Indigenous children in care who have a cultural support plan.

Placement of Indigenous children

Aboriginal and Torres Strait Islander children and young people benefit when they are able to maintain fundamental links to family, community, land and culture. The Aboriginal and Torres Strait Islander Child Placement Principle states that the preferred order of placement for Aboriginal and/or Torres Strait Islander children who are unable to live with their families is with:

- the child's extended family

- the child's Aboriginal and Torres Strait Islander community

- other Aboriginal and Torres Strait Islander people.

This principle is just one of many considerations taken into account when making decisions for placement of Aboriginal and Torres Strait Islander children. Where placement options outlined in the principle are not optimal for a child's safety and wellbeing, the child may be placed in an alternative care arrangement. Usually this is done only after extensive consultation with Aboriginal and Torres Strait Islander individuals and/or organisations. This principle has been endorsed by all states and territories in Australia (AIHW 2017b).

INDICATOR 5.2:

Proportion of Indigenous children aged 0–17 years in out-of-home care placed with extended family or other Indigenous caregivers

2015

In 2015, 10,118 Aboriginal and Torres Strait Islander children — almost two-thirds (65.7 per cent) of Aboriginal and Torres Strait Islander children in out-of-home care — were placed with relatives/kin or other Aboriginal and Torres Strait Islander carers. Placement with Aboriginal and Torres Strait Islander relatives/kin was most common (35.2 per cent).

At June 2015

66%

of Indigenous children were placed with relatives/kin or other Indigenous carers
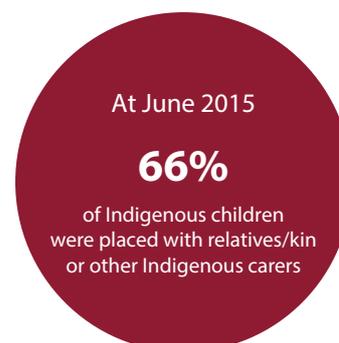
2016

Similarly, in 2016, 11,106 Aboriginal and Torres Strait Islander children — two thirds (66.2 per cent) of Aboriginal and Torres Strait Islander children in out-of-home care — were placed with relatives/kin or other Aboriginal and Torres Strait Islander carers. Placement with Aboriginal and Torres Strait Islander relatives/kin accounted for about one third (35.0 per cent) of placements.

The proportion of Aboriginal and Torres Strait Islander children placed with extended family or other Aboriginal and Torres Strait Islander caregivers has decreased from 70.5 per cent in 2010 to 66.2 per cent in 2016.

At 30 June 2016

66%

of Indigenous children were placed with relatives/kin or other Indigenous carers
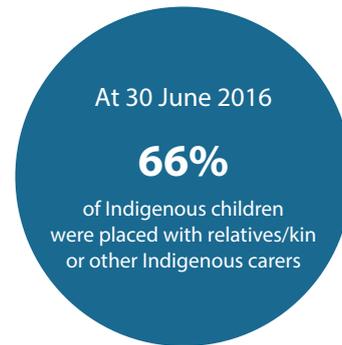
Cultural care plans

A cultural support plan is an individualised plan that aims to develop or maintain a child's cultural identity through connection to family, community and culture while they are in care. Cultural support plans help to ensure that planning and decision making are culturally appropriate and in the best interests of the child. A cultural support plan is usually developed between the child and the agency, in consultation with members of the community (or relevant officer) and usually includes:

*   relevant cultural information, including about the child, their family, nation and/or country, community, language, clan, ethnic/island or cultural group and personal history

*   activities that maintain and support the child's cultural identity and connection with communities and culture

*   supports required to ensure the child maintains his or her connection and is able to participate in activities documented in the cultural support plan (AIHW 2017b).

INDICATOR 5.4:

Proportion of Indigenous children aged 0–17 years in care who have a cultural support plan

At 30 June 2015, 8,131 Aboriginal and Torres Strait Islander children — 81.3 per cent of Aboriginal and Torres Strait Islander children in care — had current documented and approved cultural support plans. At 30 June 2016, 8,202 Aboriginal and Torres Strait Islander children — three-quarters (74.9 per cent) of Aboriginal and Torres Strait Islander children in care — had cultural support plans.

Data for 2015 excludes South Australia, Tasmania and the Northern Territory. Data for 2016 excludes these jurisdictions and also Victoria.

2015

81%

of Indigenous children in care had cultural support plans

2016

75%

of Indigenous children in care had cultural support plans
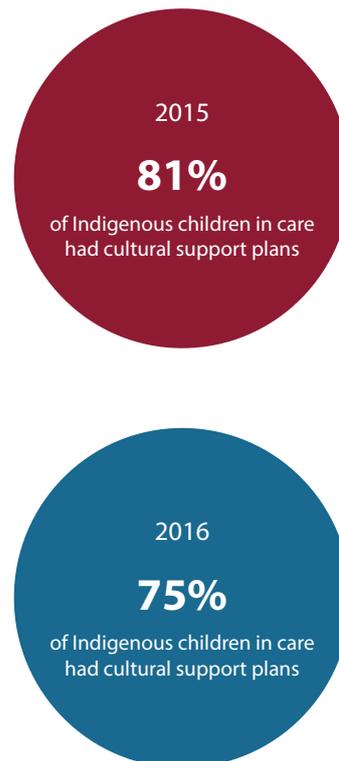
National Priorities against Supporting Outcome 5

What is being done to ensure our Indigenous children are supported and safe in their families and communities?

The National Framework recognises that in order to ensure our Aboriginal and Torres Strait Islander children are supported and safe in their families and communities, strategies to help achieve this outcome need to be developed in partnership with Aboriginal and Torres Strait Islander families and communities, Aboriginal and Torres Strait Islander agencies, mainstream service providers and all Australian governments.

The identified strategies under Supporting Outcome 5 focus on:

- expanding access to Aboriginal and Torres Strait Islander and mainstream services for families and children

- promoting the development of safe and strong Aboriginal and Torres Strait Islander communities

- ensuring that Aboriginal and Torres Strait Islander children receive culturally appropriate protection services and care.

To help progress against the performance indicators and towards our high-level outcome, the Second Action Plan outlined the following National Priority against Supporting Outcome 5:

- **Closing the Gap** — aiming to ensure that Aboriginal and Torres Strait Islander families and communities are in a position to provide their children with the safe and supportive environments they need to reach their full potential.

Key activities under National Priorities in 2014–15 and 2015–16

Closing the Gap

The **Aboriginal and Torres Strait Islander Working Group** was established as a new commitment under the Third Action Plan. The working group is implementing a cross-cutting focus aimed at reducing the over-representation of Aboriginal and Torres Strait Islander children and young people needing child protection services. It is responsible for ensuring the Third Action Plan remains focused on achieving outcomes for Aboriginal and Torres Strait Islander children and families. It is chaired by SNAICC — National Voice for our Children, which is a long-term partner of the Commonwealth Government in matters of mutual concern. The working group ensures that implementation of each action of the Third Action Plan aligns with the Aboriginal and Torres Strait Islander Child Placement Principle. The Principle seeks to ensure that child and family welfare policy,

legislation and practice place importance on connection to family, community, culture and country for Aboriginal and Torres Strait Islander children and young people. It involves five sub-principles: prevention, partnership, placement, participation and connection.

Victoria's Transitioning Aboriginal children to Aboriginal agencies: Consistent with principles of self-determination and self-management, the Victorian Government, in partnership with the Commission for Children and Young People, Aboriginal Community Controlled Organisations (ACCOs) and non-Aboriginal community service organisations, is working to transition the case management and care of all Aboriginal children and young people on statutory protection orders to ACCOs. The ultimate representation of this policy

direction is the transfer of the Secretary's legislative functions and powers for children on protection orders to Aboriginal organisations (authorisations). It is anticipated the first authorisations using these legislative provisions will occur by the end of 2017, enabling Aboriginal agencies in Victoria to fully administer statutory child protection orders.

The Victorian Department of Health and Human Services is working with all sector stakeholders to implement this statewide strategy, which is strongly supported by the Victorian Aboriginal Children's Forum and is consistent with the Victorian Government's *Roadmap for Reform* policy. Government policy is aligned with an agreement reached between a number of non-government organisations (at the *Beyond Good Intentions forum*), which recognises the inalienable right of Aboriginal and Torres Strait Islander people to self-determination. Acknowledging the connection to culture, family, community and country is fundamental to building a strong Aboriginal child, family and community service system in Victoria.

Northern Territory Department of Health's Aboriginal Cultural Security Policy and Framework recognise the centrality of culture to improved health and wellbeing of Aboriginal people, families and communities through enhanced service access, equity and effectiveness. They commit NT Health to respectfully combine the cultural rights and values of Aboriginal people with the design and delivery of health services. They acknowledge cultural security as fundamental to closing the gap in health outcomes for Aboriginal Territorians. In 2014–15 NT Health developed an Aboriginal Cultural Security Framework to help health staff to understand and implement components of cultural security. The framework identifies areas for action on cultural security, including increasing the Aboriginal health workforce, improving health literacy and ensuring consumer and community participation in health services. A monitoring, reporting and learning framework will be developed to support ongoing monitoring of the implementation.

In 2015 the NT introduced a Health Special Measures Plan, which enables preference in recruitment to be given to Aboriginal applicants for all NT Health

advertised vacancies. This contributed to improved Aboriginal employment rates in 2015–16. NT Health supported 41 Aboriginal and Torres Strait Islander undergraduate cadets in health disciplines, including medicine, nursing, occupational therapy, psychology, health science, social work and community services.

The department delivered a range of training and development programs to support the cultural capability of the health workforce. In 2015–16, 628 employees attended Aboriginal cultural development programs to develop skills and knowledge to work effectively with Aboriginal and Torres Strait Islander staff and consumers.

Victoria's cultural planning: As part of the amendments to Victoria's *Children, Youth and Families Act 2005* that took effect in March 2016, the legislation was expanded to require the provision of a cultural plan for all Aboriginal children living in out-of-home care. Promoting a child's connection to their culture requires identifying their specific cultural support needs to ensure all child protection decisions are reflective of and consistent with those needs. Cultural plans are provided to children and young people to help maintain and develop their Aboriginal identity and encourage connection to their Aboriginal community and culture. This forms part of the care and placement planning process.

A revised cultural planning model has been co-designed with Aboriginal community controlled organisations (ACCOs), the Commissioner for Aboriginal Children and Young People and key stakeholders. The new model establishes 18 positions of Senior Adviser — Aboriginal Cultural Planning, whose occupants will be employed by ACCOs to help develop and implement cultural plans, as well as a statewide co-coordinator. The new model also includes the development of a cultural information portal supported by a portal administrator whereby information can be shared with professionals and carers to assist with cultural planning and the building of children's connections.

Improving out-of-home care for Aboriginal children and young people in NSW through co-design: In 2014–15, the NSW Department of Family and Community Services concluded a co-design process with the Aboriginal Child, Family

and Community Care State Secretariat (AbSec) and other sector leaders to develop improvements in out-of-home care for Aboriginal children and young people in NSW. An action plan comprising 32 actions to be implemented over five years was developed to achieve the vision articulated through this process.

NSW's Aboriginal Cultural Inclusion Framework: The Aboriginal Cultural Inclusion Framework was launched in 2014–15 to embed Aboriginal cultural inclusion in work being delivered by the NSW Department of Family and Community Services. The framework was developed in partnership with Aboriginal communities and aims to deliver better outcomes for Aboriginal people and their families and reduce the over-representation of Aboriginal children and young people in child protection and out-of-home care.

Tasmanian Aboriginal Centre: To strengthen community safety in the Tasmanian Aboriginal community, in 2014–15 the Tasmanian Government, through its Office of Aboriginal Affairs, funded the Tasmanian Aboriginal Centre to update and distribute two resource booklets: *palawa kids can say no* and *family violence is not ok! for palawa kids*.

South Australia's Kurlana Tangkuinya 'New Dreams' is a three-year program (2015–16 to 2017–18) which is providing Aboriginal women and children who experience domestic and family violence and are at risk of homelessness with safe, stable housing and support to participate in employment, training, education and schooling. Assessment, holistic case management and advocacy are utilised to connect clients with community services and support, while maintaining a child focus at all times. Housing provision is integrated with case management, including support around mental health, alcohol and other drug use and family violence. The Commonwealth Government has funded Housing SA, under the Indigenous Advancement Strategy, to establish the program. Key program outcomes include improved outcomes for women and children through improved safety, minimising the impact of domestic and family violence, reducing the representation of Aboriginal children engaged in child protection, and increasing school training, employment and engagement.

South Australia's Walk Along initiative: This Department for Education and Child Development initiative, which commenced in March 2016, supports Aboriginal children and young people who are moving with their families to the Adelaide metropolitan area from the Anangu Pitjantjatjara Yankunytjatjara (APY) and Maralinga Tjarutja Lands. Funded under the Commonwealth Government Indigenous Advancement Strategy, it aims to close the gap in attendance and retention rates for Indigenous children, increase literacy and numeracy levels and ensure access to preschool opportunities. The Walk Along team operates as a mobile specialist team providing effective intervention for Anangu children, young people, their families, preschools and schools to ensure that continuity of education remains a priority when they are away from their home communities, visiting in Adelaide. The Walk Along team identifies Anangu families leaving the APY Lands and helps them access culturally appropriate education, care and crisis services (crisis intervention, transport, accommodation) that meet individual children and young people's needs. Support is also provided to schools to address the learning and wellbeing needs of Anangu children and young people.

NSW Aboriginal community forum — Our Kids Our Way: In May 2016, an Aboriginal community forum, Our Kids Our Way, was hosted by the then Minister for Family and Community Services to hear directly about the lived experiences of Aboriginal young people, parents and carers involved in the child protection system; highlight where the government must improve in order to reduce the significant over-representation of Aboriginal children and young people in the system; and ensure Aboriginal children and young people have better outcomes and are safe in their families and communities. The forum resulted in 21 recommendations, including a commitment by the minister and department for an independent review of all Aboriginal out-of home-care cases from a 12-month period to commence in 2016–17.

Cultural Care Plan for all Aboriginal children and young people in NSW in care: The NSW Aboriginal and Torres Strait Islander Cultural Care Plan has been developed to ensure that Aboriginal children and young people stay connected to their family, culture

and Country and grow up with a strong sense of cultural identity. The Cultural Care Plan must detail a minimum of four participation activities that allow the opportunity for a child to improve their connection with culture, community and family. It must include a minimum of four consultations with the child's Aboriginal family, kin and community. The Cultural Plan also details how the Aboriginal Child Placement Principle is applied in consultation with Aboriginal family, kin and community.

Grandmothers Against Removal: The NSW Department of Family and Community Services has been working closely with Grandmothers Against Removal to implement the *Guiding Principles for Strengthening the Participation of Local Aboriginal Community in Child Protection Decision Making*.

NSW Aboriginal Child and Family Centres: The NSW Government announced in June 2016 that it will provide $15.2 million over the next four years for Aboriginal Child and Family Centres to deliver early childhood education and care for Aboriginal children and young people.

Western Australia's *Aboriginal Services and Practice Framework 2016–18:* In June 2016 the Department for Child Protection and Family Support (CPFS) launched the **Aboriginal Services and Practice Framework 2016–18**. The framework guides and supports improved outcomes for Aboriginal children, families and communities who come into contact with the child protection system. It will build on and inform CPFS's review, development and implementation of services, policies and practice, and current reforms including out-of-home care and earlier intervention and family support. The framework outlines how practices, structures, funding, policies and the workforce must be specifically tailored to meet the needs of Aboriginal children, parents, families and community. It outlines the ongoing imperative of partnership with the Aboriginal community in designing and delivering child protection services.

Northern Territory's A Share in the Future — Review of Indigenous Education was completed in 2015. It made 51 recommendations covering all stages of education from early childhood to secondary education, emphasising student attendance, quality numeracy and literacy approaches and clear pathways to higher education, training and employment. The recommendations have informed the development of a 10-year strategy to drive policy and programs that are proven to make a difference for Indigenous students. From 2015 to 2017 the first stage of implementation is taking place, with 25 key actions contributing to achieving the 10-year targets.

Queensland's Family Wellbeing Services: In 2015–16, the Queensland Government committed $150 million over five years for the establishment of community-run Family Wellbeing Services to better support Aboriginal and Torres Strait Islander families and communities. This funding reflected the Queensland Government's release, in May 2016, of *Towards a Queensland action plan for vulnerable Aboriginal and Torres Strait Islander children and families*, which committed to the development, in partnership with Aboriginal and Torres Strait Islander communities and leaders, of an action plan to improve life outcomes and to address the disproportionate representation of Aboriginal and Torres Strait Islander children and families in the child protection system. An 18-month statewide engagement strategy was conducted to gather the views of Aboriginal and Torres Strait Islander leaders and service providers, which then informed a design workshop led by Indigenous people that developed the program framework for Family Wellbeing Services. See **Aboriginal and Torres Strait Islander Family and Wellbeing Services** for further information.

Northern Territory's Remote Family Support Service: See the earlier entry for this service under Supporting Outcome 2, Sharing information.

Queensland's Aboriginal and Torres Strait Islander Service Reform Project

This project was established in 2014 with the aim of finding better ways of working with, and meeting the needs of, Aboriginal and Torres Strait Islander children, families and communities. The project was designed to reduce the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection system, especially out-of-home care, and was led by a partnership comprising the Department of Aboriginal and Torres Strait Islander Partnerships, the Department of the Premier and Cabinet and the Department of Communities, Child Safety and Disability Services (DCCSDS).

The following case study is a positive example of the investment by the Aboriginal and Torres Strait Islander Service Reform Project in service responses that aim to provide families with the right services at the right time, with a particular focus on access to universal and secondary services, collaborative case management, community-based referrals and differential responses.

A family support worker received two self-referrals, from a sister and brother and both of their partners. At the time, both siblings were living in their grandmother's house, together with their partners and children. The house was overcrowded, with a number of other young people staying there at the same time.

Referral one (couple one): After receiving the first self-referral, the family support worker became aware that one of the siblings and their partner were subject to an Intervention with Parental Agreement with the DCCSDS. An Intervention with Parental Agreement is an agreement that allows child safety officers to work intensively with children, young people and their families to meet their child's protection and care needs while the child remains in the family home for all or most of the intervention period. One of the main issues presented in this specific matter was lack of stable accommodation. The family support worker liaised with another family support service that worked closely with a local real estate agent to source affordable housing. This support service could not provide support to clients until it had received a formal referral from DCCSDS. The family support worker continued to provide support to the family in the search for appropriate housing and the couple were able to secure stable accommodation with their child in a private rental property. Ongoing support was subsequently provided to ensure the family understood and met the requirements of their lease.

Referral two (couple two): The second sibling and their partner have three young boys and, through the support of the service provider, they were able to secure public housing. The same family support worker had also worked with this family and gathered the required identification and addressed ongoing domestic and family violence issues. This young couple successfully moved into their new home, with ongoing support being provided to the family to help them obtain necessary household items.

In both situations, it was the first time that the couples had successfully been supported to gain their own accommodation. This was a huge relief not just for them but also for their grandmother, as these housing solutions reduced the overcrowding of her small house. Both couples and their families continued to receive support for budgeting and maintaining their new accommodation. Once these initial supports were provided, additional referrals were made to local family support services. For further support, both families continued to self-refer to the family support worker with whom they had an ongoing and trusted relationship.

Working with schools to integrate social and emotional learning with community consultation practices — Northern Territory

One of the 24 schools participating in the trial of the NT Department of Education's Social and Emotional Learning (SEL) Curriculum is Urapunga School. The Urapunga Community is a remote Aboriginal Community located 473.5 kilometres from Darwin, Northern Territory. The common languages of students in Urapunga are Aboriginal English and Kriol and English, but the first language is Ngalakan. The community is currently undertaking a Ngalakan Language and Culture Revitalisation project, which aims to re-establish the traditional language with the younger generations.

Department of Education staff worked with the Teaching Principal at Urapunga to build SEL into the Ngalakan Language and Culture Revitalisation project. They supported the project by attending a women's group and men's group to consult about good ways for teachers to discuss issues of student wellbeing, and ways that emotions and social skills are discussed in first language. This practice allowed the school to find common vocabulary for the local adaptation of SEL that values strengths and is informed by community wellbeing priorities. Wellbeing data received from Urapunga School students' 2016 pre- and post-trial surveys showed an increase in students' perceptions of social and emotional skills.

Queensland's Family and Child Connect

Family and Child Connect (FaCC) services provide an alternative pathway for families to access advice and support before issues escalate to the Department of Communities, Child Safety and Disability Services. In addition to providing referral advice, FaCC services provide short-term interventions that assist families. A case study involving a local Elder in a small regional town is an example of such an intervention.

Two young Aboriginal girls experienced difficulties at their local high school. The FaCC service visited the family and learned the eldest two girls were asked to sign a contract by their school agreeing not to associate with boys outside of school hours. The school also contacted the workplace of one of the girls and advised the employer of the details of the contract. The family were also advised by the school that the girls would not be allowed to attend Indigenous days of celebration, such as NAIDOC.

The FaCC worker asked whether the local Elder was aware of the conditions being placed on the girls. The FaCC worker met with the Elder to arrange a meeting with the family to discuss the issues. Subsequently, the Elder and the family met with the school to resolve the issues. The contracts were withdrawn and the girls were allowed to attend NAIDOC and other Indigenous celebrations as the family wished.

This is a small example of an early intervention by a FaCC service to maintain and strengthen attachment to school and community for two young Indigenous people.

Supporting Outcome 6: Is child sexual abuse and exploitation being prevented and are survivors receiving adequate support?

The performance indicator domains that demonstrate performance against Supporting Outcome 6 are sexual abuse substantiations and child sexual assault. 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 (Price-Robertson, Bromfield and Vassallo 2010).

Sexual abuse substantiations

Children who have been abused or neglected often have poor social, behavioural and health outcomes in childhood and later in life. In particular, a history of child sexual abuse has been associated with difficulty in maintaining adult relationships, mental health problems including depression and anxiety, substance abuse and violent and sexual offending later in life (AIHW 2017b).

The data for this indicator represent only 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 included only where there has been a finding of a failure to protect by the parent/guardian.

The data for this indicator reports the number of children subject to a substantiation of sexual abuse, not the number of substantiations of sexual abuse; that is, a child is counted only once in a given year even if the child was the subject of more than one notification during that year that resulted in separate substantiations of sexual abuse.

INDICATOR 6.1:

Rate of children aged 0–17 years who were the subject of child protection substantiation for sexual abuse

2014–15

In 2014–15, 6,395 children were the subject of substantiated sexual abuse, a rate of 1.2 per 1,000 children. The rate of substantiated sexual abuse was four times higher for Aboriginal and Torres Strait Islander children than non-Aboriginal and Torres Strait Islander children (4.1 and 1.0 per 1,000 respectively). Girls were the subject of substantiated sexual abuse at twice the rate of boys (1.6 and 0.8 per 1,000 respectively). Aboriginal and Torres Strait Islander girls had the highest rate of sexual abuse substantiation — 5.5 per 1,000.

2014–15

1.2 per 1,000

children were the subject of substantiation for sexual abuse
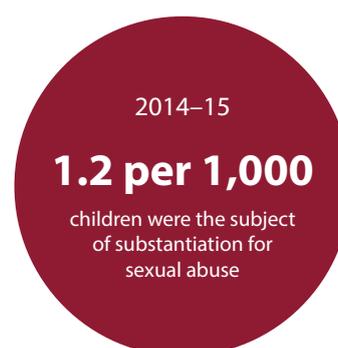
2015–16

In 2015–16, sexual abuse substantiation rates were similar to those for 2014–15 — with an overall rate of 1.2 per 1,000 and 6,566 children who were the subject of sexual abuse substantiation. Of these children, the rate was more than four times higher for Aboriginal and Torres Strait Islander children than for non-Aboriginal and Torres Strait Islander children (4.5 and 1.0 per 1,000 respectively) and twice the rate for girls compared to boys (1.6 and 0.8 per 1,000 respectively). In 2015–16, Aboriginal and Torres Strait Islander girls had the highest rate of sexual abuse substantiation — 6.2 per 1,000.

2015–16

1.2 per 1,000

children were the subject of substantiation for sexual abuse

Child sexual assault

The ABS *Recorded crime — victims, Australia* collection captures data on children who were recorded by the police as victims of sexual assault. These offences may have been reported by a victim, witness or other person, or they may have been detected by police. It should be noted that not all crimes are reported to police and not all incidents that are reported to police are recorded as crimes.

INDICATOR 6.2:

Rate of children aged 0–14 years who have been the victim of sexual assault

2014

In 2014, 5,601 children aged 0–14 years were recorded by the police as victims of sexual assault, a victimisation rate of 207.8 per 100,000 children.

The rate of reported sexual assault among girls was three times higher than the rate among boys — 266.9 compared to 78.3 per 100,000. Similarly, the rate among 10–14-year-olds was just over three times higher than the rate among 0–9-year-olds — 325.4 per 100,000 compared to 98.0 per 100,000 in 2014. In 2014, the rate of reported sexual assault for Aboriginal and Torres Strait Islander children (New South Wales, Queensland, South Australia and the Northern Territory only) was more than twice the rate for non-Aboriginal and Torres Strait Islander children (400.4 and 175.9 per 100,000 respectively).

2015

In 2015, rates of sexual assault, including by sex, age and Indigenous status, remained steady in relation to 2014 rates and consistent with patterns that occurred across previous reporting years since 2010. Police recorded 5,620 children aged 0–14 years as victims of sexual assault, a victimisation rate of 206.3 per 100,000 children.

The rate of reported sexual assault among girls was almost three times higher than the rate among boys — 260.9 per 100,000 compared to 78.3 per 100,000. The rate among 10–14-year-olds was three times higher than the rate among 0–9-year-olds — 313.6 per 100,000 compared to 99.4 per 100,000 in 2014.

The rate of reported sexual assault for Aboriginal and Torres Strait Islander children (New South Wales, Queensland, South Australia and the Northern Territory) was twice the rate for non-Aboriginal and Torres Strait Islander children (364.2 and 172.4 per 100,000 children respectively).

2014

207.8 per 100,000

children were victims of child sexual assault

2015

206.3 per 100,000

children were victims of child sexual assault
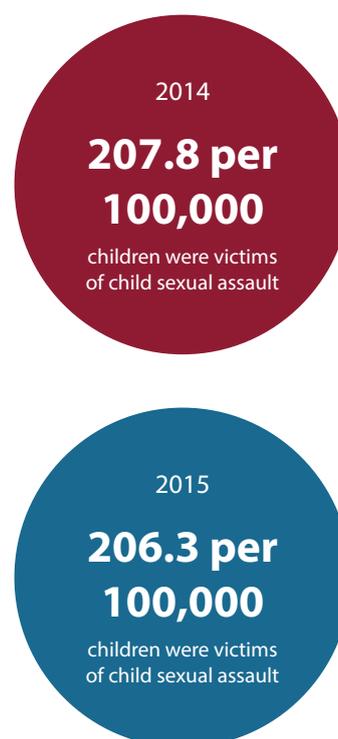
The statistics from this collection do not provide a total picture of victims, as not all crimes are reported to police; nor do all incidents which are reported to police get recorded as a crime. In particular, children may feel intimidated and reluctant to report personal crimes if the perpetrator is known to them or in a position of power.

National Priorities against Supporting Outcome 6

What is being done to prevent child sexual abuse and exploitation and to ensure survivors receive adequate support?

The National Framework recognises that child sexual abuse and exploitation should be prevented and survivors of abuse and exploitation must receive adequate support. To help achieve this outcome, the National Framework has identified the following strategies:

- raising awareness of child sexual exploitation and abuse

- enhancing prevention strategies for child sexual abuse

- strengthening law enforcement and judicial processes in response to child sexual abuse and exploitation

- ensuring survivors of sexual abuse have access to effective treatment and appropriate support.

To help progress against the performance indicators and towards the high-level outcome, the Second Action Plan outlined the following National Priorities against Supporting Outcome 6:

- **Working with children checks** — aiming to continue improving these checks across jurisdictions

- **Responding to sexual abuse** — exploring options to prevent childhood sexual abuse and provide trauma-informed support to assist children, young people and adults who are survivors of child abuse and neglect.

Key activities under National Priorities in 2014–15 and 2015–16

Working with Children Checks

Queensland's blue card system community education activities: The blue card system plays a critical role in monitoring people working with children and young people in Queensland and preventing certain people from doing so. It makes a vital contribution to creating safe and supportive environments for children and young people receiving services and participating in activities which are mandatory, essential or important to their development and wellbeing. These environments include child care, education, sport and cultural activities, and also environments where children may be particularly vulnerable such as foster care, residential care and youth detention facilities.

All organisations and businesses regulated by the working with children check system in Queensland are required by legislation to develop and implement policies and procedures (known as a child and

youth risk management strategy) to create safe and supportive environments for children and to minimise potential risks of harm to children participating in their service environments. Failure to comply with the requirement to have a child and youth risk management strategy is an offence and penalties may apply if the offence is prosecuted. A child and youth risk management strategy must be reviewed annually and must address eight minimum mandatory requirements, including the codes of conduct, policies for handling disclosures and suspicions of harm, and strategies for recruiting, selecting, training and managing staff and volunteers. More information about the minimum requirements is available on the **Blue Card Services website**.

Blue Card Services provides a suite of tools to assist organisations to develop and strengthen their child and youth risk management strategies, including a

toolkit providing detailed information on each of the minimum requirements, a **sole operator supplement to the toolkit**, sample documents (e.g. employee register, incident report form template and a risk management plan template for high-risk events), a **self-assessment checklist for organisations**, and a range of videos explaining each requirement on the **Blue Card Services YouTube Learning Portal**.

In 2014–15, Blue Card Services processed 308,292 blue and exemption card[4] applications, renewals and authorisations and identified 2,379 cases where individuals represented a high risk and were consequently prevented from working with children. Blue Card Services also reviewed 84 child and youth risk management strategies, providing detailed written feedback to those organisations and provided 58 targeted education, training and awareness activities. At 30 June 2015, Blue Card Services monitored the continued eligibility of more than 625,000 individuals on a daily basis.

In 2015–16, Blue Card Services processed 268,773 blue and exemption card applications, renewals and authorisations and identified 2,597 cases where individuals represented a high risk and were consequently prevented from working with children. It also reviewed 81 child and youth risk management strategies and provided detailed written feedback to organisations, and provided 41 targeted education, training and awareness activities. At 30 June 2016, Blue Card Services monitored the continued eligibility of more than 680,000 individuals on a daily basis.

In 2015–16, Blue Card Services implemented the online learning portal containing a series of education and information videos. The portal and its videos assist organisations to meet their legislative obligations under the blue card system by providing practical information on how to draft their own child and youth risk management strategy. Since the release of the videos on the Blue Card Service YouTube Learning Portal, they have been viewed more than 5,800 times.

Western Australian Working with Children Check: The Working with Children (WWC) Check is a primary

child protection strategy in Western Australia and the Christmas and Cocos (Keeling) Islands. During the 11 years of operation, the scheme has continued to receive a high level of community support and an increasing number of applications. Promoting compliance and following up prohibited Negative and Interim Negative Notice Holders has become an important aspect of the WWC scheme. Non-compliance is addressed in various forms, ranging from providing information through call centre services and community workshops through to identifying and rectifying breaches of the Act. This includes working in partnership with police, licensing and employer organisations and undertaking investigations, audits and prosecutions.

Since 2006 when the scheme was implemented, significant and strong case law has been developed. The best interests of children are the paramount consideration in WWC matters and this supersedes any right of the applicant to work with children. WA case law has strengthened the protection afforded to children by the WWC Act 2004 and the State Administrative Tribunal has not overturned a Negative Notice decision since 2014.

In 2014–15 the WWC Check scheme contributed to the work of the Royal Commission into Institutional Responses to Child Sexual Abuse and continued to promote child-safeguarding practices through partnerships with leading agencies supporting safer environments for children, such as the Safe Clubs 4 Kids program which provides guidance and support to sporting organisations. The scheme also enhanced its information technology, which significantly improved its operation.

In 2015–16 further investment in online services, increased automation and the development of expertise resulted in a reduction in the average time taken to finalise WWC Check applications. In 2013–14 the average time where there was no criminal record was 20 days, whereas in 2015–16 it was 4–5 days. Where there was a criminal record, the average time was reduced from about 40 days in 2013–14 to less

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4.   An exemption card is similar to a blue card. However, it is available only to registered teachers in Queensland or Queensland Police Officers where they are performing child-related duties that fall outside the scope of their professional work — for example, a registered teacher who volunteers as a children's soccer coach for a club would require an exemption card. An exemption card remains current while a person holds current teacher registration or is a serving police officer and there is no fee to apply.

than 20 days in 2015–16. More information about the scheme is available at **www.workingwithchildren. wa.gov.au**

Western Australia's Department of Local Government and Communities and WWC Check: The Department of Local Government and Communities (DLGC) website provides a link for Education and Care Services Approved Providers to the **Working with Children website Western Australia**.

The DLGC and the Education and Care Regulatory Unit have a bilateral schedule with the Department for Child Protection and Family Support and a memorandum of understanding with the WA Police. The bilateral schedule outlines the respective departments' roles and responsibilities in relation to reporting and responding to concerns for a child's wellbeing and allegations of child abuse and neglect occurring in a licensed child care service or approved education and care service. The memorandum of understanding outlines the reciprocal protocols for exchanging information when investigating allegations of child sexual and physical abuse involving an approved education and care service or a licensed child-care service. Free mandatory reporting of child sexual abuse training sessions are promoted through the Education and Care Regulatory Unit and are conducted through the collaborative partnership of the Department for Child Protection and Family Support, WA Police, Department of Education, Department of Health, Catholic Education and the Association of Independent Schools.

Tasmania's Registration to Work with Vulnerable People Project: On 1 July 2014 Tasmania began

implementing a screening and registration process for working with vulnerable people. The project is a key component of the government's strategy for creating safer environments for vulnerable Tasmanians. The project's first phase introduces a registration requirement for anyone performing regulated child-related work in Tasmania. Registration requirements for working with children are being phased in over a three-year period. The Registrar undertakes a risk assessment of applicants based on the results of a national police check and information from other relevant authorities, such as Child Safety Service. During the registration period, an additional risk assessment of a registered person may be undertaken based on new reported information from Tasmania Police and other authorities.

Legislative changes were made in late 2015 in response to the relevant recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse. More information is available at **www.justice.tas.gov.au/working_with_children**

NSW Working With Children Check reform: The NSW *Child Protection (Working with Children) Act 2012* came into effect on 15 June 2013 and is administered by the Office of the Children's Guardian (OCG). This was a major overhaul of the WWCC in NSW requiring all people engaged in child-related work to obtain a WWCC clearance, protecting children by barring unsuitable people from working with them.

Further changes were made to the WWCC system in NSW following the findings of the Royal Commission in 2015 into the Working With Children Check systems across Australia. Legislative amendments are being enacted to enable the exchange of WWCC information between interstate jurisdictions.

Queensland's Working with Children Checks

COAG's National Exchange of Criminal History Information for People Working with Children (ECHIPWC) agreement enhances the strength of child-related employment screening systems, which are a key component in a holistic response to preventing organisational child sexual abuse and maltreatment. Information received through this agreement is often instrumental in reducing the risk of such harm by identifying and preventing high-risk individuals from working with children in regulated environments.

For example, Queensland's Blue Card Services (BCS) received a blue card application from Applicant X to operate a child-related regulated business in Queensland. While Applicant X's police information did not show any offence convictions, interstate information returned through ECHIPWC found that:

- Applicant X had been charged with multiple sexual offences alleged to have occurred over an 11-year period and against multiple complainants aged between 14 and 20 years.

- While the offences had not resulted in any criminal convictions, the allegations contained a number of significant similarities.

- Applicant X occupied a position of trust and authority at the time. Due to the applicant's position within the community and age disparity with the complainants, there was a significant power imbalance which appeared to have been exploited by the applicant.

- The police information also raised concerns that Applicant X created opportunities to be alone with the complainants, and stated that the complainants were receiving counselling services from a sexual assault unit of a hospital, indicating an ongoing impact on their emotional and psychological wellbeing.

Following a full assessment, a negative notice was issued to Applicant X based on the detailed interstate information received, which had raised serious concerns for BCS regarding the applicant's ability to provide a safe and protective environment for children placed in their care. This decision was later affirmed by the Queensland Civil and Administrative Tribunal (QCAT), which agreed that it was not in the best interests of children to issue Applicant X with a blue card.

Information received by BCS and self-disclosed by Applicant X during the QCAT hearing indicated that the applicant had not developed and implemented a child and youth risk management strategy, which is legislatively required in Queensland. BCS referred this information to the Queensland Police Service (QPS) for investigation and possible prosecution. As a result QPS initiated proceedings against Applicant X and confirmed that the regulated business was not in operation in Queensland.

Responding to sexual abuse

NSW's Joint Investigation Response Tracking System: The NSW Joint Investigation Response Team investigates and assesses serious criminal child abuse, including sexual abuse. Partner agencies include NSW Department of Family and Community Services, NSW Police Force and NSW Health. An interagency IT platform that allows for the electronic real-time exchange of information, planning and decision making between the three partner agencies was developed over 2014 to 2016. The Joint Investigation Response Tracking System informs the investigation and assessment of serious child abuse matters — helping to provide a coordinated, informed and holistic response to child sexual abuse.

South Australia's _Statutes Amendment (Vulnerable Witnesses) Act 2015_ came into effect in June 2016. It incorporates major changes to the _Evidence Act 1929_ (SA) and is an important measure to improve

the position of vulnerable parties, namely children and persons with an intellectual disability, within the criminal justice system, both in and out of court. The Act will give people with complex communication needs, whether victims, witnesses, suspects or defendants, a general entitlement to have a communication assistant present for any contact with the criminal justice system (both in and out of court) to facilitate objective and effective communication. It will minimise the number of times vulnerable witnesses have to recount their experiences by providing alternative measures for their evidence to be presented to the court, including the use of pre-recorded evidence and investigative interviews at trial. It also tackles the misconception that disability denotes unreliability, and enhances the supports available for vulnerable victims, witnesses, suspects and defendants, both in and out of court. The Act allows the audio-visual account of a vulnerable witness or victim to be used at trial as a substitute for examination in chief. It allows the evidence of vulnerable witnesses to be taken in informal surroundings, including before trial, and addresses vexatious and inappropriate questioning of vulnerable parties at trial. These SA Government website pages provide further information on **the Act** and on the **Disability Justice Plan**.

Children's Safety Studies 2015: The Children's Safety Studies were conducted for the Royal Commission into Institutional Responses to Child Sexual Abuse. Staff from the Institute of Child Protection Studies (ICPS) at the Australian Catholic University, in partnership with colleagues from Queensland University of Technology and Griffith University, successfully tendered to produce a series of high-quality peer-reviewed reports for the Royal Commission. They build on ICPS's earlier methodological work in developing surveys and processes for listening to the voices of children and young people, and supporting organisations to be child-focused and incorporate the views of children and young people into everyday practice. The importance of applying this concept to views about safety in institutions was critical.

The studies aimed to elicit children and young people's perceptions of safety within institutions, to understand what children and young people want and need when they are at risk of sexual harm, and

their assessment of institutions' responses to their safety needs. The Chair of the Royal Commission noted that this work was one of the most important studies conducted for it.

The Children's Safety Studies drew national attention in the media and the research team has been invited to speak at national and international conferences, including the European Scientific Association on Residential and Family Care, and to be a foundational member of an International Community of Practice on Children's Safety (with eminent researchers, policy makers and practitioners in the US, UK, Canada, Scotland, the Netherlands and Germany).

The findings of the studies have been influential in guiding the development of Child Safe Standards in Victoria, Western Australia and the ACT. Child Safe Standards are a key strategy for protecting children and young people from abuse within institutional care. In particular, the study challenges compliance-focused responses that fail to consider what children and young people need to feel safe. The National Children's Commissioner has used the study to promote the needs of children in institutions and to advocate for children's meaningful participation in service design.

For further information see **Issue 13** and **Issue 14** of ICSP's Research to Practice Series.

Northern Territory's contribution to the Royal Commission into Institutional Responses to Child Sexual Abuse: In 2014–15 and 2015–16, the Department of the Chief Minister participated in the work of the Royal Commission by joining numerous public and private roundtable discussions and public policy hearings facilitated by the commission, producing thousands of pages of documents under summons for the commission and responding to and coordinating NT Government responses to various issues papers released by the commission. In 2015–16 the department coordinated NT Government attendance at 50 private and public hearings to discuss the Northern Territory's programs and approaches to specific topics of interest to the commission.

Tasmania's Corrections Amendment (Treatment of Sex Offenders) Bill 2015: In March 2016, the Tasmanian Government introduced the Corrections

Amendment (Treatment of Sex Offenders) Bill 2015 to require a sex offender's participation or non-participation in appropriate treatment programs in prison to be taken into account in relation to parole and remission decisions.

The Northern Territory's Sexual Assault Referral Centre (SARC) Top End maintains a highly prescriptive and intensive response to suspicion of sexual abuse/assault of any child under 18 years — often marked by unexpected diagnosis of a sexually transmitted infection. SARC medical, nursing and counselling staff provide very active responses in consultation with NT Police and Territory Families. SARC nurses and counsellors provide sexual health and protective behaviours education to all clients, and endeavour to provide post-assault/abuse counselling in Darwin and communities. SARC commenced resilience-building programs in two identified high-risk remote communities at the end of 2015 to increase community awareness. In 2016, the number of communities visited increased to six. Initiatives include community engagement; therapeutic service provision; protective behaviours education for young children; limited counselling sessions; sexual health education adolescent group sessions; and clinical service education, to raise awareness of sexual abuse prevention and early interventions.

Queensland's sexual abuse counselling services: In 2015–16, the Department of Communities, Child Safety and Disability Services invested significant funds to respond to child sexual abuse, including $3.22 million dedicated to sexual abuse counselling services across Queensland.

White Balloon Day: The Australian Government continues to provide annual funding to Bravehearts for the White Balloon Day. White Balloon Day is Australia's largest and longest-running campaign dedicated to raising awareness of and preventing child sexual assault. White Balloon Day unites communities, businesses, schools and organisations annually to break the silence on child sexual assault and make a commitment to protecting Australian children. In so doing, the purpose of White Balloon Day aligns with the focus of the Royal Commission into Institutional Responses to Child Sexual Abuse, as well as the commitments under the National Framework to ensure the safety and wellbeing of children.

Parkerville Children and Youth Care (Western Australia) launched the trial of the Multi-agency Investigation and Support Team (MIST) in July 2015. MIST is located at the George Jones Child Advocacy Centre and comprises an investigation team, child protection workers, specialist child interviewers, medical services, psychological therapeutic services and two Child and Family Advocates. The team will respond to all child sexual abuse cases reported within the south-east metropolitan corridor. MIST aims to improve the lives of children affected by abuse, and minimise the adverse consequences of child abuse and trauma, through the co-located, integrated and localised delivery of services to respond to all the needs of the child, from the point of referral. Advocacy and therapeutic services are provided to the child and their family alongside the forensic process, through the investigation and court process and beyond.

Responding to sexual abuse

Timothy (not his real name) is 13 years old. He came into the care of the Queensland Department of Communities, Child Safety and Disability Services (DCCSDS) when he was approximately one year old. His little brother Titus (not his real name), who is 10 years old, came into the care of DCCSDS at birth. Both boys are the subject of long-term guardianship orders to the Chief Executive and were placed together in foster care. They lived with their foster family until Timothy was six and Titus was three years old. Then their foster mother became sick with cancer and passed away. The boys were subsequently placed together with another foster carer. Timothy was sexually abused in this placement by a 14-year-old foster child who had lived with the foster carers since he was four years old. The boys were removed from the placement and placed together in a residential care setting, as there was no suitable foster care placement for them. Shortly after, Titus told DCCSDS that he had been sexually abused by Timothy (before they moved to residential care) and that he was worried that Timothy would sexually abuse him again.

Timothy had already been referred to a therapist in relation to his own experience of sexual abuse. Titus also commenced counselling with a different therapist with a focus on his experience of sexual abuse and his confused feelings about his brother. The residential care service and the child safety service centre staff began to work to develop a detailed safety plan within the residential care setting and the school so that the boys could live safely together.

Casework focused on building relationships for both boys with the residential care team, school staff and the Child Safety Officer, developing pro-social activities for both boys. Therapy for Timothy focused on building his understanding of appropriate sexual behaviour; use of a safety plan; pro-social activities at home and school; and building his internal regulation capacity in balance with external regulation provided by his safety plan and support and supervision of his residential care team.

Timothy has continued to demonstrate insight and his behaviours have continued to develop positively. He continued to see his therapist, whom he described as being the most important support he had ('because he is specially [sic] for me and he knows all the awful stuff that has happened to me. And he knows how awful I have been and he still cares for me'). He also developed pro-social activities including playing football and developed a group of friends, with support made available to assist him in transitioning to high school.

The boys developed a strong and caring sibling relationship underpinned by safety, belonging and wellbeing. The high level of partnership between the residential care team, the staff from the child safety service centre, the school and the therapist/s, which has included critical case review points and specialist input, was critical in working through this challenging context.

References

ABS: See Australian Bureau of Statistics

AHMAC: See Australian Health Ministers' Advisory Council

AIHW: See Australian Institute of Health and Welfare

DEEWR: See Department of Education, Employment and Workplace Relations

DSS: See Department of Social Services

NHMRC: See National Health and Medical Research Council

Australian Bureau of Statistics 2016, 4510.0 — *Recorded Crime* — Victims, Australia, 2015.

Australian Health Ministers' Advisory Council 2012, *Clinical Practice Guidelines: Antenatal Care – Module 1*. Australian Government Department of Health and Ageing, Canberra. www.health.gov.au/antenatal

Australian Institute of Health and Welfare 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 2008, *Technical paper on operational definitions and data issues for key national indicators of children's health*, development and wellbeing, cat. no. WP 59, AIHW, Canberra.

Australian Institute of Health and Welfare 2011, *Headline Indicators for children's health, development and wellbeing 2011*, cat. no. PHE 144, AIHW, Canberra.

Australian Institute of Health and Welfare 2012, *A Picture of Australia's children 2012*, cat. no. PHE 167, AIHW, Canberra.

Australian Institute of Health and Welfare 2013, *Australia's Welfare 2013*, Australia's welfare series no. 11, cat. no. AUS 174, AIHW, Canberra.

Australian Institute of Health and Welfare 2014, *National Drug Strategy Household Survey detailed report 2013*, Drug statistics series no. 28, cat. no. PHE 183, AIHW, Canberra.

Australian Institute of Health and Welfare 2016, *Young people in child protection and under youth justice supervision 2014–15*, Data linkage series no. 22, cat. no. CSI 24, AIHW, Canberra.

Australian Institute of Health and Welfare 2017a, *Child protection Australia 2015–16*, Child welfare series no. 66, cat. no. CWS 60, AIHW, Canberra.

Australian Institute of Health and Welfare 2017b, Child Protection Data, National Framework For Protecting Australia's Children, online data **www.aihw.gov.au/nfpac/**

Bromfield, L, Higgins, J, Higgins, D and Richardson, N 2007, *Promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers and young people: strengths and barriers*, Melbourne: Australian Institute of Family Studies, Melbourne.

Bromfield, L, Lamont, A, Parker, R and Horsfall, B 2010, *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse and mental health problems*, Australian Institute of Family Studies, Melbourne.

Department of Education, Employment and Workplace Relations 2013, *A snapshot of early childhood development in Australia 2012*, DEEWR, Canberra.

Department of Social Services 2015, *Annual Report to the Council of Australian Governments 2012–13 on the National Framework for Protecting Australia's Children 2009–2020*, DSS, Canberra.

Geggie, J, DeFrain, J and Hitchcock, S 2000, *Family strengths research project*, University of Newcastle Family Action Centre, Newcastle.

Lamont, A 2010, *Effects of child abuse and neglect for children and adolescents*, Australian Institute of Family Studies, Melbourne.

McCain, M and Mustard, J 2002, *The Early Years Study Three Years Later — From Early Child Development to Human Development: Enabling Communities*.

National Health and Medical Research Council, 2009, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Canberra.

NSW Department of Community Services 2007, *Permanency planning and placement stability*, Research to Practice Notes, NSW Department of Community Services, 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.

Shek, D 2002, 'Family functioning and psychological well-being, school adjustment, and problem behaviour in Chinese adolescents with and without economic disadvantage', *The Journal of Genetic Psychology* 163, pp. 497–50.

Tseng, Y and Wilkins, R 2002, *Reliance on income support in Australia: Prevalence and persistence*, Melbourne Institute Working Paper No. 6/02, Melbourne Institute of Applied Economic and Social Research, University of Melbourne.

Zubrick, S, Wood, L, Villanueva, K, Wood, G, Giles-Cort, B and Christian, H 2010, *Nothing but fear itself: parental fear as a determinant impacting on child physical activity and independent mobility*, Victorian Health Promotion Foundation (VicHealth), Carlton.